



## **54th DIRECTING COUNCIL**

**67th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS**

*Washington, D.C., USA, 28 September-2 October 2015*

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**FINAL REPORT**

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## FINAL REPORT

### Opening of the Session

1. The 54th Directing Council, 67th Session of the Regional Committee of the World Health Organization (WHO) for the Americas, was held at the Headquarters of the Pan American Health Organization (PAHO) in Washington, D.C., from 28 September to 2 October 2015.

2. Dr. Sergio Sarita Valdez (International Cooperation Coordinator, Ministry of Public Health, Dominican Republic, outgoing President) opened the session and welcomed the participants. Opening remarks were made by Dr. Sarita Valdez, Dr. Carissa Etienne (Director, Pan American Sanitary Bureau), Hon. Sylvia Mathews Burwell (Secretary of Health and Human Services, United States of America), Hon. Héctor Salazar Sánchez (Social Sector Manager, Inter-American Development Bank), Dr. Hans Troedsson (Assistant Director-General, Department of General Management, World Health Organization), Hon. Luis Almagro Lemes (Secretary-General, Organization of American States), and H.E. Orlando Hernández (President of Honduras). The respective speeches may be found on the website of the 54th Directing Council.<sup>1</sup>

### Procedural Matters

#### *Appointment of the Committee on Credentials*

3. Pursuant to Rule 31 of the Rules of Procedure of the Directing Council, the Council appointed Ecuador, Puerto Rico, and the Bolivarian Republic of Venezuela as members of the Committee on Credentials (Decision CD54[D1]).

#### *Election of Officers*

4. Pursuant to Rule 16 of the Rules of Procedure of the Directing Council, the Council elected the following officers (Decision CD54[D2]):

<i>President:</i>	El Salvador	(Dr. Violeta Menjívar)
<i>Vice President:</i>	Antigua and Barbuda	(Hon. Molwyn Morgorson Joseph, MP)
<i>Vice President:</i>	Peru	(Dr. Aníbal Velásquez Valdivia)
<i>Rapporteur:</i>	United States of America	(Mr. Charles Darr)

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<sup>1</sup> Available from:  
[http://www.paho.org/hq/index.php?option=com\\_content&view=article&id=11087&Itemid=41537&lang=en](http://www.paho.org/hq/index.php?option=com_content&view=article&id=11087&Itemid=41537&lang=en)

5. The Director of the Pan American Sanitary Bureau (PASB), Dr. Carissa Etienne, served as Secretary ex officio, and the Deputy Director, Dr. Isabella Danel, served as Technical Secretary.

***Establishment of a Working Party to Study the Application of Article 6.B of the PAHO Constitution***

6. The Council was informed that it would not be necessary to establish a working party, as no Member State was subject to the voting restrictions provided for under Article 6.B of the PAHO Constitution (see Report on Assessed Contributions, paragraphs 46 to 50 below).

***Establishment of the General Committee***

7. Pursuant to Rule 32 of the Rules of Procedure, the Council appointed Chile, Cuba, and Saint Vincent and the Grenadines as members of the General Committee (Decision CD54[D3]).

***Adoption of the Agenda (Document CD54/1, Rev. 3)***

8. The Council agreed to add two items to the provisional agenda prepared by the Director: “Method for the Estimation of Maternal Mortality in the Period 1990-2015” and “El Niño 2015-2016 in the Region of the Americas,” which were proposed by the delegations of Ecuador and Peru, respectively. Support was voiced for both proposals, with numerous delegates expressing reservations about the new method for estimating maternal mortality proposed by the United Nations Maternal Mortality Estimation Inter-agency Group. Delegates also expressed concern about the potential social, economic, and health effects of the El Niño phenomenon in countries of the Region.

9. The Council adopted the agenda, as amended (Document CD54/1, Rev. 3), together with a program of meetings (Decision CD54[D4]).

**Constitutional Matters**

***Annual Report of the President of the Executive Committee (Document CD54/2)***

10. Dr. Antonio Barrios Fernández (Paraguay, President of the Executive Committee) reported on the activities carried out by the Executive Committee and its Subcommittee on Program, Budget, and Administration between October 2014 and September 2015, highlighting the items that had been discussed by the Committee but not sent forward for consideration by the 54th Directing Council and noting that he would report on other items as they were taken up by the Council. The items not sent forward included the annual reports of the PAHO Ethics Office, the Office of Internal Oversight and Evaluation Services, and the PAHO Audit Committee; the report of the Award Committee of the PAHO Award for Administration 2015; a proposal for programming of a revenue surplus resulting from repayment of a 10 million dollar loan made to the

Revolving Fund for Vaccine Procurement; an update on the status of projects approved by the 48th Directing Council for funding from the Holding Account; reports on the Master Capital Investment Plan and funding of after-service health insurance for PAHO staff; amendments to the PASB Staff Rules and Regulations, reports on staffing statistics and on the PASB Human Resources Strategy, and a statement by a representative of the PAHO/WHO Staff Association; reports on the WHO program budget 2016-2017, on the status of implementation of the PASB Management Information System project, and on the PASB Information Technology Strategy; and applications from four nongovernmental organizations for admission or renewal of their status as organizations in official relations with PAHO. Details may be found in the report of the President of the Executive Committee (Document CD54/2).

11. The Director thanked the President and the members of the Executive Committee for their work and their commitment to the Organization, noting that the Bureau had taken all of the Committee's comments into account in order to improve the documents and proposed resolutions submitted for consideration by the Directing Council.

12. The Council also thanked the members of the Committee for their work and took note of the report.

***Annual Report of the Director of the Pan American Sanitary Bureau (Document CD54/3)***

13. The Director introduced her annual report, the theme of which was "Championing Health for Sustainable Development and Equity: Leading by Example." The report provided numerous examples of how the Region of the Americas had, for many years, led the way in achieving critical public health milestones. While it was Member States that were the main drivers behind the Organization's successes, the Bureau had played a central role in providing technical cooperation and coordinating Member States' efforts.

14. In 2014, in an exceptional example of Pan-American cooperation, PAHO Member States had adopted the Strategy for Universal Access to Health and Universal Health Coverage, which sought to catalyze a paradigm shift from health systems that were top-heavy with urban-based specialists to systems staffed by more primary care professionals, equitably distributed. The *Mais Médicos* project in Brazil provided a graphic example of how PASB's technical cooperation had helped to dramatically increase access to health services. The Bureau had also worked with the Caribbean Community to ensure access to safe and effective medicines and technologies, which was critical to achieving universal health coverage. In December, it had organized the first Regional Meeting on the Health of Lesbian, Gay, Bisexual, and Transgender Persons and Human Rights, as part of efforts to advance universal access to health without discrimination.

15. In April 2015, the Americas had become the first region in the world to eliminate rubella and congenital rubella syndrome. In June, Cuba had become the first country in the world to have officially eliminated mother-to-child transmission of both HIV and



syphilis. The Organization's efforts to eliminate neglected tropical infectious diseases had borne fruit, with Ecuador in September 2014 becoming the second country in the world to achieve WHO verification of its elimination of onchocerciasis. Mexico had subsequently received the same verification, and Guatemala had recently requested it also. There had also been important progress over the past year in tackling noncommunicable diseases, the largest contributor to the Region's overall disease burden. In particular, a new Plan of Action for the Prevention of Obesity in Children and Adolescents had been adopted. Nicaragua and Uruguay had become the first two countries in the world to ratify the WHO Protocol to Eliminate Illicit Trade in Tobacco Products.

16. With the Ebola outbreak in West Africa, the Bureau had intensified its resource mobilization efforts, ramped up training initiatives in risk communication, and deployed staff to assist in the field. In response to the continuing threat of chikungunya and dengue and the recent introduction of the Zika virus in Brazil, PASB was working with the United States Centers for Disease Control and Prevention to provide technical cooperation in diagnosis and tracking of those diseases. It was also working to promote a health-in-all-policies approach and multisectoral action to combat vector-borne diseases.

17. The Region was collectively on track to achieve all but one of the health-related Millennium Development Goals (MDGs). It was of great concern, however, that the MDG 5 target of a 5.5% annual decline in maternal deaths would not be met in some countries. As part of its work on the issue, the Bureau had provided training on management of obstetric hemorrhage and promoted better care for women undergoing abortions. It had also spearheaded an international symposium which had led to a subregional plan for preventing adolescent pregnancy.

18. Much of the work to be undertaken by the Bureau and Member States in coming years would be defined by the Sustainable Development Goals (SDGs), which were broader in scope than the MDGs. Only one of the 17 SDGs was wholly dedicated to health issues, but within that goal were 13 health targets, and all of the Goals had critical implications for health and well-being. A main lesson learned from the MDG era was the need to look beneath regional and national averages, critically assessing health needs and outcomes at local level, with a more systematic focus on vulnerable groups. Through the new framework on Cooperation among Countries for Health Development, Member States would have expanded opportunities to share technical expertise and lessons learned, building on the Region's strong tradition of pan-American solidarity. The Bureau would continue to work with Member States to build on past successes and work synergistically to improve the quality of life of every individual in the Americas.

19. The Directing Council expressed appreciation to the Director for her commitment and leadership and commended the achievements outlined in the report. Delegates agreed that those achievements were the result of joint effort, coordination, and cooperation by Member States and the Bureau. At the same time, it was recognized that much work remained to be done in order to overcome remaining challenges, in particular discrepancies in health status and inequities in access to health services. The adoption of

the Strategy for Universal Access to Health and Universal Health Coverage in 2014 was hailed as a milestone, and numerous speakers described the action that their countries were taking with a view to attaining universal coverage, with many stressing the importance of intersectoral action to address social, environmental, and economic determinants of health. The value of sharing experiences and best practices in that regard was also highlighted.

20. There was general agreement on the need for a change in professional paradigms, as signaled in the report, in order to prioritize primary health care and integrated services staffed by interdisciplinary teams, with special emphasis on meeting the needs of vulnerable and underserved populations. The importance of an increased focus on health promotion and disease prevention was underlined. Numerous delegates noted that noncommunicable diseases accounted for a growing proportion of the burden of disease in their countries and stressed the importance of promoting healthy eating and increased physical activity, discouraging tobacco use, and other preventive measures. Several delegates thanked the Bureau for its assistance in strengthening tobacco control legislation and countering industry opposition to tobacco control regulations.

21. Delegates expressed gratitude to the Bureau for its support in enhancing the availability of vaccines and medicines at affordable prices; nevertheless, several speakers noted that the high cost of some products, notably those used for treatment of chronic and noncommunicable diseases, remained an obstacle to universal access to health and universal health coverage. Several delegations welcomed a recent agreement by ministers of health of the Southern Common Market (MERCOSUR) and the Union of South American Nations (UNASUR) for joint procurement of high-cost medicines, including through the Organization's Regional Revolving Fund for Strategic Public Health Supplies (the Strategic Fund), and thanked the Bureau for its support of that initiative.

22. Delegates also applauded the Bureau's work to help countries strengthen their preparedness to respond to the threat of Ebola virus disease and expressed appreciation for its assistance in dealing with outbreaks of chikungunya. The need to continue working to strengthen and maintain the core capacities under the International Health Regulations (2005) was highlighted. Attention was also drawn to the potential consequences of climate change and related severe weather events, not only for the health sector, but for countries' economies and overall development, and the importance of building effective disaster resilience programs was emphasized. A delegate expressed appreciation for the efforts of PAHO and WHO to ensure attention to health by the Conferences of the Parties to the United Nations Framework Convention on Climate Change.

23. The Region's progress in controlling communicable diseases was also welcomed and the countries that had recently eliminated various diseases were congratulated. The need to ensure high vaccination coverage in order to maintain the Region's successes in elimination of vaccine-preventable diseases was stressed. One delegate expressed concern about the planned switch to inactivated poliovirus vaccine (see "Plan of Action on Immunization," paragraphs 60 to 73 below), pointing out that current supplies of the

inactivated vaccine were not sufficient to enable all countries to administer three doses, which could lead to differing levels of protection against poliovirus type 2.

24. Member States' successes in reducing maternal deaths were acknowledged, but it was also noted that intensified effort would be needed to achieve the Millennium Development Goal target of a 75% reduction in the maternal mortality ratio. It was considered that women's and children's health should remain a priority focus for the Organization in the coming years. The importance of ensuring comprehensive and universally accessible sexual and reproductive health services was emphasized. The need for increased attention to the problem of violence against women was also highlighted.

25. The Director, thanking delegates for their expressions of appreciation for the work of the Bureau, stressed that the Region's achievements of the past year were mainly the result of Member States' leadership in ensuring access to universal health coverage and their commitment to increasing the well-being and quality of life of their peoples. The Bureau's role had been to work with and support national health authorities in those endeavors. She agreed that numerous challenges remained with regard to ensuring access to medicines and technology, reaching underserved populations, ensuring that health teams were oriented towards the delivery of primary health care, tackling noncommunicable diseases, and responding to climate change and to disasters and disease outbreaks. She assured the Council that the Bureau would continue to examine how it could best position itself to support Member States in protecting the gains of the past while confronting the challenges of the future.

26. The Directing Council thanked the Director and took note of the report.

***Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Canada, Jamaica, and Paraguay (Document CD54/4)***

27. The Council elected Antigua and Barbuda, Argentina, and Chile to membership on the Executive Committee for a period of three years and thanked Canada, Jamaica, and Paraguay for their service (Resolution CD54.R4).

**Program Policy Matters**

***PAHO Program and Budget 2016-2017 (Official Document 350, Add. I, Add. II, and Add. III, Rev. 1)***

28. Dr. Antonio Barrios Fernández (Representative of the Executive Committee) reported that the Executive Committee had examined an earlier version of the proposed program and budget for 2016-2017. The total proposed budget for base programs had been \$612.8 million,<sup>2</sup> which would represent an increase of \$49.7 million, or 8.8%, with respect to the current budget. The Bureau had prepared three possible budget scenarios. In the first, the budget would be financed by expected rises in the Region's allocation

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<sup>2</sup> Unless otherwise indicated, all monetary figures in this document are expressed in United States dollars.

from WHO and in PAHO miscellaneous income and voluntary contributions, and by a proposed 3.8% increase in Member State assessments. In the second, there would be no increase in assessed contributions, and the \$5.8 million funding gap would be financed from other sources, as yet unidentified. In the third scenario, the total budget would be reduced by \$5.8 million, resulting in a total budget of \$607 million.

29. While it had been recognized that the Bureau required sufficient resources in order to carry out its technical cooperation activities, no delegates had voiced support for the proposed rise in assessed contributions. Several had reaffirmed their governments' long-standing policy on zero nominal growth in Member State assessments. Some delegates had expressed a willingness to consider scenario II, but had requested further information on how the \$5.8 million increase would be funded. Other delegates had preferred scenario III. It had been pointed out the total amount envisaged under that scenario, though less than in scenarios I and II, would nevertheless provide a significant increase to the overall budget. The resolution adopted by the Committee had been amended to reflect the views expressed during the discussion. It had been agreed that figures on which agreement had not yet been reached would remain bracketed and that the figures for scenario III would be left blank, pending further consultation between the Bureau and Member States in the interim before the Directing Council.

30. Mr. Daniel Walter (Director, Department of Planning and Budget, PASB) introduced the revised program and budget proposal, noting that it would bring to life the ambitious plans of action adopted by the Directing Council during the session and would guide the work of PAHO and define the results to be achieved over the coming two years. The proposal was the result of a bottom-up Member State-driven process of prioritization and costing of outputs to be delivered in the next biennium. It also reflected the Bureau's ongoing commitment to accountability and to efficiency savings. The proposed budget for 2016-2017 was presented as an integrated budget for the first time. Member States would be asked to approve the budget in its entirety, which would give them explicit ownership and oversight of the full program budget, not just the portion supported by Member State assessments.

31. The proposed budget would reverse the trend of shrinking budgets and restore the significant budget reduction of the current biennium and help the Bureau to rebuild organizational capacity. The budget increase was not being proposed to offset inflation, but rather to enable the Organization to invest in new initiatives, programs, and priorities. Cost increases would continue to be absorbed through efficiencies. All of the proposed increase would be allocated to technical programs, resulting in a 14% rise in funding for categories 1 through 5, while the budget for enabling functions in category 6 would go down.

32. Document CD54/21, Add. I (renamed *Official Document 350, Add. I*, after the program and budget were approved) provided information on the three proposed scenarios, including details on the programmatic impact of budget reductions for each category and program area and the results that would not be obtainable under scenario III, as requested by the Executive Committee. It also provided a breakdown of the sources of

funding for the three scenarios. Scenario I would provide a higher level of assured flexible and sustainable funding and reduce reliance on voluntary contributions, which might not materialize or might be earmarked for specific purposes. Scenario III would require a reduction in the scope of certain programs, which could affect the Organization's ability to achieve the results stipulated by Member States under the Strategic Plan 2014-2019.

33. The Directing Council welcomed the bottom-up approach to the development of the program and budget proposal and expressed appreciation to the Bureau for its efforts to align the allocation of resources with the priorities identified by Member States. The Bureau's efforts to reduce costs by increasing efficiency were applauded, and it was encouraged to continue seeking ways to further enhance efficiency, including by conducting a thorough review of programs with a view to identifying those that might be phased out. The Council also thanked the Bureau for preparing the three scenarios in response to the request of the Executive Committee. One delegate, however, considered that the scenario document did not provide sufficient clarity on the risks and impacts of zero nominal growth in terms of the Organization's ability to meet the goals and targets established under the Strategic Plan 2014-2019.

