directing council

PAN AMERICAN HEALTH ORGANIZATION

XXXIV Meeting

regional committee

WORLD HEALTH ORGANIZATION

XLI Meeting

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

Monday, 25 September 1989, at 9:00 a.m.
Lunes, 25 de septiembre de 1989, a las 9:00 a.m.

Provisional President: Presidente Provisional:	Dr. Raúl Ugarte Artola	Uruguay
President: Presidente:	Dr. Rubén Villeda Bermúdez	Honduras

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The session was called to order at 9:20 a.m.
Se abre la reunión a las 9:20 a.m.

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

El PRESIDENTE PROVISIONAL declara inaugurada la XXXIV Reunión del Consejo Directivo de la Organización Panamericana de la Salud y pide al Secretario que informe al Consejo acerca del quórum.

The SECRETARY (Dr. Knouss, Deputy Director, PASB) reported that, as there were representatives of 32 Governments present, there was a quorum.

El PRESIDENTE PROVISIONAL da la bienvenida a todos los presentes y lamenta hacerlo con tristeza a causa del reciente fallecimiento del Sr. Julio César Corzo, Ministro de Salud y Acción Social de la República Argentina. Por tal motivo, ruega que el Consejo guarde un minuto de silencio.

All present stood for a minute of silence as a tribute to the memory of Mr. Julio César Corzo, Minister of Health and Welfare of the Argentine Republic.
Todos los presentes, puestos de pie, guardan un minuto de silencio en homenaje a la memoria del Sr. Julio César Corzo, Ministro de Salud y Acción Social de la República Argentina.

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, OPS) señala que una vez más se reúnen los Representantes de los Gobiernos Miembros de la OPS, Miembros del Comité Regional de la OMS para las Américas, para tratar asuntos en

beneficio de la salud de los pueblos de las Américas. Asimismo, da la bienvenida al Embajador Baena Soares, Secretario General de la Organización de los Estados Americanos--institución líder del sistema de cooperación multinacional interamericano--y al Dr. Hiroshi Nakajima, Director General de la Organización Mundial de la Salud. La presencia de ambos en la sesión inaugural es un honor para la Organización.

Las reuniones de los Cuerpos Directivos redundan en beneficio no sólo de la salud de los pueblos de América, sino también de las relaciones entre los Gobiernos Miembros y la Secretaría. Por lo tanto, el Director está convencido de que, al terminar la XXXIV Reunión del Consejo Directivo de la OPS, XLI Reunión del Comité Regional de la OMS para las Américas, todos los asistentes se sentirán fortalecidos en su determinación y compromiso de trabajar en pro de la salud.

ADDRESS BY AMBASSADOR JOAO CLEMENTE BAENA SOARES, SECRETARY GENERAL OF THE ORGANIZATION OF AMERICAN STATES
PALABRAS DEL EMBAJADOR JOAO CLEMENTE BAENA SOARES, SECRETARIO GENERAL DE LA ORGANIZACION DE LOS ESTADOS AMERICANOS

Embaixador BAENA SOARES (Secretário Geral, OEA): É para mim motivo de particular satisfação, participar desta sessão de abertura da reunião de saúde. Satisfação por que vejo funcionando um dos organismos do sistema interamericano em íntima colaboração com o sistema das Nações Unidas. Em segundo lugar porque dentre os componentes do nosso sistema, a Organização Pan-Americana da Saúde se projeta como um dos líderes nos resultados e nos benefícios para os povos desse hemisfério.

Ressalto uma coincidência que ao meu ver é muito importante. Reunem-se os senhores hoje, no início de uma semana da maior importância

para os destinos financeiros do mundo. A coincidência deve ser aproveitada, e já foi. Hoje, nos jornais, temos o choque das estatísticas, vemos nos números proporcionados pela Organização Mundial da Saúde o drama, e quase mesmo a tragédia que vivem os povos deste hemisfério entre outros do Terceiro Mundo. É portanto um momento oportuno, é a maneira apropriada de fazer chegar aos que vão reunir-se para discutir recursos, para discutir finanças, fazer-lhes chegar um pouco da realidade e buscar sensibilizados para que encontrem respostas para esta situação tão dramática para todos nós que vivemos o dia-a-dia dos requerimentos, das angústias e das inquietações dos povos dos países em desenvolvimento. É portanto um momento que não deve ser perdido para afirmarmos que, entre outras considerações, a primeira consideração de todos nós deve ser a pessoa humana em todas as suas dimensões. É aqui nesta reunião, uma destas dimensões e talvez a mais importante, porque sem ela as demais não existem, está sendo posta em foco. Esta coincidência de reuniões, deve levar-nos a expectativas, à esperança de que se estabeleça uma nova solidariedade, uma real solidariedade, que permita traduzir para outros níveis, este entendimento que já parece existir no nível global em matéria de armas e de outras iniciativas destinadas a criar um clima mais favorável ao diálogo entre as superpotências. É neste sentido, que todos os nossos esforços de cooperação devem ser dirigidos, na cooperação de um novo diálogo que tenha um caráter real, solidário e de cooperação.

