



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



# **39th SESSION OF THE SUBCOMMITTEE ON PLANNING AND PROGRAMMING OF THE EXECUTIVE COMMITTEE**

*Washington, D.C., USA, 16-18 March 2005*

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**FINAL REPORT**

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## FINAL REPORT

1. The 39th Session of the Subcommittee on Planning and Programming (SPP) of the Executive Committee of the Pan American Health Organization (PAHO) was held at the Organization's Headquarters in Washington, D.C., from 16 to 18 March 2005.

2. The meeting was attended by representatives of the following Members of the Subcommittee elected by the Executive Committee (Argentina, Barbados, Canada and the United States of America) and those designated by the Director: (Cuba and Jamaica). Representatives of Brazil and Mexico also attended in an observer capacity.

### Officers

3. The following Member States were elected to serve as officers of the Subcommittee for the 39th Session:

*President:* Jamaica (Hon. John Junor)

*Vice President:* Argentina (Dr. Carlos Vizzotti)

*Rapporteur:* Canada (Mr. Nick Previsich)

4. Dr. Mirta Roses Periago (Director, Pan American Sanitary Bureau) served as Secretary ex officio, and Dr. Karen Sealey (Area Manager, Planning, Program Budget, and Project Support, PAHO) served as Technical Secretary.

### Opening of the Session

5. The Director opened the session and welcomed the participants, noting the presence of several participants in PAHO's Training Program in International Health. She was pleased to report that, for the first time in the Program's 20-year history, one of the participants was from Haiti. That meant that all the countries of the Region were now participating in the Program, whose aim was to build leadership in public health.

6. The Subcommittee had before it a very strategic agenda that dealt with a number of important matters pertaining to the management of the Organization. It would also be examining the initial version of the proposed program budget for 2006-2007. In addition, Member States had proposed several supplementary items, which proposals the Subcommittee would consider when it adopted its agenda.

7. The President added his welcome and thanked the Members for the confidence they had shown in him by electing Jamaica to the presidency of the Subcommittee. He would endeavor to guide the Subcommittee's deliberations to a fruitful end.

**Adoption of the Agenda and Program of Meetings (Documents SPP39/1, Rev. 3, and SPP39/WP/1, Rev. 2)**

8. In accordance with Rule 2 of its Rules of Procedure, the Subcommittee adopted the provisional agenda, with addition of one item, proposed by the United States of America: "Update on the Goal of Providing Antiretroviral Therapy Established in the Declaration of Nuevo León adopted at the Special Summit of the Americas." The Subcommittee also approved a program of meetings.

**Presentation and Discussion of the Items**

***Special Report on the Support of the Pan American Sanitary Bureau/Regional Office of WHO for the Americas to the Region Affected by the Tsunami***

9. Dr. Jean-Luc Poncelet, (Area Manager, Emergency Preparedness and Disaster Relief, PAHO) reported on the support provided by the Americas to the region affected by the tsunami of December 2004. The disaster had several defining characteristics. One was the scale of the affected area: a relatively small portion of each affected country, but a large number of countries. Another was the wide-ranging media coverage, due to the large number of countries affected either directly or indirectly (because their citizens had been visiting the affected countries). That, in turn, had impacted the political management of the situation, notably because international pressure had forced hostile factions within countries to cooperate in dealing with their shared misfortune. A third important characteristic was the large number of dead bodies accumulated in certain areas. The myths surrounding the public health risks posed by dead bodies and other sequelae of disasters had been essentially the same as those that had been identified and publicized in numerous earlier disasters, which pointed up the need for continued work to dispel those myths.

10. The tsunami had brought forth the greatest level of humanitarian relief ever provided in a single disaster. All the countries in the Region had assisted the affected countries in one way or another, whether officially through their governments or unofficially through the efforts of private citizens. Indeed, the massive level of response had caused quite a difficult situation for the local authorities, as there had been no mechanisms in place in Asia to coordinate such levels of relief and supplies. The role of the WHO Regional Office for the Americas (AMRO) had been to serve as a liaison between the countries of the Region that wanted to provide assistance and the countries

struggling to recover from the disaster. This had been done in close cooperation with the South-East Asia Regional Office (SEARO) of WHO in New Delhi. A variety of experts had also been sent to the region to assist in various specific areas, such as needs assessment, information management, guidance on the management of dead bodies, and so on. AMRO had also responded to a surprising number of requests for information from the media.

11. One lesson for the Americas from the disaster was that while regional warning and response mechanisms did exist, they needed to be strengthened in order to equip the Region to respond to a disaster of such magnitude. Since such cataclysmic events were extremely rare, there was a need not only to have an adequate early warning system but also to ensure that it was updated regularly. All ministries of health, and the Secretariat, too, should upgrade the capacity of their disaster preparedness offices. Another lesson related to risk analysis. It was still surprising that many countries in the Americas – although they knew they were at risk for hurricanes, floods, volcanoes, and other natural disasters – had not really integrated those risks into their contingency planning. That seemed to be because such events, being exceedingly rare, did not really impact mortality statistics. A better way had to be found to assimilate the risk of major disaster into health situation analysis.

12. Another lesson from the disaster was that while WHO normally operated in a triangular or pyramidal structure, with everything passing through Geneva, in a major disaster there were horizontal needs that had to be resolved much faster. A meeting to be held shortly in the WHO office in New Delhi would address that issue. Finally, the limiting factor for humanitarian assistance was not the support provided by external countries but rather the capacity of the affected country to absorb it. Ways had to be found to increase that capacity.

13. The Subcommittee welcomed the report, suggesting that the important issue of disaster preparedness and response should be placed on the agenda of the Executive Committee and subsequently of the Directing Council. There was general agreement on the need to improve warning systems and preparedness for natural disasters, taking an intersectoral approach involving not only the health sector but also civil defense and other organizations, and making appropriate budgetary provisions.

14. It was pointed out that if a disaster of the same scale were to happen in the Region, some of the smaller islands in the Caribbean might not even survive as viable countries. It was important that planning and preparedness be expanded to take such a possibility into account. One of the major obstacles to preparedness was the tendency of populations to become complacent. Major hurricanes, for example, tended to occur at intervals of perhaps 20 or 30 years, which meant that whole generations grew up with no notion of the kind of damage such a disaster could cause. Another issue related to town

and country planning. In the Caribbean, for example, there were many areas recognized as dangerous – flood-plains, flood-prone watercourses, and the like – but extensive development was still going on in such areas. Ministries of health needed to emphasize the dangers of development in areas that were known from past experience to be dangerous.

15. One delegate noted that, while there had been huge loss of human lives, other animal species had survived. That might be a side effect of modernization, with mankind losing the ability to see the warnings and respond naturally. He suggested that disaster planning efforts should perhaps try to revive some of the natural responses that past generations had used as survival mechanisms.

16. In providing relief, one important task was to balance the well-intentioned offerings of the community at large with the actual needs of the afflicted country. Delegates reported that their health ministries had received numerous calls from people volunteering to go to the tsunami area and provide their services free of charge, but that in most cases the callers did not have the right training, had never worked in developing countries, and would simply have hindered the relief effort. It was suggested that the video on myths and realities which PAHO had produced some years earlier could be revised and re-released, perhaps laying stress on the reality of how to mobilize resources in a way that was of most use to the country in need. Members also highlighted the advantages of cooperation between the United Nations relief agencies and various countries' military forces, which could provide ships, helicopters, and other logistic supports that international agencies generally lacked.

17. It was suggested that greater attention needed to be paid to the mental health burden resulting from a disaster of such magnitude, which affected the mental health not only of those directly involved in the disaster, but also of relief workers who came to help afterwards. Members noted that the Region was well positioned to provide assistance in that area, as there was considerable expertise in the field of mental health, both within PAHO and in individual Member States.

18. Finally, the Subcommittee noted that the focusing of media attention on South Asia, while certainly warranted, had meant that very little attention had been paid to a disaster that had occurred at the same time in the Region, namely the flooding in Guyana. Dr. Poncelet was asked to comment on how Member States might respond to the problems that Guyana was currently facing.

19. Thanking the delegates for their comments, Dr. Poncelet pointed out that while in the Americas the importance of disaster preparedness and the role of the health sector in prevention and preparation seemed self-evident, the same was not true in other regions, where the focus was mainly on disaster response. Similarly, while in the Region the

crucial role of the health sector in mounting an intersectoral response seemed obvious, in many countries outside the Americas disaster response was considered the purview of a central organization completely separate from the health sector. It was therefore important for Member States from the Americas, in the World Health Assembly and in other fora, to promote investment in preparedness and to draw attention to the health sector's important role in both disaster preparedness and response.

20. There was indeed a wealth of experience in the Americas on mental health, and specialists in that field were now routinely an element of disaster response teams. However, he cautioned that the mental health issue tended to be exaggerated by the media. In fact, people were often more able to cope with disaster than was sometimes supposed, and there was a need to keep a sense of proportion. Citing the cases of indigenous peoples who had fled to higher ground on the approach of the tsunami, he agreed that it would be highly beneficial if warning systems could somehow make use of such lost ancestral knowledge.

21. PAHO was indeed investigating, and discussing with various governments, whether and how to re-release the video on myths and reality, which had originally been produced in 1991 or 1992. A new version would stress the issue of making the population more deeply aware of some of the myths and realities, particularly as concerned the donation of supplies and the organization of relieve efforts in the wake of a disaster.

22. Concerning Guyana, he said that there was an ongoing need for assistance in response to the flooding, but that assistance was also needed to strengthen the country's capacity for disaster prevention and preparedness, as the present situation reflected deficiencies in that regard. He would be pleased to provide Member States that wished to help with more specific information as to what was needed. If Member States so desired, the Secretariat might also consider creating a website that countries could access to obtain information on how to assist not only in the Guyana disaster, but in other disaster situations occurring around the Region. He would welcome input from Members regarding what type of information they would like to see posted on such a site.

23. Dr. Poncelet also noted that the Organization's Humanitarian Supply Management System (SUMA) had recently been extended to several other organizations. The system now linked five United Nations agencies in what was called the Logistics Support System (LLS), which provided, for the first time, a Web-based system for inventorying and managing disaster relief supplies. The system was expected to improve the management of international humanitarian assistance, not only in Latin America and the Caribbean but worldwide.

24. The Director felt that the Region could take pride in many of the insights and experiences it had been transferring to the rest of WHO, in particular in support of the SEARO office. It was very rewarding to know that the past 30 years of work in the Region had had such a successful outcome. Indeed, many of the topics on which PAHO had been working for years, such as the management of dead bodies, were being quoted and referred to around the globe.

25. One of the outstanding features of the tsunami disaster had been the massive response of individuals. That could be described as the warm face of globalization: the phenomenon of people feeling involved and sharing in the suffering of others far away and responding to their needs. The challenge for international institutions was learning how to channel the outpouring of public support elicited by media coverage of a disaster. It was necessary to educate and enlist the media as essential partners in disaster relief efforts, since it was generally the media that “choreographed” the public response to a disaster. At the same time, PAHO needed to improve the preparedness of its own media center, which had received hundreds of calls from people in the Region wanting to help after the tsunami. One of the major shifts in the public mindset that had occurred since Hurricane Mitch was a new trust in cash donations. PAHO had been saying for years that the most helpful assistance was cash, but the trust had been lacking. A major reason for having a system such as SUMA or LLS was to build that trust by giving people confidence that their donations were going to be well used.

26. Another group that needed to be targeted as a partner, particularly in the Americas, was the emigrant community. Emigrants were naturally anxious to help when a disaster struck in their home countries, but that response was often inappropriate and disorganized. In the case of Guyana, for example, Guyanese communities in the United States and Canada had contributed large quantities of medicines, but many of the donated drugs had passed their expiry date and were therefore unusable. PAHO needed to work with the governments of the Region to establish closer links with emigrant communities in order to utilize their contributions more effectively.

27. As the Subcommittee had noted, it was necessary in disaster planning to contemplate the possibility that a massive disaster such as the tsunami could render a country’s government and services essentially incapable of functioning. In Grenada, for example, Hurricane Ivan had affected 75% of the population, including a large proportion of the country’s health personnel, paralyzing crucial public services. In such cases, it was vital for the international community to take action to restore response capacity within a week following the disaster. It was pleasing to note that that had occurred in the Caribbean, where the other countries of the subregion had quickly stepped in to fill the void in security and other services.

28. With regard to the suggestion that the topic of disaster preparedness and response be placed on the agendas of the Governing Bodies, she noted that the Directing Council had discussed the subject of reducing the impact of disasters on health facilities the previous year, and good progress was being made on the actions called for in the Council's resolution on that item. Accordingly, she would suggest that, rather than a formal agenda item and document, there be a special report on the disasters that had occurred in the Region during the previous year, the aim of such a report being to analyze and apply the lessons learned in order to continue enhancing disaster prevention and preparedness.

***Progress Report on the Pan American Sanitary Bureau Institutional Change (Document SPP39/8)***

29. The Director introduced this item, noting that she would be updating the information presented in Document SPP39/8, which did not reflect the latest progress made in the dynamic process of institutional change within the Secretariat. She would also try to clarify the interrelationship among the various processes of change under way in the Organization as a whole, all of which were aimed at enabling PAHO to evolve and respond effectively to the challenges of the current context.

30. Two parallel processes were occurring: the country-led "PAHO in the 21st Century" process and the process of institutional change being carried out in the Secretariat with a view both to implementing the Strategic Plan for 2003-2007 and to applying the recommendations emerging from the country-led process. Within the Secretariat, the process of institutional change comprised three interconnected components: developmental actions, aimed at continuously improving the Secretariat's ability to serve the Organization and its Member States; transformational initiatives, designed to enhance and accelerate the process of organizational change; and development of internal networks in order to keep staff informed of the changes, but also, above all, to cultivate the feeling of ownership that was needed to generate a true commitment to the process.

31. With regard to the developmental actions, the table in the document provided numerous examples of the activities undertaken and the progress achieved to date in five key areas: country focus, outreach and partnerships, efficiency and resource maximization, transparency and governance, and policies and procedures. She cautioned, however, that the framework utilized in the document should be viewed as a work in progress. It was a first attempt at organizing information on the whole dynamic evolutionary process under way in the Organization. Bearing in mind the comments received from the Subcommittee, the Secretariat would continue refining the framework for presentation of future progress reports to the Governing Bodies.

32. Two recent policy improvements had provided a foundation for the transformation. One was the Regional Program Budget Policy adopted by Member States the previous year, which had required a major restructuring of the Organization's areas of work in order to align its activities with the philosophy implicit in the policy. The other was the information technology strategy project launched in November 2004 to develop an organization-wide strategy to ensure that PAHO derived maximum benefit from investments in information technology.

33. One of the principal lessons learned from the experience of the previous two years was that organizational change took time and persistence. Another important lesson was that staff learning and development must be integrated into the change strategy. Identification and development of the needed competencies should be linked directly to the changes being sought. While development of individual capacity was critical, it was also essential to strengthen capacity for teamwork. In addition, it was important to ensure that senior leadership understood the changes and could clearly articulate the rationale therefore.

