PROVISIONAL SUMMARY RECORD OF THE FIRST PLENARY SESSION
ACTA RESUMIDA PROVISIONAL DE LA PRIMERA SESION PLENARIA

Monday, 21 September 1987, at 9:00 a.m.
Lunes, 21 de septiembre de 1987, a las 9:00 a.m.

Provisional President: Dr. Norman Gay
Presidente Provisional: Presidente, Comité Ejecutivo

Chairman, Executive Committee
President: Dr. Guillermo Soberón Acevedo
Presidente: México

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20037, EUA, antes del 20 de noviembre de 1987. Los textos
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Se abre la sesión a las 9:00 a.m.

ITEM 1: OPENING OF THE MEETING
TEMA 1: APERTURA DE LA REUNIÓN

The PROVISIONAL PRESIDENT, noting that, as the representatives of 30 Governments were present, there was a quorum, declared the XXXII Meeting of the Directing Council of the Pan American Health Organization open. He extended a most cordial welcome to all his colleagues who were responsible for the health of the Americas and expressed the wish that the Council's deliberations would redound to the betterment of all the peoples of the Americas. He then called upon the Director of the Pan American Sanitary Bureau to address the Meeting.

WELCOMING REMARKS BY DR. CARLYLE GUERRA DE MACEDO, DIRECTOR OF THE PAN AMERICAN SANITARY BUREAU
PALABRAS DE BIENVENIDA DEL DR. CARLYLE GUERRA DE MACEDO, DIRECTOR DE LA OFICINA SANITARIA PANAMERICANA

El Dr. GUERRA DE MACEDO (Director, OSP) expresa su profunda satisfacción por recibir a todos los participantes en esta XXXII Reunión del Consejo Directivo, XXXIX Reunión del Comité Regional de la Organización Mundial de la Salud para las Américas.

En los difíciles tiempos que se están viviendo, la experiencia en materia de salud y la acción de todos los Gobiernos dentro de su Organización Panamericana de la Salud y de la Organización Mundial de la Salud anima a creer que la salud continúa siendo uno de los principales aspectos de la actividad humana alrededor del cual todavía hay un extraordinario consenso valorativo. Se han buscado conjuntamente todas
las maneras posibles para aprovechar ese consenso y hacer valer el supremo valor de la vida humana y de la meta de salud para todos con sus principios de equidad, universalidad, participación y eficiencia, para tratar de pagar aunque solo sea en parte esa tremenda deuda social que se ha acumulado en la historia de los pueblos de las Américas y que significa tanto sufrimiento, muertes y dolor innecesarios.

La Reunión del Consejo Directivo de la Organización ofrece una oportunidad más para afianzar la disposición al diálogo, al entendimiento y a la cooperación entre los Países Miembros, sus pueblos y sus instituciones. El Director manifiesta su seguridad de que el programa de temas de la presente Reunión provee oportunidades para que ese sentimiento se exprese una vez más.

The PROVISIONAL PRESIDENT thanked the Director for his warm words of welcome and inspiration. He then asked the Secretary to read out a message from Dr. H. Mahler, Director-General of the World Health Organization.

MESSAGE FROM DR. HALFDAN T. MAHLER, DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION
MENSAJE DEL DR. HALFDAN T. MAHLER, DIRECTOR GENERAL DE LA ORGANIZACION MUNDIAL DE LA SALUD

The SECRETARY read out the following message from Dr. Mahler:

Closing the Ranks for Health for All

Mr. Chairman, Excellencies, honourable representatives, ladies and gentlemen, colleagues and friends:

This year I should like to let you know how I feel about your Organization's situation thirteen years before the year 2000. Since we met last year the full impact of your Organization's financial crisis has hit us all. We have been running faster to try and prevent disaster...
overtaking us, but I am afraid we have only partially succeeded in doing that. Disaster there may not be, but the financial situation is very grave indeed. Paradoxically, we have been able to avoid outright disaster by starting to run more slowly—not in terms of our policy, which runs steadily, but in terms of our financial capacity to support you in carrying out your health programs based on that policy. There is no way out of the simple equation: funds that do not come in cannot go out. And there is no point in going over the detailed reasons for our financial crisis; they are known to all of you. I should just like to comment briefly on the two main factors that gave rise to it. One is the low level of receipt of assessed contributions; the other is laxity in using WHO's resources in the most effective and efficient way. The effects of the two are interrelated.