Não é somente a respeito deste ponto que eu desejava deixar uma palavra. Desejo também ressaltar a cooperação interna no sistema

interamericano entre a OEA e a Organização Pan-Americana de Saúde, que já está regulada por um acordo e que está manifestando de uma forma muito fluida em outros níveis mais práticos, como por exemplo, no que fazemos em matéria de cooperação com a América Central. Esta cooperação tenderá a se incentivar, a se intensificar. Pelo menos este é o desejo, creio, também do seu Diretor Geral e de nós todos na Organização dos Estados Americanos.

Formulo os melhores votos de êxito na suas deliberações e lhes peço que dêem uma mensagem àqueles que dispõem dos recursos, uma mensagem que seja a de esperança para os nosso povos, e a de solidariedade entre todos nós.

ADDRESS BY DR. HIROSHI NAKAJIMA, DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION
PALABRAS DEL DR. HIROSHI NAKAJIMA, DIRECTOR GENERAL DE LA ORGANIZACION MUNDIAL DE LA SALUD

Dr. NAKAJIMA (Director-General, WHO): Mr. President, Mr. Secretary General of the Organization of American States, Dr. Macedo, Honorable Representatives, Ladies and Gentlemen, Colleagues and Friends.

It is a great pleasure for me to join you at this XLI Session of the Regional Committee for the Americas and XXXIV Meeting of the Directing Council of PAHO.

Last year I shared with you some of my thoughts about our WHO and about certain organizational changes needed to better respond to changing health, social, and economic conditions. Today I should like to extend that line of thinking to the year 2000 and beyond.

We are often caught between opposing views of human progress. One is unbridled optimism about the potential future of mankind and the possibility of health for all; the other is marked pessimism about poverty, economic decline, and the destruction of our environment, which would seem to place our aspirations out of reach. But I am convinced that reality lies somewhere between the two extremes.

I urge a balanced view. We all know that a basic principle of the WHO Constitution, elaborated on in the Declaration of Alma-Ata, is the fundamental right of every human being to lead a socially and economically productive life. As a health organization, we must place health realities above political and economic realities, while recognizing their interrelationship. In this respect I should like to compliment and congratulate the Pan American Health Organization together with the Organization of American States for their initiatives toward the improvement and development of health status in Central America, leading to peace and reconciliation in the Region.

The world picture is far from bleak. We see around us significant change in the global political reality. For example, a new spirit of openness is emerging among many countries. There is greater willingness to enter into dialogue and greater respect for the validity of different systems and viewpoints. There are opportunities for resolving inter-country and internal conflicts that have international repercussions. Initiatives are under way for the reduction of armaments, yielding enormous potential savings of resources. Welcome efforts are being made to reduce the debt crisis in many countries. These trends could serve

the cause of human health, social, and economic development to the year 2000 and beyond.

I hope that those countries committed to solving their economic crisis through economic adjustments, led by the multilateral and bilateral agencies, will also make a commitment to respect human health and survival despite the difficulties in adjusting their economies. This is a topic I hope to raise today with the Governing Bodies of IMF, IDB, and members of other financing organizations at present in Washington.

At the same time as trying to reduce the debt crisis, we are confronted with conflicting trends. In many countries there is unprecedented industrial and economic development which stimulates human energy and raises the economic and political aspirations of the population. Yet all too often this development fails to take into account the fragile ecosystem of our small planet. I speak of uncontrolled development without regard to the environment on which depend the future health, safety, and existence of mankind.

It has been our hope that economic development would narrow the gap between rich and poor, but too often it has widened it. While we have made progress in some areas, we still have a long way to go to reach our goal of social equity with sustainable development. WHO has a mandate to address this challenge, for even its Constitution recognizes that unequal development in different countries in the promotion of health and control of disease is a common danger.

Some may think this problem could be resolved by simply transferring limited resources from the "haves" to the "have nots." As a result, the rich would become less rich, and the poor a little less poor. But how much would this achieve for human development? Is this the social equity we want? Certainly not in my view, and, I am sure, not in yours.