34. Concerning transformational initiatives, the Secretariat had developed a "roadmap" for the period 2005-2007, which would enable it to support the countries more effectively and which would also serve as a valuable managerial tool for monitoring progress in the institutional change process. The roadmap comprised 11 transformational initiatives, or projects, which were identified, along with their respective purposes, expected results, and monitoring milestones, in the annex to Document SPP39/8. For each initiative, a manager would be assigned to carry out the functions of a program or project official, supported in each case by a member of the executive management. The ultimate aim of the roadmap was to ensure that the objectives of the change process were accomplished within the next two years.

35. The third component of the transformation process was peer networks, which provided input into the process. Those networks included not only internal networks of PAHO staff at various levels, but also other networks in which PAHO was involved, such as the interministerial meetings of ministers of health in the Region; the Summit Implementation Review Group, which was responsible for follow-up on the mandates of the Summits of the Americas; and the groups of regional directors of WHO and the larger United Nations system.

36. With regard to the next steps in the process, the Secretariat would continue providing support for the PAHO in the 21st Century initiative. At the same time, it would complete project proposals in order to launch the roadmap projects in May. The next official progress report would be presented to the Executive Committee in June; however, like the Working Group on PAHO in the 21st Century, the Secretariat planned to take advantage of the opportunity afforded by the World Health Assembly in May to advance

certain activities. Notably, there would be a day devoted to strategic cooperation with Guyana, which was one of the key countries identified in the Strategic Plan.

37. The Subcommittee thanked the Director for her report and for her efforts to chart a new strategic direction for the Organization. Several delegates felt, however, that the report would have benefited from a clearer enunciation of the objectives being sought, more detailed information on how the Secretariat proposed to achieve them, and the definition of measurable indicators to assess whether the objectives were being achieved. With regard to the fifth strategic objective identified in the document, “enhance management practices,” it was suggested that compliance with the recommendations made by the External Auditor in his special report the previous year should be an explicit part of that objective.

38. Members applauded the Secretariat’s efforts to link PAHO’s activities more closely with those of WHO. As a regional office of WHO, the Organization had to align its strategic objectives with those being pursued at the global level, including, in particular, the Eleventh General Program of Work (GPW). It was emphasized that the orientations emanating from the GPW should be reflected in the process of institutional change and in the Organization’s long-term strategic planning. In that connection, it was suggested that PAHO’s next strategic plan should, like the GPW, run through the year 2015. Members were also pleased to note that PAHO was introducing the WHO results-based management approach into its program management practices. It was suggested that it might be useful for both PAHO staff and Member States to post the guidelines for results-based management on the Organization’s website, as the methodology was not always easy to assimilate.

39. The Subcommittee felt that the conclusions and recommendations of the Working Group on PAHO in the 21st Century should also be integrated into the change process and the transformation roadmap. It was evident that some of the issues being dealt with by the Working Group were already being addressed, but there were still a number of other important issues that should be incorporated.

40. With respect to the ombudsperson position mentioned by the Director in her remarks on policies and procedures, it was pointed out that, in order to be effective in mediating staff disputes, the ombudsperson must be independent. Staff must have confidence that he or she was not directly connected with or influenced by the administration. That being the case, it might be worth considering a different, independent mechanism for recruitment and appointment of the ombudsperson. Concerning the transfer of posts and staff to which the Director had alluded, Members requested more detailed information on which posts had been moved and how those changes were expected to strengthen capacity in member countries.

41. The Subcommittee hoped that copies of the roadmap would be made available soon so that Members would be able to engage in a more informed discussion of the plans and expected results. In regard to the document before the Subcommittee, it was pointed out that it was rather difficult to follow the various objectives, expected results, and milestones in the two tables, and it was suggested that perhaps they could be combined for greater clarity and ease of reading.

42. The Director was not sure whether she had really achieved her objective, which had been to show the complexity of the two parallel processes and of linking them. On the one hand, there was the PAHO in the 21st Century process, which was taking a very broad, long-term view and seeking to identify how the Organization, as an instrument created by the countries, should position itself and what role it should play in the 21st century in order to improve the health of the peoples of the Region. On the other hand, there was the process of institutional change within the Secretariat, the focus of which was much more concrete and immediate. That process sought to enhance the ability of the Secretariat staff to carry out their day-to-day functions as effectively and efficiently as possible, utilizing available resources to best advantage. They were two distinct processes, although certainly some of the issues involved were the same and certainly the Secretariat was very mindful of the need to respond to the challenges and recommendations identified by the Working Group. Indeed, the institutional change process was intended to equip it to do just that.

43. However, the Working Group had not yet completed its discussions or issued its final recommendations, and the Secretariat was therefore not yet in a position to report on how those recommendations were being implemented. Accordingly, in her presentation to the Subcommittee, she had been concerned mainly with informing Members of the progress made over the previous two years in improving the management and performance of the Secretariat in the five key areas identified in the report. In September, when the Working Group would present its final report and the Directing Council would undertake a mid-term analysis of progress in implementing the Strategic Plan for 2003-2007, it would be possible to assess to what extent the recommendations of the Working Group were already being applied and determine how the work of the Secretariat needed to be reoriented in order to fully incorporate the rest of them.

44. Regarding the recommendations of the External Auditor, she did not think it was feasible to make fulfillment of the recommendations a specific objective, since they encompassed so many areas of the Organization's work. However, she assured the Subcommittee that the Secretariat was making good progress in implementing the recommendations, as would be made clear in the report on that subject to be presented later in the session.

45. As concerned the roadmap, it had not been presented in its entirety to the Subcommittee because it was still being finalized and would not be officially launched until the first of May. The Secretariat had only recently identified the 11 transformational initiatives and was still in the process of designating the managers who would be responsible for each area. Within the next 40 days, the Secretariat would put together the teams and draft the documents on each initiative, including indicators and milestones and a timetable for the work to be undertaken.

46. Responding to the questions concerning the transfer of posts, she said that the idea was to locate posts close to the countries or groups of countries that had the greatest need for technical cooperation in a particular area. Posts were being moved in response to specific suggestions or requests of countries. For example, the post of regional advisor on dengue had been transferred to Panama, and several mental health posts had been made subregional posts, because those moves had been requested by countries. A large part of the rationale for moving a post was efficient use of resources: by locating posts where the expertise was needed, the Secretariat could vastly reduce travel costs. However, when the decision was made to move a regional post, it was not necessarily moved to the country with the greatest need because the Secretariat had found that in such cases the regional official became so thoroughly absorbed by the tremendous needs of that country that he or she could not play a regional technical cooperation role. It was preferable to place the post in a country that could provide support and contribute its own strengths in order to enhance the Organization's response.

47. As for alignment with WHO, it was important to recall that the Americas had been a leader in the development of the Eleventh General Program of Work. Indeed, the first regional consultation on the final version of the GPW had been held at PAHO Headquarters two weeks earlier, and WHO has asked the PAHO Secretariat to assist it in developing a strategic plan to accompany the program of work, modeled after PAHO's Strategic Plan. Hence, she could assure Member States that not only was PAHO aligning itself with WHO, but that the Organization was influencing the development of the Eleventh General Program of Work in a decisive way.

48. Finally, with regard to results-based management (RBM), she was sorry that it had not been possible to have a presentation on that topic as she had planned. An inspector from the United Nations Joint Inspection Unit was to have spoken to the Subcommittee about the lessons learned from an analysis of the application of results-based management at five United Nations agencies. However, owing to visa problems, the inspector had been unable to attend. The Secretariat would reschedule that presentation either for May, during the World Health Assembly, or June, during the 136th Session of the Executive Committee. The Secretariat was very aware of the need for training in RBM and, in fact, had been planning to take advantage of the inspector's visit to launch its process of staff training. In essence, implementation of results-based

management, and the necessary training that it entailed, was yet another parallel process of change under way in the Secretariat.

49. Dr. William Steiger (United States of America, President of the Executive Committee), speaking as one of the representatives of the Executive Committee charged with monitoring the Secretariat's progress in implementing the External Auditor's recommendations, said that while he recognized that the recommendations covered numerous aspects of the Secretariat's work, he felt that it would be helpful if, in the next progress report and in the roadmap, the Secretariat could indicate which actions were being taken specifically in response to the External Auditor's recommendations. That would enable Members to see how the Secretariat was weaving the recommendations into its process for transforming itself over the next several years. The Director said that she felt that the Secretariat had an obligation to submit a separate, specific report to the Governing Bodies on the implementation of the recommendations, as called for by the Directing Council the previous year. However, in future progress reports on institutional change, it would also endeavor to show how the recommendations were being incorporated into that process.

***Update on the Implementation of the External Auditor's Special Report, September 2004 (Document SPP39/9)***

50. Mr. Eric Boswell (Director of Administration, PAHO) provided an update on the Secretariat's progress in implementing the recommendations made by the External Auditor in his special report to the Directing Council in September 2004, supplementing the information presented in Document SPP39/9. He began by recalling that the External Auditor had made recommendations in five areas: (1) ethical standards and codes of conduct; (2) recruitment of employees and consultants; (3) complaints procedures, investigations, and reporting; (4) management of external relationship; and (5) information technology security. The Executive Committee had asked him to report to the Subcommittee on progress in those five areas, plus two more: internal audit and selection of an ombudsperson.

51. He had been working with a team of colleagues at PAHO, including the Legal Counsel, the Area Manager for Human Resources, and the Area Manager for Information Technology, to carry out the recommendations. Early in the process, the team had decided that they would benefit from the advice of outside experts in the field of ethics and governance. Accordingly, in February 2005 the Organization had contracted with the Ethics Resource Center (ERC), a nonprofit organization based in Washington, D.C., which had assisted numerous clients in both the private and public sectors in developing codes of conduct, providing ethics training and communication strategies, and conducting organizational assessments. The ERC had undertaken to review the existing PAHO governance systems; draft a PAHO supplement to the International Civil Service Commission's (ICSC) Standards of Conduct for the International Civil Service;

recommend types of procedures and internal systems for use in addressing complaints and allegations of misconduct; draft recommendations for the development of a declaration of interest designed to detect and manage ethical problems, including conflict of interest, nepotism, and the appearance of improper dealings; make recommendations concerning the methodology for conducting and reporting on investigations; provide examples of policies and procedures from international best practices and relevant examples from other public international organizations and the private sector; and draft recommendations for a training and communications strategy.

52. Turning to the steps being taken to implement the recommendations, he reported that in the area of ethical standards and codes of conduct, the Organization, in collaboration with the ERC, was developing the PAHO-specific supplement to the ICSC standards of conduct for United Nations staff. A draft had been submitted by the ERC on 9 March 2005 and was currently being reviewed by both staff and administration. The ERC would also help to design a training program to “mainstream” the code into the day-to-day work of staff. That program was expected to be in place by mid-summer.

53. Concerning recruitment of employees and consultants, as recommended by the External Auditor, the Secretariat was seeking to introduce a more open and competitive selection process for recruitment of temporary staff and consultants. The Department of Human Resources had reviewed the contracting mechanisms for engagement of such personnel and had developed explicit principles regarding the use, conditions of service, and selection processes for those types of contracts. Proposals had also been developed to ensure that the deliverables expected from such short-term staff were clearly delineated and that their performance was better monitored and evaluated. In addition, a database of temporary staff was being compiled, and discussions were under way with a view to establishing an expertise locator for the Organization.

54. In regard to complaints procedures, PAHO conformed to the WHO procedures for reporting of fraud, or presumptive fraud, and losses of cash or property. As recommended by the External Auditor, the Legal Affairs Area was involved at all stages of the investigation and handling of such complaints, and the External Auditor was informed of all such cases. However, as had been pointed out in the External Auditor’s report, those procedures were insufficiently well known to staff. Furthermore, the Organization lacked an adequate mechanism for staff to report allegations of misconduct or corruption or other unethical behavior. Such a mechanism must provide not only for independent investigation but also ironclad protection from any form of retaliation against the complainant. The Secretariat was examining the mechanisms available in other international organizations in order to identify an appropriate model for PAHO and had included the development of such a mechanism as a deliverable in its contract with the Ethics Resource Center. The ERC was expected to present a recommendation in that respect by 20 April.

55. In the area of management of external relationships, as recommended by the External Auditor, the Secretariat was developing draft guidelines on collaboration with private enterprises, which would help evaluate the suitability of the Organization's potential collaboration with third parties, including private companies and NGOs, with particular attention to avoiding potential conflicts of interest. In addition, PAHO would implement WHO's Declaration of Interest Disclosure Program, under which all PAHO managerial staff, and other staff in sensitive posts such as procurement and human resources management, would be required to report annually on any interest in or association with an entity with which such staff had official dealings on behalf of the Organization. The ERC would provide additional recommendations on this matter.

56. With respect to information technology security, the Organization had conducted a comprehensive network security assessment several years earlier, and some work had been done to reduce the vulnerabilities detected. However, further work was needed on the technical aspects of information security, as well as continuous surveillance of the system and staff education in the area of security. To that end, the Director had approved the establishment of an information security officer post to be located within the office of the Director of Administration and would report directly to him. The new information security officer would focus on educating all staff on their responsibility for ensuring the security of PAHO's network and information, on developing policies and guidelines for e-mail and security management, and on monitoring the network to prevent intrusion from non-authorized users.

57. In the area of internal audit, in 2004 the Secretariat had reached an agreement with WHO's Department of Internal Oversight Services to provide internal audit services for PAHO in accordance with an annual audit plan, to be decided jointly by the WHO Director of Internal Audit and the Director of PAHO. The IOS Unit in PAHO was now fully staffed. The new chief of internal audit for PAHO, recruited from the private sector by WHO, had taken up his duties in September 2004. An audit plan for 2005 had been agreed, and the audit process was under way.

58. Lastly, with regard to the ombudsperson, the position had been formally established as a P4 post in 2003. The Organization had conducted an extensive search for an ombudsperson in 2003 and 2004, but no suitable candidate had been found. The Director had subsequently decided to reclassify the post at the P5 level in an effort to attract candidates of the highest calibre. The post had been re-advertised and recruitment was currently under way. Given the length of time that the post had been vacant, and the time yet required to fill it, the Director had requested the Department of Human Resources to identify an individual with appropriate experience to fill the post on a temporary basis, starting immediately. The Staff Association would be consulted on that selection.

59. In conclusion, Mr. Boswell thanked the representatives of the Executive Committee for their support in the process of implementing the recommendations and said that he would be providing another update during the Executive Committee's 136th Session in June.

60. Dr. William Steiger (United States of America, President of the Executive Committee), speaking on behalf of himself and the Honorable Herbert Sabaroche (Dominica, President of the Executive Committee in 2004) and in representation of the Executive Committee, thanked Mr. Boswell for his report and commended the Secretariat on its efforts to comply with the timeline for implementation of the recommendations, most of which would have been completed by the opening of the 46th Directing Council in September. Although there were logistical, financial, and, especially, cultural challenges to implementing some of the recommendations, he and Minister Sabaroche had noted a strong commitment on the part of the Director and her staff to make the changes advised by the External Auditor. They had also been favorably impressed with the competence and professionalism of the staff of the Ethics Resource Center. From the Executive Committee's perspective, the implementation of ethical guidelines into the practices and culture of the Organization – both at Headquarters and in the field offices – was essential to strengthen management and leadership and to protect the well-deserved reputation of the Organization. The investigative function was also essential. In his view, there must be a direct linkage between that function and the Executive Committee. An oversight mechanism should be put in place whereby the Committee could provide direct input to and hear directly from the individual responsible for the investigation of complaints or allegations of misconduct.