34. Delegates acknowledged that the Bureau required sufficient resources in order to implement the Strategic Plan and respond to Member States' needs. The fact that it faced rising costs owing to inflation was also acknowledged. Some delegates supported scenario I, which they felt would provide the greatest predictability of funding and autonomy of action for the Organization and would afford the Bureau the greatest flexibility to allocate resources in accordance with the priorities identified by Member States. One delegate emphasized the importance of ensuring that the Organization had secure and sustainable sources of funding so that it could remain at the forefront of public health in the Region, while another pointed out that the reductions envisaged under scenario III would hinder Member States' efforts to achieve universal access to health and universal health coverage.

35. Other delegates favored zero nominal growth in assessed contributions, noting that their governments were grappling with budget constraints and weak economic growth. Some also pointed out that their assessments would rise considerably in 2016-2017 as a result of the application of the new scale of assessments adopted by the General Assembly of the Organization of American States (OAS) (see paragraphs 46 to 50 below). Some of those delegates voiced support for scenario II, which would provide increased funding for programs without a rise in assessed contributions. However, several delegates questioned whether it would be feasible to mobilize sufficient voluntary contributions to fund scenario II, particularly in the light of the downward trend of such contributions in recent years. Concern was also expressed that the priorities of donors might not be aligned with those of Member States. One delegate supported scenario III, noting that the 7.8% increase provided under that scenario, though less than in the other two scenarios, would nevertheless enable growth in programming.

36. It was pointed out that most voluntary funding came from a handful of governments, and the Bureau was urged to broaden the donor base, including through partnerships with the private sector. Information was sought on the amount of voluntary contributions received in 2014-2015 and the amount still required in order to fully fund the voluntary portion of the budget. A delegate inquired how the Bureau intended to improve its project management capacity so as to ensure that all funds provided by donors were spent in an efficient and timely manner. The same delegate expressed the view that voluntary contributions should be employed only as an add-on to assessed contributions and not as a means of redirecting assessed contributions to areas that might have received less voluntary support.

37. Several delegates highlighted the importance of increased support for prevention and control of noncommunicable diseases. It was also considered important to strengthen intersectoral action, which could create synergies and facilitate the achievement of results.

38. Mr. Walter said that the Bureau had mobilized more voluntary contributions in 2015 than in 2014 and was hopeful that that trend would continue. There would be some carryover of voluntary contributions from the current biennium to the next, so it would not be necessary to mobilize the entire amount budgeted for “other sources” in 2015-2016. The carryover amount was projected at around \$40 million, and around \$80 million would be available from overhead earnings on voluntary contributions (including national voluntary contributions), which would leave between \$80 million and \$90 million to be mobilized, depending on which scenario was approved. That figure was considered realistic, based on the amount mobilized in the current biennium.

39. The Bureau had drafted a resource mobilization plan, which would be implemented in 2016. The objective would be to broaden the donor base and reduce reliance on a limited number of donors. The Bureau’s relations with private-sector donors would be guided by the framework of engagement with non-State actors to be adopted in the context of WHO reform (see paragraphs 51 to 59 below). Both PAHO and WHO had initiatives under way aimed at strengthening project management in order to demonstrate to donors that their programs were being implemented on time and were achieving the expected results. Those initiatives were expected to yield positive effects in the next biennium.

40. Regarding the comment that voluntary contributions should not displace assessed contributions, he pointed out that the primary benefit of an integrated budget was that resources could be shifted as needed to fill funding gaps. The inability to do so in the current biennium had resulted in a significant shortfall in category 3, which in turn had hindered the Region’s ability to achieve the Millennium Development Goal target for reduction of maternal mortality. As to the possibility of sunseting programs, the program and budget proposal was the result of the prioritization exercise carried out by Member States and all the programs included were priorities identified in the Strategic Plan. None could be discontinued, although some adjustments could be made to reflect the relative rankings of the various program areas according to Member States preferences.

With regard to further efficiency measures, the Bureau had taken many steps to absorb the \$50 million reduction in the current biennium, including the reduction or freezing of many posts. It would not be able to manage with fewer staff in the 2016-2017 biennium, but it would continue to look for other operational efficiencies.

41. The Director, expressing thanks to the delegates who had spoken in favor of scenario 1, emphasized that the program and budget proposal for 2016-2017 was realistic and reflected the bottom-up planning and prioritization processes undertaken with Member States. The budget for the current biennium—the lowest in many bienniums—was also realistic, as evidenced by the fact that it was almost fully funded. The Bureau had voluntarily reduced the 2014-2015 budget by \$50 million precisely in order to ensure that it was realistic, based on the amount of financing that it had expected to receive. It had taken a number of actions in order to cope with the reduction, including cutting staff and minimizing travel and face-to-face meetings, and it would continue to seek efficiencies. However, there was a point at which further cuts would begin to erode the level and quality of the Bureau's technical cooperation with Member States.

42. The proposed rise in assessed contributions was not exorbitant and would merely restore the budget to its 2012-2013 level. She recognized that many Member States were experiencing difficult economic times, but noted also that a number of countries would see their assessments fall under the new OAS scale. She believed that Member States had a responsibility to ensure sufficient funding for what they had asked the Bureau to do. For its part, the Bureau would continue to work hand in hand with Member States to achieve the highest possible level of health development for the Region.

43. The Directing Council decided to form a working group to address the concerns expressed during the discussion and reach consensus on a budget scenario. The Delegate of Colombia, chair of the working group, subsequently announced that, after carefully analyzing the implications of each scenario, the working group had agreed to support scenario II and to amend the proposed resolution to incorporate the views expressed in the course of its discussions. One of the amendments—made in the interests of enhanced transparency, accountability, and results-based management—was a request to the Director to establish, in consultation with Member States, a mechanism to present interim reports on the implementation of the program and budget, including planned and financed items, the progress made toward the achievement of the results, and the programmatic and financial risks. The importance of clear and transparent reporting on all funds managed by the Bureau, including national voluntary contributions and procurement funds, was emphasized.

44. Delegates welcomed the flexibility, solidarity, and willingness to compromise that had prevailed during the working group's deliberations and expressed gratitude to Colombia for its leadership. The Delegate of Barbados announced that the countries of the Caribbean Community (CARICOM) whose assessments would decline under the new OAS scale intended, in a spirit of pan-Americanism and as a demonstration of their commitment to the goals of PAHO, to donate those savings to the Organization as voluntary contributions.

45. The Directing Council adopted Resolution CD54.R16, approving the program and budget as contained in *Official Document 350*. The Council also adopted Resolution CD54.R17, establishing the assessed contributions of Member States for the period 2016-2017.

***New Scale of Assessed Contributions (Document CD54/5, Rev. 1)***

46. Dr. Antonio Barrios Fernández (Representative of the Executive Committee) reported that during the Executive Committee's discussion of the program and budget 2016-2017, the Bureau had been requested to adjust the proposed assessed contributions of Member States contained in the budget proposal to reflect the new scale of assessments adopted by the General Assembly of the Organization of American States at its Forty-fourth Regular Session in June 2014. It had been subsequently agreed, at the suggestion of the Director, that an item on the new OAS scale should be placed on the Directing Council agenda.

47. Mr. Daniel Walter (Director, Department of Planning and Budget, PASB) recalled that it was a treaty obligation for PAHO to adjust its scale of assessments in line with the scale adopted by the General Assembly of the OAS, with adjustments for the differences in the membership of the two organizations. He added that matching the Organization's scale to that of the OAS would cause an increase in the 2016-2017 assessment for 19 PAHO Member States and a decrease for 14, while the assessment would remain unchanged for nine countries. He stressed that the issue under the present agenda item was only the scale, expressed as percentages: the actual amounts to be paid, expressed in dollars, would be determined on the basis of the Directing Council's subsequent discussions and conclusion on the program and budget.

48. Delegates supported the process for adjustment of the assessments as an exercise in pan-American solidarity, transparency, and cohesion. Some urged that the level of technical cooperation provided by PASB should not be compromised by any resultant changes in the contributions that countries paid. It was emphasized that the scale of assessments should take account of countries' ability to pay.

49. Mr. Walter replied that the new OAS scale did indeed take that factor into account.

50. The Directing Council adopted Resolution CD54.R2, approving the revised scale of assessments for 2016-2017.

***WHO Reform (Document CD54/6)***

51. Dr. Antonio Barrios Fernández (Representative of the Executive Committee) reported that the Executive Committee had examined a report on WHO reform, which had summarized the report presented to the Sixty-eighth World Health Assembly in May 2015 and included an annex showing the close alignment between the programmatic, managerial, and governance reforms undertaken by WHO and PAHO. Committee



members had emphasized the importance of continued alignment between PAHO and WHO in reform efforts and of compliance with Article 54 of the WHO Constitution. It had been suggested that the Bureau should develop speaking points and key messages that would explain how PAHO's alignment and integration with WHO was taking place. With regard to the framework for engagement with non-State actors, delegates had emphasized the need to avoid conflicts of interest and ensure that any collaboration with non-State actors contributed to the achievement of public health objectives. It had been stressed that, while minor adjustments might be made to accommodate the specific organizational characteristics of PAHO, no substantive changes to the framework should be made after its approval by the World Health Assembly.

52. In the ensuing discussion, delegates welcomed the overall progress made on WHO reform, but expressed concern about the slow pace of governance reform. The need to redouble efforts to complete the negotiations on pending issues—particularly the framework of engagement with non-State actors and the method for strategic budget space allocation—was emphasized, and Member States were urged to reach consensus on regional positions on those issues in order to facilitate negotiations and accelerate progress. Support was expressed for the model developed by the Working Group on Strategic Budget Space Allocation for the allocation of segment 1 of the WHO budget, and gratitude was expressed to Mexico and Paraguay for their work on the Working Group. Delegates also expressed appreciation to Argentina for its leadership of the Member State consultations on the framework of engagement with non-State actors and to Mexico and the United States of America for representing the Region on the Working Group on Governance Reform.

53. In relation to the framework of engagement with non-State actors, it was stressed that the consultation process must be guided by the principles of transparency and respect for the intergovernmental nature and the independence of WHO. The need to establish clear and objective rules for avoiding conflicts of interest was highlighted. It was considered especially important for WHO to exercise caution in its interactions with the private sector in order to minimize risks that might undermine its values and integrity. Continued participation by Member States of the Region in the consultations on the framework was viewed as crucial in order to identify and address any potential problems relating to its application at the regional level. Some delegates emphasized that, once the framework was approved at the global level, there should be no further negotiation on it at the regional level.

54. Delegates welcomed the progress made in improving the predictability and transparency of WHO's financing through the financing dialogue, but noted that challenges remained to be overcome, including the continued earmarking of voluntary contributions, which could result in lack of funding for critical areas such as emergency response. The need to ensure that funding was aligned with the Organization's policies and priorities was underlined. The importance of bottom-up planning and country-level priority-setting was also stressed.

55. The Bureau's ongoing efforts to align regional reforms with global ones were applauded, with delegates acknowledging that many of PAHO's reform initiatives had predated and thus contributed to those of WHO. It was considered important for Member States from the Americas, when interacting with Member States from other regions, to continue affirming PAHO's commitment to and integration with WHO. In that connection, it was suggested that PAHO's program performance and financing portal should be integrated with the WHO program budget portal so that PAHO data could also be accessed via the WHO portal. Clarification was sought as to how PAHO's strategy for resource mobilization would align with efforts within WHO to develop a more centralized and coordinated approach to resource mobilization. Support was expressed for the Region's participation in the WHO staff mobility scheme, although it was pointed out that the cost-benefit of staff movements had to be considered. The Bureau was asked to indicate when Member States would have access to the PAHO Strategic Plan Monitoring System.

56. Dr. Gaudenz Silberschmidt (Director for Partnerships and Non-State Actors and Acting Director, Department of Coordinated Resource Mobilization, WHO), observing that the discussion had illustrated both the richness and the challenges of WHO reform, assured the Council that the WHO Secretariat remained fully committed to ensuring the success of reform at all three levels of the Organization. While policy decisions were still needed in relation to engagement with non-State actors and a few other matters, most reforms had now progressed to the implementation stage. In the area of emergency response, a roadmap of reform activities had been prepared, along with a timeline for decision-making and implementation, which would take place in 2016. Regarding the WHO program budget portal, the Secretariat was coordinating with the Bureau on the incorporation of PAHO data into the system. As to the framework of engagement with non-State actors, a paper to be presented during the open-ended intergovernmental meeting in October would examine the implications of the framework's implementation at the various levels of the Organization.

57. Mr. Daniel Walter (Director, Department of Planning and Budget, PASB) said that PAHO's program and financing portal would be modeled on the WHO portal and affirmed that the Bureau was working with the WHO Secretariat to enhance the exchange of programmatic and financial information between the WHO Global Management System and the PASB Management Information System. The Strategic Plan Monitoring System had been pilot-tested by several countries, and the Bureau was preparing to open access to all countries shortly to facilitate the assessment of progress towards the outcomes of the Strategic Plan.

58. The Director said that staff mobility was a component of the PASB Human Resources Strategy. In applying the mobility policy, the Bureau would ensure that it fulfilled its responsibility to Member States to maintain the technical excellence of its staff. The Bureau looked forward to the finalization of negotiations among Member States on the framework of engagement with non-State actors and to the framework's application in the Region.

59. The Council took note of the report.

***Plan of Action on Immunization (Document CD54/7, Rev. 2)***

60. Dr. Antonio Barrios Fernández (Representative of the Executive Committee) reported that the Committee had agreed that, while Member States had made great strides in expanding coverage, high priority should continue to be accorded to vaccination to maintain coverage levels at above 95%. Delegates had called attention to barriers to ensuring high vaccination coverage, including the high cost of vaccines and the growing anti-vaccine movement, and had stressed the need for public information campaigns to raise awareness and increase community understanding of the importance of vaccination.

61. There had been a lively discussion about the use of the expression “right to health” in the document, with some delegates strongly supporting it and others suggesting its replacement with “right to the enjoyment of the highest attainable standard of health,” as in the preamble to the WHO Constitution. After due consideration, the language of the WHO Constitution had been incorporated into the amended version of the plan of action, along with wording to take account of national contexts and situations and to reflect federal systems of government. A new indicator on barriers to vaccination had also been introduced. The Committee had adopted Resolution CE156.R14, recommending that the Directing Council approve the plan of action.

62. The Directing Council welcomed the proposed plan of action, commending the Bureau for its leadership in the area of immunization. Delegates described the progress made by their national immunization programs and noted with satisfaction that the proposed plan was aligned with the WHO Global Vaccine Action Plan (GVAP). Several delegates emphasized the need to adapt the WHO plan to the regional context.

63. The delegates urged continued efforts to consolidate country gains in combatting vaccine-preventable diseases by maintaining over 95% coverage with traditional vaccines for diseases such as polio, measles, and rubella and by prioritizing municipalities with low coverage. They also supported the introduction of new vaccines, such as those for rotavirus, pneumococcus, and human papillomavirus (HPV), requesting technical cooperation and financial assistance to that end. Several delegates underlined the importance of research and development of vaccines against malaria and dengue and the need to facilitate access to such vaccines once they were approved.

64. Noting that the high cost of vaccines was a barrier to universal coverage, delegates voiced their support for the Bureau’s negotiation of lower prices through the Revolving Fund for Vaccine Procurement. Delegates agreed on the need for joint procurement to take advantage of economies of scale and keep vaccine prices down, thereby increasing access. The Bureau was urged to advocate for a change in the criteria for determining eligibility for support from the GAVI Alliance, as the current criteria failed to consider the burden of disease. Several delegates mentioned the need to promote vaccine production to keep stocks at adequate levels; in particular, the need for adequate

stocks of inactivated poliovirus vaccine (IPV) to cover the switch from the oral vaccine was emphasized (see paragraphs 66 and 67 below).

65. There was consensus among the delegates that the anti-vaccine movement posed a serious threat to public health. Communication strategies, including the use of social media, were seen as key to combatting misinformation, educating the population about the benefits of vaccination, and building community trust to ensure public acceptance of vaccination and adherence to immunization schedules.

66. The Delegate of Argentina raised a number of concerns about the planned switch from the trivalent oral polio vaccine (OPV) to the bivalent oral vaccine in combination with the inactivated vaccine. She pointed out that current stocks of IVP were inadequate to enable all countries to administer three doses. As it had been demonstrated that two doses of IVP were sufficient to confer almost 100% immunity, she suggested that countries that currently included three doses of IVP in their vaccination schedules should consider reducing the number to two in order to make the vaccine available to other countries and thus afford children in all countries equal protection against poliovirus type 2. If sufficient supplies to ensure at least two doses could not be guaranteed, she suggested that the switch to IPV should be postponed. She also questioned the advisability of making the switch to IPV at a time of intense global migration, with the attendant risk of interruption of vaccine schedules. The delegate requested that a working group be formed to evaluate the possibility of redistributing doses, the feasibility of increasing vaccine production, and related issues, prior to the meeting of the Strategic Advisory Group of Experts on Immunization (SAGE) in October 2015.