It does not help to cry over missing contributions: we have to face that reality. We just have to fight for more and make do with less. That is why I had to cut out activities to the tune of US$35 million this year based on the calculated hope that that would keep your Organization solvent. Even that proved to be too small a sacrifice, so I had to make an additional $10 million reduction a few months ago. To do that I placed the bulk of the burden on Headquarters, not least by postponing all recruitment from the Regular Budget of external candidates to the Geneva office until next year. You have unfortunately had to suffer the consequences, some directly, some indirectly. I have heard some cynics saying that this freeze has had no measurable adverse consequences. Well, if you merely use your collective resources as additional pocket money, I would agree that the difference might be the same. But if you use your collective resources wisely, to reinforce the policy to which you, your Governments and your people are committed, if you do that the difference could be very great indeed.

Over the past three years I have been stating in front of all of you here, and in front of all other Regional Committees, that if the management of our cooperative activities does not improve, the technical cooperation component of our regional budget might be criticized out of existence. I added that this could lead to serious reservations about our constitutional regional arrangements, if not to an end to them. I know that some of you were thinking: "Let the old man talk. He is under some pressure here and there so he is letting off steam with us." Well, those of you who were present at this January's meeting of the Executive Board would have seen things differently. Your Regional Director and I were placed in a very invidious position, like schoolboys being reprimanded for misbehaving.

Of course, you can retort that if I had not brought to light the need to improve the management of our resources the whole matter might have gone unnoticed. I am afraid not. Quite apart from the need for any organization to maintain the transparency of its actions, not least a worldwide organization with the highly sensitive constitutional role of directing and coordinating authority on international health work, quite
apart from that, too many external reports and critical sentiments—yes, sentiments cannot be ignored either—too many of these made it clear that the storm was quickly gathering and was bound to burst one day. Well, it did and we are in the midst of it. Fortunately, as always we were the first to reveal our weaknesses, not in order to condone them or weep over them, but in order to convert them to strengths. Had we not done that the storm would have been a tornado, not a mere tempest as it is today, and we would have been in a situation of abject defence, whereas now we can at least deal with the matter with dignity.

Honourable representatives, you are no doubt aware that Board members, as well as delegates to this year's Health Assembly, took great pains to tell us that the crisis is merely a financial one, not a crisis of confidence. I am sure they meant what they said, but at the same time I cannot help feeling like the patient who believes he has a life-threatening cancer and has gnawing, unspoken doubts about his physician's reassuring statements. Now it is all too easy to commiserate with one another that we are innocent bystanders in an outburst of lack of faith in development, or that we are victims of internationally imbalanced macro-economics. But laying blame will help nobody. Finding appropriate solutions will help everybody.

I am afraid I have no magic panaceas, but I believe that alleviating remedies do exist if we want to use them. There is nothing new about the remedies in 1987, nine years after the Declaration of Alma-Ata. Yet they are nevertheless revolutionary. They consist in carrying out our revolutionary health policies without deviating from them, even if inadequate resources make it necessary to carry them out at a slower pace than we had originally anticipated. And the remedies also consist in making sure that whatever resources we have are squeezed to the maximum in carrying out our predetermined and fully determined policies. Before trying to indicate how these remedies might profitably be applied, I should like to add a note of optimism—guarded optimism, but nevertheless realistic optimism.

Uncertainty about the future is one of the greatest impediments to any rational kind of management. We are all only human, and when we are not sure about tomorrow we think only of enjoying today, even at the expense of eating up what little resources we have. After all, people argue, if there will be no tomorrow why worry about it? Honourable representatives, there will be a tomorrow; it is within our grasp. It is therefore worth the extra effort. The fog of financial uncertainty is clearing; when it disappears the certainty will become apparent. It will be a substantially reduced certainty over the coming years, but nevertheless a highly tangible certainty that can be exploited to the full, that must be exploited to the full, if we are to reach our goal of health for all by the year 2000 and keep it up afterwards.

So even if others may have lost faith in us, we must preserve our faith by demonstrating that it is well founded, by always keeping in front of us our health value system, by persevering in our policy and
strategy for health for all and by using collective resources to make sure that national resources are indeed consistently used to carry out socially just health policies. For it is precisely when adjustments to existing policies have to be considered—and that applies to social policies no less than to economic ones—it is precisely under those circumstances that social justice is more important than ever. It would be all too easy to make economies in health systems at the expense of the weaker segments of society—the underprivileged periphery who may not yet have grasped the full significance of their voting power, or who may have none in reality. That is where reference to the value system decided on collectively in WHO can have major political influence. We in the health sector obviously cannot dictate economic adjustment policies to governments hard pressed by foreign debts and by the insistent policies of external creditors. But we certainly can use WHO’s collective conscience to bring forcefully to the attention of governments that social productivity is an essential prerequisite for economic productivity. Those countries that have ignored that fact have done so at their peril, as example upon example of social unrest demolishing economic policies has shown.