We have to pursue a greater vision. I believe we must seek the development of the human potential to its fullest. We must strive not only to obtain linear growth, but more importantly the multiplier effect that leads to geometric expansion. As an Organization of Member States, we have at least three ways of encouraging this: Firstly, we can foster peoples' participation and cooperation--encouraging them to make choices, and to decide on their own development and the optimum use of all available energy and resources. This is what the primary health care approach is all about. Secondly, we can transfer technologies, and this, far from costing more, will save resources. Thus our technical programs must be increasingly engaged in results-oriented research, the testing and transfer of technologies and service models that are applicable, affordable, and sustainable. And we must facilitate their appropriation and optimum use in countries of the Region. Thus the Governments of this Region, in collaboration with nongovernmental organizations and industry, have been successfully carrying out the Expanded Program on Immunization, including polio eradication and recently, in some countries, hepatitis B vaccination. I appreciate their efforts and congratulate them on their success.

Thirdly, we can mobilize and rationalize the resources that are available, and minimize waste. We have to redouble our efforts to allocate a fairer share of resources for health, and use them wisely, paying extra attention to the people most in need or suffering in emergencies, in every country in the Region.

As a health organization, we need not engage in fruitless debate, for example, on the merits of economic ideologies of free market versus centrally planned development. Our unity is based on the fact that we recognize the existence of diverse political systems. We look for the most cost-effective solutions, not forgetting that the human being must be central to all these considerations. In every country a better argument can be made for giving more attention to health concerns. Often, however, the message does not reach the politicians or the economists, owing perhaps to other priorities and burdens. Health professionals are timid in voicing their reality; PAHO and WHO together can help them to voice it. In our view, investment in health should not be regarded as a burden on economic development; it is a means toward, and the very purpose of, development itself.

Many countries have elaborated plans for health systems development at national, district, or community level, often without comprehensive economic planning or financial provision, only to find their hopes for implementation dashed on the rocks of economic and political reality, internal and external. Among the hardest hit are the health professionals and other human resources on which the health system depends. We must encourage our medical doctors, the nursing profession

and other health workers to take a new look at the total health system of which they are such an important part. They should not be confined in the cocoon of their own small world, but should work together with other health professionals and all the people in order to attain their common goal of health for all by the year 2000. Some countries may choose to readjust their political concepts, economic structures, or social welfare systems, as appropriate. For example, they may have to find the right balance between private fee-for-service and public free health care delivery, in a more participatory mutual health care system suitable to the conditions of the country. This may be needed particularly in countries where there is a rapid increase in the population as a whole and a rapid increase in the aging population.

If our Organization is going to promote health in the context of economic and political reality, we have to be able to deal with the full range of social, economic and environmental issues that bear on health development, even when they appear to be outside the conventional "health sector." That is why I have commissioned an independent study of what WHO can do, or should do, in respect of the interdependence of the world economy and health development. It is also why I am taking steps to convene a high-level technical expert commission on health and the environment.

As you may recall, a recent World Bank report concluded that the environment is a fundamental problem of human health. Without consideration of human health, the environment issue may become a political or economic issue and may cause conflict.

I would like to congratulate the Government of Brazil for collaborating with the people of the Amazon area in organizing an Expanded Program on Immunization, including hepatitis B vaccination.

The Government and the people have entered into dialogue on the most appropriate way of conserving the tropical rain forest without jeopardizing the livelihood of the people of the area, and yet sustaining development.

The results of the studies on the interdependence of the world economy, health, and the environment will shape our future work and contribute to the United Nations Conference on Environment and Development in 1992. The work of WHO has been undertaken in the spirit of the World Bank report, and we hope that PAHO and all its Member Governments will carry to the politicians, diplomats, and economists of their countries the message that health is a fundamental element in the environment issue.

Considering that good nutrition is essential to human welfare, we are proposing to cosponsor, with the Food and Agriculture Organization of the United Nations and other interested parties, an international conference on nutrition, at which the current situation will be reviewed and new problems and strategic solutions for the future will be anticipated.

The strategic solution is not just to consider hunger but also good nutrition as a way of preventing noncommunicable diseases such as cancer, cardiovascular diseases, diabetes, and so on. Such a solution would not only increase life expectancy, but would create savings in economic terms.

How we run our Organization internally will make a great difference to the influence it has externally. Looking at our experience over the past year I think we have learned some key lessons. We have seen, once again, the value of dialogue as a means of achieving unity at all levels, and between regions. We recognize the importance of consistency and clarity in our messages. Sometimes our message is not very "user-friendly", and this is something we will change. We see the need for a better flow of information to and from Member States, and within the Secretariat. We must have greater coherence in cooperation between our programs. We need constantly to improve the management and efficient use of WHO's resources, and the timeliness of program delivery in response to the needs of Member States. In emergencies or when the needs relate to rehabilitation and reconstruction this becomes particularly important, even in the face of various political realities.