61. Dialogue with staff was crucial to the success of the process under way, since if the staff did not agree or were not satisfied with the way in which the recommendations were being implemented, the process would be less likely to lead to the desired outcomes. He had therefore met on several occasions with representatives of the Staff Association to brief them on the actions being taken, solicit their input, and listen to their concerns. He had also requested that staff be present during the Subcommittee's discussion of this item and that they be given the opportunity to ask any questions that they might have.

62. The Subcommittee thanked the Secretariat for the update and also expressed appreciation to Dr. Steiger and Mr. Sabaroche for their efforts in following the implementation process and keeping the Executive Committee informed. Members welcomed the hiring of the ERC to assist the Secretariat in carrying out the recommendations and expressed satisfaction with the progress made thus far. Mr. Boswell was asked to comment on whether the External Auditor had provided any feedback or additional recommendations since September 2004. He was also asked to provide an estimate of the cost of implementing the recommendations to date and a projection of how much would be spent in the future. The need to strive for maximum

cost-effectiveness was emphasized, as was the need to incorporate the process of implementing the recommendations into the process of institutional change under way in the Secretariat. Regarding the ombudsperson post, one delegate inquired why the experience requirement had been set at 13 years. Another delegate requested more information on the information security officer post and the nature of the duties to be performed by the individual eventually recruited to fill that position. Finally, Mr. Boswell was asked to comment on how the Secretariat proposed to tie together the whole process of implementing the recommendations and reporting thereon to the Governing Bodies.

63. Mr. Boswell said that no feedback had been received from the External Auditor, although he had recently received from the National Audit Office (NAO) of the United Kingdom a lengthy e-mail message, describing how several of the matters addressed by the recommendations were handled within the NAO. However, representatives of the NAO would be commencing their annual review of PAHO the following week, and one component of that review would be follow-up on the recommendations. Regarding the experience requirement for the ombudsperson post, he said that 13 years was the standard ICSC requirement for a P5 post; the experience requirement for P4 posts was 9 years. As for the security officer post, the Secretariat would be pleased to provide Members with a description of the job requirements and duties as soon as one was available. That post had been approved only very recently, and the vacancy notice had not yet been issued. The Secretariat would also provide a report on the financial implications of implementing the recommendations. In that regard, he noted that, with the exception of the contract with the Ethics Resource Center, the process thus far had entailed no additional cost, as all the work had been done internally.

64. On the question of how the Secretariat intended to pull together the whole process and the reporting thereon, he pointed out that the Director had touched on that matter in her presentation on institutional change. One of the 11 components of the transformation roadmap was “transparency and accountability,” and it was under that component that implementation of the recommendations fell. With regard to reporting, as he had mentioned, he would present another update to the Executive Committee in June and would also submit a report to the Directing Council in September.

***Strategy for the Future of the Pan American Centers (Document SPP39/5)***

65. Dr. Carissa Etienne (Assistant Director, PAHO) introduced the document on this item, noting that it had been prepared pursuant to Resolution CSP20.R31, which had called on the Director to undertake regular evaluations of the centers and report thereon to the Governing Bodies. The present document was intended to lead to the definition of a strategy for the future of the centers.

66. The Secretariat believed that the operation of the Pan American centers should be examined in the light of national realities and the complex international institutional

environment. Within the Organization, important contextual factors included PAHO's renewal efforts, the historic passage of the Regional Program Budget Policy in 2004, the Working Group on PAHO in the 21st Century, and the framework for technical cooperation and national health development. It was also important to frame the discussion in the context of socioeconomic challenges in countries, national capacities, levels of national health development, widespread and persistent disparities between and within countries, and the "unfinished agenda."

67. The Pan American centers were an important instrument of PAHO technical cooperation. The rationale for their existence was to compensate for individual countries' low capacity for research and scarcity of qualified human resources and to provide a critical mass of expertise to be available for capacity-building to every country in the Region. Over the preceding 50 years, PAHO's Governing Bodies had approved the establishment of 12 centers and the closing of four of them. Of the current eight centers, in seven countries, three were subregional: the Institute of Nutrition of Central America (INCAP), the Caribbean Food and Nutrition Institute (CFNI), and the Caribbean Epidemiology Center (CAREC). The remaining five were regional: the Pan American Foot-and-Mouth Disease Center (PANAFTOSA), the Latin American and Caribbean Center on Health Sciences Information (BIREME), the Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS), the Latin American Center for Perinatology and Human Development (CLAP), and the Pan American Institute for Food Protection and Zoonoses (INPPAZ). In addition, PAHO worked with 204 WHO collaborating centers located in the Region.

68. The document provided specific information on the current situation of each Center, including the relevance of the technical cooperation being provided and the extent to which it was contributing to progress in health indicators and institutional development in countries. It also outlined the governance, financial, and administrative issues that were common to all centers. One common issue was that of governance, which required the ability to develop a shared vision among different stakeholders: Governing Bodies, host country, donors, employees, and PAHO colleagues. The complexity of governing mechanisms did not allow for perfect alignment of the centers with the Organization and created an element of tension in the relationship, both for the centers and for the Secretariat, particularly with regard to application of PAHO's rules and regulations and the restrictions that they imposed on the centers. Another common issue was the relationship with the host countries and staffing matters.

69. The issue of financial sustainability had long been the greatest challenge for the Centers as had been evident from the financial reports of the Director and the reports of the External Auditor. Essentially five sources of income: the PAHO regular budget, direct country quota contributions, grants (extrabudgetary funds), sales of products and services, and assessed contributions from host countries and legal partner institutions.

The document provided information on the amounts received from all those sources in 2004 and 2005.

70. The Subcommittee was asked to consider the questions put forward at the end of Document SPP39/5 with a view to determining whether the centers should continue to exist and function as at present or whether their functions could be taken over by national institutions and, if so, whether the PAHO Secretariat should have a schedule with defined priorities for regularly assessing and guiding the centers to become national centers with international reference capacity.

71. The Subcommittee expressed its appreciation for the efforts of the Director and the Secretariat to keep the centers functioning in an environment very different from the time when they had been created. However, given the advances in communications and technology, Members felt that it was now time to examine individually which of the centers still had a useful role to play. As noted in the document and the presentation, in 1985 the Executive Committee had expressed the view that the centers were not intended to be something permanent, but were to operate until such time as the countries and national institutions acquired technical and institutional capacity of their own. However, an informed decision with regard to the future of the various centers would require an honest and open analysis of each one from a financial and programmatic point of view, keeping all of the options on the table, including closure of some of them if necessary.

72. Delegates considered that the fundamental criterion for maintaining a regional or subregional center in existence should be whether or not it was providing something that could not be provided by individual countries. In some cases, the Region now had centers of excellence which might assume certain of the functions of some of the Pan American centers, with the latter being progressively absorbed into national institutions of the host country while still providing services to all of the Americas. Additionally, some of the functions of the centers could be assumed by the 204 WHO collaborating centers in the Region, or could be achieved through exchanges of professionals, mobilization of resources in universities, greater use of national rather than international professionals, and alliances with the private sector, foundations, or NGOs. Alternatively, it might be the case that the existing centers had matured to the point that they needed to operate on their own, with PAHO playing less of a directing role and more of a partnership role.

73. On the other hand, it was pointed out that, at least in the subregion of the Caribbean, the centers were regarded as critical instruments of technical cooperation between the countries. They were essential for health development in the subregion, having the function of complementing and supporting national efforts, and the subregion was very grateful for PAHO's support to them. Given the wide variety in technical capacity at national level, the centers had an important role to play in assisting the countries that were less well endowed. It seemed to some delegates that PAHO

involvement in such technical cooperation would always be essential, at least to some extent. In view of the subregion's economic situation, securing extrabudgetary funds was seen as critical to the sustainability of the centers. Some delegates supported raising extrabudgetary funds not only through the development of projects, but also through the sale of services, since in many cases, services were sold to the NGO and private-sector health communities, which could be important partners in health development. That being the case, they felt that such an approach should not be excluded, but should be implemented with due caution. Others, however, thought that if the centers became more active in selling services, they would tend to become commercial undertakings, which would be contrary to their mandates.

74. Nevertheless, it was recognized that the present was a time of constraints on financial resources and of continually rising operating costs. Most of the host countries made a substantial contribution to the cost of the centers' operations, whether financial or in kind, and their governments therefore needed to review the utility of the centers to their countries and the real possibilities of continuing that support in the future. Any evaluation of a center must also include an analysis of the ability of its host country to provide all of the functions that had originally been agreed. If the host country could not provide functions that were still considered essential, then PAHO would have to step in.

75. It was also pointed out that the Pan American Sanitary Bureau itself had a significant number of regional programs, and it was important to ensure that the activities of the Pan American centers did not duplicate their efforts, appropriating scarce resources. Opinions were divided on the issue of whether the centers should be executors or facilitators of technical cooperation, with one delegate suggesting that they needed to be both.

76. A major concern was that PAHO funds were being used to support work at PANAFTOSA, whose primary activity was not related to human health. It was suggested that the Organization should revisit the possibility of having parts of PANAFTOSA's work funded by the Food and Agriculture Organization (FAO) of the United Nations or other agricultural organizations.

77. Citing some difficulties in understanding the figures, the Subcommittee asked the Secretariat to include more data on the financial condition of the centers in future versions of the document, including budgetary charts, statements of financial impact, and so on. While the matter should be reexamined by the Executive Committee, Members felt that a precarious financial situation at the centers could not be allowed to continue. The financial deficits, coupled with budgets of which 70% was expended on personnel, would make it impossible to maintain relevant programs.

78. Noting that the document prepared for the SPP alluded to a list of criteria for evaluating the centers, the Subcommittee inquired whether those criteria included “relevance to health situation in the Region,” and asked that the full list of criteria be included in the document to be submitted to the Executive Committee to guide its discussion of this item. It was also suggested that more expansions of abbreviations and acronyms should be given in the next version of the document.

79. Dr. Etienne said that she had taken note of the Subcommittee’s recommendations concerning the document and would see that the suggested changes and amendments were incorporated into the next version. The Secretariat would also endeavor to do a more detailed situation analysis of each center, although given the number of centers, it would have to exercise judgment in ensuring that the resultant document did not become too long. Some technical and administrative reviews for some of the centers had already been conducted, and those could be made available to the Subcommittee and subsequently to the Executive Committee and Directing Council. It might be difficult to conduct evaluations for the remaining centers prior to the June session of the Executive Committee, but the Secretariat would provide a schedule for doing so.

80. She agreed with the remarks from Caribbean delegates on the wide disparities in capacity between countries. When the Governing Bodies considered the issue, she was sure that they would take that aspect into account. The Secretariat would conduct honest and open analyses of each center, examining all the relevant technical and financial issues, and also assessing the capacity of national institutions to provide technical cooperation.

81. The Director recalled that various approaches had already been tried to deal with the issues surrounding the Pan American centers, and it was important to learn from them. In some cases, the solution proposed had made the situation worse. For example, an attempt had been made to promote greater self-sufficiency in the centers through the sale of products and services, but that had caused a misalignment between the activities of the centers and PAHO’s overall priorities. Most seriously, by creating competition between the center and national bodies in the same field, it had led to a conflict with the Organization’s overriding mandate to build national capacity.

82. It also had to be kept in mind that the centers had differing functions: research, training, production, development of technology, and application of economies of scale and shared services. Some of those functions might be important for certain groups of countries but less so for the Region as a whole.

83. As for PANAFTOSA, it had been set up by PAHO at the specific request of bodies dealing with veterinary health, notably FAO and the World Organization for Animal Health, or Office International des Epizooties (OIE), as it had been known at the

time. The Center had achieved some very important technical developments of importance to human health. At the meeting organized in Houston the previous year by the United States Department of Agriculture, a working group had been created to examine how to sustain work in the field of veterinary public health, particularly with regard to foot-and-mouth disease. The topic would also be examined at the forthcoming RIMSA, and it was hoped to find a way forward which would rely less on the traditional support of the ministries of health. However, it was in line with PAHO's overall mandate to continue working with professionals in both human and animal health, since the majority of recent emerging human diseases had been of animal origin.

84. It was not easy to devise an approach which could deal uniformly with all the issues affecting the Pan American centers, which were a diverse group of institutions having differing governance, financial arrangements, age, status, and functions. However, the Secretariat now had an understanding of what Members sought: individual examination of the centers within given parameters, and an overall strategy that would preserve and increase the capacity for technical cooperation in the Region and would not exacerbate inequalities between countries.

***Technical Cooperation in Health among Countries in the Americas (Document SPP39/4)***

85. Dr. Mariela Licha Salomón (Coordinator, Country Support Unit, PAHO) presented the document prepared by the Secretariat on this item, noting that it was a progress report on the strategy set out in a 1998 document entitled Technical Cooperation among Countries: Panamericanism in the 21st Century. The concept of technical cooperation among countries (TCC) derived from the Buenos Aires Plan of Action, which in turn had resulted from the United Nations Conference on Technical Cooperation among Developing Countries, held in 1978. PAHO had a long tradition of supporting cooperation among countries, and with the introduction of the strategy for institutional change in 2004 the Organization had renewed its commitment to TCC.

86. As the data in the document showed, the previous three biennia had seen a sustained increase in the number of TCC projects presented, and the proportion of projects that included a monitoring and evaluation component had also risen. Of the projects supported between 1998 and 2003, 28% had included at least one of the priority countries. There was a clear predominance of projects that took place between neighboring countries or among countries of the same subregion. The 181 projects approved in the past three biennia fell under five areas of work, although about a fifth of them straddled two or more areas. The areas were: intersectoral action and sustainable development (25%), health information and technology (16%), universal access to health services (23%), disease control and risk management (23%), and family and community health (13%). The greatest increase had been seen in the area of intersectoral action and sustainable development, with the number of projects approved more than doubling over

the three biennia. The increase seemed to reflect a need to increase partnership between the health sector and other sectors and stakeholders, as well as increasing social participation. A major challenge for the Secretariat and the countries was to increase the number of projects falling within the area of family and community health, which related to several of the Millennium Development Goals and targeted many of the problems of the priority countries.

87. There were three main modalities of TCC: the contribution modality (34% of the projects over the past 3 biennia), which entailed a one-way transfer of technology resources from one country to one or several others; the exchange, or cooperativism, modality (52%), in which countries worked together towards common goals and which was rooted in the idea that all countries had something to offer others, regardless of their level of national health development; and the reciprocity modality (14%), in which countries combined their respective strengths and capacities in a complementary manner.

88. The document outlined the main outcomes of the 181 projects analyzed, the principal one being enhanced capacity at the national level to deal with particular problems. It also summarized the lessons learned and presented information on the extent to which the recommendations contained in *Technical Cooperation among Countries: Panamericanism in the 21st Century* had been carried out. While the Secretariat felt that it had fully applied the recommendations, in the case of one, “Take advantage of the full potential of modern communication and information technologies (including the Internet) to facilitate the use of TCC in health,” it recognized that much remained to be done. The Secretariat would continue striving to develop and adapt its information systems to improve communication and information on TCC.

