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## **ANALYSIS OF THE PROGRAM ON HEALTH AND ENVIRONMENT**

Strong global, regional, national, and local forces have transformed significantly the environments that determine human health in the Member States of PAHO. Concerns with these changes and respective implications were expressed in a series of global and regional meetings. Outstanding among these were the hemispheric meetings of heads of state and government that met in Miami (1994) and Santa Cruz de la Sierra (1996).

In light of the above there is a need to reassess periodically the situation of the environmental health programs of the Member States and to analyze to which degree PAHO's programs are adequately structured and managed in order to serve the ever-changing needs of the countries.

This document is one more step in the process of examining the implications of the above-mentioned concerns for the Member States and for PAHO's Program on Health and Environment. The document spells out some of the health implications of the current environmental trends and of the mandates and plans of actions of the major regional and global events dealing with these issues. Specifically, it includes contributions from the Pan American Conference on Health and Environment in Sustainable Human Development (Washington, D.C., October 1995).

The document suggests a set of leadership and support functions in relation to health and environment for the national health authorities. It proposes intensification of intersectoral actions for health with emphasis on environmental health. After an analysis of the evolution of the environmental health program at PAHO and its present situation, specific suggestions for realignment of its structure and functions are made. These include the fusion of two Pan American Centers into one.

The Executive Committee is asked to comment on the work being undertaken by the Division of Health and Environment, to provide guidance on its further development, and to comment on the proposed disestablishment of the Pan American Center for Human Ecology and Health (ECO) and the merger of the functions of ECO and the Pan American Center for Sanitary Engineering and Environmental Science (CEPIS).

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## **EXECUTIVE SUMMARY**

Strong movements, both international and national, have emphasized the need to address together, and in an integrated fashion, issues related to development, environment, and health.

While traditional environment-related public health hazards, such as unsafe food and water, microbial contamination of the environment, and overall poor sanitation are still prevalent in most countries, new problems have emerged. Many of the hazards associated with chemical substances in the environment are as important to developing as they are to developed countries.

The health sector is being challenged to assume new roles as leader and advisor to other sectors, thus promoting strong intersectoral actions for health.

The present document analyzes these challenges in the contexts of the countries and the Organization. The first chapter links environmental health concerns with overall development issues. The second chapter highlights how global development and environment trends impact human health and demand government commitments. It also makes reference to international commitments by countries, including the Pan American Conference on Health and Environment in Sustainable Human Development. In the third chapter policy approaches for national strategies are discussed and there is a proposal for pertinent health sector role and functions. The fourth and last chapter analyzes PAHO's role in health, environment and human development, concluding with a proposal of adjustment to the functions and structure of its present program, including the proposed disestablishment of the Pan American Center for Human Ecology and Health (ECO) and the merger of ECO and the Pan American Center for Sanitary Engineering and Environmental Science (CEPIS).

## **1. Introduction**

Over the past half century, strong forces of a globalizing economy, poverty, population growth, technological advancements, and socioeconomic development have transformed the environments that determine human health. Whether we look at the global climate, altered regional ecosystems, patterns of urban living, or agricultural production methods, we see continuing and rapid environmental change. While socioeconomic development has improved the health status of millions and extended their longevity, poverty has denied health to millions of others.

These concerns for human well-being were given new prominence in the 1992 United Nations Conference on Environment and Development (UNCED) and in several other global conferences. The goal for environmental strategies for health, as set out in Principle 1 of the Rio Declaration on Environment and Development, is clear:

Human beings are at the center of concerns for sustainable development. They are entitled to a healthy and productive life in harmony with nature.

Attaining this goal of healthy people in a healthy environment requires far more than the application of medical technology or even the total efforts of the health sector working alone. Integrated efforts by all sectors, organizations, and individuals are required to make socioeconomic development sustainable and humane, ensuring a sound environmental basis for health. Health workers have distinct leadership, advisory, and support functions to perform, not the least of which is to serve as informed advocates of human well-being in ways that are relevant to the coming century.

## **2. Environmental Health Situation in Member States**

### ***2.1 Global Changes and their Impact on Health***

In 1983 a UN General Assembly mandate established the World Commission on Environment and Development. In 1987 this Commission published the document “Our Common Future,” which constituted a basic frame of reference for a new era, one of economic development founded on the premise that the world’s population had to effect far-reaching changes in their lifestyles and in their modes of production and consumption; otherwise, the world would succumb to unacceptable levels of human suffering and environmental damage.