67. Responding to the suggestion that the switch be postponed, another delegate noted that a successful transition would require all countries to implement the polio vaccination recommendations in a coordinated manner. WHO had an important role to play in supporting a smooth transition. Global experts were currently discussing the switch and the impact of any delay. She encouraged Member States in the Region to allow those discussions to take place and clarify the way forward.

68. A delegate observed that the total cost of implementing the plan of action was estimated at just over US\$120 million, with \$48 million over the 2015-2016 biennium. She noted that, while a significant portion could be subsumed under existing program activities, a \$12 million funding shortfall would remain, and she sought information on how the Bureau proposed to mobilize those funds.

69. Dr. Cuauhtémoc Ruiz Matus (Acting Director, Department of Family, Gender, and Life Course, PASB) replied that the Bureau would work with Member States to close the funding gap. He pointed out that, since the plan of action was designed as a general framework for immunization activities over the coming five years, it did not specify all the activities to be carried out. The indicators under these general lines of action were adapted from the GVAP and addressed many of the specific issues raised by delegates. He added that the plan sought to identify the reasons why some populations were not vaccinated, noting that the main reasons were missed opportunities and a lack of trust in

vaccines. The Bureau was working with Member States to identify effective approaches for overcoming those obstacles.

70. Regarding the development and introduction of new vaccines, he explained that the new malaria vaccine would only provide protection against *Plasmodium falciparum*, which did not circulate endemically in Latin America. He was hopeful that a vaccine against *P. vivax*, which did circulate in the Region, would soon be available. He also reported that the safety of five dengue vaccines was being studied, with their use in public health programs pending a recommendation from SAGE.

71. With regard to the switch from OPV to IPV—a key step in the global eradication of polio—he noted that the withdrawal of OPV would be a sequential process: the type-2 component would be the first to be withdrawn; the other components would follow, and ultimately IVP would remain the only vaccine in use. It was hoped that in the not too distant future polio would be eradicated as smallpox had been and it would no longer be necessary to vaccinate against it. Wild poliovirus type 2 had already been eradicated worldwide; only vaccine-derived type-2 virus continued to circulate. If countries did not make the switch to IVP, their populations could be at risk for vaccine-associated paralytic poliomyelitis. A decision as to the date for the switch would be made during the October SAGE meeting.

72. The Director thanked Member States for their commitment to strong national immunization programs, emphasizing that the gains made thus far must be maintained. Ensuring equity and full coverage in vaccination programs was a challenge, and in order to overcome it Member States would need to strengthen surveillance at the subnational level and maintain the immunization competencies of the health workforce at that level. It was also essential to work with communities to raise awareness about the need for vaccination and facilitate access to immunization programs. She noted that the Bureau had endeavored to strengthen the Revolving Fund's capacity, recognizing the increasing need for negotiations at a higher level to meet the demands of Member States. She appealed to countries to remit their payments to the Revolving Fund in a timely manner.

73. Following the incorporation of some amendments proposed during the discussion, the Directing Council adopted Resolution CD54.R8, approving the plan of action. It was agreed that a working group would be formed to consider Argentina's suggestions.

***Strategy and Plan of Action on Dementias in Older Persons (Document CD54/8, Rev. 1)***

74. Dr. María Esther Anchía (Representative of the Executive Committee) reported that the Executive Committee had examined an earlier version of the proposed strategy and plan of action on dementias in older persons, the scope of which had also included other disabling conditions. While delegates had generally expressed support for the proposal, several had considered the scope too broad, suggesting it be limited to dementias. Delegates had agreed that the aim of the strategy and plan of action should be to improve the lives of patients and caregivers, emphasizing the need for a multifaceted,

interdisciplinary approach. A working group had been formed to revise the document and resolution. After extensive debate, the Executive Committee had agreed to defer action on the strategy and plan of action until the Directing Council, requesting that the Bureau revise the document and proposed resolution to reflect the changes suggested by Member States. The revised version had been sent to the Member States for consultation and the comments received had been incorporated into the document.

75. The Directing Council welcomed the strategy and plan of action, with numerous delegates affirming that the demographic transition in the Region had serious implications, not only for dementia patients, their families, and caregivers but for health systems and society as a whole. Delegates welcomed the multipronged approach of the strategy and plan of action, noting that tackling the public health problem of dementia would involve, *inter alia*, the formulation of policies, legislation, and regulations; support for mental health systems; cooperation with communities, governments, nongovernmental organizations, and international organizations; training for health professionals and caregivers; research; and increased surveillance capacity. Some delegates noted the consistency of the plan with their national mental health policies and programs and described the progress made in the field of mental health and dementias in particular. Several requested the Bureau to increase technical cooperation and financial support for implementation of the plan.

76. Delegates observed that dementias were a global mental health problem and imposed a heavy burden on health systems owing to the long-term care they entailed. It was pointed out that dementias could affect segments of the population other than the elderly, and several delegates therefore suggested adding “and cognitive deterioration” to the title of the strategy and plan of action.

77. It was recognized that dementias also represented a heavy burden for caregivers, who were often single women and heads of household with little outside support. Several delegates called for a socio-sanitary approach to guarantee intersectoral, comprehensive care through the primary care system, community health centers, day hospitals, adult day care centers, and other mechanisms to reduce dependence and avoid the need for institutionalizing dementia patients. Delegates also stressed the need to combat the stigma associated with dementias through increased public awareness.

78. The issue of care for people with dementia was a common theme in the discussion. The need for supportive, compassionate care and pharmaceutical interventions was noted. One delegate pointed out that while long-term care was important, there was also a need for short- and medium-term care. Several delegates stressed the need to train health care personnel and social workers in the early detection of cognitive deterioration and Alzheimer’s disease and to provide training for informal caregivers to enhance the quality of care for older persons. The importance of rights-based and gender-sensitive approaches was also highlighted. Delegates also noted the need for culturally appropriate care.

79. Many speakers stressed the need for a preventive approach to dementias. Several called for more emphasis on depression, since it was the most important mental health problem in older persons and a precursor to dementias. One delegate expressed the view that the plan of action should address not only depression and other mental health problems but neurological disorders such as Parkinson's disease. Another mentioned the need to keep the elderly stimulated and active mentally and otherwise. Still others encouraged the prevention and control of noncommunicable diseases, obesity, and behavioral determinants such as smoking. One delegate, however, noted that while health promotion and disease prevention were important, health interventions did not necessarily prevent the appearance of dementias later in life and called for more research on the matter. Other delegates stressed the need for better surveillance and information on successful experiences in the field of dementia.

80. Funding to implement the plan of action was also a matter of concern. Several delegates observed that their countries would need financial assistance to cover the costs. Others mentioned the importance of searching for donors to fill budgetary gaps. One delegate recommended the use of shared funding, linking dementia efforts with noncommunicable disease programs.

81. A representative of Alzheimer's Disease International applauded the plan of action for its emphasis on the need to prevent dependence and provide long-term care for dementia by developing strategies that enabled health systems to adapt to the new demographic and epidemiological realities. He welcomed PAHO's leadership on the issue, affirming that it had set a global benchmark for the public health community and would support efforts to put dementia on the WHO agenda for 2016.

82. Dr. Cuauhtémoc Ruiz Matus (Acting Department Director, Family, Gender, and Life Course, PASB), welcoming Member States' commitment to addressing the issue of dementia, noted that the number of cases in the Region was expected to double over the coming 20 years, a situation that would pose a major challenge not only for the affected individuals, their caregivers, and their families, but also for their communities and for health services. He agreed that an integrated approach that took account of social determinants such as gender and ethnicity was important. Collaboration with nongovernmental partners such as Alzheimer's Disease International would also be important.

83. Following the incorporation of various amendments reflecting points raised during the discussion, the Directing Council adopted Resolution CD54.R11, approving the strategy and plan of action.

***Strategy and Plan of Action on Strengthening the Health System to Address Violence against Women (Document CD54/9, Rev. 2)***

84. Dr. Antonio Barrios Fernández (Representative of the Executive Committee) reported that the Committee had welcomed the strategy and plan of action, noting that violence against women was a serious global public health and human rights issue that

required a comprehensive multisectoral approach, together with prevention, education, and communication interventions to change the social and cultural norms that contributed to the persistence of violence against women. There had been general agreement on the dearth of current data and the need for further studies to provide input for the design and validation of interventions for preventing different types of violence. Delegates had noted the limited capacity of the health sector to identify victims, stressing the need to provide training for the health workforce. Delegates had also emphasized the importance of reporting gender-based violence, guaranteeing protection for those who report it, and providing access to justice for victims. The Committee had adopted Resolution CE156.R6, recommending that the Directing Council approve the strategy and plan of action.

85. The Directing Council commended the strategy and plan of action, concurring that violence against women was a serious global public health problem and a human rights issue with far-reaching consequences. Delegates recognized the complex and multifaceted nature of the problem, affirming that its solution would require an integrated multisectoral approach involving health, education, labor, law enforcement, and other sectors. Emphasizing the importance of the strategy and plan of action for coordinating national and regional efforts through a comprehensive approach, they noted that implementation of the plan would require a political commitment on the part of the Member States.

86. Several speakers mentioned the need for policies to address the larger issue of violence of all types in the Region, including man-on-man violence. At the same time, however, it was pointed out that there were compelling reasons for a specific focus on violence against women, among them its invisibility in national and international statistics, its social acceptability, its contribution to maternal mortality, the economic and social barriers to care-seeking (including shame and stigma), weak legal sanctions, and the limited capacity of health systems to identify and provide care for survivors. In the area of care for survivors, one delegate requested a change in the language on abortion—specifically, the addition of “where such services are permitted by national law”—to reflect the internationally accepted phrasing from the agreed conclusions adopted by the fifty-eighth session of the United Nations Commission on the Status of Women. She also requested that reference be made to the 2030 Agenda for Sustainable Development and clarified that although human rights were the guiding principle of the WHO clinical handbook “Health Care for Women Subjected to Intimate Partner Violence or Sexual Violence,” some of the items listed in the handbook, while important policy areas on which governments should focus, were not themselves human rights.

87. Delegates described the progress made by their countries in combatting violence against women, noting the intersectoral nature of the efforts, which included policies and legislation on gender violence; data collection on and reporting of violence against women; child protection laws, special courts for women’s issues, and institutions to promote the equal treatment of women under the law. Notwithstanding the progress made, however, several delegates drew attention to the lack of financial and/or technical



capacity in their countries and requested assistance from the Bureau and other Member States to implement the strategy and plan of action.

88. Delegates also commented on the socioeconomic and public health repercussions of violence against women, including unwanted pregnancies, abortion, sexually transmitted infections (including HIV), lost productivity, injuries, suicide, and death. Some delegates pointed to high rates of intimate partner violence, especially in indigenous groups, noting its invisibility in national statistics due to lack of reporting and a tendency among victims to protect their abusers. Other forms of violence against women mentioned were sexual harassment, early forced marriage, female genital mutilation, child sexual abuse, human trafficking, and sexual slavery. Several delegates noted that indigenous, disabled, and otherwise vulnerable women were more likely to fall victim to violence, especially during armed conflicts and disasters. Delegates also highlighted factors that perpetuated violence against women—in particular, cultural norms that caused society to turn a blind eye to such violence, lack of reporting, and weak legislation and enforcement.

89. It was agreed that health systems must be strengthened to combat violence against women, including through appropriate training for health sector personnel. One delegate drew attention to systematic institutional discrimination—especially in obstetric care—in her country, calling for women to be informed of their rights. The importance of political and financial support to create forums for the development of violence prevention policies with a public health perspective was also mentioned. The importance of effective risk assessment mechanisms, including screening for violence in health services, was underscored.

90. Delegates also agreed that information-gathering posed a challenge and stressed the need to increase the visibility of violence in national statistics and to identify the reasons for lack of reporting and enforcement. Several delegates pointed to the need for communication efforts to educate the population about the importance of reporting and help change societal attitudes. Education was considered key to bringing about a change in attitudes and customs. The importance of engaging men and boys in efforts to change attitudes and halt violence against women was also highlighted.

91. Given the general consensus on the importance and urgency of the problem of violence against women, one delegate suggested that the Directing Council should consider calling for the first progress report on implementation of the strategy and plan of action to be presented within a shorter time frame than five years, so that any needed course corrections could be made promptly.

92. Dr. Cuauhtémoc Ruiz Matus (Acting Director, Department of Family, Gender, and Life Course, PASB) recalled that the strategy and plan of action had been conceived during a side event held during the 53rd Directing Council in 2014. The resulting proposal was the product of consultations with more than 100 individuals representing Member States, research institutes, and nongovernmental organizations that had worked extensively with PASB. The strategy and plan clearly recognized that violence against

women and its consequences were preventable; however, it also recognized that such prevention required an integrated and multisectoral approach.

93. Following incorporation of various amendments proposed by the delegates, the Directing Council adopted Resolution CD54.R12, approving the strategy and plan of action. The document was also revised to reflect the changes suggested.

***Plan of Action on Workers' Health (Document CD54/10, Rev. 1)***

94. Dr. Antonio Barrios Fernández (Representative of the Executive Committee) reported that the Committee had examined an earlier version of the proposed plan of action on workers' health, which was an update of the Regional Plan of Action on Workers' Health adopted in 1991. Delegates had expressed appreciation for the plan's practical actions and indicators for measuring progress in improving workers' health and its focus on capacity-building and the prevention of occupational risks. However, they had also identified a number of areas in the plan that required strengthening, including some of the language in the document relating to the right to health, which they requested be amended to reflect the language in the WHO Constitution. Clear definitions of several terms had also been suggested to facilitate the measurement of indicators and the monitoring of progress. A working group had been formed to revise the document, and the Executive Committee had subsequently adopted CE156.R3, recommending that the Directing Council approve the plan of action.

95. The Directing Council welcomed the plan of action and applauded its alignment with the WHO global plan. Delegates commended the comprehensiveness and intersectoral nature of the plan and its adherence to the principles of health in all policies and universal access to health. Several noted, however, that the strategic lines of action should be adapted to the situation of each Member State. There was consensus that workers' health was a priority public health issue that also had important social and economic implications.

96. Delegates described their country's progress in promoting workers' health, with many of them reporting that occupational health was part of their national health plans and programs. Observing that employment and work were social determinants of health, they stressed the importance of healthy work environments to help reduce the profound health inequities in their societies, highlighting the need for risk assessment and the prevention of occupational diseases. One delegate pointed to the need for management leadership on the issue. Another called for the formulation and strengthening of regulations related to health promotion, disease prevention, and surveillance of workers' health, in line with the strategic lines of the plan. Several delegates highlighted the importance of workers' participation in the planning, execution, and evaluation of plans and programs in worker's health.

97. Mention was made of the need to take action on high-risk activities by limiting workers' exposure to hazardous substances. It was noted that certain occupations, such as agriculture and mining, entailed high exposure to hazardous chemicals, including

mercury and pesticides, and were associated with occupational diseases. One delegate suggested that high suicide rates among agricultural workers might be associated with exposure to herbicides. The same delegate drew attention to the need to sensitize the mining industry to occupational risks, including chronic respiratory illness, mine collapses, and drowning. He also noted that people working in timber exploitation in virgin rainforest areas exhibited high rates of malaria, which his country classified as an occupational disease. Several delegates commented on the importance of addressing the needs of workers in the informal sector, many of whom were highly exposed to occupational risks. Delegates called for increased access by workers to health services, including mental health services. The need for timely treatment of injured workers was stressed.

98. There was consensus on the need to prevent workplace accidents, including through improvements in physical facilities, hazardous waste management, the banning of imported waste for use as raw materials, and the replacement of hazardous materials such as asbestos, pesticides, and mercury by non-harmful ones. The Bureau and other international partners were encouraged to continue to advocate for workers' rights and improved working conditions to promote workers' health. The value of the Bureau's role in providing impartial external assessment and advice was underscored. Expressing appreciation for the plan's use of the workplace as a lens for viewing noncommunicable diseases, one delegate emphasized the need to make employers understand the financial benefits of promoting health through initiatives such as smoke-free workplaces and competitions to encourage physical activity. Delegates pointed to the need for legislation on workers' health to create safe workplaces. Workplace safety certification schemes were also considered important.

99. The Council agreed on the need to strengthen health systems with risk assessment, the surveillance of occupational diseases and injuries, the training of occupational health personnel, improved diagnostic capacity, research, improved health information systems, and the promotion of health and well-being through healthy lifestyles. The need to strengthen government institutions was also noted. One delegate urged PAHO to commit resources to assessing the gaps in this area within Member States and developing tools to assist them in formulating workers' health policies and monitoring frameworks.

100. Dr. Luiz Augusto Galvão (Chief, Special Program on Sustainable Development and Health Equity, PASB) said that the Bureau had consulted extensively with Member States following the Executive Committee session in June to produce the final document, which was expected to inspire many technical cooperation activities. He agreed that an intersectoral approach was essential and affirmed that it was the Bureau's tradition to work with other organizations in the United Nations system, such as the International Labor Organization (ILO), and with the Organization of American States and other entities. He commented that the recently adopted Sustainable Development Goals would provide additional impetus for the implementation of the plan.

101. The Director thanked Member States for their recognition of the importance of the issue and their affirmation of the need for the plan of action.

102. The Directing Council adopted Resolution CD54.R6, approving the plan of action, with the understanding that the document would be revised to reflect comments and suggestions made during the discussion.