The 1990s have been designated the International Decade for Natural Disasters Reduction, with five main strategies: to improve national capacity; to develop strategies; to foster scientific endeavors; to disseminate information; and to assess results. In response to Resolution WHA42.16, I have decided to strengthen the Organization's response to emergency situations by establishing a new Emergency Relief Operations program in Geneva to cover not only natural, but also man-made disasters. This program is poised to respond in a timely, flexible, and effective manner to requests reflecting the evolving needs of countries and Regional Offices.

The role of WHO is not just to relieve poverty and the immediate conditions of ill-health; it is to bring about longer-term, sustainable

health development. This means that we have to be aware of new trends and what they mean for the state of health of people throughout the world in the future. We have to prepare the ground now to deal with such developments as rapid urbanization, an aging population, new patterns of human behavior, diseases of affluence, and a changing natural environment, even as we continue to deal with the basics of water supply, nutrition, prevention of communicable diseases, and the development of health infrastructure and health manpower in the developing countries.

WHO will, of course, continue to fight against AIDS, drug abuse, and other related social diseases. Following my recent visit to the Regional Committee for Africa, I should like to draw your attention to the fact that the situation with regard to AIDS is changing very rapidly in many developing countries. Heterosexual transmission is increasing in Africa and is affecting the population under 25 years of age. The number of HIV-positive females is more than double the number of male carriers, and the virus is everywhere. AIDS is not just an emergency problem: it has become a new chronic health and social problem.

In some countries in Asia, Europe, and the Americas AIDS is associated with an increasing drug abuse problem. In this connection, I should like to congratulate the Government of Colombia and neighboring Latin American countries for their very courageous initiative. I would also like to congratulate the United States of America on the establishment of its new strategy against drug abuse. The fight against drugs is not only a political issue, it is a human issue. Controlling the supply is not the only solution: we must look to a reduction in demand. In Europe we have two factions, one favoring legalization or

liberalization of illicit drugs, the other believing in very strict control of drug suppliers and drug users. Many people are asking what the position of WHO is in this respect. Unfortunately I cannot state our position. My colleagues in the European Region and the European Director have been asked to disseminate information on the different points of view expressed by health authorities, politicians, economists, and so on. We look to you, who are dealing with the health of the people of your countries, to help us to find ways of fighting this decade's most serious problem, that of the increasing use and abuse of illicit drugs.

The steps I have taken to reorganize structures and programs at Headquarters are intended to improve their effectiveness in supporting regions and countries. For example, the transfer of global responsibility for the health of the elderly to Geneva was made to facilitate technical support for your efforts in the regions, in response to new challenges.

We are undertaking new interregional initiatives, as for example a conference on "City Health: Challenge of Social Justice," to be held later this year, involving participants from at least 20 countries around the world, to debate the challenges of rapid urbanization. In most regions we have focused on the rural population, but in fact there are as many problems in the urban slums. The urban population is increasing rapidly in many developing countries. In some countries, 50% of the population live in urban areas.

In response to several resolutions of the World Health Assembly, our programs of international cooperation and strengthening of health services, in consultation with the Regional Offices and countries

concerned, are helping to address economic issues, develop new approaches to economic adjustment, improve resources allocations and rationalize the financing of health care. In the Region of the Americas, a case in point is the collaboration with the Governments of Ecuador, Guatemala, Haiti, and Jamaica. The mobilization of additional resources on behalf of programs at all levels of the Organization is being intensified. In times of continuing economic and financial uncertainty, we must reasonably match program plans with potential resources, and explore every avenue of potential external support.

I should like to see mutually supportive relations among all levels of our Organization, among regions, and among programs. Experience show that no disease or condition of ill health can be dealt with in isolation from other health and social issues. The knowledge, technology, activities and resources generated by one level, office or program of WHO can have a mutually reinforcing effect on all others--what I referred to earlier as a "multiplier" effect, that is, a value greater than the sum of its parts.

In connection with the economic adjustment I mentioned ealier, we have already set up Regional Coordination Committees within the United Nations system to try to solve this social issue. There is, so far, no satisfactory solution. The World Bank, IMF, and IDB are very sympathetic to the suffering caused by economic adjustment. However, both sides--borrowers and lenders, countries and multilateral organizations--need to pay due attention to the human race, to human health and survival.

The reorganization I have mentioned at global level must be accompanied by redefinition and continuous evaluation of WHO's managerial

processes and operational program delivery in the regions, to better support our Member States. In this connection I wish to express my appreciation to the Member States of this Region, to you, Dr. Macedo, as Regional Director and Director of PAHO, and to your staff for the progress being made.

The work of this Regional Committee testifies to the value of WHO's unique decentralized structure, foreseen by our Constitution, which allows us to deal with health, social, and economic development in a manner that best corresponds to the realities, needs, and priorities of each region. At the same time, each Member State is able to draw support from every level of our Organization, and play a role in the definition of health policies at regional and global levels.