Simultaneously, concern for and evidence about global climate change led to the convening of the Intergovernmental Panel on Climate Change, which has since produced several important contributions to understanding the causes and consequences of global climate change. Vector-borne diseases can be expected to threaten scores, even hundreds of millions, of people in a warmer world. Increased average ambient temperatures extend the range, distribution, and

abundance of insect vectors such as mosquitoes, allow the pathogens they carry to breed more rapidly, and may enhance their virulence.

Warmer climates favor agricultural pests, including fungus diseases, weeds and many insects. This is one of several ways in which global warming threatens food security.

Stratospheric ozone depletion, due mainly to wide use of chlorofluorocarbons (CFCs) and chlorine monoxide, permits greater amounts of harmful ultraviolet radiation to enter the biosphere, where it has direct adverse effects on human health. It increases the risk of ocular cataracts and skin cancer, and impairs immune functions.

Environmental pollution can be localized, regional, or global. All forms adversely affect human health. Some forms of chemical pollution are global in scope: PCBs, dioxins, DDT, and fat-soluble chemicals that travel through the food chain have affected the entire world. Lead and mercury affect neurological functions and learning ability of millions of children worldwide.

Another global change is seen in the emergence and re-emergence of lethal infectious pathogens. Among the most well known are Ebola virus, Hantavirus, *Borrelia burgdorferi* (Lyme disease), and *Legionella pneumophila* (Legionnaires' disease).

## **2.2 Regional Trends Affecting Environment and Health**

In Latin America and the Caribbean, population growth and massive migration to the urban area, as well as the increase of the number of poor, are important conditioning factors of environmental health. At the end of this century, about 75% of the estimated 528 million inhabitants of Latin America and the Caribbean will be living in urban areas.

The increase in population and its concentration in cities result in the proliferation of marginal urban areas that exercise an ever-growing pressure on an already precarious infrastructure, exacerbating housing deficiency and the provision of potable water to the population, as well as impeding the sanitary disposal of waste water, excreta, and solid wastes. These conditions are conducive to the development of epidemics, as has been recently evidenced by the outbreak of cholera, and can well become the case with dengue. Hantavirus outbreaks have come to be frequent. Dengue, yellow fever, and leptospirosis are apparently on the increase.

The side effects of industrial development have increased the exposure to chemical and physical hazards, thereby contributing to chronic diseases, traumas, poisonings, and various work-related health problems.

## **2.3 Collective Commitments and Responsibilities by the Countries**

Member States are acutely aware of the deteriorating environmental conditions and their implications for health and well-being. In addition to the collective commitments stemming from UNCED-92 as expressed in the Agenda 21 and the Rio Declaration, the subject of health and environment has been discussed in several meetings of Heads of State and Government. The

Summit of the Americas in Miami in 1994 produced a Declaration of Principles and a Plan of Action, one of whose four chapters refers to ensuring sustainable development and conserving the resources of the natural environment for future generations.

A major milestone was the Pan American Conference on Health and Environment in Sustainable Human Development convened by PAHO as a follow-up to the Miami Summit and in preparation for the 1996 Summit in Santa Cruz de la Sierra, Bolivia. The Conference was a meeting of ministers of health, environment, and economy of the countries of the Region of the Americas, and was structured so as to initiate a process of active exchange of experiences, opinions, proposals, criticisms, and suggestions regarding the strategic means of integrating health and environment factors into national development processes. The Conference adopted, by consensus, the Pan American Charter on Health and Environment in Sustainable Human Development, which should be viewed as a Hemispheric declaration that expresses the common determination to advance, within a framework of ethical values of equity, solidarity, social justice, and preservation of the environment. Additionally, the Conference adopted the Regional Plan of Action, which is a strategic guide on how best to implement the Pan American Charter in accordance with the particular nature of each national reality.

The recommendations and orientations expressed in these documents have since served as reference for several governments in the Region to revise or develop new policies for sectoral and intersectoral action for health.

In December 1996, Heads of State and Government met in Santa Cruz de la Sierra, Bolivia, to agree on the needs and means for sustainable development in the Region. The Summit made specific reference to the Pan American Charter on Health and Environment in Sustainable Human Development, and launched several initiatives related to the issues of health and environment as major components of sustainable development.