89. Other challenges for the future included the need for a clearer definition of the expected results of projects; improvement of monitoring and evaluation methodologies and procedures, together with the development of mechanisms for greater systematization and dissemination of TCC experiences and information; and a strengthening of coordination between the foreign affairs and health sectors with regard to TCC activities.

90. The Subcommittee applauded the Organization’s support for technical cooperation among countries, emphasizing that the concept of TCC reflected a core value of Pan Americanism and went to the very *raison d’être* of the Organization. It was one of the most effective forms of investment in national health development, and it yielded valuable lessons and experience for all of the countries involved in the TCC relationship, regardless of their level of development. Moreover, TCC could be an excellent means of leveraging resources because, while the projects themselves might involve only two or three countries, their impact, in terms of the lessons learned and the best practices identified, could be much broader. Given the importance of TCC, the Secretariat was urged, if possible, to increase the budget allocation for that purpose, to streamline the processes of project review and approval, and to develop diverse forms of project

implementation, making increased use of the capacities of national institutions and examining the possibility of integrating the resources and capabilities of other cooperation agencies. The Secretariat was also encouraged to redouble efforts to ensure that subregional integration initiatives and processes continued benefiting from the possibilities afforded by TCC. In addition, it was suggested that PAHO should explore with WHO the possibilities for increasing technical cooperation between countries in the Americas and countries in other regions.

91. The Subcommittee was pleased that the Secretariat was now incorporating an evaluation component in the project process, and asked that further information on that topic be included in future versions of the document, indicating, in particular, information on how and by whom evaluations were conducted and what methods were to be employed to systematize that important aspect of project work. It was emphasized that all TCC projects should incorporate performance and evaluation indicators, which should be used to determine whether projects had met their objectives and whether there was a need for follow-up action by the countries or by the Secretariat.

92. Members stressed the need for a systematic process to ensure that the principles of results-based management were being followed. It was pointed out that the TCC guidelines should be updated to reflect the application of that approach. While the increase in the percentage of projects that produced a final report was welcomed, PAHO was urged to require final reports for all TCC projects. Such reports should then be distributed widely, taking full advantage of modern means of communications, as they would provide both the Secretariat and Member States with valuable information on project results and the impacts of the TCC process itself. The need to find a systematic way of disseminating best practices was stressed. It was pointed out that even projects that had not been entirely successful yielded important lessons and that, as TCC represented an investment, it was important to know in each case how effective the investment had been.

93. Welcoming the relatively large proportion of TCC projects that had taken place in border areas, Members urged that that trend should continue, because frontiers were zones of shared needs and of strong cultural, economic, and spiritual ties between neighboring countries. In addition, they were often areas with high concentrations of poverty and unmet health needs. In that connection, the critical importance of TCC as a means of attaining the Millennium Development Goals was highlighted.

94. Members were pleased to see that the Secretariat had provided training opportunities on the concept, management, and operation of TCC to a number of countries in Latin America, and urged that such opportunities be extended both to the Caribbean and to North America. One delegate observed that not all ministries of health seemed to be familiar with the TCC process, which pointed to the need for increased

effort among the PAHO/WHO representatives to act as facilitators, informing countries of opportunities for TCC and assisting them in initiating and developing projects.

95. It was suggested that PAHO should also post information on TCC on its website, including guidelines on submitting proposals, sample proposals, project reports and summaries, and so on. In addition, the Secretariat might develop a directory of countries and possible TCC programs that they wished to offer. The Secretariat was encouraged to disseminate more widely the priorities for technical cooperation in the Region in order that countries might utilize that information in developing TCC project proposals.

96. Concerning the document, Members suggested that the next version would benefit from an explanatory analysis of the process of approval of TCC projects, including a timetable showing the steps from submission of the proposal to approval or rejection, together with an explanation of the criteria for awarding TCC funds. Additionally, it was felt that the document should clarify what percentage of the Organization's budget was allocated to TCC activities, what happened to any unspent portion, and how unspent funds were reallocated. The Delegate of the United States of America said that her delegation would be submitting a detailed set of recommendations, which it requested that the Secretariat bear in mind in preparing the next iteration of the document.

97. Dr. Licha Salomón welcomed the suggestion for an analysis of the entire approval process and said that the next version of the document would include information on the criteria for technical appraisal and approval of projects. With regard to the suggestion of listing the Region's priorities for technical cooperation, she explained that under the TCC approach, countries prioritized those areas where neither they themselves nor the PAHO Secretariat had technical capacity or expertise but another country did.

98. Resources expended on TCC projects accounted for about 1% of the Organization's regular budget. In addition, some projects were funded by a third source where funds were donated by a third country that was not directly involved in the TCC project. Thus, the modest amount supplied by the Secretariat could be effectively leveraged to produce a much greater impact. TCC projects were generally very cost-effective. Typically, for example, PAHO would pay for much of the travel of national experts, but the actual cost of the experts' services was borne by their home institutions, which continued to pay their regular salary.

99. She agreed with the suggestions concerning final project reports and their dissemination, acknowledging that in that area the Secretariat needed to make an extra effort in order to ensure that other countries could benefit from the experience of the participant countries. She clarified that all projects had an evaluation component: the problem was that the countries did not always complete and submit final reports. The Secretariat was well aware of their importance, and did stress to the countries that they should always be provided. The TCC manual was currently being revised, and would

definitely incorporate elements of results-based management. Provision of training for the Caribbean, and then for North America, was in hand, notably in Mexico, where it had proved very beneficial.

100. The Director explained that Document SPP39/4 represented a response to the request to the Secretariat to produce a progress report on all the projects that had been carried out using the specific budget for TCC. The actual policy document on TCC had been submitted and approved by the Governing Bodies in 1998. If Member States wished to undertake a revision of the policy, processes, and methodology for TCC, the Secretariat would willingly prepare a document for that purpose, but that had not been the aim of the document submitted to the Subcommittee.

101. PAHO was the only agency in the United Nations system that had made specific provision in its budget to promote TCC. In that sense, it was the only body that had taken seriously the Buenos Aires Declaration. In keeping with the strategy adopted in 1998, those resources were intended to be seed funds to encourage and facilitate TCC projects. More than half of TCC projects involved only about \$20,000 to \$25,000 in PAHO funds; the countries supplied the rest. The actual amounts in the Organization's budget were minimal: \$2.7 million over the biennium for the 38 countries of the Region. No Secretariat personnel or resources were allocated specifically to TCC and there was no specific TCC unit. The Organization's TCC mechanism was a very "light" mechanism, but it had served to raise awareness and to promote national systems of cooperation between countries and foster closer relations between the health sector and those foreign affairs mechanisms that defined cooperation between countries as an element of foreign policy.

102. With regard to the Subcommittee's request that the Secretariat should provide more information concerning the criteria for awarding funds for TCC, she stressed that in the TCC approach, the leadership came from the countries, not from the Secretariat. There was no regional allocation per se for technical cooperation among countries. PAHO did not have a fund that it divided up among projects. It was the countries that decided to devote a portion of their biennial budget funds to TCC, and it was they that took the decision to initiate a TCC project and to seek PAHO's approval and support for it. Similarly, PAHO did not set the priorities for countries' TCC projects. The priorities for the Region were clearly delineated in the Strategic Plan for 2003-2007 and other policy documents approved by the Governing Bodies. The Secretariat might make suggestions as to the focus of projects, but decisions as to whether to undertake a project and, if so, what objectives were to be pursued, were sovereign decisions of the countries involved.

103. Hence, the Secretariat needed guidance from Member States. Did Members feel that a special fund should be created in the budget, with countries competing for financing for TCC projects, or did they prefer to retain the current approach, in which a

percentage of each country's share of the biennial budget was set aside for cooperation with other countries? In any case, it would be necessary to take into account the restrictions imposed by the new regional budget policy, under which regional resources would be reduced and country allocations would increase.

104. The President said that the comments made indicated that the Subcommittee felt that developing the concept and practice of TCC was a critical aspect of PAHO's remit. He suggested that it would be helpful if the original documents from 1998 could be recirculated prior to the June session of the Executive Committee to enable Members to have a clear understanding of the current strategy and approach to TCC.

***Proposed Program Budget of the Pan American Health Organization for the Financial Period 2006-2007 (Documents SPP39/3, SPP39/INF/1, SPP39/INF/2, and SPP39/INF/3)***

105. Dr. Karen Sealey (Area Manager, Planning, Program Budget and Project Support, PAHO) introduced this item, providing a historical overview of the context in which the biennial program budget (BPB) was being formulated and then describing the strategic and programmatic approach being applied in its development. Regarding the context, she noted that while there had been nominal growth in the regular budget over the previous 30 years, in terms of constant 1986 dollars, it had declined by 22.2%, which had meant a reduction in funding for the programming of technical cooperation. At the same time, the WHO share of the Organization's budget had diminished steadily, particularly following the adoption by the World Health Assembly of Resolution WHA51.31, which had changed the formula for distribution of resources among the regions. That had placed increasing pressure on the PAHO portion budget to accommodate mandatory cost increases during the previous two biennia. That pressure had been borne largely by Member States through increased assessments.

106. Given that context, the Secretariat had begun to develop a BPB proposal for 2006-2007 that sought to address the existing resource constraints and that reflected the various policies that were guiding the work of the Organization. To that end, it was applying a strategic and programmatic approach, the central feature of which was a one-program-budget approach, in which the BPB presented would show the totality of the proposed technical cooperation program for the biennium, regardless of funding source. In the past, budget proposals had reflected only expected regular budget funds and committed funds from other sources (voluntary contributions). The new approach was consistent with results-based management and with new trends in resource mobilization. The proposal would show the total program that the Secretariat wished to implement and the results that it expected to achieve. At the same time, it would show the areas that were currently unfunded, which was expected to facilitate the mobilization of voluntary contributions.

107. A second important strategic approach was alignment with WHO's global planning process and global program budget structure. The effort towards alignment with WHO had begun in the 2004-2005 biennium, when the areas of work had been reduced from 68 to 42. For 2006-2007, PAHO would have the same 36 areas of work as WHO, except that one, Core Presence in Countries, had been split into three distinct areas of work, reflecting the Region's advanced status with regard to cooperation at country level. The areas of work (AOW) represented the planning building-blocks for the program budget. AOW statements had been developed for each area, including issues, challenges, objectives, and expected results, both at country and at regional level. Each Headquarters unit, country office, and Pan American center would link its own expected results to the regionwide expected results. As a result, it would be possible to see how all the various components of the Organization were working towards the regional expected results and also how the Region was contributing to WHO's global expected results.

108. Regarding the policy guidelines for the BPB, a major one was the Strategic Plan for PASB during the period 2003-2007. The Director had recently introduced an MDG-focused technical cooperation framework for implementing that Plan that would make it easier to review the work of the various units to ensure that the Secretariat was, in fact, focusing on the priorities for achievement of the MDGs and for health development at country level. The framework comprised three parts: addressing the unfinished agenda, protecting past achievements, and facing new challenges.

109. Another significant policy guideline was the Regional Program Budget Policy approved by Member States in September 2004. As Members would recall, the 45th Directing Council had asked the Secretariat to submit to the SPP clear criteria for the application of the variable portion of the country allocations, and the Secretariat was proposing three criteria, prioritizing (1) countries with major disruptions in their economies, (2) countries at risk of not achieving the MDG targets, and (3) countries where the reductions in core budget would threaten operational viability. The BPB proposal also reflected the new subregional allocation provided for under the budget policy to formalize and intensify PAHO's support for the health agenda of the various subregional integration movements. More information on the application of the Regional Program Budget Policy was presented in Document SPP39/INF/1.

110. In conclusion, she said that it was important to recognize that the process for developing the BPB had been changed significantly in order to ensure a true country focus and apply a results-based management approach, showing the totality of the resources needed to achieve the desired results and identifying the funding gaps, thus enabling the Organization to be much more strategic in its mobilization and use of the resources.

111. Mr. Roman Sotela (Unit Chief, Planning and Program Budget, PAHO) then presented the budget proposal itself. He noted that the approved regular budget for the

current biennium, 2004-2005, was \$259,530,000.<sup>1</sup> The proposal for 2006-2007 was \$275,490,000. That amount included an increase of \$15,960,000 (6.2%) in the combined PAHO/WHO budget, strictly to cover mandatory cost increases for posts. The distribution of the proposed amount among the areas of work was shown in the annex to Document SPP39/3. The WHO share of the proposed amount was expected to be \$82,383,000, making the PAHO share \$193,107,000, an increase of \$6,307,000 (3.4%), with respect to 2004-2005. The PAHO share would be funded by \$178,607,000 in assessed contributions from Member States – an increase of \$5,307,000 (3.1%) over the 2004-2005 budget – and \$14,500,000 in miscellaneous income. The latter figure was \$1,000,000 (7.4%) more than the amount of miscellaneous income included in the approved budget for 2004-2005.

112. In drawing up the regular budget proposal, the Secretariat had taken into account several strategic considerations. First, it had factored in the anticipated increase of \$9.6 million in WHO regular financing, which would raise the WHO portion of the budget from 28% to 29.9%. At the same time, it had sought to limit any increases to post costs only, providing no increase for inflationary costs in the program portion of the budget, and it had endeavored to keep the increase in quota assessments to a minimum. In addition, the Secretariat continued to seek ways of enhancing managerial efficiency and effectiveness. The Director, in her presentation on institutional change, had given a detailed description of the measures being taken in that regard, and Document SPP39/INF/3 provided additional information.

113. Concerning voluntary contributions, for 2006-2007, the proposed level of such contributions was \$275,731,000. Of that amount, it was estimated that about \$132,000,000 would come from WHO voluntary contributions and \$143,731,000 from direct contributions to PAHO. By way of comparison, at the end of the first year of the current biennium, PAHO had available voluntary contributions totaling approximately \$144 million - \$128 million from direct contributions to PAHO and \$16 million from the WHO pool of voluntary contributions.

114. The total PAHO/WHO budget proposed for 2006-2007 was thus \$551,221,000, split about evenly between regular budget funds and voluntary contributions. The distribution of the total budget by appropriation section was essentially the same as the distribution of the regular budget; the breakdown was shown in the annex to Document SPP39/3.

115. The Subcommittee applauded the closer alignment of PAHO's program and budget with those of WHO and the emphasis on transparency and results-based budgeting. Delegates were pleased that the proposal reflected consideration of what was needed in order to achieve the Millennium Development Goals and the implications of

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<sup>1</sup> Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

the Eleventh General Program of Work of WHO, as well as PAHO's Strategic Plan for 2003-2007 and the recommendations of the Working Group on PAHO in the 21st Century. The increased emphasis on and the allocation for work at the subregional level were also welcomed.

116. While it was recognized that Member States were placing increasing demands on the Organization and that inflation and rising staff costs would increase PAHO's operating costs, some delegates questioned the need for an increase in the PAHO portion of the regular budget, especially in light of the expected increase in the WHO allocation for the Region. In that connection, the Subcommittee encouraged all Member States from the Americas to work hard to ensure World Health Assembly approval of the Region's request for \$82.4 million in WHO regular budget funds. The Secretariat was asked to comment on what impact the value of the United States dollar was having on the Organization's costs.