I am sure the good work and technical standing of WHO speak for themselves, but we have to deal with political reality, and we have to devote some energy and resources to making sure that the image of WHO is not only consistent with our ideals and objectives, but worthy of support. In times of adversity our best defense and greatest strength lie in unity.

I appeal to everyone to spare our Organization, and the World Health Assembly, from political issues that are not directly related to international health work. It is in this context that I shall welcome your views on the proposal to reschedule future sessions of the World Health Assembly, and consequently of the Executive Board and the regional committees. I know this will not solve all our problems, but it will help to alleviate them, and will provide other benefits as well. Moreover, it will demonstrate solidarity within our decentralized

structure. I know the difficulties faced in this region--it is a historical problem. What I am proposing is not a political or diplomatic solution and has no political reason. My approach is the public health approach, that is, the prevention of all possible risk.

Finally, as we enter the last decade of the twentieth century, I call on all of us to redouble our efforts to build a world our descendants will be pleased and proud to inherit in the twenty-first century. Let us pass a torch that will grow brighter in the coming years. I know that your deliberations during this session of the Regional Committee will be successful, and I thank you all.

ITEM 2.1: APPOINTMENT OF THE COMMITTEE ON CREDENTIALS
TEMA 2.1: NOMBRAMIENTO DE LA COMISION DE CREDENTIALES

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

El PRESIDENTE PROVISIONAL propone que se designe a los Representantes de Jamaica, México y el Uruguay. Al no haber objeciones, y sin contar con ninguna otra propuesta, la Comisión de Credenciales queda integrada por los mencionados delegados, quienes deben reunirse inmediatamente para preparar el correspondiente informe.

The session was suspended at 10:15 a.m. and resumed at 11:00 a.m.
Se suspende la sesión a las 10:15 a.m. y se reanuda a las 11:00 a.m.

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

El Dr. GUTIERREZ (México), Relator de la Comisión de Credenciales, dice que en su primera sesión, celebrada bajo la presidencia del Dr. Douglas, de Jamaica, la Comisión examinó las credenciales presentadas al Director de la Oficina, conforme a lo dispuesto en los Artículos 16 y 27 del Reglamento Interno del Consejo Directivo. Fueron encontradas en buena y debida forma las credenciales de los representantes de los países que se indican a continuación, razón por la cual la Comisión propone al Consejo que reconozca su validez: Argentina, Bahamas, Barbados, Belice, Bolivia, Brasil, Canadá, Colombia, Cuba, Chile, Dominica, El Salvador, Estados Unidos de América, Francia, Granada, Guatemala, Haití, Honduras, Jamaica, México, Países Bajos, Paraguay, Perú, San Vicente y las Granadinas, Santa Lucía, Trinidad y Tabago, y Venezuela. La Comisión se reunirá nuevamente para examinar otras credenciales que se reciban.

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 VICE PRESIDENTS AND THE RAPPORTEUR
TEMA 2.2: ELECCION DEL PRESIDENTE, DE DOS VICEPRESIDENTES Y DEL RELATOR

El Dr. GEHLERT (Guatemala) propone para la presidencia la candidatura del Dr. Rubén Villeda Bermúdez, Ministro de Salud Pública y Asistencia Social de Honduras.

Decision: Dr. Rubén Villeda Bermúdez (Honduras) was elected President by acclamation.
Decisión: Por aclamación, el Dr. Rubén Villeda Bermúdez (Honduras) es elegido Presidente.

Dr. Rubén Villeda Bermúdez took the Chair.
El Dr. Rubén Villeda Bermúdez pasa a ocupar la Presidencia.

El PRESIDENTE agradece el honor que se le ha conferido y afirma que los huracanes del Caribe que en esta época del año suelen asolar vastas regiones de las Américas, constituyen un símbolo que no hay que olvidar, pues las amenazas permanentes que se ciernen sobre el Continente afectan no sólo a los países débiles sino también a los más prósperos. Estas amenazas y las repercusiones de la crisis económica en el ámbito social son factores merecedores de análisis, sobre todo porque inciden decisivamente en la salud de los pueblos que las sufren. Coincide con el Secretario General de la OEA, Sr. Baena Soares, en que todas las actividades de la Organización deben poner énfasis en el ser humano y fundarse en la solidaridad y en la cooperación. Advierte asimismo que se ha dejado atrás al mero latinoamericanismo para pasar a un panamericanismo que ya se está convirtiendo en ecumenismo porque, como bien lo señaló el Director General de la OMS, Dr. Nakajima, en épocas de adversidad la unidad es la mejor defensa y la fuerza mayor del mundo. Hace votos porque la reunión sea fructífera y se alcancen objetivos que signifiquen un acercamiento a la meta de "Salud para todos en el año 2000". A continuación, pide que se propongan candidatos para los cargos de Vicepresidentes.