***Plan of Action for the Prevention and Control of Tuberculosis (Document CD54/11, Rev. 1)***

103. Dr. Antonio Barrios Fernández (Representative of the Executive Committee) reported that the Executive Committee had discussed an earlier version of the proposed plan of action for the prevention and control of tuberculosis, which aimed to accelerate the reduction of tuberculosis incidence and mortality and meet the reduction target contained in the PAHO Strategic Plan 2014-2019 and the targets set in the Global Plan to Stop TB 2006-2015, as well as the new post-2015 targets for prevention, care, and control under the WHO End TB Strategy.

104. The Committee had applauded the plan's alignment with the global plan and strategy and expressed support for its goals, ambitious targets and strategies and its emphasis on reaching vulnerable populations and involving other sectors in efforts to combat tuberculosis. Numerous delegates had highlighted the need for early diagnosis and treatment, universal access to treatment, political commitment, intersectoral and multidisciplinary action, and training for health personnel. The need for further study on tuberculosis comorbidities and for research and development aimed at producing new therapies had been noted, and the importance of ensuring universal access to first-line drugs had been stressed. The Committee had adopted Resolution CE156.R2, recommending that the Directing Council approve the plan of action.

105. The Directing Council voiced strong support for the plan of action, with many delegates noting that it was fully in line with their national plans and programs. Delegates felt that the plan would build on the successes of the previous decade and enable the Region to meet regional and global targets for tuberculosis prevention and control. It was considered that the strategic lines of action comprised all the elements required in order to achieve its goals and objectives. The plan's emphasis on a systems-based approach was welcomed, as was its focus on at-risk populations and on the incorporation of tuberculosis prevention, care and treatment into social development policies and approaches. A few editorial changes were made to clarify and strengthen some aspects of the document and proposed resolution.

106. Like the Executive Committee, the Directing Council highlighted the association between tuberculosis and social, economic, and environmental determinants and stressed the need for integrated multisectoral approaches. Ensuring universal and affordable access to effective prevention, diagnosis and treatment was considered crucial to the success of efforts to end tuberculosis in the Region. Access for highly vulnerable populations, including poor, indigenous, and incarcerated groups and persons with HIV,

was viewed as especially important. The Council also noted the need for research and development to make available new treatment options. One delegate stressed the need for a research and development model that de-linked the cost of research from the cost of pharmaceutical products. The importance of making rational use of new medicines in order to avoid further drug resistance was stressed.

107. A number of delegates observed that, while the Region had made good headway in tuberculosis prevention and control, key challenges remained, including continued transmission of multidrug-resistant and extensively drug resistant tuberculosis and high HIV-tuberculosis comorbidity. The rising incidence of comorbidity with noncommunicable diseases such as diabetes was also noted. One delegated observed that countries with low incidence of tuberculosis would require innovative approaches and stronger multidisciplinary strategies in order to achieve further reductions. The need for robust surveillance and laboratory systems, improved diagnostic tools, and shorter and more effective treatment regimens was emphasized, as was the importance of ensuring that patients were followed until they were cured. Several delegates drew attention to the need for the involvement of families, communities, and civil society in efforts to prevent tuberculosis, ensure prompt diagnosis and treatment of any cases, and ensure effective management of comorbidities. Strong political commitment to prevention and control activities was also considered essential.

108. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Health Analysis, PASB) observed that the main obstacle to the elimination of tuberculosis in the Americas was the persistence of inequities that made certain populations highly vulnerable to the disease. The countries of the Americas had been pioneers in advocating social determinants approaches and the involvement of communities and civil society in prevention and control activities. Consequently, there was increasing, and welcome, recognition that tuberculosis was a social and poverty-related problem, not just a medical one. The Region had also been a pioneer in research on new vaccines, medicines, and diagnostic tools. Member States had already made great strides in reducing the incidence of tuberculosis and he was certain that the goal of elimination was within the Region's reach.

109. The Directing Council adopted Resolution CD54.R10, approving the plan of action.

***Plan of Action on Antimicrobial Resistance (Document CD54/I2, Rev. 1)***

110. Dr. Antonio Barrios Fernández (Representative of the Executive Committee) recalled that the proposed plan of action on antimicrobial resistance had been prepared at the request of Member States and was aligned with the WHO global action plan on antimicrobial resistance. The Executive Committee had welcomed the proposed plan of action, whose purpose was to guide the development of national policies and plans and serve as a roadmap for specific and measurable action. Observing that antimicrobial resistance was a growing global threat with implications extending well beyond the health sector, delegates had noted the need for multisectoral efforts and a comprehensive

approach to tackle the problem. They had highlighted the importance of addressing antibiotic use in human and animal health through a “one health” approach. Some changes had been requested in the language of the document, along with refinements to several indicators. The Committee had adopted Resolution CE156.R4, recommending that the Directing Council approve the plan of action.

111. The Directing Council applauded the plan’s alignment with the resolution and draft global action plan adopted at the Sixty-eighth World Health Assembly. There was consensus that antimicrobial resistance, caused by the overuse, underuse, and misuse of antibiotics in health care and agriculture, posed a grave threat to global public health, with serious implications for human and veterinary health, food safety, trade, and the environment. It was also noted that antimicrobial resistance to commonly available drugs delayed the healing process in individuals, increased morbidity and death, and increased the possibility of the spread of infectious diseases in the Region’s populations; as a result, governments would have to spend more to access newer, and perhaps more expensive, drugs and therapies, imposing a heavy burden on national budgets.

112. Delegates agreed that, if not addressed, antimicrobial resistance could undermine public health gains. They described their country’s national strategies to combat the phenomenon, including policies on antibiotic prescription and use; the review of resistance patterns; surveillance, prevention, and control of health care-associated infections; monitoring of antiretroviral resistance, multidrug-resistant tuberculosis, and drug-resistant malaria; promotion of the rational use of drugs through professional education and public awareness campaigns; and efforts to combat drug counterfeiting. Emphasis was placed on the human and animal health continuum. Delegates endorsed the “one health” approach, calling for better education of medical and veterinary personnel on the rational use of antibiotics and for regulations on antibiotic use in agriculture and the food industry.

113. The need for international collaboration to combat the scourge of antimicrobial resistance was emphasized. Several delegates mentioned the regional organizations working in the field, including the Inter-American Institute for Cooperation on Agriculture. One delegate called for Member States to join forces and disseminate information through the Bureau on successful strategies to contain antimicrobial resistance. Another noted that a meeting on antimicrobial resistance during the United Nations General Assembly in 2016 would represent a unique opportunity to elevate awareness of antimicrobial resistance to the highest political level and called on Member States to support efforts to secure a United Nations declaration on antimicrobial resistance.

114. A representative of the International Federation of Medical Students’ Associations called on Member States to mount a coordinated effort to combat antimicrobial resistance and to identify and regulate unauthorized platforms for antimicrobial drug distribution, whether online or through unlicensed distributors.

115. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Health Analysis, PASB) observed that it was clear from the interventions that Member States were fully committed to tackling the issue of antimicrobial resistance. While many Member States had policies governing the prescription of antimicrobials, the key was to enforce them. Antimicrobial resistance was an underfunded area that had been neglected for years, and the Bureau was hopeful that increased local and national funding would be mobilized to tackle the problem through a multisectoral approach.

116. The Bureau stood ready to provide technical cooperation in support of countries' efforts. The Director had made the issue a top priority and, to complement the technical advisory group, had recently created an Organization-wide working group to coordinate with departments such as Health Systems and Services. In addition, the Director had been asked to participate in the global steering committee on antimicrobial resistance. Furthermore, PASB was working in close collaboration with Food and Agriculture Organization of the United Nations (FAO) and the World Organization for Animal Health (OIE) in the areas of foodborne diseases, animal health, and the use of antibiotics in animals.

117. The Director thanked Member States for recognizing that antimicrobial resistance was an urgent public health priority and for their commitment to tackling the problem and thereby ensuring that current antimicrobials would remain effective. Success in that effort would require not only a multisectoral approach, investment, and stronger regulations and enforcement, but awareness-raising. The public must be made aware of the current situation and risks. PASB was taking the issue very seriously and had secured the support of FAO, OIE, and the Inter-American Institute for Cooperation on Agriculture (IICA) in tackling it. She encouraged ministers of health to attend the July 2016 Inter-American Meeting, at the Ministerial Level, on Health and Agriculture (RIMSAs) in Paraguay, where the health, environment, and agriculture sectors would come together to discuss the "one health" approach to human and animal health challenges.

118. Following incorporation of several proposed amendments, the Directing Council adopted Resolution CD54.R15, approving the plan of action on antimicrobial resistance.

***Plan of Action for the Prevention and Control of Viral Hepatitis (Document CD54/13, Rev. 1)***

119. Dr. Antonio Barrios Fernández (Representative of the Executive Committee) reported that the Executive Committee had examined an earlier version of the proposed plan of action for the prevention and control of viral hepatitis, whose aim was to bring about a reversal of the current trend by 2020 and eliminate viral hepatitis as a public health problem by 2030. The Committee had acknowledged that viral hepatitis was a serious global public health challenge requiring a comprehensive approach and had noted with satisfaction the plan's alignment with the 2014 World Health Assembly resolution on the matter (Resolution WHA67.6). Delegates had highlighted the importance of addressing health determinants and the needs of vulnerable populations, reducing stigma and discrimination, and facilitating equal access to treatment. While the need to increase

research and development to make more affordable diagnostic and treatment methods available had been noted, delegates had underscored that prevention should be the main approach to viral hepatitis control. The Committee had adopted Resolution CE156.R10, recommending that the Directing Council approve the plan of action.

120. The Directing Council welcomed the plan of action, which emphasized hepatitis B and C, given their multiple potential negative outcomes. Acknowledging that viral hepatitis was a serious public health problem, the delegates applauded the initiative, noting the alignment of its strategic lines of action with those of their national hepatitis plans and the WHO action plan for the prevention, care, and treatment of viral hepatitis. One delegate commented that the plan of action proposed concrete avenues of action to efficiently reduce morbidity, disability, and mortality and to put the Region on the road to eliminating a serious public health problem. Other delegates noted that the plan would encourage dialogue with and among the countries on developing and implementing joint prevention efforts and forge partnerships for the negotiation of lower drug prices.

121. Delegates described their health systems' efforts to control viral hepatitis, including vaccination of newborns and health workers, universal access to the hepatitis B vaccine, screening of blood donors, and also the use of molecular biology techniques. The hepatitis program in some countries was part of the overall health program and allied with the program to combat HIV infection. One delegate observed that his country's strategic lines of action included measures not found in the regional plan, namely environmental action to ensure safe water for human consumption and prevent hepatitis A and E.

122. Delegates also cited many challenges, especially access to vaccines and antivirals, whose high prices were considered unjustified and, in the case of hepatitis C, impeded access by vulnerable groups. There was consensus on the need for joint negotiations to lower prices. Attention was drawn to the UNASUR price bank, which had been created to share information on drug procurement and provide reference prices for negotiations with pharmaceutical laboratories.

123. Delegates agreed on the need to make viral hepatitis a priority and called for the strengthening of national programs. They noted the importance for decision-making of current and historical data on the behavior of hepatitis. Other needs cited were training for health personnel, technical assistance, communication to raise awareness among at-risk groups, and regional and international support.

124. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Health Analysis, PASB) explained that, since the plan focused mainly on hepatitis B and C, the issue of contaminated water and its association with hepatitis A and E had not been mentioned in the document; however, the Bureau had a water and sanitation program in Lima, Peru, and a regional team of sanitary engineers that was looking at the issue with a view to improving access to quality water and sanitation in the Americas. Some 20 million people in Latin America were living with chronic hepatitis B and hepatitis C, which were responsible for 89% of deaths from the disease. Viral hepatitis was clearly a



serious public health problem in the Region and was therefore a priority area of action for the Bureau.

125. The Directing Council adopted Resolution CD54.R7, approving the plan of action for the prevention and control of viral hepatitis.

***Strategy on Health-related Law (Document CD54/14, Rev. 1)***

126. Dr. Antonio Barrios Fernández (Representative of the Executive Committee) recalled that the proposed strategy on health-related law had initially been introduced in 2014, but had not been adopted because the Directing Council had been unable to reach consensus on several aspects of the strategy.<sup>3</sup> Since then a series of consultations and negotiations had taken place under the leadership of Uruguay and El Salvador. The document presented to the Executive Committee in June had reflected the agreements reached during that process.

127. The Committee had considered that the revised text was stronger, took into consideration differing national contexts and needs, and offered more flexibility. However, it had been pointed out that, while many Member States were pursuing rights-based approaches in their efforts to achieve universal health coverage, recognition of health-related rights and their implementation varied according to national contexts. Some further adjustments to the language in the strategy had been proposed in order to reflect that fact and to bring it into line with previously agreed language in the Strategy for Universal Access to Health and Universal Health Coverage and other PAHO strategies. The strategy and the accompanying proposed resolution had been revised accordingly, and the Executive Committee had adopted Resolution CE156.R11, recommending that the Directing Council adopt the strategy.

128. The Directing Council welcomed the revised strategy and thanked Uruguay and El Salvador for their leadership of the consultations on the strategy. Delegates felt that the revised strategy would better enable the Bureau to assist countries, at their request, to improve their legal and regulatory frameworks, strengthen their national institutions, and support their efforts to achieve universal access to health and universal health coverage; the strategy could also be an important tool for advancing the implementation of commitments taken on by Member States under resolutions of the Governing Bodies of PAHO and WHO. Delegates also considered that the revised strategy offered the necessary flexibility to enable Member States to adapt it easily to their national contexts.

129. The importance of strengthening legal frameworks for promoting and protecting health was acknowledged, as was PAHO's role in facilitating the sharing of best practices in that regard. In that connection, it was suggested that it would be useful to form, under

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<sup>3</sup> The strategy was initially presented to the Executive Committee in 2014 at its 154th Session. A revised version was then presented to the 53rd Directing Council, but was not approved. The Council decided to establish a working group, with Uruguay as its Chair and El Salvador as its Vice-Chair, to continue refining the strategy for resubmission to the Executive Committee at its 156th Session. See Document CD53/FR (2014).

the coordination of the Bureau's Office of Legal Counsel, a regional network of lawyers, legislative advisors, researchers, academics, and representatives of health institutions to exchange experiences and information with a view to creating a database on health-related law. The network could also serve as a forum for guidance and capacity-building and for the promotion of applied research in relation to specific health issues.

130. Some editorial amendments were proposed with the aim of clarifying or broadening various aspects of the strategy. One of the proposals related to a passage in paragraph 3 that reads: "... several PAHO Member States have strengthened their health systems including based on the perspective of the right to health where nationally recognized and promoting the right to the enjoyment of the highest attainable standard of health." It was pointed out, however, that the passage had already been the subject of extensive debate and that consensus had been reached on the wording.

131. The Delegate of Panama noted that his Government would host the second Congress of Parliamentary Health Committees of the Americas in 2016. That event would provide an opportunity to showcase the first advances made under the strategy.

132. A representative of the International Alliance of Patients' Organizations emphasized the importance of strong legal frameworks and legislation in order to ensure that all patients had access to safe, effective, and appropriate medicines and other treatments. She also stressed the need to consider the views of patients and the general public when assessing new health technologies and to involve them in policy- and decision-making in relation to health and health systems.

133. Dr. Heidi Jiménez (Legal Counsel, PASB), after meeting with the delegations that had proposed amendments to the strategy, announced that it had been agreed to retain the wording of the passage in paragraph 3 relating to the right to health, which reproduced language that had been negotiated and agreed in 2014 during the discussions on the Strategy for Universal Access to Health and Universal Health Coverage.<sup>4</sup> Two minor editorial changes had been made, and there was now full consensus on the texts of both the strategy and the proposed resolution. She expressed gratitude to all the representatives of Member States who had participated in the lengthy consultations on the strategy and to Uruguay and El Salvador for leading the consultation process. She welcomed the proposal of a regional network of lawyers and other specialists, which would build on the work begun during the first Congress of Parliamentary Health Committees, noting that it was precisely that type of activity that the strategy was intended to foster.

134. The Director also extended thanks to Member States for their willingness to compromise in order to reach consensus on the strategy.

135. The Directing Council adopted Resolution CD54.R9, adopting the strategy.

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<sup>4</sup> See Document CD53/5, Rev. 2 (2014), and Resolution CD53.R14 (2014).

*El Niño 2015-2016 in the Region of the Americas (Document CD54/22)*

136. Dr. Víctor Raúl Cuba Oré (Peru), thanking the Directing Council for agreeing to add this item to the agenda, explained that the El Niño phenomenon was one of the most significant climatic events affecting the countries of the Region, particularly those of South America. It appeared that El Niño in 2015-2016 would be especially severe, and preparation, response, and recovery would constitute a major challenge for the Region, necessitating measures to protect infrastructure and ensure the continuity of health services to the population, especially during the phase of greatest impact of the phenomenon.

137. The actions proposed in Document CD54/22 and the accompanying proposed resolution would build on the actions already taken by governments to strengthen their prevention and response capacity and enhance the resilience of their health systems. The proposed resolution called on the Director to utilize the Organization's institutional potential to assist Member States in compiling evidence and building capacity to enhance preparedness for El Niño and future events that might threaten health in the Region.