But let me be a devil’s advocate for a moment and postulate the reintroduction of the kind of system that prevailed before WHO’s new health paradigm hit the surface, and I am sorry to say still prevails in too many countries. Would it cost less and relieve national health budgets, as well as WHO’s budget in support of these? Not at all; to the contrary. The strategy for health for all based on primary health care, with its emphasis on a single infrastructure to deliver many targeted programs, is low cost by any standards. That does not mean that it costs next to nothing. It costs far more than most developing countries are spending on health today, and much less than most industrialized countries are spending on health. So developing countries have to fight for more resources for health, and both developing and industrialized countries have to fight for more rational use of resources. In all cases your Organization stands ready to support you in the fight. To do that, remembering that charity begins at home, your Organization has to demonstrate in practice that it is using its resources as befits wise action in the midst of a financial weatherstorm.

Honorable representatives, the management of WHO’s resources is a most important item on your agenda this year. I am sure you will debate the issues with the same openness and intensity with which I have presented them to you in the background document. I should just like to single out a few points that appear to me to be of particular importance. First I should like to restate my personal, unshakable belief in decentralized management of our technical cooperation activities, as long as these are carried out in line with the policies you have decided on collectively in your World Health Organization. If that takes place we will rightly be proud that we are displaying responsible democracy. If it does not take place, we shall have to face the shame of manifesting irresponsible anarchy; and responsible governments will not support that, nor will responsible people condone it.
You have at your disposal all the managerial instruments required to run your Organization as a responsible democracy. You have adequate policy directions for attaining health for all, a comprehensive strategy to give effect to these directives, a general program of work that enables each and every one of you to define the scope and context of your cooperation with WHO, regional program budget policy guidelines, a clear program budgeting process and managerial arrangements in harmony with all of these. So I could sum up the remedy in a few words. Use the instruments we have, and use them properly; they are precious instruments indeed.

One of the instruments you as a Regional Committee were urged to use by the Thirty-third World Health Assembly, and I am afraid you are hardly using, is to review WHO's action in individual Member States in the Region. I really do believe you will all derive much benefit from analyzing together in the Regional Committee the way each and every one of your countries is progressing towards health for all and using WHO's resources to that end. I know that at first sight the idea of looking at one another's strengths and weaknesses may seem to be going very far, but I am convinced that within a very short time you will realize how useful that mutual trust can be and you will look forward to the experience. For it can help to minimize your weaknesses and strengthen your strengths.

"Yes," I can hear you thinking, "the old man is dreaming again." And yet how often do we have to remind ourselves that without dreams humankind would never have dreamed up today's values and tomorrow's achievements. Recent history in WHO is ample proof of this, in spite of the international financial climate. "But what of today's sordid realities?" you may rightly exclaim. Well, let us look at them and see what they really are and what can possibly be done to make them brighter. Forgive me if I try to analyze your realities from a possibly distant perspective, but I can assure you a no less empathetic one for all the distance. I shall weave my dreams into my perceived realities and try to illustrate how to convert weaknesses into strengths.

Nearly forty years ago, when WHO was born, it had only 10 Member States in this Region, although the Pan American Health Organization had of course been in existence for a long time before that. Today you are thirty-four in number. Some additions are due to countries reaching independence; others result from the decision of their governments to expand their horizons beyond the confines of the hemisphere of the Americas. In both cases, surely that is a cause for rejoicing! It is too easy to take such political developments for granted. Of course you have your problems. Quite apart from your health problems you have very serious political, social and economic problems, particularly those of you in the southern part of the continent. I was very deeply affected by the statement of the Latin American group of countries at this year's Health Assembly, exposing your economic problems and in particular those arising from the need to repay heavy foreign debts. We were told that in some countries the interest alone on these debts is as high as 10 per cent of the gross national product and even as high as 50 per cent of the
revenue from exports. My concern was deepened by a recent statement of the International Monetary Fund that in 1986 the Latin American countries repaid to private banks over US$4,000 million of foreign debts more than the loans they received during that year from these banks. To add to your problems, there are also tremendous differences among the countries of the Region regarding access to health care, and that applies equally to differences among the various social classes within many countries.