El Dr. DIAZ (Colombia) propone las candidaturas de la Dra. Matilde Menéndez, Secretaria de Salud de la Argentina, y del Dr. Romanus Lansiquot, Ministro de Salud de Santa Lucía, para los cargos de Vicepresidentes.

Decision: Dr. Matilde Menéndez (Argentina) and Dr. Romanus Lansiquot (Saint Lucia) were elected Vice Presidents by acclamation.
Decisión: Por aclamación, la Dra. Matilde Menéndez (Argentina) y el Dr. Ramanus Lansiquot (Santa Lucía) son elegidos Vicepresidentes.

Dr. DOUGLAS (Jamaica) nominated Ms. Lise Gravel (Canada) to serve as Rapporteur.

Decision: Ms. Lise Gravel (Canada) was elected Rapporteur by acclamation.
Decisión: Por aclamación, la Sra. Lise Gravel (Canadá) 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 APLICACION DEL ARTICULO 6.B DE LA CONSTITUCION DE LA OPS

El PRESIDENTE propone que el grupo de trabajo quede constituido por los Representantes de Bahamas, Chile y Colombia.

Decision: The Representatives of Bahamas, Chile and Colombia were appointed members of the working party.
Decisión: Los Representantes de Bahamas, Colombia y Chile quedan nombrados miembros del grupo de trabajo.

ITEM 2.4: ESTABLISHMENT OF THE GENERAL COMMITTEE
TEMA 2.4: ESTABLECIMIENTO DE LA COMISION GENERAL

El PRESIDENTE sugiere que sean elegidos miembros de la Comisión General los Representantes de Cuba, Ecuador y los Estados Unidos de América.

Decision: The Representatives of Cuba, Ecuador and the United States of America were elected members of the General Committee.

Decisión: Los Representantes de Cuba, Ecuador y los Estados Unidos de América 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 (Document CD34/1, Rev. 1) had been suggested by the Executive Committee at its 103rd Meeting and had not been modified. Under Rule 10 of the Rules of Procedure, the Council must adopt its own agenda and, in doing so, might make such additions or modifications as it might wish.

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 COMITE EJECUTIVO

El Dr. NARANJO (Presidente del Comité Ejecutivo) dice que, en su condición de Presidente del Comité Ejecutivo y de conformidad con lo dispuesto en el Artículo 9.C de la Constitución de la Organización Panamericana de la Salud, le corresponde presentar un resumen de la labor realizada por el Comité en sus 102a y 103a Reuniones (Documento CD34/12). En vez de presentar una información pormenorizada sobre todos los temas que el Comité tuvo en estudio--una tarea que irá cumpliendo con la ayuda del Dr. Héctor Borges, de Venezuela, a medida que se desarrollen los debates que aguardan al Consejo Directivo--se propone hacer hincapié en ciertos asuntos que no forman parte del programa de temas de la presente reunión.

La 102a Reunión celebró su única sesión plenaria el lo. de octubre de 1988 con la asistencia de todos sus miembros. El Comité eligió entonces su Mesa Directiva: Presidente, Dr. Plutarco Naranjo (Ecuador); Vicepresidente, Dr. Eugene Laurent (Trinidad y Tabago) y Relator, Dr. Carlos Migues Barón (Uruguay). Además, cubrió las vacantes surgidas en los distintos subcomités y decidió fijar la fecha de realización de esta reunión del Consejo Directivo.

La 103a Reunión se celebró en la Sede del 26 al 30 de junio de 1989 con la asistencia de todos sus miembros y la de observadores de cuatro países. En ausencia de algunos de los miembros de la Mesa Directiva elegida en octubre de 1988, el Comité nombró Presidente pro tempore al Dr. Eugene Laurent (Trinidad y Tabago), Vicepresidente pro tempore al Dr. Samuel Villalba (Uruguay) y Relator pro tempore al Dr. Héctor Borges (Venezuela).

El Comité designó a los Dres. Plutarco Naranjo y Héctor Borges como titulares y a los Dres. Norbert Préfontaine (Canada) y George Hardy (Estados Unidos de América) como suplentes, para que lo representaran en la presente reunión. Además, en su Resolucicón XVIII, aprobó el programa de temas provisionales que en definitiva resultó adoptado por el Consejo Directivo.

La Sra. Marlyn Kefauver, Relatora del Subcomité de Planificación y Programación, presentó el informe sobre la labor realizada por el Subcomité durante sus reuniones de diciembre de 1988 y abril de 1989.