138. Dr. Ciro Ugarte (Director, Department of Emergency Preparedness and Disaster Relief, PASB) affirmed that the El Niño phenomenon was expected to have potentially catastrophic consequences in 2015-2016, particularly for health care infrastructure, and intensive preparation was therefore needed.

139. In the ensuing discussion, several delegates, while welcoming the initiative of Peru and acknowledging the need to prepare for El Niño 2015-2016, pointed out that many of the activities envisaged in the document and proposed resolution were already covered under existing strategies and plans of action. Delegates also considered that they needed more time to circulate the document and resolution among subject area specialists in their respective governments. It was suggested that it might be more useful to craft a broader document and resolution, covering such phenomena in general, not just the specific El Niño of 2015-2016. It was also pointed out that the geographic focus of the document should be broader, since El Niño affected North America as well as South America.

140. The Director confirmed that the Bureau stood ready to continue assisting countries in times of disaster, without need of a specific resolution calling on it to do so. As had been pointed out, several plans of action were already in place, and the Bureau was already working with countries in all subregions to enhance their capacity for disaster preparedness, response, mitigation, and rehabilitation. She agreed that it might be useful to consider a proposal for strengthening the regional response to climate change and severe weather events in general.

141. The Directing Council adopted Decision CD54(D6), taking note of the potential severe health impacts of El Niño 2015-2016, urging Member States to update their plans for addressing extreme hydro-meteorological events such as El Niño, and requesting the

Director to strengthen technical cooperation with Member States in preparation for El Niño 2015-2016.

***Method for the Estimation of Maternal Mortality in the Period 1990-2015 (Document CD54/23)***

142. Mr. Carlos Andrés Emanuele (Ecuador), speaking as chair of the working group charged with drawing up the document and accompanying proposed resolution, noted that the working group's discussions had highlighted the complexity of estimating maternal mortality. He expressed thanks to the members of the working group for their proactive and constructive participation.

143. In the discussion that followed, delegates voiced strong support for the proposed resolution and expressed appreciation to Ecuador for raising the issue and leading the deliberations of the working group. Delegates acknowledged the complexity of estimating maternal mortality and noted that the method applied by the Maternal Mortality Estimation Inter-agency Group might yield results that differed from the maternal mortality estimates produced by Member States. It was emphasized that Member States should have been consulted about any change in the method for estimating maternal mortality in the period 1990-2015, particularly as the revised method recommended by the Inter-Agency Group could affect the assessment of progress towards the relevant Millennium Development Goal target. One delegate observed that it was important not to "move the goal posts" at a critical juncture when Member States were working hard to meet the maternal mortality target before the 2015 deadline. The importance of consultation with countries on the measurement method for all health-related indicators, including those to be defined for the new Sustainable Development Goals, was also stressed.

144. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Health Analysis, PASB) announced that a meeting would be held in Costa Rica in October 2015 at which Member States would have the opportunity to discuss the maternal mortality estimation methodology with staff of the WHO Secretariat. He assured the Council that the Bureau would do its utmost to ensure that Member States views' were duly taken into account.

145. The Director thanked Member States for their leadership on the issue and encouraged them to make their missions in Geneva aware of the Directing Council's resolution.

146. The Directing Council adopted Resolution CD54.R18, calling on WHO, inter alia, to hold workshops with Member States on the revised maternal mortality estimation methodology, postpone the publication of estimates until after the workshops, and produce a document explaining the differences between the methods and the reason for the revision.

## **Administrative and Financial Matters**

### ***Report on the Collection of Assessed Contributions (Documents CD54/15 and Add. I)***

147. Mr. Xavier Puente Chaudé (Director, Department of Financial Resources Management, PASB), noting that Document CD54/15 and Add. I, contained updated information as of 21 September 2015, reported that since that date the Bureau had received further payments of \$770 from the Dominican Republic, \$81,838 from Paraguay, and \$3,146 from the United Kingdom. A total of 89% of prior years' quota contributions had been received, leaving an amount of \$4.3 million outstanding. No Member State was currently subject to the voting restrictions envisaged under Article 6.B of the PAHO Constitution.

148. The rate of payment of current year's assessed contributions had continued its decline since 2011, when it had reached a level of 60%. Of the 2015 assessed contributions, \$48.1 million, amounting to 45.5% of the total, had been received by 21 September, with 25 Member States having paid their contributions in full. That shortfall had made it necessary to have recourse to the Working Capital Fund, whose total balance now amounted to only \$11.4 million.

149. The Director expressed the Organization's appreciation for the contributions received so far, at the same time appealing to those Member States still in arrears to accelerate their payments so as to enable the Organization to execute all the mandates assigned to it by the Member States.

150. The Council adopted Resolution CD54.R1, expressing appreciation to those Member States that had already made payments for 2015 and urging all Member States to meet their financial obligations to the Organization in an expeditious manner.

### ***Financial Report of the Director and Report of the External Auditor for 2014 (Official Document 349)***

151. Dr. Antonio Barrios Fernández (Representative of the Executive Committee) reported that the Executive Committee had been informed that the external auditor had found no weaknesses or errors that were considered material to the accuracy or completeness of the Organization's accounts and had therefore issued an unmodified audit opinion on the Organization's financial statements for 2014. The Committee had also been informed that PAHO assessed contributions had remained stable from 2012 to 2014 and that miscellaneous income had increased from 2013 to 2014, largely as a result of interest income on investments in Brazil. WHO voluntary contributions had also remained relatively stable, but voluntary contributions to PAHO had dropped more than 50% from 2012 to 2014, falling from \$93.7 million to \$40.9 million.

152. In response to questions and concerns raised by the Committee, it had been explained that an increase in travel costs from 2012 to 2014 was attributable mainly to the implementation of the *Mais Médicos* project in Brazil. It had also been explained that

for all projects financed with national voluntary contributions, any costs directly attributable to project activities were charged directly to the project. The Bureau levied a program support charge to cover other project-related costs, thus ensuring that all project costs were covered without any cross-subsidies from the Organization's regular budget. It had also been explained that sole-source contracts were sometimes issued because some of the vaccines offered through the Revolving Fund were available from only one supplier, and that the Bureau's choice of vendors was also sometimes limited by time constraints. However, all sole-source contracts were closely scrutinized to ensure that they were justified.

153. The Committee had commended the Bureau's efforts to implement past audit recommendations and had encouraged it to act on all of the most recent recommendations. It had been deemed particularly important to implement the recommendations relating to enterprise risk management.

154. The Directing Council considered that the internal and external audit processes were important for accountability and transparency in the Organization and also urged the Bureau to comply with the recommendations of the external auditor, the internal auditor, and the PAHO Audit Committee. The efforts to strengthen a culture of evaluation in the Organization were welcomed.

155. Clarification was sought regarding a number of issues, including why the level of implementation of program funds from WHO had been lower in 2014 than in 2013, what was being done to address the concern raised in the report about lack of implementation of voluntary contributions and the consequent return of funds to donors, and what steps were being taken to ensure that retirees' institutional knowledge was not lost, which was considered of utmost importance if the Organization was to maintain its high technical standards. It was suggested that an analysis should be prepared of the risks associated with the impending retirement of a third of the Bureau's executive managers and that the PASB Human Resources Strategy should be revised to place greater emphasis on training of new managers. Specific information was requested on the number and type of positions that would be vacant and the estimated hiring times.

156. Information was also sought about the reasons for the relatively low levels of disbursement in some program areas and for the increase in the costs of courses and seminars shown in Table 16. It was suggested that the Bureau should conduct an analysis of the risks and managerial challenges associated with the substantial rise in revenues generated by the voluntary contributions. It was considered a matter of concern that the PMIS system was not yet fully operational, and the importance of meeting the timetable for completion of the project was stressed.

157. The delegate of Brazil, noting that some concerns had been raised by the Executive Committee about the *Mais Médicos* program, explained that the project was a limited-duration triangular cooperation undertaking involving Brazil, Cuba, and PAHO. Its aim was to upgrade the skills of medical professionals and expand access to primary health care. In 2015, more than 63 million Brazilians had gained access to care and health

indicators and quality of life had improved for the populations served. In addition to the short-term supply of doctors, the program was also providing for investments in infrastructure and medical training in Brazil. The resulting expansion in primary health care services was unprecedented anywhere in the world. She invited delegates to attend a side session where additional information on the project would be presented.

158. Mr. Gerald Anderson (Director of Administration, PASB) thanked the delegation of Brazil for the information provided on *Mais Médicos* program, which accounted for virtually all of the increase in voluntary contributions that had been referred to. He assured the Council that the Bureau had devoted much effort to risk management and to implementing all of the internal and external audit recommendations relating to the program, and he thanked the Government of Brazil for its assistance in those efforts. With regard to the risk of cross-subsidizing voluntary contribution projects, the Bureau had undertaken a very vigorous training program with country office managers to ensure that they understood how to attribute the direct costs of projects to those projects' funds and was satisfied that no regular budget funds would be used to subsidize those projects.

159. With regard to the implementation of WHO funds to PAHO, he explained that the differences between 2013 and 2014 reflected the difference in flow of resources between the second year of a biennium and the first year of the next. In the financial report for 2015, the Bureau expected to see a significant increase in the flow of WHO resources to PAHO, so that at the end of 2016 the situation would be similar to previous bienniums.

160. With regard to the question about courses and seminars, the figures given in Table 16 reflected a practice that had continued for many years in the Organization's accounting, in which all of the expenses relating to courses and seminars, whether for supplies, equipment, contracts, or travel, had been reported all together in the travel category. The accounting practices had been adjusted for the next biennium so that the costs associated with future courses and seminars would be reported in separate expense categories, which would give the Member States a more reliable and transparent accounting.

161. Bureau staff were monitoring the PMIS project on a daily basis and executive management reviewed progress monthly or more often, as needed. He also personally briefed the Director in between those meetings on any action required to ensure that the project remained on time. Currently, testing of the second phase was in progress, and that phase was expected to go live on 1 January 2016. As to the impending retirement of senior staff, the Bureau's Human Resources Strategy<sup>5</sup> had been finalized and a document had been prepared to inform delegates what the Bureau was doing with respect to institutional memory, succession planning for retiring staff, and the matching of the Organization's human resources to its strategic priorities.

162. The Director, thanking delegates for their keen interest in the financial report, stressed that the Bureau ensured that all costs and staff requirements related to the

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<sup>5</sup> See Document CE156/31 (2014).

implementation of projects funded from national voluntary contributions were covered from project funds. With regard to the percentages allocated to various program areas, she assured the Council that funds were allocated in alignment with the priorities set by Member States under the PAHO Strategic Plan and also the biennial work plan and budget. As to the relatively low implementation rate in 2014, it should be noted that the Bureau had faced a significant challenge in terms of cash flow, owing to the \$50 million reduction in the Organization's budget for the biennium. To cope with the reduction, the Bureau had placed high emphasis on the reduction of human resources, and remaining staff had therefore had to employ new methods to be able to deliver technical cooperation. Time lags in recruiting suitable human resources to replace national consultants whose contracts had come to an end had posed an additional challenge.

163. The Bureau used transparent and well-defined staff recruitment processes and was constantly reviewing those processes to ensure that they met standards of transparency. PASB vacancy notices were posted on the Organization's website and on other sites, and she appealed to Member States to make a special effort to identify highly competent professionals at the national level and encourage them to apply for those vacancies.

164. The Directing Council took note of the report.

***Proposal for the Use of the Balance of the IPSAS and Budgetary Surpluses (Document CD54/16)***

165. Dr. María Esther Anchía (Representative of the Executive Committee) reported that the Executive Committee had considered a proposal for the use of the unappropriated balance of the surplus remaining after the implementation of the International Public Sector Accounting Standards (IPSAS) in 2010 and a regular budget surplus remaining at the end of 2014. The Bureau had proposed to use the surplus funds to invest in support for implementation of the PASB Information Technology Strategy and the implementation of the PASB Human Resources Strategy. The Executive Committee had expressed support for the proposed uses of the funds, in particular the information technology projects. It had been pointed out, however, that many such projects remained unfunded, and information on the Bureau's plans for long-term funding for information technology needs had been requested.

166. In response, it had been explained that the Information Technology Strategy provided suggestions regarding the level of funding that the Bureau should devote to information technology needs and how the funds should be distributed among projects to keep existing systems running and enable the Bureau to implement new systems and expand its information technology capabilities. Funding for those projects would be allocated as part of the normal budgeting process for each biennium, beginning in 2016-2017.

167. In the ensuing discussion, support was expressed for the proposal, as it would help to enable staff to deal with technological change and improve public health information for Member States.



168. The Directing Council adopted Resolution CD54.R13, approving the allocation of \$2,000,000 of the IPSAS and budgetary surpluses for implementation of the Information Technology Strategy and the remaining \$1,055,178 for implementation of the Human Resources Strategy.

***Amendments to the Financial Regulations and Financial Rules of PAHO (Document CD54/17)***

169. Dr. Antonio Barrios Fernández (Representative of the Executive Committee) reported that the Executive Committee had examined several proposed amendments to the Financial Regulations of PAHO, all of which related to the shift to an integrated program and budget (see paragraphs 28 to 45 above), and had recommended that the Directing Council approve them.

170. Mr. Gerald Anderson (Director of Administration, PASB) confirmed that the rule changes were intended to support the adoption of an integrated budget. The changes revised certain terminology and also addressed one of the concerns expressed by the Executive Committee, namely that the Working Capital Fund was only to be used to meet temporary resource requirements relating to a delay in the receipt of assessed contributions or budgeted miscellaneous revenue.

171. In the discussion that followed, it was acknowledged that the proposed changes would allow greater flexibility in the allocation of available resources to priority areas, which could help to accelerate the achievement of programmatic results in Member States.

172. The Council adopted Resolution CD54.R3, approving the changes to the financial rules and regulations.

***Appointment of the External Auditor of PAHO for 2016-2017 (Document CD54/18, Rev. 1)***

173. Dr. María Esther Anchía (Representative of the Executive Committee) reported that during its June Session, the Executive Committee had been informed that the mandate of PAHO's current external auditor, the Court of Audit of Spain, would expire at the end of the current biennium. In order to maintain continuity while the PASB Management Information System project was being completed, the Bureau had suggested that the current external auditor should be retained for one more biennium. The Court of Audit of Spain had expressed its willingness to serve.

174. Mr. Gerald Anderson (Director of Administration, PASB) said that the appointment of the external auditor was a very important function of the Directing Council, which relied on the external auditor for assurance that the Organization was implementing all the requisite regulations and that the financial report was accurate. As the Bureau was recommending that the Court of Audit of Spain be retained as external auditor for the next biennium only, the search for a successor would start in 2016. The

Bureau hoped that Member States would assist by making suggestions as to institutions that might serve as the new external auditor.

175. The Directing Council adopted Resolution CD54.R14, appointing the Court of Audit of Spain to serve as the Organization's external auditor for the 2016-2017 biennium.

### **Selection of Member States to Boards and Committees**

#### ***Selection of Two Members from the Region of the Americas Entitled to Designate a Person to Serve on the Policy and Coordination Committee of the UNDP/UNFPA/WHO/World Bank Special Program of Research, Development and Research Training in Human Reproduction (Document CD54/19)***

176. The Directing Council selected Peru and the Bolivarian Republic of Venezuela to designate a person to serve on the Policy and Coordination Committee of the UNDP/UNFPA/WHO/World Bank Special Program of Research, Development and Research Training in Human Reproduction (TDR) for a term of office commencing on 1 January 2016 and ending on 31 December 2018 (Decision CD54[D5]).

#### ***Election of Three Members to the Advisory Committee of the Latin American and Caribbean Center on Health Sciences Information (BIREME) (Document CD54/20)***

177. The Directing Council declared Argentina, Jamaica, Peru elected as members of the BIREME Advisory Committee for a three-year term of office commencing 1 January 2016 (Resolution CD54.R5).

### **Matters for Information**

#### ***Regional Goals for Human Resources for Health 2007-2015: Final Report and Report on the Development of the Global Strategy on Human Resources for Health: Workforce 2030 (Documents CD54/INF/1 and Add. I)***

178. Dr. Antonio Barrios Fernández (Representative of the Executive Committee) reported that, after examining the report on progress towards the 20 regional goals for human resources for health adopted in 2007 (Document CD54/INF/1), members of the Executive Committee had affirmed their commitment to strengthening of the health workforce and emphasized the need for continued effort to develop human resources as an essential requirement for the achievement of universal health coverage. The Director had suggested that it would be advisable to formulate a new plan, drawing on the lessons learned from the effort to attain the regional goals and addressing the deficiencies revealed by the progress assessment.

179. Dr. James Campbell (Director, Health Workforce Department, WHO, and Executive Director, Global Health Work Force Alliance) introduced the draft global strategy on human resources for health (Document CD54/INF/1, Add. I), recalling that

the impetus for its development had been the Recife Political Declaration on Human Resources for Health, adopted in 2013 during the Third Global Forum on Human Resources for Health and endorsed by the World Health Assembly in 2014 in Resolution WHA67.24. The draft strategy had been developed on the basis of evidence concerning the critical issues and challenges that had to be addressed in order to achieve universal health coverage in the context of the new Sustainable Development Goals. Feedback was now being gathered from Member States during the regional committee sessions and by means of regional technical consultations and online consultations. Views were also being sought from professional associations, health care providers in the public and private sectors, and other interested stakeholders, since strengthening the health workforce would be a multisectoral endeavor.