### **3. Policy Approaches for National Health-Environment Strategies**

#### **3.1 *Shared Principles for Health-Environment Strategies***

Given the fact that at all levels the improvement of environmental factors in health involves so many actions by so many people, strategies must influence people's actions by encouraging them to accept shared values and goals, whether the "people" are regulatory agencies, businesses, households, or individuals.

Existing knowledge about health-environment interaction supports the following policy principles:

- Safeguarding the integrity of the natural environment through actions for sustainable development serves human health needs. Policies should ensure that the environment's capacity

to support human well-being over the long term is not impaired, specifically with respect to the quality of air, water, and soil, protection of the atmosphere and oceans, non-renewable natural resources, and the preservation of species other than pathogenic microorganisms.

- Scientific knowledge and technology should be freely shared among countries and widely disseminated within countries; shared agendas should guide national and international research into needed knowledge and methods.
- Within countries, action, responsibilities, and necessary powers should be appropriately decentralized to households and communities. Primary environmental care activities should be a fundamental element of national strategies, and the sustainability of development should be strengthened through a structure of incentives and controls that take account of economic, social, and cultural factors of the community.
- Building adequate national and community capacity to prevent and control environmental problems should be an explicit target of strategies. Such capacity includes the technical capabilities of institutions, effective mechanisms for cooperation, public awareness of problems, and knowledge of the actions that are required. Broadening the environmental health role and functions of health agencies and professionals and ensuring their capabilities to collaborate with other sectors and organizations is essential.

### **3.2 *Intersectoral Cooperation in Health and the Environment***

Health is a prime subject for intersectoral cooperation, especially in preventing diseases, injury, and death from environment-based causes and in promoting positive health states by improving environmental conditions and interactions.

Cooperation, participation, decentralization, and harmonization are essential if intersectoral cooperation is to be achieved. Mobilizing communities for action has become crucial. Doing so, however, faces formidable obstacles in prevailing organizations and practice patterns, the attitudes that underlie those patterns, and insufficient awareness and concern.

Properly interpreted and applied, intersectoral cooperation and coordination means that the possible solutions to the problems to be tackled involve other sectors which include not only governmental agencies but also many public and private organizations. Cooperation consists not only of ratifying proposals, but also participation in defining issues, prioritizing needs, collecting and interpreting information, shaping and evaluating alternatives, and building needed capabilities for implementation.

In most of the countries, it is primarily government that must take the lead in promoting intersectoral cooperation, both by organizing its own approach and by actively stimulating, sponsoring, and supporting action by private organizations and persons.

### **3.3 Public Health and Health Sector Role and Functions**

In many countries, both developed and developing, the health authorities are not sufficiently involved in sectoral and intersectoral efforts to protect people against environmental risks to health. Most are not adequately prepared to perform the environment-related functions of their public health mandate, or to contribute needed health information and insights to development planning, environmental management processes, or community action.

Yet, governmental health authorities have a pivotal role to play in the establishment and operation of networks to improve health-environment conditions. Redefining or clarifying health sector functions in complex health-environment systems has become an urgent task.

The broad mandate of public health agencies does not imply, with respect to environmental factors, that these agencies are to assume responsibility for the operation of environmental controls. Instead, their primary role is to help ensure that the activities of all sectors and organizations contribute positively to health protection and promotion. Thus, the key elements of the health sector's role are:

- establish partnerships to promote interdisciplinary, intersectoral, intergovernmental, and community action for health;
- perform advocacy and representation activities, based on epidemiological surveillance of the health situation, to raise awareness and elicit participation of all;
- perform health risk assessments to provide information and interpretations about the health implication of development projects, and incorporate these implications in socioeconomic development and planning;
- provide technical support and guidance in setting objectives, proposing and evaluating alternatives, planning interventions, training, and evaluating needs and programs.
- conduct epidemiological surveillance of environment-related diseases;
- develop and implement interagency emergency response capabilities for natural disasters and technological accidents.

### **3.4 Building Health Sector Capacity for Health-Environment Programs**

The health sector's general objective is to improve its capacity to perform the leadership, cooperative, and advisory functions summarized above.