Honorable representatives, I want you to know that your Organization is with you in suffering these problems and in seeking reasonable solutions to them. Through your Organization you have developed a vast array of health development options from which to choose the ones most suited to your social preferences and your pockets. WHO's value system, to which all of you have contributed, bears very much in mind the specific needs of countries facing such serious economic problems. What course of action, then, is reasonable under the present circumstances? I can only repeat my conviction that current economic adversity should not be a reason for abandoning the paths you have embarked upon, but rather an even more impelling reason for continuing to follow those paths at whatever pace your economic situation permits. If you follow the right direction you will eventually reach your desired destination; if you follow other directions you will never reach it. So I firmly maintain that you can make very significant progress by sticking doggedly to our collective policy, adapting it to local needs, but not deforming it in the process.

I should just like to add one comment, and that relates to your place in the wider world, particularly in the wider world of WHO. I have never hidden my concern about islands of isolation within the WHO corporate body. I know that for many of you the questions of language and culture loom large when you consider such matters. But modern communications mean that we are living in a contracting world, not only geographically, but also in the realm of ideas. I believe you have already derived great benefits from belonging to an Organization whose horizon is much wider than that of this continent. I am referring not only to what you receive, whether as concepts that have given rise to the new health paradigms for attaining health for all by the year 2000, or in very practical terms through international support, for example for such initiatives as Caribbean Cooperation in Health. I am also referring to what you give to others in other parts of the world by sharing your knowledge and your experience. If considerations such as these are important in any kind of world, they are doubly important in a contracting world, and in the long run may even help to alleviate some of your current economic difficulties.

I realize that some of you are exposed to terrible temptations when other Organizations, or other Member States for that matter, offer to pour large sums into health activities in your countries. All too often, I am sorry to say, they have not learned the lessons of developmental history. Their assistance is all too often paternalistic in nature, with foreign health parachutists descending on you to perform
quick fixes that leave little or nothing behind when they leave. When they do that, they are wasting their and your resources. Correct policy, even if carried out at a slower pace for financial reasons, will reap infinitely greater benefits in the long run than incorrect policies carried out more quickly. It is your responsibility to make sure that your own resources and all external resources for health are used in a sufficiently enlightened way to reflect your Organization's collective policies; and it is the responsibility of your most intimate external partner in health—your Organization—to support you in achieving that.

On a more positive note, there are signs that a number of important bilateral agencies have really begun to grasp what we mean in WHO when we refer to enlightened bilateral support to developing countries. They are realizing the value of investing their resources in such a way as to bring WHO's collective policies to life. Until recently they may have been more attracted by the special research programs. But I can sense a desire to become more involved through WHO in helping developing countries to build-up permanent health infrastructures based on primary health care, in order to attain health for all. For my part, in my desire to compensate for the difficult regular budget situation, I have stretched my moral conscience to the limit in attempts to secure extrabudgetary funds for that purpose. I now appeal to you to stretch your imagination to the limit to make health infrastructures like these a sustained reality and an attraction to external partners at the same time. And I would plead with those of you who could become such external partners to do so with alacrity. I should like to congratulate those who are already doing so; it is an act, not of charity, but of enlightened self-interest. The benefits of such partnership, I believe, will extend far beyond their health consequences. They will show the way to a new kind of enlightened North-South dialogue, not shackled by hard-nosed economics, but open to human values that in the long run will also have important positive social and economic consequences for all partners.

As you can see, the picture may not be rosy, but it is certainly not dismal. Far from it. There are remedies. And I am confident that they will be applied, some earlier, some later, but all in time to achieve our common goal. That is why I believe you can celebrate our fortieth anniversary next year, not as a one-time explosion of synthetic euphoria, but as a year-long expression of determined action to achieve the goal we have set ourselves. I would beg of you therefore, as I suggested at this year's World Health Assembly, I would beg of you to act out in your countries next year a double celebration of forty years of WHO and ten years since the Declaration of Alma-Ata. And I emphasize act out these anniversaries, and not merely pay lip service to them.

Mr. Chairman, honorable representatives, by acting out in your country the values, the policies, the strategies and the programs you have defined worldwide in your Organization, you will be the best advocates of what health for all stands for in dreams and in reality. And I should add that if you make sure that 1988 is only one of many
future years, what you act out will become permanent features of your health systems. In this way, you and the people you represent will support one another in living out this great health and development adventure that you have taken upon yourselves through your WHO. By that kind of action, you can convert financial weaknesses into substantive strengths. To succeed in that, all of you, all of us, must display outstanding, consistent international solidarity for the health of people everywhere. We must close our ranks—all Member States throughout the world, across regional boundaries and political barriers, North and South, East and West, together with the Secretariat—we must close our ranks in the resolute march towards health for all by the year 2000 and beyond.