180. In the Americas, a technical consultation held in Buenos Aires in September 2015 had afforded the opportunity to review the learn lessons from the implementation of the Toronto Call to Action for a Decade of Human Resources for Health, 2006-2015, and identify new challenges for the future. Those discussions had highlighted the importance of strengthening primary health care by reexamining, inter alia, models of care and service and educational requirements for health professionals. International migration of health workers and the rights and occupational safety of health care workers had also been discussed. The report of the Buenos Aires consultation would feed into the next iteration of the draft global strategy, which would be discussed in a briefing with Member States' permanent missions in Geneva in late October, after which the strategy would be revised again prior to its presentation to the WHO Executive Board in January 2016.

181. The draft strategy put forward four core objectives aimed at achieving universal health coverage, meeting current and future demand for human resources for health (HRH), enhancing institutional capacity for HRH management, and improving HRH data and evidence and their use for policy-making. The strategy recognized that there was a triple return on investment in human resources for health, since not only would such investment help to improve population health and ensure global health security, but it would also be a critical lever for social and economic growth.

182. In the discussion that followed, delegates emphasized that ensuring adequate numbers of health professionals was crucial to global health security and to the achievement of universal access to health and universal health coverage. Delegates also highlighted the need for policies to ensure the development and retention of health professionals and for effective incentives, both economic and non-economic, to attract health professionals to underserved areas. It was considered especially important to find ways of persuading more physicians to work at the primary care level in rural settings. Good health workforce planning was also considered essential, as was research to inform such planning, in particular research aimed at identifying human resources gaps.

183. Delegates also stressed the importance of intersectoral collaboration in order to ensure a sufficient supply of health care workers with the right training to meet current and future needs. Collaboration with the education sector was seen as especially important. It was suggested that, to increase the availability of health workers in areas

with shortages, it would be useful to establish local training programs to train more personnel from those areas. In that connection, one delegate reported that her Government had committed funding to support family medicine residency positions in remote and rural communities and a student loan relief program for new family physicians and nurses willing to practice in such areas. Another delegate said that his country was pursuing joint capacity-building programs with other countries of the Caribbean Community.

184. A representative of the International Federation of Medical Students' Associations, noting that the human resources aspect of health systems was generally undervalued in terms of planning and financing, highlighted the importance of quality assurance systems for medical education and training programs, including uniform quality standards, accreditation schemes, and methods for quality monitoring.

185. Dr. Campbell, welcoming the information on Member States' efforts with respect to human resources, noted that many aspects of the draft global strategy were drawn from best practices gleaned from countries in the Americas. He added that a study was being conducted by several international organizations with a view to quantifying HRH needs, the results of which were expected to be available in time for the January 2016 session of the Executive Board.

186. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) said that, although significant progress had been made towards the Regional Goals for Human Resources for Health 2007-2015, much remained to be done, as had been made clear during the regional consultation in Buenos Aires. Participants at that gathering had emphasized the need to strengthen HRH policies, governance, and planning in order to overcome the challenges that the Region continued to face with regard to equitable distribution of human resources and access to health services. The consultation had also highlighted the need to strengthen collaboration between the health and education sectors in order to ensure that the training of health professionals was geared towards meeting the needs identified by the health sector. The Bureau looked forward to continuing to work with Member States in advancing both the global and regional agendas for human resources.

187. The Director affirmed that without adequate numbers of well-trained, well-distributed, and well-motivated health care workers it would be impossible to achieve universal access to health and universal health coverage. It was essential to address the disparities in the availability and distribution of health care workers and the disconnect between the production of health care workers and the needs of health systems. It was particularly important to ensure the right mix of health care workers and to motivate more health professionals to take up careers at the primary care level. Incentives were needed for that purpose, including opportunities for career advancement for primary care physicians. To accomplish all that, strong HRH policies and governance and adequate investment in human resources would be imperative.

188. The Council took note of the report.

***Evaluation of the Plan of Action for Implementing the Gender Equality Policy and Proposed Strategic Lines of Action (Document CD54/INF/2)***

189. Dr. Antonio Barrios Fernández (Representative of the Executive Committee) reported that the Executive Committee had examined a report on progress made in the Region in the 10 years since the adoption of PAHO's Gender Equality Policy. While considerable progress had been made, challenges remained, particularly with regard to funding, sustainability of gender mainstreaming efforts, and monitoring of health sector commitment to gender mainstreaming. The report had put forward three strategic lines of action for 2015-2019, aimed at addressing those challenges and responding to current needs identified by Member States. It had been explained that the strategic lines of action did not constitute a new mandate or plan of action; their aim was to reinforce and continue the work accomplished by Member States and the Bureau under the Plan of Action.

190. The Executive Committee had welcomed the progress made in implementing the Gender Equality Policy and acknowledged the need for continued work in order to fully achieve the goals of the policy. Delegates had reaffirmed their Governments' commitment to gender equality and described their efforts in that regard. Support had been expressed for the proposed strategic lines of action for 2015-2019. The Director had suggested that an evaluation should be carried out in order to obtain an independent assessment of the situation of gender equality 10 years after the policy's adoption.

191. The Directing Council welcomed PAHO's efforts to strengthen capacity on gender and health and expressed support for the new strategic lines of action. Speakers highlighted the importance of conducting research and collecting gender-disaggregated data, both to understand the drivers of disparities in health care access and health outcomes and to formulate policies to address them. It was considered especially important to compile data on sexual orientation and gender identity in order to enhance understanding of health disparities in the lesbian, gay, bisexual, and trans (LGBT) community. The need to ensure that all persons, regardless of their gender identity or sexual orientation, received equal treatment in health services was emphasized, and it was hoped that training of health workers to that end would be included among the new strategic lines of action.

192. Several delegates described the situation of gender equality in health in their countries, some noting the mainstreaming of gender considerations into health programs, others emphasizing the commitment of their Governments to pursue their own plans of action to achieve full gender equality in health. A representative of the International Federation of Medical Students' Associations pointed out that women remained underrepresented in leadership roles in the health sector and called for greater effort to promote gender equity through the empowerment of women and advocacy for their rights.

193. Dr. Cuauhtémoc Ruiz Matus (Acting Director, Department of Family, Gender, and Life Course, PASB), noting that the evaluation mentioned in the Executive

Committee report would be carried out during the 2016-2017 biennium, said that the collective progress in the Region clearly reflected Member States' efforts and commitment. However, much work remained to be done, and for that reason the Bureau was proposing the three specific lines of action listed in the report. It was important to ensure that policies on gender equality were translated into action that would yield concrete results. The Bureau was committed to achieving gender equality, working through cross-cutting teams and collaborating with Member States.

194. The Director noted that every plan and policy developed by the Bureau was examined by its Gender and Cultural Diversity Unit to ensure that it incorporated a gender perspective. A gender lens was also applied in monitoring the implementation of plans of action and the overall program of work. She added that the Bureau was taking very seriously the issue of the health of LGBT persons and their access to health services. There had been a first regional meeting on the subject, which had generated new partnerships and identified priority areas for action. Additionally, the Bureau was disaggregating its own data by gender, as had been called for. She noted that, while much of the work thus far in relation to gender equality had rightly focused on women and girls, there was a growing need to begin to focus on young males, who were an increasingly vulnerable group in many societies.

195. The Directing Council took note of the report.

***Report on Chikungunya Virus Transmission and its Impact in the Region of the Americas (Document CD54/INF/3)***

196. Dr. María Esther Anchía (Representative of the Executive Committee) reported that the Committee had received an update on PAHO's efforts to monitor and mitigate the chikungunya outbreak in the Region and provide guidance to enable Member States to prepare for and respond to future outbreaks of chikungunya and other emerging or reemerging diseases. In the Committee's discussion of the report, delegates had stressed the need for risk communication and education of the public about the disease and about how the virus was transmitted. The need for continued monitoring and reporting of cases and outbreaks had also been highlighted. The threat of introduction of Zika virus disease and other diseases transmitted by the same vectors had been noted and the need to step up vector control measures had been emphasized. Improved management of solid waste had been considered crucial to eliminating mosquito breeding sites.

197. In the Council's discussion of the report, several delegates noted that tracking chikungunya outbreaks had posed a challenge for their epidemiological surveillance systems and emphasized the need to strengthen those systems in order to ensure prompt detection and effective monitoring of future outbreaks. One delegate highlighted the need to standardize surveillance processes in the Region and also suggested that chikungunya should be listed as a notifiable disease. Delegates also stressed the importance of training to enable health care providers to distinguish chikungunya from other acute febrile illnesses and pointed up the need for multisectoral measures to address the social, economic, and environmental determinants that contributed to the emergence and spread

of diseases such as chikungunya. The importance of community participation in the control of mosquito breeding sites was underlined. Informing the public about the characteristics of the disease, how to prevent it, and where to get treatment was also considered essential.

198. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Health Analysis, PASB), noting that chikungunya was expected to become endemic in the Region, said that the Bureau was currently recommending that Member States classify it as a notifiable disease. The response to chikungunya in the Region presented several challenges. One was the need to prepare health services to cope with high demand during an outbreak and to provide appropriate treatment. Another was the need to mitigate the potentially severe economic impacts of the disease. Vector control was also a major challenge. Research was under way with a view to developing new tools and strategies, including genetic modification of mosquitos, but more evidence was needed before WHO would issue a recommendation on those methods. In the meantime, the integrated strategy for dengue management could be used to good effect to prevent and control chikungunya and other arboviral diseases. The Bureau would continue to support Member States in applying that strategy.

199. The Council took note of the report.

***International Health Regulations and Ebola Virus Disease and Regional Consultation on the IHR Monitoring Scheme post-2016 (Documents CD54/INF/4 and Add. I)***

200. Dr. Antonio Barrios Fernández (Representative of the Executive Committee) reported that the Committee had received an update on the status of implementation of the International Health Regulations (2005) in the Region. The report had also provided details on Ebola virus disease preparedness efforts in the Americas and highlighted issues requiring concerted action by States Parties in relation to the International Health Regulations (IHRs), particularly with regard to the post-2016 IHR monitoring scheme and the recommendations of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation. The Committee had noted that the outbreaks of Ebola virus disease and other threats to global health security had demonstrated the importance of full implementation of the Regulations. It had also noted the need for continued work to ensure that the IHR core capacities were in place. Support had been expressed for peer review or another equivalent form of external validation in the assessment of the status of national core capacities.

201. Dr. Florence Fuchs (Coordinator, IHR Capacity Assessment, Development, and Maintenance, WHO), introducing the concept note on the post-2016 IHR monitoring scheme (Document CD54/INF/4, Add. I), said that the Ebola crisis had revealed gaps in many countries' core capacities. Various evaluations, including that of the Ebola Interim Assessment Panel, had stressed the need to accelerate efforts to develop and strengthen the core capacities and enable countries to meet the IHR requirements. The WHO Secretariat was committed to working with Member States to put in place a sound IHR

monitoring and evaluation framework. The concept note laid out the main principles of the proposed framework, which combined quantitative and qualitative approaches to evaluation, coupled with some new elements to complement States Parties' self-assessments, such as simulation exercises and after-action reviews. All six regions had been involved in developing the proposed framework, with the Americas playing a particularly active role. Consultations were currently being conducted in all regions with the aim of finalizing the framework for presentation to the WHO Executive Board in January 2016. The framework would then be submitted to the World Health Assembly for approval in May 2016.

202. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Health Analysis, PASB) presented an update on Member States' progress in implementing the IHRs and an overview of the regional response to Ebola virus disease and other public health emergencies of international concern, as outlined in Document CD54/INF/4. Technical missions conducted by Bureau staff to assist Member States in assessing their preparedness for a potential Ebola outbreak had revealed weaknesses in the IHR core capacities in all cases. The missions had concluded, however, that significant improvements in preparedness could be made without major financial outlays. They had also noted that there could be no one-size-fits-all approach to preparedness and had emphasized the need for country ownership and leadership of preparedness and response efforts. The Bureau was currently following-up with Member States to ensure that the recommendations of the missions were implemented, recognizing that some of them would be fairly long-term undertakings.

203. Dr. Espinal recalled that the IHR Review Committee had highlighted the need not only to develop the core capacities, but also to sustain and continue strengthening them. The Committee had also noted that self-assessment of the core capacities was not sufficient, which had led to the recommendation that the WHO Secretariat should develop, through regional consultative mechanisms, options to move from exclusive self-evaluation to approaches that combined self-evaluation, peer review, and voluntary external evaluations. Member States were invited to express their views, either verbally during the discussion on this item or subsequently in writing, on the basic principles of the post-2016 IHR monitoring scheme as described in the concept note and on the advisability of a gradual shift from the current self-assessment approach to a more function-oriented approach.

204. The Directing Council acknowledged the need for continued effort to ensure full implementation of the International Health Regulations and expressed broad support for the monitoring and evaluation approach put forward in the concept paper. One delegate pointed out, however, that the paper dealt only with monitoring of the core capacities, not implementation of the totality of the Regulations, as had been requested during the regional meeting on IHR implementation held in Buenos Aires in April 2014. The same delegate felt that the documents submitted for consideration during the regional consultation should have included the report on the first meeting of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola



Outbreak and Response, so that Member States could have discussed a possible regional position to be presented during the next World Health Assembly. Several delegates stressed that, in order to avoid duplication of effort and reduce the reporting burden on countries, any modification of the IHR monitoring and evaluation framework should take account of existing assessment tools, such as the external assessment process being developed in the context of the Global Health Security Agenda.

205. Support was expressed for the development of an evidence-based self-assessment tool; however, it was suggested that, while a standardized assessment tool should be applied, allowance should also be made for the specific characteristics of countries. It was also suggested that such assessments should prioritize three areas: surveillance and response, laboratory capacity, and risk communication. With regard to after-event reviews, it was suggested that the development of response protocols would provide a basis for assessing the action taken in the first 48 hours following a public health event and for subsequent, more comprehensive assessments. As to simulation exercises, it was suggested that intersectoral and cross-border exercises should be conducted with a view to strengthening coordination within and between countries.

206. Most delegates supported the introduction of external assessments, but emphasized that such assessments must be voluntary, must be conducted at the request of and with the involvement of the State Party concerned, must respect the sovereignty and autonomy of States Parties, and must take into account the specific characteristics and context in each country, including the availability of resources to address any deficits or weaknesses identified. One delegate expressed the view that self-assessment that took into account the findings of earlier assessments and viewed the implementation of core capacities as an ongoing process would be more effective than an external assessment conducted at a single point in time according to rigid criteria. Another delegate highlighted the need for a gradual approach and for a clear understanding of what an independent external assessment would entail, what specific advantages it would offer over self-assessments, and what use WHO would make of the findings of external assessments. She also pointed out that an apparent lack of progress revealed by countries' self-assessments might be due to shortcomings in measurement methods. The Delegate of Argentina indicated that her delegation would submit a document setting out her Government's views on the proposed monitoring and evaluation framework.

207. Delegates also expressed support for the recommendations of the PAHO in-country missions regarding needed improvements with regard to coordination, detection, isolation, and response. In particular, support was voiced for exercises and simulations to test plans and procedures, for measures to facilitate the international shipment of specimens to WHO collaborating centers, and for the implementation of infection control procedures and upgrading of infrastructure for the isolation of patients with infectious diseases. Accurate and effective risk communication was seen as crucial in order to alleviate public anxiety and dispel myths about disease transmission. It was also considered important to set up regional mechanisms for the exchange of information in order to strengthen countries' capacity for rapid response to public health events.

208. Several delegates, while recognizing that Member States had to take measures to protect the health of their citizens, underscored the need to avoid unnecessarily restrictive measures that could interfere with international travel or trade. The Delegate of the Bolivarian Republic of Venezuela noted that information published on the WHO event information website for IHR national focal points had asserted that his country had closed its borders to persons from several of the African countries affected by Ebola virus disease and stated emphatically that that assertion was not true.

209. Numerous delegates described the steps their countries had taken to strengthen their IHR core capacities and enhance their ability to deal with potential Ebola outbreaks and other public health emergencies. Many also noted the need for financial and other support from partners to enable them to enhance their capabilities. Specific support was requested from the Bureau to assist Member States in improving multisectoral coordination for implementation of the IHRs. The Delegate of the Bahamas reaffirmed his country's support for the World Health Assembly decision<sup>6</sup> to amend the Regulations to recognize that a single dose of yellow fever vaccine would confer lifelong protection against the disease.

210. Dr. Fuchs, noting that many of the points highlighted by delegates had also been raised in the discussions of other regional committees, assured the Council that the WHO Secretariat would continue to work with Member States in preparing the document to be submitted to the Executive Board in January 2016.

211. The Director encouraged Member States to continue working to strengthen their core capacities and remedy the weaknesses identified by the Ebola preparedness missions.