Capacity building for the health sector includes, among others, the development of a series of critical resources, such as:



- scientific, technical, auxiliary, and managerial personnel in adequate numbers, trained or retrained to perform their respective functions in the defined environmental strategy for health, and provided with adequate compensation and career ladder schemes to ensure their retention;
- facilities and equipment necessary for the performance of risk assessment and management, administrative, information support, and educational functions;
- maintenance and replacement capacity to ensure continuous and good quality operation of facilities and equipment;
- enabling legislation, standards, and regulations adequate to provide authoritative guidance to governmental and private entities;
- established information support communication systems, linked within the sector, intersectorally, and, as necessary, internationally, to provide scientific, technical, and situational monitoring information required for policy decisions, planning, operations, research, and program evaluation.

## **4. PAHO's Role in Health, Environment, and Human Development**

### **4.1 Evolution of PAHO's Program on Health and Environment**

Environmental health has constituted an important component of the Organization's activities since World War II, evolving in accordance with the mandates of the Organization's Governing Bodies. Important mandates have also emanated from the Organization of American States, UN Global Conferences, continental Summits of Heads of State and Government, and many other regional and subregional events.

Up to the 1950s, the main emphasis was on basic sanitary services, water supply, and sanitation, particularly in rural areas, as well as industrial hygiene, and efforts to identify and define evolving problems. By the early 1960s, the Organization had formulated its environmental program strategy with two objectives: to update traditional sanitation services and practices; and to devise structures and strengthen national institutions to cope with newer environmental stresses and evolving problems.

In 1968 the Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS) was established in Peru to render technical cooperation to Member States with emphasis on the more complex environmental health problems arising from technological development and from urban and industrial growth. Professional staff included specialists in the fields of air pollution, water supply, water pollution, housing, urbanization, and industrial hygiene. Cooperation in the area of solid wastes was also initiated in the 1960s.

In 1975 the Pan American Center for Human Ecology and Health (ECO) was established in Mexico to provide the biomedical components of environmental health as a complement to the technological engineering aspects being dealt with by CEPIS.

In 1981, the XXVII Directing Council of PAHO approved Resolution CD27,R11 on the *Plan of Action for the Implementation of the Regional Strategies for Health for All*. The Plan of Action incorporated the protection and promotion of environmental health to be integrated with other health activities. Priority program areas were: water supply; waste water and excreta disposal; solid wastes management; food protection; housing hygiene; control of physical and chemical pollution; and prevention of adverse effects of hydroelectric projects, agriculture, and industrial developments on health and human ecology.

#### **4.2 The Present Program on Health and Environment**

In the early 1990s, several resolutions of the Governing Bodies of PAHO provided for specific mandates for the environmental program. Specifically, these resolutions were related to aspects of environmental protection and workers' health (Res. CSP23.R11 and R14 of the XXIII Pan American Sanitary Conference); drinking water supply and control of cholera ( Res. CD35.R15 and R17 of the XXXV Directing Council); and implementation of Agenda 21 (XXXVI Directing Council). Based on these mandates and on some of the developments in the area of health, environment, and development, a proposal for a new approach for PAHO's Program on Health and Environment was submitted to the Subcommittee on Planning and Programming of the Executive Committee.

The proposal came as a response to the question of how PAHO could project and foster a coherent approach to environmental health development in the countries, keeping in mind their social realities, technological advances, political processes, and economic development. The analysis of the functions, requirements, and shortfalls of the public health institutions in Member States provided the framework for the proposal.

After six years working within this conceptual and operational frame, PAHO believes that the time is appropriate to rationalize its approach and correct some of the operational difficulties that have been encountered. The following represents the current view of a logical approach to technical cooperation in this area.

### **4.3 Components of PAHO's Approach to Health and Environment**

#### **4.3.1 Environmental Health Promotion**

PAHO's environmental health promotion component will be aimed at cooperating with countries and institutions to develop national capacities and projects that:

- improve people's interactions with their social and physical environments;
- promote equitable access to environmental health facilities and services;
- address equity and sustainability through sectoral and intersectoral policy and planning initiatives (in the context of the Pan American Charter on Health and Environment in Sustainable Human Development), to address environment and health concerns at all levels (local Agenda 21 and supportive environments for health);
- promote healthy working places and workers' health, with special attention to the informal worker, child labor, and working women;
- strengthen local, national, and international environmental health information systems, to support the exchange and proper use of information;
- strengthen national capacities for human resource development in health-environment-development work;
- ensure that health issues are taken into account in tourism development;
- promote and support other aspects of institutional and sectoral capacities that will provide stable and progressively improving health-environment-development policies, plans, and legislation.

