



*executive committee of
the directing council*

PAN AMERICAN
HEALTH
ORGANIZATION

*working party of
the regional committee*

WORLD
HEALTH
ORGANIZATION



90th Meeting
Washington, D.C.
June-July 1983

Provisional Agenda Item 23

CE90/6 (Eng.)
2 May 1983
ORIGINAL: SPANISH

REPORTS OF THE MEMBER GOVERNMENTS OF THE ORGANIZATION ON PUBLIC HEALTH CONDITIONS AND PROGRESS ACHIEVED IN THE INTERVAL BETWEEN PAN AMERICAN SANITARY CONFERENCES

The President of the XXI Pan American Sanitary Conference (1982) suggested that the Executive Committee give consideration to whether or not the practice of oral reports by the Member Governments to the Pan American Sanitary Conference on health conditions and progress achieved in the countries in the interval between two Conferences should be continued.

To assist the Committee in its deliberations, this document presents a summary and analysis of the subject.

I. Background

In the course of the XXI Pan American Sanitary Conference the President of the meeting voiced doubts about the utility to the countries and the Organization of presentations by all 37 Member Governments to Pan American Sanitary Conferences on health conditions in and progress made by the countries in the intervals between Conferences. The President pointed out that the delegates' oral presentations on this topic take about a day and a half of the Conference's time. Since for many countries it is very expensive to send a delegation to the meetings of the Governing Bodies, he suggested that a way be sought to reduce--or even to eliminate--the taking up of the Conference's time by this topic.¹

¹/Pan American Health Organization, XXI Pan American Sanitary Conference, Provisional Verbatim Record of the Closing Session, CSP21/P/VR/CL, 24 September 1982, Washington, D.C., pp. 13-14.

II. Experience in PAHO

In October 1949 the III Meeting of the Directing Council resolved in Resolution XV "To advise the Member States to present at each Pan American Sanitary Conference a written report, preferably of a statistical nature, on the work accomplished between Conferences."² This resolution was grounded in, among other things, an already existing consensus among the Member Governments to abolish the periodic meetings of the national directors of health, which was accepted by the XIII Conference in Resolution VII in 1950.^{3/}

In 1954 the Bureau presented to the XIV Pan American Sanitary Conference a "Summary of Reports of the Member States, 1950-1953."^{4/} In Resolution XV of its 46th Meeting in 1962, the Executive Committee recommended a procedure requiring, among other things, presentation of the summaries to the Conference in plenary session and oral reports by the delegations.^{5/} When the XVII Conference convened in 1966, it adopted Resolution XXXIX inviting the Governments to transmit their quadrennial reports to the Bureau at least four months ahead of time; the Secretariat would then select the aspects of foremost importance in those reports and invite the Governments to make special reference to them in their oral presentations to the Conference.^{6/}

During its XXI Meeting in October 1972, the Directing Council recommended to the Conference yet another procedure for dealing with this topic. According to Resolution XII approved that year, the Governments would send their reports to the Bureau 60 days before the date of the Conference. During plenary sessions of the Conference the delegates would present only the most important points in those reports in statements that "should not exceed four double-spaced typewritten pages." The time for reading them would not exceed 10 minutes.^{7/} This, in general terms, is the procedure that has been followed to date.

^{2/}Pan American Health Organization, Handbook of Resolutions of the Governing Bodies of the Pan American Health Organization, First Edition, Washington, D.C., 1971, p. 189.

^{3/}PAHO, *Ibid.*, p. 189

^{4/}*Ibid.*, p. 108.

^{5/}Loc. cit.

^{6/}*Ibid.*, p. 109

^{7/}Pan American Health Organization, Handbook of Resolutions of the Governing Bodies of the Pan American Health Organization, Volume II, Washington, D.C., 1979, p. 59.

III. Experience in WHO

The World Health Organization has a constitutional mandate that "each member shall report annually to the Organization on the action taken and progress achieved in improving the health of its people" (Article 61). For the first World Health Assemblies, the Secretariat would compile a summary of the annual reports sent in by the Governments. In 1952, however, the Assembly decided to eliminate those summary analyses (Resolution WHA5.39) and to continue the oral presentations.^{8/}

The number of the Organization's Member States continued to increase, and in 1967 the Assembly decided to limit speeches on general subjects to 10 minutes (Resolution WHA20.2), and to give delegates the possibility of submitting prepared statements (20 double-spaced type-written pages) for inclusion in the verbatim records of the plenary meetings.^{9/}

In May 1973 the Assembly recommended in Resolution WHA26.1 that delegations wishing to report on salient aspects of their health activities make such reports in writing for inclusion in the record as provided in Resolution WHA20.2.^{10/}

IV. Analysis and Recommendation

The time spent by the Pan American Sanitary Conference in hearing reports on the health situations in the Member Countries of PAHO, the number of which is increasing, now amounts to almost two days of plenary sessions. The cost-benefit ratio of this procedure is growing increasingly unfavorable with the passing of every quadrennium--especially since the Constitution of PAHO provides that the countries must pay the expenses of their delegations to the Conference and Council (Articles 7.E and 12.B) and, moreover, does not require the countries to report on their health activities to the Conference.

The tradition begun by the Directing Council in 1949 was based in part on a felt need of most of the American Governments in the postwar period to maintain a forum for the discussion of health conditions in the Americas and of major developments in that area in the countries. Today,

^{8/}World Health Organization, Handbook of Resolutions and Decisions of the World Health Assembly and the Executive Board, 10th Edition, Geneva, 1969, p. 159.

^{9/}WHO, Op. cit., p. 248

^{10/}World Health Organization, Handbook of Resolutions and Decisions of the World Health Assembly and the Executive Board, Volume II, 4th Edition, Geneva, 1981, p. 160.

the information on health in the Region available to the Member Governments and their regional Organization has become much more refined and complex. The information now shared through many PAHO publications, hundreds of seminars, workshops and symposiums every year, the system of programming and evaluation of PAHO technical cooperation in health (AMPES), and, in the years ahead, through the system for the monitoring and evaluation of implementation of the Regional Plan of Action, is in many ways superior to what was available more than a generation ago. And if to the dissemination of health information through PAHO/WHO we add the revolution in travel and particularly in telecommunications of the last three decades, it could perhaps be said that the decision-making and technical levels of the health sector are linked together in a permanent Hemisphere-wide forum.

In view of the foregoing, the Executive Committee could consider recommending to the Directing Council that it make the following suggestions to the XXII Pan American Sanitary Conference:

- a) To urge the Member Governments to present their reports on health conditions and progress made in the intervals between Conferences in writing;
- b) To establish that those reports shall not exceed six double-spaced typewritten pages, for inclusion in extenso in the verbatim records of the Conference;
- c) To decide that delegations wishing to highlight some point orally shall take the floor for not more than 10 minutes during the discussion of the Quadrennial Report of the Director, and that the President of the Conference shall enforce compliance with this rule, for which purpose the Secretariat shall establish an automatic control mechanism;
- d) To urge the delegates that, if possible, they distribute their own printed matter on this subject to the other delegations, on the understanding that the shipment, reproduction, translation and printing of those materials shall be the responsibility of the Member Governments themselves.

Similarly, the Committee could recommend to the Directing Council that general presentations in the Council on national health conditions be confined to less than 10 minutes, and that they be presented preferably in writing. These written reports must also be confined to six double-spaced typewritten pages, for inclusion in the verbatim records.