117. It was pointed out that it would be difficult for countries to accept an increase of 3.1% in their PAHO assessments when WHO was also asking for a substantial increase in assessed contributions. The need for budget discipline and careful priority-setting was underscored, as was the need to continue striving to increase the cost-effectiveness of PAHO's work. The Subcommittee requested that the next version of the budget proposal include more detailed information on the measures being taken to enhance efficiency within the Organization and also clarification of how priorities were being set. Delegates noted that the proposal showed increases in virtually all areas, which made it difficult to see which specific aspects were being prioritized. It was suggested that future budget presentations to the SPP should include more detailed information of that sort, in particular analysis of the performance of the various programs as a basis for priority-setting. Such information would enable the Subcommittee to better serve as a filter for resolving issues prior to the Executive Committee.

118. The Subcommittee also suggested that the next version of the proposal should present several options and show the program impact of each of those options. For example, one option might be the level of increase proposed in Document SPP39/3, including the 3.1% rise in assessments. Another might reflect only the increase in WHO funds, but zero nominal growth in the PAHO portion. Yet another might be maintenance of the total regular budget at the 2004-2005 level. That type of information, too, would make it clearer where the priorities lay and would give Member States a more concrete basis for decision-making.

119. Delegates requested further clarification of how the variable portion of the country allocations would be used and of the one-program-budget approach, particularly as concerned the unfunded portion and the targeting of voluntary contributions. It was pointed out that the amount allocated for technical cooperation among countries (TCC) appeared to have been reduced by more than 50%, and the Secretariat was asked to

explain the reasons for a reduction of such magnitude, especially in the light of the Subcommittee's earlier discussion of TCC, which had made it clear that Member States attached great importance to that modality of cooperation. Additional information was also requested on the allocation for Knowledge Management and Information Technology, which appeared to have been increased substantially with respect to the previous biennium. Members expressed the hope that adequate and stable funding would be allocated for work in the area of health of indigenous peoples and for the HEMA (Health and Environment Ministers of the Americas) Initiative, both of which were important areas of work for PAHO and its Member States in the framework of the Summits of the Americas. At the same time, questions were raised as to the appropriateness of PAHO's work in the area of foot-and-mouth disease (FMD). While it was recognized that agricultural and trade issues such as FMD had implications for human health, it was emphasized that PAHO's focus should be on human health.

120. Dr. Sealey thanked the Subcommittee for its feedback, which would be very useful to the Secretariat in preparing the document to be submitted to the Executive Committee. Responding to delegates' specific comments and questions, she said that the variable portion of the country allocations would be used to respond to urgent needs or challenges in countries, applying the three aforementioned criteria. It was impossible to say exactly how the funds would be used because it was not yet known where those needs or challenges would occur; however, at the end of the 2006-2007 biennium, the Secretariat would provide a full accounting of how the variable portion had been applied.

121. In regard to the allocation for TCC, while the figures made it appear that the allocation for that area had been cut, in fact that was not so. The 2006-2007 biennium had to be looked at as a transition period following the adoption of the new Regional Program Budget Policy. In the past, a certain proportion of the allocation for each country had been earmarked for TCC; however, as a result of the new budget policy, allocations for about half of the Member States had changed, in some cases rising substantially. In those cases, it was unrealistic to expect that countries would be able to increase TCC to the same extent in just one biennium. While the Secretariat would certainly continue to work with countries to encourage and facilitate TCC during 2006-2007, the increases would have to be phased in over several years. The Secretariat would prepare additional information for the Executive Committee on the approach to TCC during 2006-2007, taking into account that it was a transition period within the new policy framework. It would also present the framework that it was developing for implementation of the subregional component of the budget, a great deal of which would involve technical cooperation among countries in the various subregional blocs.

122. Concerning the allocation for Knowledge Management and Information Technology, she noted that most of the increase for that area was in voluntary contributions; the regular budget allocation would not change significantly with respect to 2004-2005. The increase in overall funding for that area reflected the fact that it was

not a vertical program, but a mode of technical cooperation being implemented across the Organization. Considerable resources were needed for that purpose, not just for the acquisition of hardware, but, especially, for retraining of staff to develop the skills and create the culture required for this new way of working. As for the allocation for foot-and-mouth disease, it reflected the Organization's history of work in that area and what it was currently doing. Certainly, however, that part of the program could be adjusted if Member States so wished.

123. With respect to priority-setting, she recalled that the Strategic Plan for 2003-2007 identified three main priorities: the five key countries; special populations, including indigenous peoples; and technical priority areas. She assured the Subcommittee that great care had been taken to ensure that the proposed program and budget reflected those priorities, through the application of the regional budget policy, through the programs of the regional units, and through the three-component technical cooperation framework. However, for the next iteration of the BPB proposal, the Secretariat would endeavor to present a clearer picture of where the priorities lay and how they were being addressed. As concerned the one-program-budget approach, the idea was to present the totality of the results that the Secretariat wished to achieve and the totality of the funds that would be needed in order to do so, including the unfunded parts, or funding gaps. It would thus be possible to show the Organization's partners exactly where additional voluntary contributions were needed, which would in turn ensure that PAHO's activities were not externally driven but guided by a program developed to respond to the needs of countries.

124. Mr. Sotela added that part of the Secretariat's aim in presenting a budget proposal with some parts unfunded was to access a fairer share of the voluntary contributions mobilized by WHO. The Americas had traditionally received a very small percentage of those resources, whereas all the other regions received a proportion that was at least equal to their share of the global regular budget. The Region's share of the WHO regular budget had ranged from 6.9% to 8.5% over the past few biennia, but it had received less than 1% of total WHO voluntary contributions. By clearly showing where the funding gaps were in the PAHO budget, the Secretariat was taking a more aggressive approach, designed to tap more of those resources.

125. With regard to the impact of the United States dollar on the Organization's costs, the decline in the value of the dollar was a huge factor in the \$15.96 million increase in post costs. In a dollarized budget, when the dollar was normal and healthy, the effect of increases in costs for field posts – which accounted for 50% of PAHO's total post costs – was nil. However, as a result of the falling dollar, in 2006-2007 field post costs would rise by about 11%. Costs for Washington-based posts would increase some 9%, making the average increase for posts about 10%. The increase in posts costs also reflected the fact that posts were becoming an increasingly larger proportion of the total budget, despite a significant reduction in the number of posts. In 2006-2007, posts would account

for about 64% of the total budget, compared to 58% in 2004-2005. That was an effect of mandatory post-related increases that were outside the Secretariat's control.

126. The Director felt that there were several important considerations that should be borne in mind in contemplating the proposed program budget for 2006-2007. First and foremost was the fact that the budget, like the Organization itself, had undergone a major restructuring. The areas of work had been reduced and rearranged, and the subregional component had been added, thus reducing the size of the regional component. In addition, when posts accounted for over 60% of the budget and when post costs then increased by 10%, that meant that posts had tremendous influence on how the budget was structured. In a relatively small budget such as PAHO's, moving just one post made a vast difference in the proportion of the total budget allocated to a given area. All that made it difficult to compare the proposal for 2006-2007 with the budgets for previous biennia. The Secretariat was well aware of that difficulty, and it was also strongly committed to transparency in the budgeting process and would do all in its power to answer Members' questions and respond to their concerns. To that end, it might consider creating a forum for discussion of the budget on the Organization's website in order to give all Member States, including those not represented on the SPP or the Executive Committee, an opportunity to comment and ask questions prior to the Directing Council.

127. Another consideration was that the proposed increase of 3.4% was less than the real cost increase because 23 posts had been eliminated – the largest reduction ever in one biennium – and because the Secretariat had realized efficiency savings. It would, of course, continue to pursue such savings, but it had to be recognized that there was a limit to how many efficiency measures could be introduced and that, moreover, such measures often entailed costs themselves. For example, the Organization was committed to making optimum use of information technology, but implementing that technology required a substantial investment.

128. As she had mentioned in her presentation on institutional change, one of the ways in which the Secretariat was seeking to work more efficiently – and also to compensate for the reduction in staff – was through the use of shared and common services, particularly administrative, information technology, and documentation and information services. Sharing such services could yield significant economies of scale. Another area in which it might be possible to achieve additional efficiency savings was that of governance. She noted that the Subcommittee on Women, Health, and Development had recently decided to form a working group to review the composition, functions, and frequency of meetings of that body. It might also be worthwhile to consider reducing the frequency of SPP meetings to every two years, with the Subcommittee meeting only during budget years. She would not wish to give the impression that the Secretariat was seeking to limit governance or oversight by Member States, but it might be possible to find mechanisms other than meetings that would allow for strong and effective governance, but at lower cost. She believed that it was important to examine all options

for increasing cost-effectiveness in order to preserve the Organization's substantive technical cooperation and normative functions.

129. With regard to the concerns raised about PAHO's activities in the area of foot-and-mouth disease, as had been mentioned in the discussion of the Pan American centers, those activities dated back to 1950. Certainly, the situation had changed since then, and it might indeed be time to reconsider the Organization's involvement in FMD-related activities. That was a decision to be made by Member States. The upcoming Inter-American Meeting, at the Ministerial Level, on Health and Agriculture (RIMSAs) would provide a good forum for discussion of the matter. She wished to point out, however, that the agricultural health agenda had expanded considerably beyond FMD and now included food security, genetically modified foods, and other issues related to trade and food safety. In fact, food safety had its own allocation in the budget because it was a priority identified by Member States in the Governing Bodies of both WHO and PAHO.

130. As concerned funding for the HEMA initiative, the four priorities to be discussed at the June meeting of health and environment ministers in Argentina – water, sanitation, solid waste, and chemicals – were all covered under the area of Health and Environment, which fell within the Sustainable Development and Environmental Health appropriation section. After Health Systems Development, that section was receiving the second largest proportion of the program budget.

131. Finally, with regard to WHO voluntary contributions, while the Secretariat was working to secure a fairer share for the Region and while the leadership of WHO seemed willing to allocate a larger proportion of those contributions to the Americas, it was important for Member States, particularly those that were major donors, to exercise advocacy on behalf of the Region.

132. Responding to the Director's last comment, the Delegate of Canada suggested that the issue of voluntary contributions should be raised during the meeting of ministers of health from the Americas that preceded the World Health Assembly. Regarding the suggestion that the SPP should meet every two years in order to increase efficiency and reduce costs, he felt that the proposal warranted consideration, provided that an alternative means could be found to allow Member States to give input on administrative, governance, budgeting, and planning activities.

***Report of the Working Group on PAHO in the 21st Century (Documents SPP39/7 and SPP39/7, Add. I and Add. II)***

133. Hon. Jerome H. Walcott (Barbados, Chair of the Working Group on PAHO in the 21st Century) presented a summary of the work of the Working Group to date. He recalled that the mandate for the Working Group had its origins in Resolution CD44.R14, adopted at the 44th Directing Council in September 2003. The working group had five

core countries: Argentina, Barbados, Costa Rica, Cuba, and Peru. However, it was an open-ended group, and several other countries had participated actively, including Brazil, Canada, Chile, Mexico, and the United States of America. At the 45th Directing Council in September 2004, an overview had been given of the activities undertaken and the documents prepared by the various participating countries. By that time there had been three meetings of the Working Group, and subsequently a fourth meeting had been held in Rio de Janeiro in December 2004. At that meeting the Working Group had reviewed a number of documents prepared both by countries and by the Secretariat on a variety of topics, including science and technology, human resources in health and their deployment, and financial resources for health. The ideas in the documents had been discussed and analyzed, and recommendations for amendments had been made. Additionally, the Working Group had reviewed the first draft of a consolidated document, which had been prepared by the Secretariat, taking into consideration all the various documents prepared by the individual countries.

134. The next step had then been to move towards extracting recommendations to form a separate chapter of the document, to be presented eventually in the form of a resolution to the 46th Directing Council. The fifth meeting had been held in Washington in February 2005. The amended documents had been reviewed, with the exception of the amended document on financial resources, which had not been available at the time. The Working Group had discussed a second draft consolidated document, out of which had come the third consolidated document, which was currently before the Subcommittee.

135. In addition, the most recent meeting of the Working Group had begun to review the recommendations, and a drafting committee had been established. The committee had met during the current session of the Subcommittee. The intention was to have everything ready for a sixth meeting of the Working Group, which was expected to take place in Barbados in April. At that meeting, the Group would discuss the recommendations and the final draft of the consolidated document, so as to have a final consolidated document, including recommendations, ready by 2 May. That document would then be circulated to all Member States of PAHO with the request that they provide input. He noted that, other than the countries he had mentioned earlier, the participation of the Member States thus far left much to be desired.

136. It was also planned to have a further meeting in Geneva, at which the document and recommendations could be discussed by the delegations attending the World Health Assembly. It was then expected that a formal presentation of the final draft would be made to the Executive Committee in June for further discussion. Any final amendments would be made in July and August. The Working Group's final report, with recommendations, would be presented to the Directing Council in September, and it was expected that the recommendations would then become a Directing Council resolution.

137. The Subcommittee thanked the Working Group for its work, which involved issues that were of great importance to the Region as a whole. The Subcommittee was confident that the recommendations and subsequent resolutions emanating from the efforts of the Working Group would be of use to all Member States and to the Secretariat, and that continuous and open dialogue would permit the development of creative mechanisms that would enable PAHO to function in a manner reflective of new global realities and to maintain its leadership in the Region and the world.

***PAHO/WHO Country-focused Cooperation and National Health Development  
(Document SPP39/10)***

138. Dr. Pedro Brito (Area Manager, Strategic Health Development, PAHO) introduced this item, noting that the document had been prepared jointly by his area and by the Country Support Unit. He presented an overview of PAHO's approach to country-focused cooperation and its use of the country cooperation strategy (CCS), which was the methodological instrument for operationalizing the country-focused approach in order to accelerate national health development (NHD), which was the ultimate objective of country-focused cooperation. He explained that one of the most important issues for PAHO and WHO at present was how to achieve maximum efficiency and impact in technical cooperation with countries. With that objective in mind, WHO had developed the country cooperation strategy (CCS) instrument as part of its Country Focus Initiative. PAHO was adapting the CCS to the characteristics of the Region with a view to applying it as the medium-term strategic orientation of country-focused technical cooperation in each country.

139. The key condition for ensuring effectiveness in technical cooperation was specificity. International cooperation in health needed to be based on a systematic study of the NHD process and the policies and plans of each country. The CCS provided an instrument for assuring that specificity. It was both a methodology for assessing the current level of national health development and an instrument for programming technical cooperation in the medium term. Application of the CCS led to the construction of a medium-range vision (4-6 years) for the action of the Organization with each Member State, providing a strategic framework for the joint effort. The goal was to fashion an integrated cooperation proposal that, consistent with the concept and objectives of national health development, made possible the development of a single strategy and a single program budget for the country. The CCS approach attempted to strike a reasonable balance between national priorities and regional and global orientations and strategies. In particular, the CCS approach enabled PAHO to align its technical cooperation with the central objective of the United Nations development agencies: building institutional capacity and thus giving countries a sustainable basis from which to solve their own problems in the context of their own priorities, culture, and values.