The PROVISIONAL PRESIDENT said he was sure that everyone had listened attentively to the comprehensive yet pointed message of the Director-General of WHO. On behalf of the Council he would ask that a message of thanks be conveyed to Dr. Mahler.

ITEM 2: APPOINTMENT OF THE COMMITTEE ON CREDENTIALS
TEMA 2: NOMBRAMIENTO DE LA COMISION DE CREDENCIAS

The PROVISIONAL PRESIDENT asked the Secretary to report to the Council on item 2.

The SECRETARY said that under Rule 27 of the Rules of Procedure a Committee on Credentials consisting of three representatives of as many Governments had to be appointed by the Council at the beginning of the first plenary session, to examine the credentials of representatives and observers and report to the Council thereon without delay.

The PROVISIONAL PRESIDENT called for nominations.

El Dr. GODOY (Paraguay) propone a la Argentina, Belice y Colombia para integrar la Comisión de Credenciales.
The PROVISIONAL PRESIDENT said that, in the absence of any further nominations, the three candidates proposed by the Representative of Paraguay, namely Argentina, Belize and Colombia, were elected, and he invited them to meet immediately.

The session was suspended at 9:45 a.m. and resumed at 10:20 a.m.

FIRST REPORT OF THE COMMITTEE ON CREDENTIALS
PRIMER INFORME DE LA COMISION DE CREDENCIALES

El Dr. ROJAS (Colombia), Relator de la Comisión de Credenciales, dice que la Comisión examinó las credenciales presentadas al Director de la Oficina de conformidad con los Artículos 16 y 27 del Reglamento Interno del Consejo Directivo, y encontró aceptables las de los representantes de los siguientes países: Antigua y Barbuda, Argentina, Bahamas, Barbados, Belice, Brasil, Canadá, Colombia, Costa Rica, Cuba, Chile, Dominica, El Salvador, Estados Unidos de América, Granada, Guatemala, Guyana, Haití, Jamaica, México, Países Bajos, Panamá, Paraguay, Perú, República Dominicana, San Cristóbal y Nieves, San Vicente y Granadinas, Santa Lucía, Suriname, Trinidad y Tabago, Uruguay y Venezuela. También se recibieron y aceptaron las credenciales del Observador de España. Faltan por recibir las credenciales de Bolivia, Ecuador, Francia, Honduras, Nicaragua, Reino Unido y un número considerable de organismos intergubernamentales y no gubernamentales.

Decision: The first report of the Committee on Credentials was approved.
Decisión: Se aprueba el primer informe de la Comisión de Credenciales.
ITEM 2.2: ELECTION OF THE PRESIDENT, TWO VICEPRESIDENTS AND THE RAPPORTEUR

TEMA 2.2: ELECCION DEL PRESIDENTE, DE DOS VICEPRESIDENTES Y DEL RELATOR

El Dr. MORAN (Guatemala) propone la candidatura del Dr. Guillermo Soberón Acevedo, Secretario de Salud de México, para la Presidencia de la XXXII Reunión del Consejo Directivo de la Organización Panamericana de la Salud.

El Dr. MOHS (Costa Rica), apoya la candidatura del Dr. Soberón Acevedo para el cargo de Presidente.

**Decision:** Dr. Guillermo Soberón Acevedo (Mexico) was elected Presidente by acclamation.

**Decisión:** Por aclamación, el Dr. Guillermo Soberón Acevedo (México) es elegido Presidente.

Dr. Guillermo Soberón Acevedo took the Chair.

El Dr. Guillermo Soberón Acevedo pasa a ocupar la Presidencia.

El PRESIDENTE agradece el honor que se le ha conferido y la confianza que han manifestado en él los representantes. A continuación, pide que se propongan candidatos para los cargos de Vicepresidentes.

Dr. Santos (Brasil), após saudar os participantes da Reunião, cumprimenta o Ministro Guillermo Soberón por sua eleição para a presidência dos trabalhos e propõe para a vice-presidência dos mesmos o Dr. Rubén Villeda, Ministro de Saúde Pública e Assistência Social e Representante de Honduras.
Dr. BLACKMAN (Guyana) nominated Dr. Ilda Urizar de Arias, Minister of Health of Peru, for the other post of Vice President of the Directing Council.