212. The Council took note of the report.

***Progress Reports on Technical Matters (Document CD54/INF/5)***

- A. *Implementation of the WHO Framework Convention on Tobacco Control*
- B. *Proposed 10-year Regional Plan on Oral Health for the Americas*
- C. *Plan of Action on Road Safety*
- D. *Dengue Prevention and Control in the Americas*
- E. *Chronic Kidney Disease in Agricultural Communities in Central America*
- F. *Health Technology Assessment and Incorporation into Health Systems*
- G. *Status of the Pan American Centers*

213. Dr. María Esther Anchía (Representative of the Executive Committee) reported that in the Executive Committee's consideration of the progress report on the implementation of the Framework Convention on Tobacco Control, the Delegate of Ecuador had announced that his country had ratified the Protocol to Eliminate Illicit Trade in Tobacco Products. It was hoped that other countries would be inspired by

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<sup>6</sup> See Resolution WHA67.13 (2014).

Ecuador's example. With regard to the Plan of Action on Road Safety, the Delegate of Brazil had announced that her country, in partnership with PAHO and WHO, would host the Second Global High-level Conference on Road Safety, to be held on 18 and 19 November 2015 in Brasilia. She had invited all Member States to take part in drafting the declaration to be adopted by the conference.

214. In the Executive Committee's consideration of the progress report on dengue prevention and control, the importance of strengthening surveillance in order to assess the effectiveness of new prevention tools and strategies had been highlighted. It had also been considered important to strengthen diagnostic testing to ensure that dengue was accurately differentiated from other acute febrile illnesses, such as malaria, chikungunya, influenza, and leptospirosis that might be present in the same areas. It had been pointed out that dengue, like other vector-borne diseases, was associated with social determinants of health, such as lack of access to clean water and improper solid waste management. A multisectoral approach to prevention and control of the disease had therefore been considered essential.

215. With regard to the progress report on chronic kidney disease in agricultural communities in Central America, the Director had noted that, despite the work undertaken, there had been little concrete progress towards addressing the issue of chronic kidney disease among young persons of working age. She had pledged that the Bureau would continue working with partners to find a way to tackle the problem. With regard to the report on health technology assessment, the Committee had applauded the progress made in building capacity and infrastructure for such assessment and highlighted the importance of focusing on local and regional needs and on ethical and equity-related considerations in relation to health technology. Appreciation had been expressed for the key role played by the Health Technology Network of the Americas in the development and implementation of health technologies.

216. The Executive Committee had also taken note of the progress reports on the 10-Year Regional Plan on Oral Health for the Americas and the status of the Pan American centers.

217. In the ensuing discussion, several delegates reported that their countries were close to ratifying the Protocol to Eliminate Illicit Trade in Tobacco Products and the countries that had already done so were congratulated. The Bureau was commended for its efforts to assist countries in countering legal attacks mounted by the tobacco industry. A delegate announced that the MERCOSUR ministers of health had agreed to raise the topic at the Sixty-ninth World Health Assembly and also to undertake a joint assessment of the economic and social impacts of the tobacco epidemic in the countries of the Southern Cone. Delegates described tobacco control efforts in their countries, which included creation or expansion of smoke-free spaces, increases in taxes on tobacco, restrictions on advertising and sponsorship, measures to control packaging and labeling, pictorial and textual warnings on packaging, and training for health professionals to help patients stop smoking.

218. Dr. Anselm Hennis (Director, Department of Noncommunicable Diseases and Mental Health, PASB) noted that tobacco was a common risk factor for the four major noncommunicable diseases, accounting for 16% of all adult deaths in the Region. The Framework Convention on Tobacco Control was without doubt WHO's most important tobacco control tool. While there had been significant progress in implementing the Framework Convention, its new Protocol to Eliminate Illicit Trade in Tobacco Products would not come into force globally until 40 countries had ratified it. So far, only nine countries in the world had taken that step. He encouraged the countries of the Region to give serious consideration to becoming parties to the Protocol.

219. The Region's progress under the Plan of Action on Road Safety was commended. Delegates described the measures being taken in their countries to enhance road safety, including legislative, educational, and structural initiatives; the establishment of specialized agencies; surveys of road users' behavior; examination of the cost of productivity lost to road accidents; lowering of permissible blood-alcohol levels; legislation on compulsory seatbelt and motorcycle helmet use; and road safety campaigns. The Bureau was asked to step up its technical assistance to the countries of the Region in support of their national efforts, taking an intersectoral approach.

220. Dr. Hennis said that, while there had been some headway in reducing deaths from road traffic injuries, the true extent of the progress could only be measured accurately if the quality and completeness of information on such injuries were enhanced. He therefore encouraged Member States to focus on strengthening their information systems. The Sustainable Development Goals included a road safety target, with a remit to halve the number of global deaths and injuries from road traffic accidents by 2020. The Second Global High-level Conference on Road Safety, to be held in Brasilia, would afford an opportunity to identify the changes that were needed to attain that target.

221. With regard to the report on dengue prevention and control, delegates highlighted the importance of strengthening surveillance in the Region, so that Member States could assess the effectiveness of new prevention tools and strategies, including the introduction of dengue vaccines and new approaches to vector control. Efforts to strengthen the information provided by national dengue surveillance systems through the regional network of diagnostic laboratories were commended. One delegate reported that her country was working on a generic surveillance protocol that would create comparability in the information from various countries, the aim being to establishing a Region-wide approach to dengue surveillance and control. Other delegates emphasized the importance of community participation in dengue prevention and cross-border collaboration on vector and disease control. The risks associated with growing vector resistance to pesticides, was highlighted. It was suggested that actions to combat dengue should be coordinated with those against chikungunya.

222. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Health Analysis, PASB) noted that a vaccine against dengue was undergoing testing, although it had not yet been licensed. WHO's Strategic Advisory Group of Experts on Immunization would issue an opinion on the new vaccine in the coming year.

223. Concerning chronic kidney disease in agricultural communities in Central America, a delegate concurred with the report's recommendation that additional research and data collection were needed. Since chronic kidney disease was essentially occupational in character, his delegation supported etiological research to determine the causal risk factors so as to introduce prevention measures to reduce the disproportionate burden of the disease among the young working population.

224. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) acknowledged that it was a significant challenge for countries to be facing an epidemic of chronic kidney disease from non-traditional and unknown causes. Intersectoral action was called for, with a focus on occupational and environmental health, not only to equip health services to deal with those suffering from the disease, but to examine upstream intersectoral issues and actions that were required. The Bureau would continue to work diligently with Member States on the matter.

225. With regard to the report on health technology assessment, delegates expressed gratitude to the Bureau for its support to countries in institutionalizing health technology assessment and highlighted the need to further strengthen capacity to utilize evidence effectively to inform decision-making about the adoption of health technologies. A representative of the International Alliance of Patients' Organizations noted that appropriate health technology assessment systems and processes could ensure the best possible use of resources in the context of efforts to ensure that patients received safe, effective, and affordable health care. She also stressed the importance of patient involvement in all health care decision-making.

226. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) observed that health technology assessment was an area of growing work for both the Bureau and Member States. Twelve countries of the Region now had health technology assessment units in operation, and some 4,000 documents had been produced and shared among countries to guide the decisions needed to incorporate health technologies effectively into health systems. The workload was likely to increase with the advent of new high-cost medicines and technologies.

227. The Council took note of the reports.

***Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO (Document CD54/INF/6)***

- A. *Sixty-eighth World Health Assembly*
- B. *Forty-fifth Regular Session of the General Assembly of the Organization of American States*
- C. *Subregional Organizations*

228. Dr. María Esther Anchía (Representative of the Executive Committee) reported that the Executive Committee had heard a report on the resolutions and other actions of the Sixty-eighth World Health Assembly considered to be of particular interest to the

PAHO Governing Bodies. Special attention had been drawn to the implications for the Region of the World Health Assembly resolutions on the WHO Program Budget 2016-2017, malaria, implementation of the International Health Regulations, the Global Vaccine Action Plan, and the Global Action Plan on Antimicrobial Resistance. The Committee had also heard a report on the actions of various subregional bodies of interest to PAHO, including the Council for Human and Social Development of the Caribbean Community, the Meeting of the Health Sector of Central America and the Dominican Republic, the Council of Central American Ministers of Health, the Meeting of Ministers of Health of the Andean Area, the Meeting of Ministers of Health of MERCOSUR, the Union of South American Nations, and the Bolivarian Alliance of the Peoples of Our America. Several of those bodies had discussed and adopted measures aimed at halting potential outbreaks of Ebola virus disease. Other topics considered had included implementation of the International Health Regulations, prevention of violence-related injuries, updating of HIV treatment guidelines, and organ donation and transplantation.

229. The President invited the Council to comment on the reports on the resolutions of the Sixty-eighth World Health Assembly and the various subregional bodies and also on the report on the resolutions of the Forty-fifth Regular Session of the General Assembly of the Organization of American States, which was contained in part B of Document CD54/INF/6.

230. A delegate highlighted the importance of PAHO's involvement in processes of international cooperation in health, which could contribute significantly to progress in priority areas such as universal access to medicines, negotiation of drug prices, and the strengthening of health systems. She noted that the MERCOSUR ministers of health had recently adopted a memorandum of understanding with PAHO, sending a clear signal of confidence in the Organization's capacity to catalyze MERCOSUR's actions on health in the Region.

231. The Director agreed on the value of PAHO's collaboration with other international organizations and noted that the Bureau had taken steps to strengthen the Organization's relationship with the Organization of American States and with MERCOSUR and was striving to build stronger ties with UNASUR. The Bureau was also seeking to strengthen its subregional offices, as they worked closely with the various political and economic blocs and unions, seeking in particular to strengthen the "health in all policies" approach. PAHO would also seek to build partnerships with various other regional organizations for the achievement of the Sustainable Development Goals.

232. The Council took note of the reports.

### **Other Matters**

233. The Director gave an update on the situation in the Bahamas as the country grappled with Hurricane Joaquin and expressed the Organization's solidarity with the country's Government and people, noting that a team of four PAHO disaster relief specialists stood ready to travel to the Bahamas and that the Bureau would do all that was

necessary to help maintain or restore health services in the wake of the storm. Several delegations also expressed solidarity with the Bahamas. The Delegate of the Bahamas thanked the Council and the Director for their expressions of support and noted that CARICOM, too, would be putting together an emergency response team, with assistance from PAHO.

234. The delegate of Canada noted that her delegation, in cooperation with several other delegations from the Region, would be putting forward a proposal on sound chemicals management during the January 2016 session of the WHO Executive Board and said that Canada would welcome input and support from other PAHO Member States. Her delegation would keep other delegations apprised of the next steps to be taken in developing an appropriate resolution.

235. The Delegate of Argentina announced that her country had organized a virtual consultation, to take place in October 2015, as a follow-up to an informal presentation on WHO's engagement with non-State actors made by Argentina, Mexico, and the United States during a side event held during the week of the Council's 54th Session. The aim of the consultation would be to move towards consensus on a regional position on the issue. There would also be an informal session on the topic in Geneva before the formal meeting of Member States on 19 to 23 November and an intergovernmental meeting on 7 to 9 December. It was intended that by the time of the latter meeting a document setting out the regional position would be available.

236. During the week of the Council's 54th Session, side events were also held on South-South cooperation and the *Mais Médicos* project; onchocerciasis elimination; multisectoral partnerships for healthy living and chronic disease prevention; opportunities for ensuring access to strategic and high-cost medicines; and health, the environment, and the Sustainable Development Goals. In addition, the WHO *World Report on Ageing and Health* was launched, with the Director-General of WHO in attendance, and the Directing Council paid tribute to Dr. María Isabel Rodríguez, former Minister of Health of El Salvador, who was named a Public Health Hero of the Americas.

### **Closure of the Session**

237. Following the customary exchange of courtesies, Mr. Molwyn Morgorson Joseph (Antigua and Barbuda, Vice President) declared the 54th Directing Council closed.

## **Resolutions and Decisions**

238. The following are the resolutions and decisions adopted by the 54th Directing Council:

### **Resolutions**

#### ***CD54.R1: Collection of Assessed Contributions***

#### ***THE 54th DIRECTING COUNCIL,***

Having considered the report of the Director on the collection of assessed contributions (Document CD54/15 and Add. I), and the concern expressed by the 156th Session of the Executive Committee with respect to the status of the collection of assessed contributions;

Noting that no Member State is in arrears such that it would be subject to Article 6.B of the PAHO Constitution,

#### ***RESOLVES:***

1. To take note of the report of the Director on the collection of assessed contributions (Documents CD54/15 and Add. I).
2. To express appreciation to those Member States which have already made payments in 2015, and to urge all Members States in arrears to meet their financial obligations to the Organization in an expeditious manner.
3. To congratulate those Member States which have fully met their assessed obligations through 2015.
4. To compliment those Member States which have made significant efforts to reduce arrearages in assessed contributions from prior years.
5. To request the Director to:
  - a) continue to explore mechanisms that will increase the rate of collection of assessed contributions;
  - b) inform the Executive Committee of Member States' compliance with their commitment to pay their assessed contributions;
  - c) report to the 55th Directing Council on the status of the collection of assessed contributions for 2016 and prior years.

*(Second meeting, 28 September 2015)*



**CD54.R2: New Scale of Assessed Contributions****THE 54th DIRECTING COUNCIL,**

Having examined Document CD54/5, Rev. 1 on the New Scale of Assessed Contributions and the application of the latest approved OAS scale of assessments to the PAHO membership for the 2016-2017 budgetary period;

Bearing in mind that the Pan American Sanitary Code states that the scale of assessments to be applied to Member States of the Pan American Health Organization for its Program and Budget will be based on the assessment scale adopted by the Organization of American States for its membership,

**RESOLVES:**

To approve the new scale of assessments for PAHO Membership as detailed in the following table and to be applied for the 2016-2017 budgetary period.

<b>Membership</b>	<b>Assessment Rate Adjusted to PAHO Membership</b>
<b>Member States</b>	
Antigua and Barbuda	0.022
Argentina	2.400
Bahamas	0.049
Barbados	0.034
Belize	0.022
Bolivia	0.056
Brazil	12.427
Canada	10.583
Chile	1.347
Colombia	1.311
Costa Rica	0.230
Cuba	0.132
Dominica	0.022
Dominican Republic	0.317
Ecuador	0.322
El Salvador	0.086
Grenada	0.022
Guatemala	0.145

<b>Membership</b>	<b>Assessment Rate Adjusted to PAHO Membership</b>
Guyana	0.022
Haiti	0.026
Honduras	0.042
Jamaica	0.070
Mexico	6.788
Nicaragua	0.026
Panama	0.176
Paraguay	0.075
Peru	0.860
Saint Kitts and Nevis	0.022
Saint Lucia	0.022
Saint Vincent and the Grenadines	0.022
Suriname	0.026
Trinidad and Tobago	0.135
United States	59.445
Uruguay	0.247
Venezuela	2.144
<b>Participating States</b>	
France	0.128
The Netherlands	0.022
United Kingdom	0.027
<b>Associate Members</b>	
Aruba	0.022
Curaçao	0.022
Puerto Rico	0.082
Sint Maarten	0.022

*(Third meeting, 29 September 2015)*

***CD54.R3: Amendments to the Financial Regulations of the Pan American Health Organization***

***THE 54th DIRECTING COUNCIL,***

Having considered the proposed amendments to the Financial Regulations of the Pan American Health Organization as they appear in Annex A to Document CD54/17; and

Taking into consideration that the amendments to the Financial Regulations reflect modern best practices of management and introduce the concept of a unified Program and Budget, which increases the efficiency and effectiveness of the implementation of the Program and Budget,

***RESOLVES:***

To approve the amendments to the Financial Regulations of the Pan American Health Organization pertaining to the Program and Budget as set forth in Annex A of Document CD54/17, and to make these amendments effective as of 1 January 2016.

*(Third meeting, 29 September 2015)*

***CD54.R4: Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Canada, Jamaica, and Paraguay***

***THE 54th DIRECTING COUNCIL,***

Bearing in mind the provision of Articles 4.D and 15.A of the Constitution of the Pan American Health Organization; and

Considering that Antigua and Barbuda, Argentina, and Chile were elected to serve on the Executive Committee upon the expiration of the periods of office of Canada, Jamaica, and Paraguay,

***RESOLVES:***

1. To declare Antigua and Barbuda, Argentina, and Chile elected to membership on the Executive Committee for a period of three years.
2. To thank Canada, Jamaica, and Paraguay for the services rendered to the Organization during the past three years by their delegates on the Executive Committee.