140. The first outcome of applying the CCS in a given country would be an agreement between the country and the Organization that would constitute the medium-term strategic framework for technical cooperation, and would provide the basis for a plan for capacity-building in the country office, making it possible to match and adapt its personnel profile to the technical cooperation requirements in the country. It also made it possible to define the infrastructure needed, particularly in the area of information and communication, and to generate a framework for the mobilization of resources and the establishment of strategic partnerships with the key actors involved in cooperation in the country.

141. The experience thus far had demonstrated that on the policy level the application of the CCS strengthened dialogue between the ministry of health and other actors and also helped to bolster the normative and regulatory functions of the ministry. At the same time, it encouraged coordination between the international cooperation bodies working in the country, permitting greater effectiveness and efficiency in the establishment of common goals and agendas. The country cooperation strategy approach had demonstrated great potential in the seven countries where it had initially been applied, and for that reason the Secretariat now proposed to extend its application, undertaking CCS exercises in all countries of the Region by the end of the 2006-2007 biennium.

142. The Subcommittee was invited to comment on the overall approach to country-focused cooperation and on how the Secretariat might utilize the CCS methodology to greatest effect in the programming and execution of its technical cooperation for the period 2006-2007.

143. The Subcommittee expressed solid support for the country cooperation strategy as a method for defining a national health agenda that was based on needs and priorities identified by the country itself, which the donor community and international cooperation agencies could then channel their resources to support. The CCS thus provided a more strategic approach to the delivery of technical cooperation. Members noted that the use of the country-focused approach would more closely align PAHO's work with WHO's Country Focus Initiative and with the approaches being employed by other international development organizations. In that regard, the Secretariat was asked to comment on the linkage between the country cooperation strategy methodology and approaches such as the Poverty Reduction Strategy Papers and the Common Country Assessment/United Nations Development Assistance Framework (CCA/UNDAF). Further information was also sought on how the CCS approach linked to the biennial program budget, to PAHO's Strategic Plan and to the PAHO in the 21st Century initiative, and to WHO's General Program of Work.

144. With regard to the document, the Subcommittee felt that it was largely conceptual and that it would be more useful to Member States if the next version provided more concrete information about how the CCS methodology was actually being applied, who

was involved in the process and what it entailed, which countries had already taken part in a CCS exercise, and which countries were slated to do so in the future. It was pointed out that participating in a CCS exercise implied an outlay of resources for a country, at least in terms of time and personnel, and that it would therefore be important for countries to understand the cost-benefit of taking part in the exercise and the minimum investment required. Alluding to the diagram in the document that illustrated the determinants of health, one delegate urged the Secretariat to include gender, which was a well-known cross-cutting determinant but one that could easily be forgotten if it was not identified explicitly.

145. It was suggested that PAHO should consider creating a special section on its website where it could post summaries of the country cooperation strategies, similar to those available on the websites of WHO, the World Bank group, and other agencies. Such information would be useful to other Member States and might facilitate potential technical collaboration.

146. Several delegates pointed out that the country-focused approach to technical cooperation described in the document and in the presentation seemed to be part and parcel of what PAHO had been doing for years in terms of building national capacity and leadership and supporting national health development. It might therefore be useful to undertake an evaluation of the Organization's regional programs (e.g. the Expanded Program on Immunization), applying a country-specific focus in order to determine how best to build on and/or change what was being done in each country in the light of any areas of weakness that might be identified.

147. Dr. Brito agreed that it would be useful to place information about the country focus initiative on the PAHO website. He also thought that the suggestion that certain programs could be used as "tracer programs" for evaluating the Organization's technical cooperation in specific countries had great merit. That would add another valuable dimension to the CCS evaluations. As for linkage with the CCA/UNDAF and PRSPs, one of the benefits of the CCS exercise was that it involved not only national stakeholders but external development partners, which automatically linked it to the planning and programming processes of other organizations.

148. Regarding the document, he said that the Secretariat would incorporate in future versions more specific information on the countries where the methodology had been applied and on the work timetable and some of the problems encountered and the results achieved. He then went on to describe the CCS methodology, stressing that, while PAHO was adapting it to the characteristics of the Region, the approach to country-focused cooperation being pursued in the Americas was part of and was consistent with the WHO global approach. The first step in the CCS exercise was a strategic analysis to determine the best point at which to start the CCS exercise, taking into account factors both internal and external to the country. There was a briefing with the minister of health, followed by

wide-ranging consultations with the various institutions within the health sector and with other sectors, academic institutions, NGOs, and other stakeholders. The terms of reference were defined, and the intended results clearly specified. A team was formed, whose role was to work with the country office and with its national counterparts in gathering all the necessary information. The first result was a type of working hypothesis which then had to be validated in a continuous dialogue with the national authorities, leading eventually to a medium-term cooperation plan, including a plan for resource mobilization. At the end of the whole process, there was another briefing with the minister of health.

149. Dr. Mariela Licha Salomón (Coordinator, Country Support Unit, PAHO) said that summary documents were available for all of the CCS exercises carried out so far. They covered Costa Rica, Bolivia, Guyana, Mexico, and Nicaragua, and those for the Eastern Caribbean countries were being finalized. In 2005, CCS exercises would be conducted in Colombia, Honduras, and Guatemala. The minimal investment required for countries was the provision of a staff person from the ministry of health, preferably from the international affairs office, to take part in and support the whole process. By contrast with the CCA/UNDAF process, the work was entirely carried out by PAHO regional and country staff, not by external hired consultants. That meant that both the process itself and the resulting product were very rich. The exercise clearly identified PAHO's niche and provided a framework for its technical cooperation in the country. Moreover, it served as a true instrument of change, both at the country level, through the re-profiling of the country office that occurred at the conclusion of each exercise, and at the regional level, through the adjustments made in regional programs in order to position PAHO to occupy the niche identified by the CCS exercise.

150. The Director gave some historical background on the evolution of the WHO Country Focus Initiative, noting that there had been a great deal of confusion through the years as to what, exactly, country-focused cooperation meant and how WHO's presence in a country should contribute to national health development. That was why the document prepared for the Subcommittee was conceptual in nature. It was not intended to describe the methodology or present the results of any of the CCS exercises conducted to date, but to explain the concepts underlying PAHO's approach to country-focused cooperation. That was a necessary first step before jumping into application of the methodology, and in that sense the CCS exercises carried out so far should be seen as pilot tests, serving to refine the conceptual approach. The Secretariat's aim in putting this item before the Subcommittee had been to obtain Members' input as to whether the Organization was on the right track conceptually and to explain how the country cooperation strategy related to PAHO's other planning and programming instruments, particularly the Americas Region Planning, Programming, Monitoring, and Evaluation System (AMPES) and the biennial program budget. Later on, the Secretariat would present more information on the methodology and an assessment of the experiences with its application.

151. The CCS was seen as filling a gap in planning for technical cooperation at country level. AMPES and the BPB were based on a two-year planning cycle. The strategic plan encompassed a four or five year period, but it was regional in scope. The CCS, in contrast, provided a medium-term framework for planning and resource allocation at the national level. In the countries that had already undertaken CCS exercises, the resultant strategy was already being used to program or reprogram BPB resources. The CCS approach provided an opportunity for countries to measure their national health development, to understand their strengths and weaknesses, and to recover the health planning capacity that had been lost in recent years in many cases. It also enabled them to set health objectives and determine what particular role they wished PAHO to play in helping them to achieve those objectives. At the same time, the CCS was an instrument that the health ministry could use to negotiate support from third parties and an instrument that PAHO could use to mobilize voluntary contributions and, in particular, to obtain a fairer share of WHO voluntary contributions.

152. In adapting the CCS methodology for use in the Region, one thing that PAHO had tried to do was to incorporate what could be described as a toolbox containing all the methodologies that PAHO already had in place, such as the EPI program evaluation and the essential public health functions measurement and health sector analysis tools. If discussions of the CCS in a country revealed that some of those studies or evaluations had not previously been done but were needed, the necessary tools were readily available. The idea was to detect and fill gaps in the knowledge base. However, in carrying out the CCS, it was necessary to build on the work already done by countries or by other organizations, such as the World Bank and the International Monetary Fund. There was no point in duplicating those efforts. In terms of the linkage with PRSPs or CCA/UNDAF, that was largely a matter of timing: whichever exercise was completed first could then feed into the others.

153. At the request of the Director, Dr. Sealey provided some additional information about how the CCS exercises fit within the Organization's overall planning and budgeting. She said that it was anticipated that the CCS would provide rich information for strategic planning at both the regional and global levels. One of the inputs to the strategic plan that WHO was seeking to develop would be an analysis of all of the CCSs from all of the regions to see where there were commonalities of priorities that should be reflected in the global plan. PAHO would be doing the same at the regional level when the time came to develop its next strategic plan.

154. Regarding the link with the biennial program budgets, as Dr. Roses had said, for the countries in which a CCS exercise had been conducted, the country cooperation strategy was already serving as a reference point for drawing up the subsequent BPB. For 2006-2007, the Secretariat had noted that, in those countries, the situation analysis was far more analytical and the technical cooperation strategy was far more strategic, and the overall quality of those particular countries' biennial program budgets was thus much

better than it had been before. As more country cooperation strategies were developed, the results of those exercises would be analyzed and transmitted to the regional units so that they had a clearer picture of where the priorities were across the Region and could utilize that information in their programming at the regional level.

155. Also speaking at the request of the Director, the Delegate of Mexico described some aspects of the CCS process as it had been carried out in his country. Although, as the Director had mentioned, the exercise had been somewhat of a pilot test aimed at perfecting the methodology, it had proved to be an enriching process, in that it had provided an opportunity to bring together the various sectors concerned: government, academia, health care providers, and others. The resultant analysis had proved to be beneficial not only to PAHO for planning its further action but also to the country as a process of self-reflection and examination. Ideally, in his view, once the methodology had been perfected, it should produce a document of results that included an assessment of health needs in the country, a description of the necessary functions and capacity of the country office, and an appraisal of what other cooperation and resources were needed.

156. In conclusion, the Director suggested that the conceptual document on the country-focused cooperation approach, together with the CCS methodology and the results achieved, should be made available not only on the PAHO website, but also on countries' websites. The country cooperation strategy would be a product of each country, and it was important for that information to be readily available as a tool for the health sector at the national level.

***Update on the Goal of Providing Antiretroviral Therapy Established in the Declaration of Nuevo León adopted at the Special Summit of the Americas***

157. Several fact sheets prepared by the Secretariat were distributed and three presentations by Secretariat staff were given on this item. First, Dr. Carol Vlassof (Chief, HIV/AIDS Unit, PAHO) provided an update on progress towards achieving the goal set by the Special Summit of the Americas held in Monterrey, Nuevo León, Mexico, in January 2004. That goal was to provide antiretroviral (ARV) therapy to all who needed it as soon as possible and to ensure that at least 600,000 persons with AIDS were receiving treatment by 2005. The most recent data indicated that the Region was very close to achieving the latter objective. At the beginning of 2004, when the goal was announced, there had been approximately 500,000 people under treatment. An interim survey conducted by PAHO between July and October 2005 had found that the number had risen to approximately 574,000 by October. Data from March 2005 indicated that the total now stood at around 592,000. She cautioned, however, that the March data had been collected very quickly in response to the Subcommittee's request for a progress report, and they did not cover all countries. They did include Mexico and Brazil, but not Canada or the United States.

158. Nevertheless, while the Region as a whole was approaching or might already have surpassed the goal set for 2005, there was still a significant treatment gap in Latin America and the Caribbean (LAC). At the beginning of 2004, there had been 196,000 people under treatment; by October the number had increased to 256,000, but the goal for LAC under the 3 by 5 Initiative was 370,000, which meant that there was still a gap of about 90,000 people.

159. PAHO had identified the following bottlenecks that were hindering efforts to scale-up treatment: health systems and services that were inadequate or not expanding rapidly enough; insufficient decentralization and integration of services, which limited availability of treatment in rural areas; frequent use of different treatment protocols by public and private health care providers; shortage of qualified human resources; stigma against vulnerable groups; low spontaneous demand for counseling, testing, and treatment; social inequalities, including poverty, increasing economic gaps, and gender inequities; insufficient capacity in countries to absorb unprecedented new inflows of financial resources; and insufficient harmonization of resources and coordination among partners (i.e. insufficient adherence to the "Three Ones" principles.) PAHO would continue to work with countries to overcome those bottlenecks and enhance the response to HIV/AIDS in the Region.

160. Dr. Hernán Rosenberg (Acting Chief, Project Support Unit, PAHO) gave an overview of the status of the HIV/AIDS projects currently being financed by the Global Fund to Fight AIDS, Tuberculosis, and Malaria in the Region and of PAHO's activities to support countries in obtaining and maintaining Global Fund grants. To date, the Global Fund had approved a total of \$480 million in funding for AIDS-related projects in the Region over a period of five years. For the first two-year phase, a total of \$197 million had been allocated for 22 projects, including 18 country-specific projects and 4 multi-country projects. Funding for the second phase of the five-year period was contingent on availability of funds and evaluation of the projects' performance during the first phase. Performance was assessed on the basis of a set of preestablished quantitative indicators, which were strictly applied.

161. Thus far, only two countries in the Americas had been evaluated and extended to Phase 2: Haiti and Honduras, although the latter had been reapproved only on appeal. Grant performance reports for Argentina, Cuba, El Salvador, and Chile seemed to indicate a favorable evaluation. However, other countries were having serious difficulties in relation to governance, management, and procurement. In the area of governance, the issues fell into two categories: internal and external. The external governance issues had to do with representation of the region of Latin America and the Caribbean on the Board of the Fund and regional input into decisions by the Board on crucial matters, such as the setting of eligibility criteria. As the Subcommittee was aware, under the current income-based criteria, most countries in the Americas were ineligible for Global Fund grants.

162. From the standpoint of internal governance and management of projects, one of the main difficulties had to do with the country coordinating mechanism (CCM), which was the country-level entity that developed grant proposals, received the funding, and oversaw project implementation. The CCM included representatives of multiple sectors, including government, the private sector, civil society, and academia. While it allowed for broad intersectoral participation and local ownership of projects, the CCM was not an easy mechanism to manage, as it brought together actors who were not necessarily accustomed to working with one another and who sometimes had differing interests and priorities.

163. PAHO was working with countries to resolve the difficulties that had arisen and ensure the renewal of grants in the second phase, since non-approval of Phase 2 funding would mean a huge loss of resources (approximately \$283 million or 59% of the total approved for the five-year period), which would severely compromise countries' ability to continue carrying out crucial AIDS treatment and prevention activities. The Organization was providing support, in particular, to strengthen project design and management. The experience thus far had shown that countries needed assistance in establishing accurate baselines and setting realistic targets and monitoring indicators and in strengthening their health systems to enable them to absorb and make effective use of the large influx of new funding. PAHO would also be helping countries to prepare grant proposals for submission in Round 5. Thus far, the Organization had expended around \$759,000 for activities to support countries in their dealings with the Global Fund. That amount was additional to the amount allocated for the activities of the HIV/AIDS Unit to scale up the response to the disease and achieve the goals of the 3 by 5 Initiative and the Nuevo León Declaration.