#### **4.3.2 Environmental Health Management**

Environmental health management denotes organized actions for the reduction of biological, chemical and physical health hazards in human environments, and for the reduction of exposure of humans to such hazards. Reduction, understood to be to safe levels, may be accomplished by prevention, control, or remediation. These imply identification and assessment of environmental health risks, devising control measures, and having the infrastructure to implement them.

To fulfill its responsibilities to cooperate with the countries and contribute to the solution of local, national, subregional, and regional health-environment problems, PAHO's environmental health management will address needs for:

- supporting countries directly, through its technical cooperation function, in developing appropriate capabilities and in formulating systematic, intersectoral action programs;
- advancing the state-of-art and state-of-practice in environmental health protection by supporting technical and operational research and systematic technical cooperation among countries throughout the Hemisphere
- facilitating the provision of technical and financial support to countries by other agencies, national and international, including activities of the Regional Plan of Investments in Environment and Health (PIAS);
- strengthening capabilities for emergency preparedness and response in the areas of water supply, sanitation, and technological accidents;
- improving technical capabilities for the management of environmental health risks to health, based on solid practices of environmental epidemiology and environmental and clinical toxicology, as well as ensure considerations of health aspects in environmental impact assessment of development projects.

Within the frame of PAHO's current Strategic and Programmatic Orientations and WHO's Ninth General Program of Work, the focus of PAHO's priorities in the area of environmental health management will be as follows:

- *Community water supply and sanitation.* The aim of this component will be the reduction of those health risk factors associated with water supply and excreta disposal. Special attention will be given to aspects of disinfecting drinking water, extension of coverage, and reuse of waste waters. The development of monitoring and laboratory capabilities is part of his component.
- *Workers' health.* The main concern will be the organization and maintenance of healthy working environments. Strong links will be sought with other international institutions and mechanisms.
- *Solid wastes management.* The extension and improvement of sanitary collection and disposal of solid domestic and hospital wastes is the objective of this component, aiming at the reduction of biological vectors of infectious diseases mainly in urban areas.
- *Health in housing.* The aim of this component is to control indoor air quality and to improve the physical conditions of dwellings in order to reduce acute respiratory infections and intradomiciliary, vector-transmitted infectious diseases.
- *Control of environmental health hazards.* Explosive and ill-planned urbanization and industrial development have brought about a serious deterioration of water resources for public consumption and of air quality, both urban and in-house. This component aims at strengthening and developing national capabilities, including institutional building and support to urban

environmental health programs.

- *Chemical safety.* This component will focus on the implementation of Resolution CSP23.R11 of the XXIII Pan American Sanitary Conference, aiming at the strengthening and development of regional and national mechanisms and capabilities to reduce public health risks from exposure to chemicals in the environment, mainly, lead and other heavy metals, pesticides, and organic solvents. The establishment of poison control centers is part of this component.

#### **4.4 Organizational Arrangements**

The implementation of this approach toward health and environment in PAHO includes at least three main tasks:

##### **4.4.1 Incorporation of Health and Environment into other PAHO Programs**

This task implies a detailed analysis of each program in order to determine the form, opportunity, and extent of the incorporation. Transmissible and nontransmissible diseases, integrated child health, food safety, human resource development, health promotion, healthy cities, health legislation, situation and trend analysis, and sector reform are among the programs with potential for incorporating environmental health dimensions into their activities.

##### **4.4.2 Development of a Network of Environmental Health Institutions**

The ever-growing capacity in national specialized centers and the broad spectrum of environmental health interventions are two main reasons for developing a multicenter network around PAHO's Program on Health and Environment. This approach would not only potentiate the Organization's capacity in dealing with environmental health problems, but would also create conditions for much-intensified technical cooperation among countries.

National centers of excellence and centers already recognized as WHO Collaborating Centers would be articulated with and around PAHO's regional environmental health programs or projects to complement each others capabilities and experiences. At any given moment, there may be as many networks as there are active programs and projects. Participating institutions would be sought among national governmental, academic, or private organizations.