Entre las cuestiones examinadas por dicho Subcomité que no forman parte del temario del Comité Ejecutivo ni del Consejo Directivo figuraron el análisis de la cooperación técnica de la OPS en un programa de

país--Argentina y Honduras; el análisis de la cooperación técnica de la OPS en un programa regional--salud maternoinfantil; el análisis del programa de preparativos de la OPS para situaciones de emergencia y coordinación del socorro en casos de desastre, y el programa de cooperación técnica de la OPS y las organizaciones no gubernamentales. Los exámenes de los programas de cooperación técnica con Argentina y Honduras habían girado en torno de la evaluación de la cooperación y habían dado lugar a recomendaciones tendientes a permitir que la Secretaría mejorase la programación de mediano plazo a nivel de los países.

Asimismo, el Subcomité facilitó información pormenorizada sobre todos los asuntos que figuran en el temario de este Consejo Directivo. El Comité no estimó necesario adoptar una resolución sobre el informe del Subcomité.

El Subcomité se reunió el 28 de junio para revisar, conforme a lo establecido en la Resolución XX de la XX Conferencia Sanitaria Panamericana, la lista de organizaciones interamericanas no gubernamentales que mantienen relaciones oficiales con la OPS.

Teniendo en cuenta la recomendación del Subcomité, el Comité Ejecutivo, en su Resolución VI, aprobó continuar las relaciones oficiales entre la Organización y la Asociación Latinoamericana de Industrias Farmacéuticas (ALIFAR); la Federación Latinoamericana de Hospitales; la Federación Latinoamericana de la Industria Farmacéutica (FIFARMA); la Federación Panamericana de Asociaciones de Facultades (Escuelas) de Medicina (FEPAFEM); la Asociación Latinoamericana y del Caribe de Educación en Salud Pública (ALAESP); la Unión Latinoamericana contra

Enfermedades de Transmisión Sexual (ULACETS); el Colegio Interamericano de Radiología (ICR); la Confederación Latinoamericana de Bioquímica Clínica, y la Federación Panamericana de Profesionales de Enfermería (FEPPEN).

El Comité tomó nota del informe del Subcomité de Planificación y Programación sobre este tema, en el que se informaba que PAHEF se había creado para organizar y aplicar el Programa de Libros de Texto, como complemento de la cooperación técnica de la OPS en el área de los recursos humanos y para canalizar las subvenciones de las fundaciones privadas destinadas a proyectos de la OPS. La Organización había contribuido con $600.000 al Programa de Libros de Texto entre 1971 y 1976 y había garantizado dos préstamos del Banco Interamericano de Desarrrollo a PAHEF. El Subcomité se preguntaba si era adecuado que PAHEF recibiera fondos de un País Miembro para adquisiciones destinadas a sus propios programas cuando esta función podía ser realizada por la OPS. En vista de las estrechas relaciones financieras entre la Fundación y la OPS, era importante comprender cómo se formulaba la política de PAHEF y cómo se ejercía el papel de orientación de la OPS.

Durante el debate, se pidieron aclaraciones en cuanto a la responsabilidad de PAHEF, en vista de sus facultades de decisión autónoma. También se preguntó si los territorios del Caribe estaban incluidos en el Programa de Libros de Texto, y se subrayó la importancia de unas relaciones financieras adecuadas entre la OPS y PAHEF, ya que la Organización debía avalar algunas operaciones de la Fundación. Se señaló que el Subcomité no había examinado el tema de la inversión de los recursos de PAHEF por la OPS.

Quedó claro en el debate que PAHEF era una entidad independiente de la OPS con sus propias autoridades. El Comité no adoptó ninguna resolución al respecto.

Por otra parte, en su Resolución VII, el Comité Ejecutivo confirmó las enmiendas al Reglamento del Personal introducidas por el Director de conformidad con lo decidido por la Asamblea General de las Naciones Unidas y el Consejo Ejecutivo de la OMS.

En virtud de estas enmiendas se mejoraban ciertas prestaciones del personal, incluido el subsidio por familiares a cargo del personal de categoría profesional y categorías superiores, el subsidio de educación, el subsidio especial para educación de hijos minusválidos y la licencia de maternidad. Asimismo, se modificaba el Artículo 1050 del Reglamento, relativo a la supresión de puestos y reducción de plantilla, a fin de brindar mayor flexibilidad y mayor seguridad al personal y a la Secretaría.

El Comité tomó nota asimismo del Informe del Subcomité de Planificación y Programación en el que explicaba que la cuestión de la contratación de personal bajo condiciones locales de empleo para la movilización de recursos nacionales había sido sometido inicialmente al Comité Ejecutivo en 1986 como una propuesta tendiente a lograr un uso más eficiente de los recursos financieros disponibles. La Secretaría había presentado un resumen del nuevo sistema introducido en aplicación de la Resolución XIX de la Conferencia Sanitaria Panamericana. El Subcomité estimaba que era esencial comprender el nuevo sistema y su aplicación: por ejemplo, el número de puestos que deberían permanecer bajo el sistema de contratación de las Naciones Unidas y la duración del período de

prueba. Se habían establecido 225 puestos en virtud del nuevo sistema y se pensaba establecer otros 60 antes de 1992. El sistema era especialmente aplicable a los Centros Panamericanos, como PANAFTOSA, CEPANZO, ECO y la Representación de la OPS/OMS en el Brasil. Aunque la aplicación del sistema planteaba problemas jurídicos y laborales debido a las diferencias en las legislaciones nacionales, estos problemas no eran insuperables.