164. Dr. José Luis DiFabio (Area Manager, Technology and Health Services Delivery, PAHO) described the activities that PAHO had undertaken to support Member States in the area of procurement of ARV drugs. In response to requests from Member States, PAHO had collaborated with WHO and the Joint United Nations Program on HIV/AIDS (UNAIDS) in organizing three rounds of joint negotiations aimed at obtaining more favorable drug prices. The first round had taken place in the Caribbean, the second in Central America, and the third in South America. In the first and second rounds, the countries had negotiated with producers of innovator drugs. The third round had also included producers of generic drugs prequalified by WHO and had encompassed diagnostic reagents as well as antiretrovirals.

165. An evaluation of the negotiations, conducted by PAHO with support from economists at Ohio State University (United States of America), had shown that the negotiations had accomplished their main objective: reducing the price of ARVs and diagnostic reagents, particularly in the case of the third round, thanks to the participation of the generic drug manufacturers. By reducing the price, the negotiations had made it

possible to increase the number of treatments provided, thereby improving access to ARV therapy. The evaluation had further revealed that countries considered the negotiations to have been a political and social success and that the negotiations had led to a consolidation of interinstitutional activities within the ministries of health and to increased solidarity among countries in the various subregional groupings. Another positive result had been the establishment of reference prices, not just for the governments of the countries involved, but for other buyers within countries (social security institutions, private insurers, the armed forces, etc.) and for countries not involved in the negotiations.

166. However, the evaluation had also revealed the following problems: because of requirements imposed by the regulatory framework for procurement within countries – which had not always been considered during the negotiations – ARVs had not necessarily been purchased from manufacturers that had participated in the negotiations; the final prices paid were sometimes substantially higher or lower than those negotiated; manufacturers did not follow-up on the licensing requirements for each country, and therefore some of the products could not be purchased in some countries; the technical criteria for bioequivalence required for prequalification of manufacturers wishing to participate in the negotiations were not always compatible with national requirements in the participating countries; local distributors in each country were not always willing to accept the prices negotiated with the parent company; and the negotiations did not generally include a firm commitment on the part of the countries to purchase or on the part of the sellers to sell. Hence, the evaluation had confirmed what had been pointed out the previous year in the Governing Bodies' discussion of access to medicines: increasing access to ARV drugs was not just a matter of reducing prices; it was equally important to address weaknesses in regulatory, supply, and distribution systems.

167. PAHO would continue supporting Member States in their efforts to increase access to medicines in general and to ARV drugs in particular. To that end, the results of the evaluation would be disseminated to and discussed with Member States in order to enable them to be better prepared for future rounds of negotiation. The evaluation would also be expanded to the Central American and Caribbean countries in order to more clearly identify areas where PAHO technical support was needed. In addition, PAHO would explore options for joint purchasing of ARV drugs and diagnostic reagents through the Strategic Fund for Public Health Supplies.

168. The Subcommittee welcomed the report on progress towards the Nuevo León goal and asked that another update be provided to the Executive Committee in June. Several Members presented information on their countries' efforts to increase access to ARV therapy and overcome the bottlenecks mentioned by Dr. Vlassoff. The need for proper training for medical personnel in how to administer ARV therapy and monitor patients was underscored, as was the importance of working with civil society –

particularly associations of persons living with HIV/AIDS and their families—both in the provision of treatment and other services and in prevention. Delegates also emphasized the need for a broad intersectoral approach to AIDS-related issues and for a public health response to accompany clinical treatment of the disease. The Delegate of Barbados provided updated figures on the number of people under treatment and the consequent decline in both morbidity and mortality in her country.

169. The Secretariat was asked to comment on PAHO's policy with regard to routine HIV testing as part of general medical care and on whether there was any proposed policy on treatment compliance. In relation to the latter, it was pointed out that failure by patients to adhere to their treatment regimens could have a serious impact on population health. Information was also requested on a meeting held recently in the Dominican Republic, at which issues relating to Global Fund financing and access to antiretrovirals had been discussed.

170. Concerning the negotiations for ARV drugs, the Delegate of Jamaica inquired whether the relatively modest price reductions obtained in the Caribbean indicated some weakness in the negotiating process or reflected the choice of drugs and, in particular, the need to use more generic drugs. He also asked what role the Clinton Foundation had played in negotiating ARV drug prices in the Region. The Delegate of Argentina announced that a second round of negotiations was being organized in South America and that a negotiation meeting would be held in his country in August 2005. More information would be provided to the Member States involved as soon as it was available.

171. The Delegate of the United States of America thanked the Secretariat for the update and also expressed his gratitude to the Members of the Subcommittee for agreeing to include this item on the agenda. His delegation had been concerned that the Region was not progressing quickly enough towards the goal set at the Nuevo León summit and was heartened to learn that the gap was not as large as it had thought. Still, there was no reason for complacency. Significant obstacles remained to be overcome in order to ensure that everyone who needed treatment would receive it. A major problem was the fact that the vast majority of the countries in the Region were not eligible for grants from the Global Fund. His country had consistently sought to bring about a change in the eligibility criteria, but it faced stiff opposition from the European countries and even from some countries in the Americas. A strong collective lobbying effort by all Member States in the Region and by PAHO was needed to persuade those countries to change their policies on international aid for middle- and upper-middle-income countries. It needed to be pointed out that those policies were not consistent and coherent.

172. With regard to the meeting in the Dominican Republic, it had been his understanding that one of its outcomes had been an agreement to focus particular attention on the countries that were having difficulties with their Global Fund grants and

that were therefore in danger of losing funding in the second phase. It was critical to assist those countries in improving the performance of their projects, both to prevent the loss of the Phase 2 funds and to dispel the perception that existed among some members of the Board of the Fund that the grants made to countries in the Americas were not being well managed. Unless that perception was changed, there would be no hope of ever convincing the Board to expand the eligibility criteria so that more countries in the Region could receive Global Fund resources. With regard to ARV drugs, he noted that his country had established an expedited drug review process under President Bush's Emergency Plan for AIDS Relief (PEPFAR) and was soliciting applications from pharmaceutical companies worldwide. Applications from two producers of generic antiretrovirals had already been approved, which made their drugs eligible for PEPFAR and Global Fund procurement. He encouraged generic ARV manufacturers in the Region to apply.

173. Dr. Vlassoff said that the meeting in the Dominican Republic had been the first meeting of a technical advisory committee consisting of high-level technical specialists in various areas related to HIV/AIDS. The group would serve as a repository of expertise on which PAHO could call to assist with Global Fund projects. At its first meeting, the committee had issued a set of more than 30 recommendations, which would soon be posted on the Organization's website. With regard to routine HIV testing, PAHO did recommend it, in keeping with WHO's policy, which favored an "opt out" approach – i.e., screening patients as part of routine medical care, but allowing them the option of declining to be tested. As for treatment compliance, she agreed that it was a crucial issue. To date, the focus of both PAHO and countries had been mainly on improving the coverage and quality of services and increasing access to treatment for persons living with AIDS, but it was now time to start focusing on compliance. The Organization would provide regular updates on its efforts in that regard.

174. She also reported that the Organization had three new "3 by 5" officers, one at the regional level, one in Haiti, and one in Guyana. Recruiting was under way for a fourth officer, who would be stationed in Honduras and would serve the Central American subregion. PAHO had now received about a million dollars from WHO to support its work on the 3 by 5 Initiative, virtually all of which had gone directly to countries. Those funds – although the amount was not nearly as much as had been hoped – were helping the Region to scale up the response to HIV/AIDS at country level.

175. Dr. Rosenberg agreed that a concerted lobbying effort was needed to bring about a change in the eligibility criteria of the Global Fund. He pointed out that one of the things that should be emphasized in that effort was that decisions about eligibility should not be based solely on income level because HIV/AIDS, while it certainly had economic aspects, was not an economic issue.

176. Replying to the question concerning prices for ARV drugs in the Caribbean, Dr. Di Fabio explained that they had been higher because the first round of negotiations had only involved producers of innovator drugs. However, the prices negotiated for generic drugs in the third round had subsequently been offered to the Caribbean countries, which had enabled them to obtain antiretrovirals at a more favorable price. He welcomed the expedited ARV approval procedure in the United States and said that PAHO would encourage drug producers in the Americas to submit applications. He also pointed out that it was important not to overlook the importance of diagnostic supplies, particularly reagents, since increasing access to ARV drugs would do little good if countries did not have the means to determine who needed them.

177. Dr. James Fitzgerald (Regional Advisor on Health Supplies Management, PAHO) answered the question about the role of the Clinton Foundation. He explained that the Foundation had entered into a series of agreements directly with generic drug manufacturers, under which those producers would offer countries ARV drugs at heavily discounted prices (enabling them to provide treatment at a cost of around \$140 per patient per year), based on analyses of production costs and projections of the cost advantages resulting from higher demand and increased volumes of production. PAHO was aware that some of the Caribbean countries were accessing those prices and was discussing with the Clinton Foundation the possibility of making them available to other countries in the Region through the Strategic Fund for Public Health Supplies.

178. The Director observed that it was evident from the presentations and comments of the various Secretariat staff that the issue of HIV/AIDS was receiving a great deal of attention within PAHO, not only from the HIV/AIDS Unit but from personnel in numerous other units and areas across the Organization. The Secretariat hoped that that integrated approach was one that Member States would emulate, as it had been demonstrated in countries that had taken such an approach that it was more efficient and that it yielded better results.

179. The recently formed technical advisory committee would further enhance the regional response to HIV/AIDS. The creation of groups of experts was a strategy that the Organization had employed with great success in other areas. It provided an excellent means of utilizing the technical capacity that existed in Member States. The work of the committee might also provide a basis for launching a regional plan or program on HIV/AIDS under the new concept of regional programs as regionwide collective initiatives undertaken by Member States with support from the Secretariat and other partners. Such a program might provide a better framework for mobilizing the additional resources that were needed to assure the sustainability of the Organization's technical cooperation in the area of HIV/AIDS.

180. Concerning the issues raised by the Subcommittee in relation to the Global Fund, she felt that four things were needed. Firstly, as had been pointed out by several speakers, there was a need for concerted lobbying by Member States from the Americas, coupled with more effective representation of Latin America and the Caribbean on the Board of the Fund. As the Subcommittee was undoubtedly aware, the LAC chair on the Board had been vacant for much of the previous year, which had hindered efforts to advance the interests of that subregion. PAHO could help by organizing a briefing on the subject for the ministers of health from the Region during the upcoming World Health Assembly. It might also be possible to schedule a conversation between the ministers and officials from the Global Fund. In addition, the Organization could help enlist the assistance of GRUA, which could provide a permanent presence in Geneva and serve as a source of ongoing support for lobbying efforts.

181. Secondly, there was a need for a more effective regional system of monitoring and coordination among all the partners involved in AIDS-related activities. Many of the difficulties with the Global Fund projects could have been avoided had there been such a system in place to detect problems and coordinate a response before the problem reached the crisis point. Thirdly and relatedly, there had to be a real commitment to the “Three Ones” principles of one national plan, one national authority, and one monitoring system for the country. Finally, it was necessary to apply the lessons learned from successful long-standing programs such as the Expanded Program on Immunization and the projects on the other two diseases targeted by the Global Fund: tuberculosis and malaria. Those programs also involved multiple donors and actors, but because they were adhering much more closely to the concept of “Three Ones,” they were avoiding many of the problems being encountered in the HIV/AIDS projects.

182. Speaking at the request of the Director, Dr. Daniel López Acuña (Director of Program Management, PAHO) reported that PAHO was engaged in discussions with officials at the Global Fund, aimed at achieving a memorandum of understanding that would enable the Organization to play a larger role in supporting countries not only in project design but also in project execution. The idea was to put in place a framework for technical cooperation that would provide clear and transparent rules for providing technical support to help countries improve their project performance and thereby maintain their Global Fund grants. He appealed to the Member States that served on the Board of the Fund to encourage the Board to support the establishment of such a memorandum of understanding.

183. In conclusion, the Director said that the Secretariat would continue to compile data and would provide additional updates on progress towards the Nuevo León goal during the World Health Assembly in May, during the Executive Committee and the interministerial meetings in Argentina in June, during the United Nations General Assembly in September, and during the Summit of the Americas in November.

***Strengthening of National Programs for Organ Donations and Transplants (Document SPP39/6)***

184. Dr. José Luis Di Fabio, (Area Manager, Technology and Health Services Delivery, PAHO) explained that Document SPP39/6 set out to define a possible strategy to enable PAHO to support countries in the area of organ donations and transplants, relying on the expertise that existed in Member States, given that PAHO did not have the necessary in-house capacity. He pointed out that the document at present did not cover the English-speaking Caribbean, but that after a meeting to be held shortly the requisite information would be gathered and the proposed approach would be completed. He gave some historical background, noting that the first transplant in the Region had been a kidney transplant, performed in 1957 in Argentina. In analyzing the issues surrounding organ donation, the document focused primarily on kidney transplants, as they were by far the most common type in the Region and offered high rates of survival and of improvement in quality of patient life.

185. Currently, around 45,000 people in Latin America were on a waiting list for a kidney. On average in the Region, 47% of donated kidneys came from cadavers, the remainder from live donors. As a result of the high demand and the shortage of cadaverous donors, many countries with little organizational capacity for organ donation were forced to promote transplants from live donors. That was a source of great concern, since in countries with little regulation, growing numbers of people were willing to donate a kidney, even though there was no blood relationship with the recipient, in exchange for compensation.

186. The donation potential of a country was calculated at 30 to 40 donors per million inhabitants (pmi), according to international data and experience in countries such as Spain, which was already at that level. In Latin America, the average was 5.4 pmi. However, as the case of Uruguay showed, it was possible to increase that rate dramatically. Clearly, organ donation rates should and could be strengthened in the Americas. Achieving that goal would involve developing or strengthening national donation programs, with a view to reducing the gap between organ demand and availability while at the same time protecting the rights of donors and their families.

187. PAHO had organized an international meeting on organ donation and transplants in Montevideo on 22-23 February 2005, which had been attended by health professionals from 18 countries of the Region and a representative of the National Transplant Organization of Spain. The topics discussed had included a general overview of the organ transplant situation and organ, tissue, and cell donation. Two major recommendations had come out of the meeting. The first was for the establishment of a cooperative forum on issues related to the donation and transplant of organs, tissue, and cells, to be made up of experts from the relevant health departments of the Member States and Spain's National Transplant Organization (ONT). The second was the creation of a committee on organ

donation and transplants, to be made up of experts in the field, with a view to formulating regional organ donation and transplant policy, issuing recommendations for the different countries, and providing technical support for devising appropriate solutions to address the organ donation needs of each country.

188. The Subcommittee was being asked to consider the proposal for a regional framework for work in this area presented in Document SPP39/6. The activities to be carried out under that framework would include determining the organ donation and transplant situation in the Region, including current legislation and organizational systems; ascertaining the donation potential and the possibilities for enhancing it; establishing educational policies to provide training in prevention and organ donation for health professionals in the countries; maintaining and increasing proper registration of donation and transplant activities and transplant centers; and determining the current status of the regulatory framework and monitoring of the procurement, preservation, assignment, and transplantation of organs, tissues, and cells, with the object of formulating technical recommendations to guarantee quality and safety standards.