**Decision:** Dr. Rubén Villeda (Honduras) and Dr. Ilda María Urizar de Arias (Peru) were elected Vice Presidents by acclamation.

**Decisión:** Por aclamación, el Dr. Rubén Villeda (Honduras) y la Dra. Ilda María Urizar de Arias (Perú) son elegidos Vicepresidentes.

El PRESIDENTE propone la candidatura de la Dra. Karen Sealey (Trinidad y Tabago) para el cargo de Relator.

**Decision:** Dr. Karen Sealey (Trinidad and Tobago) was elected Rapporteur by acclamation.

**Decisión:** Por aclamación, la Dra. Karen Sealey (Trinidad y Tabago) es elegida Relatora.

**ITEM 2.3:** ESTABLISHMENT OF A WORKING PARTY TO STUDY THE APPLICATION OF ARTICLE 6.B OF THE PAHO CONSTITUTION

**TEMA 2.3:** ESTABLECIMIENTO DE UN GRUPO DE TRABAJO ENCARGADO DE ESTUDIAR LA APLICACIÓN DEL ARTICULO 6.B DE LA CONSTITUCION DE LA OPS

El Dr. MOHS (Costa Rica) propone que el grupo de trabajo quede constituido por los Representantes de Barbados, Canadá y Chile.

**Decision:** The Representatives of Barbados, Canada, and Chile were appointed members of the working party.

**Decisión:** Los Representantes de Barbados, Canadá y Chile quedan nombrados miembros del grupo de trabajo.
ITEM 2.4: ESTABLISHMENT OF THE GENERAL COMMITTEE
TEMA 2.4: ESTABLECIMIENTO DE LA COMISIÓN GENERAL

Mr. PREFONTAINE (Canada) nominated the Representatives of Colombia, Paraguay and the United States of America to serve on the General Committee.

Decision: The Representatives of Colombia, Paraguay and the United States of America were elected members of the General Committee.
Decisión: Los Representantes de Colombia, los Estados Unidos de América y Paraguay quedan elegidos miembros de la Comisión General.

ITEM 2.5: ADOPTION OF THE AGENDA
TEMA 2.5: ADOPCION DEL PROGRAMA DE TEMAS

The SECRETARY said that the Provisional Agenda had been prepared in accordance with Rule 8 of the Rules of Procedure. Under Rule 10, the Council must adopt its own agenda and, in doing so, might make such additions or modifications to the provisional agenda as it might wish, in accordance with the Rules of Procedure.

Decision: The agenda was adopted.
Decisión: Se aprueba el programa de temas.

ITEM 3.1: ANNUAL REPORT OF THE CHAIRMAN OF THE EXECUTIVE COMMITTEE
TEMA 3.1: INFORME ANUAL DEL PRESIDENTE DEL COMITÉ EJECUTIVO

Dr. GAY (Bahamas) said that as Chairman of the Executive Committee, it fell to him to present the report on the proceedings and decisions of the 98th and 99th Meetings of that Committee (Document CD32/4).
The 98th Meeting, held at Headquarters, had consisted of a single plenary session, and had been attended by its entire membership: Argentina, Bahamas, Brazil, Colombia, Ecuador, Honduras, Mexico, Saint Lucia and the United States of America. The Committee had elected its new officers, together with the new members of its various Subcommittees.

The 99th Meeting, held at Headquarters, had been attended by the Committee's nine members and by observers for various governments and intergovernmental organizations. It had consisted of eight plenary sessions and a closing session, and had thus been the shortest recorded meeting during a budget year, thanks to the intense effort and effective collaboration of the entire Secretariat.

He briefly highlighted the items in the report which the Directing Council would not be discussing—the report of the Subcommittee on Planning and Programming, the Plan of Action for Aedes albopictus, amendments to the Staff Rules, hiring under local conditions of employment for the mobilization of national resources, the PAHO Building Fund and maintenance and repair of PAHO-owned building, the statement by the Representative of the Staff Association—and said that he and Dr. Manuel Quijano Narezo, Vice Chairman of the Executive Committee, would comment individually, as and when they came up for consideration, on those items which were on the Council's agenda.

El PRESIDENTE da las gracias al Dr. Gay por su interesante informe y pide a la Relatora que prepare un proyecto de resolución sobre el tema.

The session rose at 11.00 a.m.
Se levanta la sesión a las 11:00 a.m.