In this context two additional aspects must be observed:

- The selection of participating institutions remains the responsibility of PAHO, following precise guidelines and criteria such as those established for the WHO Collaborating Centers.
- The coordination of the network would be a direct responsibility of the PAHO Division of Health and Environment. Member States would be encouraged to lend special attention and support to the centers.

#### 4.4.3 Realignment of the Division of Health and Environment and its Units: Proposed Disestablishment of ECO

The Division of Health and Environment (HEP) will continue supporting other programs of the Organization in their activities related to environmental health, as mentioned above. In turn, HEP will maintain a leadership role in activities related to environmental health risk prediction, identification, evaluation, and control, as well as in activities aiming at the establishing or strengthening of institutional capacities for environmental health management.

In accordance with the above, HEP staff in the offices of the PAHOWHO Representatives will cooperate in the development of country environmental health programs and activities and will manage the input of regional specialists whenever necessary, including those from collaborating centers.

The regional capacity of HEP would be structured into two Regional Programs: the Program for Environmental Health Promotion (HEH) and the Program for Environmental Health Management (HEM), which will develop their activities according to those described in 4.3, above. The HEP staff in Washington will contribute to regional and national efforts in supporting institutional development, information management, legislation and regulations, and resource mobilization. Special attention will continue to be given to the institutional development of the environmental health units of the ministries of health, and to the development of intersectoral activities, among them activities with nongovernmental organizations.

The Director, in consultation with the Government of Mexico, proposes the disestablishment of the ECO facilities in Mexico and the merger of ECO's technical role and functions into one consolidated center at CEPIS. This consolidated center would have the responsibility to capture, adapt, and develop technologies in support to country programs for environmental health risk prediction, identification, evaluation, and control. This center would deal with technological aspects of environmental epidemiology, environmental and clinical toxicology, and impact assessment, as well as engineering and social dimensions of risk reduction and control.

Resolution CSP20.R31, adopted by the XX Pan American Sanitary Conference in 1978, resolved that a proposal for the disestablishment of any pan American center be submitted to the Executive Committee and the Directing Council. Accordingly, the Director is proposing to the Executive Committee the following:

(a) The Pan American Center for Human Ecology and Health (ECO) would become a national center and a part of the network of WHO Collaborating Centers. The Secretaría de Salud of Mexico and PAHO have initiated discussions and planning necessary for the transfer of ECO to national responsibility. As a national center it would devote its attention primarily to the solution of national environmental problems and would receive the necessary technical cooperation from PAHO as required. During the first two years of its operation as a national center, PAHO would provide financial cooperation to be determined in the light of the overall

HEP program.

(b) To initiate the intended consolidation into one center at CEPIS, PAHO, in consultation with the Government of Mexico, would close ECO effective 31 December 1997. The Center's library, office furniture and equipment, and technical equipment would be transferred to the National Center of Environmental Health of Mexico. The ECO building facilities, owned by the Mexican authorities, would be returned to them. The ECO ongoing commitments in terms of projects funded by nonregular budgetary resources would be reviewed in consultation with the appropriate parties.

(c) A total of 15 ECO staff members hired under local conditions of employment would be terminated by 31 December 1997. The appropriate terminal entitlements would be paid to these employees. PAHO professional staff members would be reassigned as appropriate.

(d) If the PAHO Governing Bodies approve the disestablishment of ECO and the merger of the ECO and CEPIS role and functions, the Agreement between PAHO and Peru in relation to CEPIS will be reviewed in close consultation with the Government of Peru and, if necessary, revised.

#### 4.5.4 Meeting Resource Needs

A combination of regular and extrabudgetary funds will continue to be necessary for the implementation of PAHO's environmental health programs.

An effort will be made to explore various options for increasing the availability of internal resources for measures to protect health and the environment through innovative and flexible approaches to budgeting that would promote collaboration between programs.

Bilateral donors have supported regional, subregional, and country activities in health and environment by making use of PAHO's technical and administrative capacities. It is envisioned that an increase of such direct bilateral support will continue to be needed.

The Division of Health and Environment will continue capitalizing on the experience gained after four years of implementing PAHO's Regional Plan of Investments in Environment and Health. In this context, partnerships with national and international lending agencies will be strengthened.