189. The Subcommittee agreed that the issue was a very important one, and expressed its support for the approach and the activities proposed in the document. However, while it considered it commendable and essential for PAHO to be working in the area of organ donations and transplants, the Subcommittee noted that the proposed activities represented an ambitious goal, and it therefore suggested that the next iteration of the document should contain PAHO's ideas on the baseline investment that would have to come from the Organization. Precisely because it was an ambitious goal, the Organization should take care not to raise expectations and then fail to meet its objective.

190. It was pointed out that the creation of the proposed expert forum would basically be a matter of formalizing what already existed, since the transplants specialists in the Region were already in ongoing contact, at least within individual countries. PAHO was considered the best body to expand the national networks to the Region as a whole. Members strongly suggested that the forum should operate electronically, not in physical meetings, in order to reduce the cost of its organization and operation. It was also pointed out that there was a need for PAHO's help at the country level in establishing ethics commissions to ensure the ethics of cell, tissue, and organ transplantation, as well as national measures to protect the most vulnerable groups from the sale of tissues and organs, and to address the wider problem of international trafficking in tissues and organs.

191. Several delegates described the organ donation and transplant situation in their respective countries, offering to make the relevant data available to the Secretariat for distribution to other Member States who might be interested. They also provided information on the binding regulations or voluntary agreements that governed organ donation. Some countries had adopted the "opt out" system of consent to donation, others

the “opt in” approach. It was pointed out that one of the reasons that some countries’ transplant programs had remained fairly small was the high cost of immunosuppressive drugs.

192. Members drew attention to the need for awareness-raising, both among the population on the humanitarian benefits of volunteering as a donor and among health institutions on the need to obtain and properly preserve organs, tissue, and cells. At the same time, several Members stressed that, while increasing the availability of organs for transplant was important and necessary, it was equally important to work to prevent kidney disease and other health problems in order to reduce the need for transplants.

193. Some delegates encouraged PAHO to focus on implementation of World Health Assembly Resolution WHA57.18 on human organ and tissue transplantation, adopted the previous year. Much work still needed to be done at country level to build the necessary capacity, including the collection and examination of data on national practices, safety, quality, ethical concerns, and the epidemiology of human transplantation. In addition, there was a wide variability in capacity in the Region in the areas of transplant regulation and tracing, including registration, identification, monitoring and bio-surveillance of both donor and recipient.

194. The Subcommittee noted that an issue not covered in the document was that of xenotransplantation. Members pointed out that the scientific literature indicated that numerous serious diseases had been transmitted from non-human animals to humans, often with severe public health consequences. WHO had indicated its willingness to take on the normative task of standard-setting regarding national regulation of xenotransplantation, and it was suggested that the Secretariat should echo that policy in its consultations with Member States and in the broader discussions on organ, tissue, and cell transplantation.

195. Several delegates referred to the related issues of cloning and *in vitro* fertilization, noting that some very important gender and ethical issues were involved, and suggesting that, for the present, those two aspects should not be considered in PAHO’s work on transplantation. One delegate expressed the view that, given that the United Nations Declaration on Human Cloning was very recent, there was a need for all countries to take the time to absorb its implications.

196. Dr. Di Fabio welcomed the offers from Members to provide additional information. He agreed that the ideal format for the forum would be a virtual and electronic one, thus keeping costs to a minimum. There was a need for very clear criteria on quality and safety. Drawing attention to the exchanges of technical and regulatory information going on within MERCOSUR, he stressed again that the Organization was seeking a mechanism to facilitate and make use of the expertise that already existed in the Region, not to develop its own in-house expertise. The forum approach would thus be a

vehicle for technical cooperation among countries, with the more advanced countries sharing their knowledge with the less advanced ones.

197. Concerning the need for capacity-building in relation to ethical concerns, he said that the Regional Program on Bioethics in Chile would play a major role in the development of the bioethical aspect of donations and transplants. With reference to the cost of immunosuppressive drugs, he speculated that they might be included in a future round of multicountry negotiations on drug prices.

198. He agreed that a major factor in reducing the waiting list for organ transplants would be prevention. However, at the present time, PAHO and its Member States had to deal with the situation that existed: long waiting lists and insufficient numbers of donated organs. He also agreed that the major mandate for PAHO was the World Health Assembly resolution. Taking that as the umbrella for its work, PAHO had selected the route it wished to follow at the regional level, but at the same time was going to provide all assistance necessary to enable implementation of the global resolution at country level.

199. The Director expressed her gratitude to the Subcommittee for its encouragement that PAHO was heading in the right direction. She also thanked the Government of Spain for the support it had provided for the Organization's work in this area. The issue of organ donation and transplants represented an opportunity for PAHO to demonstrate an innovative approach that responded to a need for technical cooperation with a minimal outlay of the Organization's resources and without creating a special post or program. Similar approaches could be used in other areas in which it would be beneficial to work with existing networks, professional associations, academic institutions, or other sources of expertise. PAHO could work with the committee of experts to draw up a specific list of the products that were expected in terms of norms, legislation, and organizational systems. Working not only with the forum and the committee but also within a plan of work, which might be biennial, it would surely be possible to identify ways to mobilize any additional resources that would be needed.

200. The forum would provide the opportunity for an analysis of countries' experiences in the field of chronic renal insufficiency, organ donation, and transplants, including the very important bioethical dimension. She believed that it was within the forum that decisions should be made as to what additional issues would be addressed in this area of work. However, she agreed that the issue of human cloning and the United Nations declaration on the matter needed to be analyzed further before considering the possibility of adding cloning as a part of the Organization's work on transplants.

201. She asked the Subcommittee to make a recommendation as to whether this item should go forward to the Executive Committee. The Secretariat's aim in bringing it before the Subcommittee had been to seek input from Members regarding whether the

proposed approach was appropriate. It had not been the intention to place it on the Committee's agenda, but the Secretariat would be guided by the Subcommittee.

202. The Subcommittee recommended that the matter be taken up by the Governing Bodies in a subsequent year. In the meantime, Members felt that the Organization should proceed with the activities outlined in Document SPP39/6 and should also continue to assist countries in building the necessary capacity to implement Resolution WHA57.18

## **Other Matters**

### ***Update on the Revision of the International Health Regulations***

203. Dr. Marlo Libel (Regional Advisor, Communicable Diseases, PAHO) reviewed the steps that had been taken to date in the process of revising the International Health Regulations. The most recent of those steps had been the meeting of the intergovernmental working group, held in February 2005, to try to reach agreement on the final text. That had not been possible at the February meeting, and the intergovernmental working group was scheduled to meet again in May prior to the World Health Assembly with the aim of producing a final proposal for approval by the Assembly. If approved, the new Regulations would then enter into force in 2006.

204. The outstanding issues fell into two main groups. One group comprised issues having to do with national sovereignty and the balance between national sovereignty and international interests. The principal sources of controversy related to the power of governments to impose additional public health measures apart from those provided for in the Regulations and the procedures for submitting reservations with regard to specific articles in the Regulations. Another unresolved issue was that of exempting the armed forces from complying with the IHR.

205. The second set of issues had to do with releases of biological, chemical, or radionuclear agents. Opinions were sharply divided on the question of whether the Regulations should explicitly mention "intentional release" of such agents. Almost 95% of the Member States participating in the intergovernmental meeting had favored eliminating any mention of the word "intentional," such that any release of a biological, chemical, or radionuclear agent—regardless of whether it was accidental, natural, or intentional—would be covered. A small minority of countries thought that the "intentional" aspect should be mentioned explicitly.

206. Although there were still disagreements, the unresolved issues affected only 6 of the 67 articles in the Regulations; hence, truly significant progress had been made towards consensus. PAHO, both at the regional level and at the national level through its country offices, was continuing to promote dialogue aimed at resolving the remaining issues prior to the World Health Assembly. The Secretariat was hopeful that that could be

achieved, as there was unanimous agreement among countries on the urgency of getting the Regulations in place in order to provide an international code of conduct for dealing with global public health emergencies such as the recent pandemic of severe acute respiratory syndrome (SARS). In addition, while the discussions were still ongoing, PAHO had already begun to work with countries to ensure that they would have the capacity to implement the Regulations once they were approved.

207. Noting that the remaining issues concerned political and foreign affairs matters that went beyond the sphere of action of the health sector, the Director said that the Secretariat's recommendation would be that the health sector in each country undertake an in-depth discussion with the foreign affairs sector with a view to clarifying the national position on those issues. The Secretariat also strongly encouraged Member States to continue working to reach consensus before the May meeting of the intergovernmental working group in order to ensure approval of the Regulations during the Fifty-eighth World Health Assembly.

***Update on Preparations for the 14th Inter-American Meeting, at the Ministerial Level, on Health and Agriculture (RIMSA 14)***

208. Dr. Albino Belotto (Chief, Veterinary Public Health Unit, PAHO) announced that RIMSA 14 would be held in Mexico City on 21-22 April 2005. Recalling that RIMSA had originally been a meeting of ministries of agriculture, he pointed out that the coming one would be the third in the new format of a joint meeting between ministries of health and agriculture.

209. RIMSA was the only forum of its type in the Region and possibly in the world, reflecting the growing importance that the Region attached to coordination between health and agriculture, which was necessary in order to give a regional response to emerging zoonoses such as SARS and bovine spongiform encephalopathy (BSE), as well as to deal with all aspects of the food production chain as they impacted the two sectors, promote a more integrated concept of food safety, and address the impact that agricultural production could have on health and the environment.

210. The overarching theme of RIMSA 14 would be synergy between health and agriculture for rural development. The agenda would feature special presentations and panels on numerous topical issues, including the Millennium Development Goals and how the health and agriculture sectors could work more effectively to eradicate extreme poverty and hunger and promote rural development, international cooperation and coordination in health and agriculture, and support for the mandates of the Summits of the Americas on rural and social development.

211. The Government of Mexico was putting tremendous effort into the organization of the meeting. It had just been confirmed that President Fox would attend the inaugural session, and numerous other senior government officials would also take part in the meeting. In addition, directors of various agricultural and health organizations would be present, as would representatives of the private sector.

***Other matters raised by Member States***

212. The Delegate of Canada asked for clarification of the various meetings that would be taking place in Argentina before and/or after the 136th Session of the Executive Committee. He also inquired whether the Secretariat was planning to add any substantive items – apart from those examined by the Subcommittee – to the agenda for the Executive Committee. In addition, he reiterated his Government's request that all documents prepared for the Governing Bodies should contain information on human and budgetary resources and that they should be posted on the Organization's website well in advance in order to allow sufficient time for Member States to review and come prepared to discuss them.

213. The Vice President said that the Meeting of Health and Environment Ministers of the Americas (HEMA) would be held on 16 and 17 June 2005 in Mar del Plata, Argentina. The agenda for that meeting was being finalized and would be circulated soon. Among other topics, it would include a panel discussion involving ministers of labor, education, environment, and health. On 18 June 2005, the health and environment ministers would hold an interministerial meeting to assess progress towards the Millennium Development Goals from the standpoint of health and the environment. The inaugural meeting of the 136th Session of the Executive Committee would be held on the evening of Monday, 20 June 2005.

214. Regarding the agenda for the Executive Committee, the Director said that four additional substantive items had been proposed during the 135th Session of the Executive Committee. Owing to time constraints, they had not been placed on the agenda of the Subcommittee, but they could, if Members wished, be added to the agenda of the 136th Session. Those four items were: progress report on the safe blood initiative and the possibility of launching a regional program on safe blood, evaluation of the malaria situation in the Region, control of tuberculosis in the Region, and presentation of a regional declaration on the renewed commitment to primary health care. Additionally, during the present session, the Subcommittee had discussed the possibility of including a formal agenda item on the Nuevo León Declaration and the goal for provision of antiretroviral therapy.

215. The Delegate of the United States of America pointed out that the topics of safe blood, malaria, and tuberculosis would be discussed during the Fifty-eighth World Health

Assembly in May, and suggested that it might be better to allow some time to elapse before studying them at the regional level.

216. Dr. Stephen Corber (Area Manager, Disease Prevention and Control, PAHO) explained that it was anticipated that the focus of the WHA discussions on those items would be substantially different from the focus in the Region, and that there was thus unlikely to be duplication of effort.

217. The Director suggested that within the following two weeks a draft agenda could be circulated to the Members of the Executive Committee, soliciting their opinions on the items to be incorporated. In the meantime, the WHO documentation on the proposed new items could be reviewed to see what specific issues they addressed.

218. The Subcommittee agreed with the Director's suggestion. With regard to the possibility of including an item on the Nuevo León Declaration, the Subcommittee decided that it would be preferable to ask the Secretariat to prepare and present an informational briefing and progress update, rather than adding the matter as a formal item on the Executive Committee's agenda.

### **Closing of the Session**

219. The Vice President said that he looked forward to welcoming everyone to Argentina for the 136th Session of the Executive Committee in June. Following the customary exchange of courtesies, he then declared the 39th Session of the Subcommittee closed.

Annexes

## AGENDA

1. Opening of the Session
  2. Election of the President, Vice President, and Rapporteur
  3. Adoption of the Agenda and Program of Meetings
  4. Special Report on the Support of the Pan American Sanitary Bureau/Regional Office of WHO for the Americas to the Region Affected by the Tsunami
  5. Proposed Program Budget of the Pan American Health Organization for the Financial Period 2006-2007
  6. Technical Cooperation in Health among Countries in the Americas
  7. Strategy for the Future of the Pan American Centers
  8. Strengthening of National Programs for Organ Donations and Transplants
  9. Report of the Working Group on PAHO in the 21st Century
  10. Progress Report on the Pan American Sanitary Bureau Institutional Change
  11. Update on the Implementation of the Recommendations of the External Auditor's Special Report, September 2004
  12. PAHO/WHO Country-focused Cooperation and National Health Development
  13. Other Matters
  14. Closing of the Session
- Supplementary agenda item: Update on the Goal of Providing Antiretroviral Therapy Established in the Declaration of Nuevo Leon adopted at the Special Summit of the Americas.

## LIST OF DOCUMENTS

SPP39/1, Rev. 3 and SPP39/WP/1, Rev. 2	Adoption of the Agenda and Program of Meetings
SPP39/INF/1, SPP39/INF/2, and SPP39/INF/3	Proposed Program Budget of the Pan American Health
SPP39/3,	Organization for the Financial Period 2006-2007
SPP39/4	Technical Cooperation in Health among Countries in the Americas
SPP39/5	Strategy for the Future of the Pan American Centers
SPP39/6	Strengthening of National Programs for Organ Donations and Transplants
SPP39/7, Add. I and Add. II	Report of the Working Group on PAHO in the 21st Century
SPP39/8	Progress Report on the Pan American Sanitary Bureau Institutional Change
SPP39/9	Update on the Implementation of the Recommendations of the External Auditor's Special Report, September 2004
SPP39/10	PAHO/WHO Country-focused Cooperation and National Health Development

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