La Secretaría informó al Comité que el mandato contenido en la Resolución XIX de la XXII Conferencia Sanitaria Panamericana había constituido el punto de referencia en la administración del nuevo sistema y que desde su principio, el nuevo Reglamento del Personal aprobado por el Comité Ejecutivo había resultado razonablemente estable y no se habían propuesto a cambios o modificaciones. La Secretaría estaba convencida de que el nuevo sistema respondía a las necesidades de los Centros, de su personal y de la propia Secretaría. Conforme a la Resolución XIX, el nuevo sistema debía aplicarse con carácter limitado, y el Comité Ejecutivo debía determinar si las enmiendas al Reglamento del Personal debían permanecer en vigor después de 1989.

La mayoría de los Representantes en el Comité Ejecutivo se mostraron favorables al nuevo sistema, que permitía a la Organización cierta flexibilidad, sobre todo en los Centros Panamericanos. Se señaló que aunque el Reglamento del Personal aprobado para el período de prueba parecería funcionar bien, se observaba cierta falta de criterio en cuanto a los tipos de puestos susceptibles de contratación con arreglo al nuevo sistema.

Finalmente el Comité aprobó la Resolución XVI, en la que, entre otras cosas, solicita al Director que presente un informe al Comité Ejecutivo en su 105a reunión en 1990; solicita asimismo al Director que elabore criterios para determinar el tipo de puestos que deben permanecer dentro del sistema común de las Naciones Unidas en relación con el nuevo sistema; además, decide extender el período de prueba hasta el 30 de septiembre de 1991.

Con respecto al Fondo de la OPS para Bienes Inmuebles y Mantenimiento y Reparación de los Edificios de Propiedad de la OPS, el Sr. Tracy (OSP) presentó un informe y explicó que se había completado el proyecto de la sala de computadoras, con un costo de $130.252 en vez de la estimación presupuestaria de $134.500. El proyecto de reparación de aletas y ventanas del edificio de la Sede, con un costo estimado de $135.000, se había cancelado por resultar innecesario a raíz de la reparación de la cubierta del edificio.

Explicó que en el período junio de 1990-mayo de 1991 resultaría necesario reemplazar las unidades de ventilación y equipo accesorio de la Sede de la OPS, con un costo estimado de $293.000, así como reemplazar y modernizar los sistemas de emergencia, con un costo estimado de $235.000, calculándose que el Fondo de la OPS para Bienes Inmuebles tendría que pagar un total de $464.250, y el Fondo para la Gestión de Bienes Inmuebles de la OMS, $154.750.

El Comité aprobó la Resolución XVII, en la que se determina aprobar los mencionados proyectos de mantenimiento y reparación.

En su intervención ante el Comité el Sr. Yerg, Representante de la Asociación del Personal de la Oficina, presentó el Documento CE103/15, en

el que se examinaban las principales cuestiones que preocupaban al personal: remuneración, contratos nacionales, seguro médico, derechos de la mujer, enmiendas al Reglamento del Personal, el nuevo edificio para la OPS y la necesidad de un mediador. Aunque el personal reconocía la necesidad de controlar los costos en momentos de crisis financiera, ciertas técnicas de reducción de costos podría resultar contraproducentes a largo plazo. Citó la reducción sistemática de los grados, la congelación del ajuste por lugar de destino del personal profesional, la utilización irregular de servicios contractuales y la introducción de los contratos nacionales.

Con referencia al mediador, el Director de la OSP expresó su convencimiento de que sus inconvenientes eran más que sus posibles ventajas. Puntualizó que no se había efectuado ninguna gestión concreta con respecto a la posibilidad de trasladar la Sede a otro edificio, destacó que el personal contratado a nivel local había dado muestras de una dedicación extraordinaria y aseveró que los derechos del personal bajo condiciones de empleo de las Naciones Unidas nunca serían lesionados por contrataciones locales. Reconoció asimismo que los sueldos del personal de categoría profesional habían sufrido una merma importante en la Sede, pero no en los países, y afirmó por último que no había habido reducción sistemática de los grados. El Comité no consideró necesario adoptar ninguna resolución sobre el tema.

The session rose at 11:40 a.m.
Se levanta la sesión a las 11:40 a.m.