Annex

**COMPOSITION OF THE EXECUTIVE COMMITTEE**  
September 1993-September 2017

COUNTRY	2016 to 2017	2015 to 2016	2014 to 2015	2013 to 2014	2012 to 2013	2011 to 2012	2010 to 2011	2009 to 2010	2008 to 2009	2007 to 2008	2006 to 2007	2005 to 2006	2004 to 2005	2003 to 2004	2002 to 2003	2001 to 2002	2000 to 2001	1999 to 2000	1998 to 1999	1997 to 1998	1996 to 1997	1995 to 1996	1994 to 1995	1993 to 1994
Antigua and Barbuda																								
Argentina																								
Bahamas																								
Barbados																								
Belize																								
Bolivia																								
Brazil																								
Canada																								
Chile																								
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Cuba																								
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Jamaica																								
Mexico																								
Nicaragua																								
Panama																								
Paraguay																								
Peru																								
Saint Kitts and Nevis																								
Saint Lucia																								
Saint Vincent and the Grenadines																								
Suriname																								
Trinidad and Tobago																								
United States of America																								
Uruguay																								
Venezuela																								

*(Fifth meeting, 30 September 2015)*

**CD54.R5: *Election of Three Members to the Advisory Committee of the Latin American and Caribbean Center on Health Sciences Information (BIREME)***

**THE 54th DIRECTING COUNCIL,**

Bearing in mind that Article VI of the Statute of BIREME establishes that the Advisory Committee of BIREME is to be comprised of one representative appointed by the Director of PASB and one by the Government of Brazil as permanent members, and that five nonpermanent members are to be selected and named by the Directing Council or the Pan American Sanitary Conference of the Pan American Health Organization (PAHO) from among the BIREME membership (which at this time includes all PAHO Member States, Participating States, and Associated States), taking geographical representation into account;

Recalling that Article VI further states that the five nonpermanent members of the BIREME Advisory Committee should be rotated every three years, and that the Directing Council or the Pan American Sanitary Conference of PAHO may indicate a shorter rotation period in cases where it is necessary to maintain balance among members of the Advisory Committee;

Considering that Argentina, Jamaica, and Peru were elected to serve on the BIREME Advisory Committee beginning 1 January 2016, due to the completion of the term of Cuba, Ecuador, and Puerto Rico,

**RESOLVES:**

1. To declare Argentina, Jamaica, and Peru elected as nonpermanent members of the BIREME Advisory Committee for a three-year term.
2. To thank Cuba, Ecuador, and Puerto Rico for the services provided to the Organization by their delegates on the BIREME Advisory Committee over the past three years.

*(Fifth meeting, 30 September 2015)*

**CD54.R6: *Plan of Action on Workers' Health***

**THE 54th DIRECTING COUNCIL,**

Having reviewed the *Plan of Action on Workers' Health* (Document CD54/10, Rev. 1);

Recalling the specific mandates of the Governing Bodies of PAHO on workers' health and, in particular, Resolution CSP23.R14 of the 23rd Pan American Sanitary Conference (1990), which urges the Member States to increase the development of different institutional workers' health care arrangements in order to promote the attainment of universal coverage, and Resolution CD41.R13 of the 41st Directing Council (1999), which urges the Member States to include in their national health plans, as appropriate, the Regional Plan on Workers' Health contained in Document CD41/15, which proposes specific programmatic lines for the action of the Member States and for international cooperation;

Considering Resolution WHA49.12 (1996) of the World Health Assembly, which endorsed the Global Strategy on Occupational Health for All, and Resolution WHA60.26 (2007), which adopts the Global Plan of Action on Workers' Health 2008-2017, with its principal objectives, targets, and indicators, and requests the Director-General of WHO to step up collaboration with the International Labor Organization (ILO) and other relevant international organizations for the implementation of the global plan at the national and international levels;

Taking into account the document *The Future We Want*, of the United Nations General Assembly, in particular its recognition that health is a precondition for the three dimensions of sustainable development and is both an outcome and an indicator of those dimensions, and the document's call for participation by all relevant sectors in coordinated multisectoral action to urgently address the health needs of the world's population;

Recognizing that work and employment are health-related human rights and social determinants of health; that the Rio Political Declaration on the Social Determinants of Health calls for the design and implementation of robust, evidence-based, reliable measures of societal well-being, building where possible on existing indicators, standards, and programs across the social gradient, that go beyond economic growth; and the importance of promoting the health in all policies approach, led by the ministries of health;

Recognizing that increases in migration, aging populations, and occupational and noncommunicable diseases are very important trends shaping the profile of health in the Americas; and that health benefits have not been shared equally among and within the countries of the Region, meaning that inequality remains one of the greatest challenges facing workers' health and sustainable development in the Region of the Americas;

Aware that health systems are assuming the burden and costs of providing health services to formal and informal workers as a result of occupational diseases, which remain invisible due to the lack of diagnosis and adequate registration, and due to low investment in programs to prevent damage to workers' health, which would help the public sector contain these costs;

Aware of the large social, economic, and health-related inequalities and inequities that affect workers' health, especially in the informal sector, and recognizing that workers' health and healthy work environments are essential in order to achieve individual and community health and well-being, which are crucial for the sustainable development of the Member States;

Considering the Strategic Plan of the Pan American Health Organization 2014-2019 and, especially, the principles of category 3, on the determinants of health and promoting health throughout the life course,

**RESOLVES:**

1. To approve the *Plan of Action on Workers' Health* for the period 2015-2025.
2. To urge the Member States, as appropriate, and taking into account their national context, priorities, and financial capacity, to:
  - a) advocate for equality and the promotion of workers' health as a priority, and adopt effective measures to control employment and working conditions as social determinants of health, increase universal health coverage, and strengthen health systems and health equity;
  - b) adopt effective measures, including, where appropriate, measures involving current legislation, structures, processes, and resources in order to establish public policies that take into account impacts on workers' health and equity in workers' health; and implement mechanisms to measure and monitor working and employment conditions that impact workers' health;
  - c) develop and maintain, as appropriate, adequate and sustainable institutional capacity and competencies to achieve, through action in all sectors, better outcomes from the perspective of workers' health and equity in workers' health;
  - d) use the relevant tools to identify, evaluate, mobilize, and strengthen participation and multisectoral activities to promote workers' health, including, as appropriate, the work of the interministerial committees and the analysis of impacts on health;
  - e) strengthen due diligence and accountability and increase transparency in decision-making and commitment to action;
  - f) involve, as appropriate, workers and labor unions, employers and sectoral organizations, local communities, and other civil society actors in the formulation, implementation, monitoring, and evaluation of policies in all economic sectors, especially those identified as priorities, including mechanisms for community and public participation;
  - g) contribute to the preparation of the post-2015 sustainable development agenda by emphasizing that policies in sectors other than the health sector have significant impacts on health outcomes; and determine the synergies between policy objectives in the health sector, the labor sector, and other sectors;

- h) promote active participation of the health authorities with other sectors when implementing the strategy of health in all policies.
3. To request the Director to:
- a) promote and support the dissemination and implementation of the integrated approach to action proposed in the *Plan of Action on Workers' Health*;
  - b) pay special attention to the development of institutional partnerships, both in the national and international contexts, including the mobilization of extrabudgetary resources to implement intersectoral activities that facilitate the design and consolidation of preventive activities within the framework of the integrated approach to prevention;
  - c) continue to support the ministers of health in their efforts to promote and improve workers' health and well-being;
  - d) continue to promote and support the development of the network of PAHO/WHO Collaborating Centers and scientific institutions in order for them to contribute to the strengthening of the technical, scientific, and administrative capacity of institutions and programs in the field of workers' health;
  - e) promote and support cooperation among countries in the field of workers' health.

*(Fifth meeting, 30 September 2015)*

***CD54.R7: Plan of Action for the Prevention and Control of Viral Hepatitis***

***THE 54th DIRECTING COUNCIL,***

Having examined the *Plan of Action for the Prevention and Control of Viral Hepatitis* for 2016-2019 (Document CD54/13, Rev. 1);

Considering that the World Health Organization has provided an overarching framework to address the challenge of viral hepatitis at the global level;

Considering Resolutions WHA63.18 (2010) and WHA67.6 (2014), the Call to Action to Scale up Global Hepatitis Response, and other documents published with a focus on advocacy and awareness, knowledge and evidence, prevention of transmission, screening, care, and treatment;

Considering the Strategy and Plan of Action for Integrated Child Health (Resolution CSP28.R20 [2012]), and the concept paper on Health and Human Rights (Resolution CD50.R8 [2010]);

Acknowledging the impact of viral hepatitis on morbidity and mortality in the Region of the Americas, especially among key populations and vulnerable groups;



Recognizing that disease and death caused by or associated with viral hepatitis imposes a substantial social and financial burden on the countries of the Region;

Recognizing that viral hepatitis accentuates inequities in coverage of health services by affecting key populations;

Acknowledging that interventions conducted early in life may drastically change the pattern of chronic hepatitis B in the Region;

Acknowledging that hepatitis B is a risk for the health care workforce in the Region;

Acknowledging that access to curative treatments for hepatitis C can be a reality through concerted efforts in the Region;

Considering that elimination of hepatitis B and C is possible in the foreseeable future,

***RESOLVES:***

1. To urge Member States, taking into account their national context and priorities, to:
  - a) prioritize viral hepatitis as a public health issue, promoting an integrated comprehensive response and establishing specific targets to face the challenges entailed by this infectious disease;
  - b) foster interprogrammatic synergies and activities within and outside of the health system, engaging all relevant partners and stakeholders, including civil society, in the response to viral hepatitis;
  - c) optimize the efficient use of existing resources and mobilize additional funds to prevent and control viral hepatitis;
  - d) strengthen and develop strategies for awareness campaigns to commemorate World Hepatitis Day with the goal of increasing access to prevention, diagnosis, care, and treatment services;
  - e) maintain or expand hepatitis B virus vaccine coverage in children less than 1 year of age and adopt the policy of vaccination of newborns during the first 24 hours after birth;
  - f) review vaccination policies and support their implementation to expand coverage of available vaccines among members of key populations and vulnerable groups;
  - g) establish specific strategies for prevention of transmission of hepatitis B and C in key populations and vulnerable groups, including outreach and educational interventions as well as promotion of treatment, rehabilitation, and related support

- services that take into account national context and priorities to reduce the negative health and social consequences of illicit drug use;
- h) support strategies for preventing transmission of hepatitis B and C within and outside of health care settings;
  - i) support the development of health-related policies, regulations, norms, and capacities at the country level for screening, diagnosis, care, and treatment of viral hepatitis (according to evidence-based normative guidance developed by WHO) and ensure their implementation;
  - j) promote inclusion of diagnostics, equipment, and medicines related to viral hepatitis in national essential medicine lists and formularies, and promote their access through price negotiation processes and national and regional procurement mechanisms such as PAHO's Regional Revolving Fund for Strategic Public Health Supplies;
  - k) strengthen countries' capacity to generate and disseminate timely and quality strategic information on viral hepatitis, disaggregated by age, sex, and ethnic group;
  - l) strengthen national policies, guidance, and practices related to blood safety and vaccination programs;
  - m) eliminate gender, geographical, economic, sociocultural, legal, and organizational barriers that prevent universal equitable access to comprehensive health services, following the PAHO Strategy for Universal Access to Health and Universal Health Coverage.
2. To request the Director to:
- a) maintain an interprogrammatic task force on viral hepatitis that can establish a permanent dialogue with Member States;
  - b) support the implementation of the Plan of Action, especially with respect to strengthening services for screening, diagnosis, care, and treatment of viral hepatitis as part of the expansion of universal health coverage in the Region of the Americas;
  - c) provide technical assistance to Member States to increase the evidence base of viral hepatitis-related prevention, care, and treatment and for the implementation of the measures proposed in this Plan of Action, in keeping with national priorities;
  - d) support Member States to increase access to affordable viral hepatitis commodities, including through price negotiation processes and other mechanisms for sustainable procurement;
  - e) continue documenting the feasibility of elimination of viral hepatitis B and C in the Region, including setting targets and milestones towards the WHO 2030 elimination goals;

- f) continue to prioritize the prevention of viral hepatitis, with an emphasis on immunization programs for hepatitis B in infants and key populations and on access to life-saving hepatitis C drugs, considering the foreseeable goal of elimination of hepatitis B and C in the Americas;
- g) promote strategic partnerships and technical cooperation among countries in carrying out the activities included in this Plan of Action.

(Sixth meeting, 30 September 2015)

**CD54.R8: Plan of Action on Immunization**

**THE 54th DIRECTING COUNCIL,**

Having reviewed the *Plan of Action on Immunization* (Document CD54/7, Rev. 2) for the 2016-2020 period and considered the significant progress of the countries in the field of vaccination;

Taking into account the international mandates arising from the World Health Assembly, particularly Resolution WHA65.17 (2012) on the Global Vaccine Action Plan, and Resolution WHA65.5 (2012) declaring that poliomyelitis is a global public health emergency, and the Strategic Plan of the Pan American Health Organization 2014-2019;

Recognizing the progress made in the elimination and control of vaccine-preventable diseases and that work must still be done so that access to vaccination helps bring health services to all through a comprehensive approach that considers the social determinants of health and universal coverage;

Considering that the Plan of Action offers the Member States a tool which allows them to adopt goals, strategies, and common activities, and to facilitate dialogue, promote synergies with all partners, and strengthen the Region's national immunization programs,

**RESOLVES:**

1. To approve the *Plan of Action on Immunization* and urge countries, as appropriate and taking into account their contexts, needs, and priorities, to:
  - a) promote universal access to immunization programs and initiatives as a public good;
  - b) adopt and adapt the *Plan of Action on Immunization* in accordance with the characteristics of each country and seek to guarantee the resources needed to meet the objectives described in the Plan of Action;
  - c) commit to sustaining the achievements made in the elimination of polio, measles, rubella, and congenital rubella syndrome, in the control of vaccine-preventable

- diseases, in immunization as a political priority in the country, and in the value that individuals and communities place on vaccines;
- d) ensure that work is done to close gaps related to neonatal tetanus elimination, achieve vaccination coverage goals at all the administrative levels, and expand the benefits of immunization to all people equitably throughout the life course;
  - e) tackle new challenges posed by the sustainability of new vaccine introduction in national immunization schedules, and with access for all; promote evidence-based decision-making and an evaluation of the benefits of immunization;
  - f) favor the strengthening of health services to provide immunization services, and achieve the expected results proposed by the post-2015 development agenda for reductions in infant mortality and maternal mortality;
  - g) ensure that immunization programs have timely and sustainable access to the necessary quality inputs and that these are obtained with national resources, function as an integral part of strengthened health services, and carry out vaccination activities integrated with other interventions.
2. To request the Director to:
- a) provide technical cooperation to strengthen the operating capacity of the national immunization programs to consolidate the achievements made;
  - b) promote strategies making it possible to ensure vaccination in municipalities with low coverage, as well as among vulnerable and hard-to-reach populations;
  - c) provide technical guidance to the Member States for evidence-based decision-making;
  - d) promote strategies that optimize epidemiological surveillance of vaccine-preventable diseases, the laboratory network, the supply chain, the cold chain, and information systems;
  - e) maintain technical cooperation to facilitate timely and equitable access to vaccines and supplies by means of the Revolving Fund for Vaccine Procurement, while upholding its principles and conditions;
  - f) strengthen the integrated work of the Organization, so that together with the countries, the immunization program is used as a strategy for the health services to reach everyone, based on a comprehensive approach and within the framework of universal health coverage.

*(Sixth meeting, 30 September 2015)*

**CD54.R9: Strategy on Health-Related Law**

**THE 54th DIRECTING COUNCIL,**

Having considered the *Strategy on Health-related Law* (Document CD54/14, Rev. 1);

Considering that the Constitution of the World Health Organization (WHO) establishes as one of its basic principles that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition;”

Aware that the Strategic Plan of the Pan American Health Organization 2014-2019, in accordance with the Twelfth General Program of Work of WHO, establishes different categories, program areas, outputs and outcomes, and indicators;

Recalling that the issue of health law was considered by the 18th Pan American Sanitary Conference in Resolution CSP18.R40 (1970) and that the Directing Council of PAHO, through Resolution CD50.R8 (2010) (Health and Human Rights), urged the Member States to “support PAHO’s technical cooperation in the formulation, review and, if necessary, reform of national health plans and legislation, incorporating the applicable international human rights instruments;”

Noting that the Directing Council approved the Plan of Action on Health in All Policies (Resolution CD53.R2 [2014]) and the Strategy for Universal Access to Health and Universal Health Coverage (Resolution CD53.R14 [2014]);

Recognizing that adequate, strengthened legal and regulatory frameworks can promote and protect health including from the perspective of the right to health where nationally recognized, and promoting the right to the enjoyment of the highest attainable standard of health;

Affirming the commitment of the Member States to respect, protect, and promote human rights;

Recognizing that in some PAHO Member States, health-related matters may fall under different levels of jurisdiction,

**RESOLVES:**

1. To adopt the *Strategy on Health-related Law* (Document CD54/14, Rev. 1) in order to respond effectively and efficiently to current and emerging public health needs in the Region.
2. To urge the Member States, as appropriate, taking into account their national contexts, priorities, and financial and budgetary capacities, to:

- a) promote the formulation, implementation, or review of their legal and regulatory frameworks, policies, and other legal provisions, as appropriate, taking a multisectoral approach to addressing health determinants, health promotion throughout the life course, the reduction of risk factors, and disease prevention, as well as the primary health care approach, through participatory processes with the communities;
  - b) promote and facilitate the exchange of strategic information, such as best practices and judicial decisions, among Member States and with international organizations; and collaboration on health-related law research with other Member States and other non-State actors;
  - c) promote the formulation, implementation, or review of their legal and regulatory frameworks to facilitate universal access to health and universal health coverage; the strengthening of the stewardship and governance role of the health authority to move toward achieving universal access to quality, safe, effective, and affordable medicines and health technologies; and the strengthening of the technical capacities of health workers with a view to improving access and quality in health services, with emphasis on groups in situations of vulnerability;
  - d) strengthen the technical capability of the health authority to facilitate coordination and collaboration with the legislative branch and other sectors, as appropriate, including the identification and review of legal gaps and conflicts.
3. To request the Director, within the Organization's financial capacities, upon the request of Member States, and in coordination, consultation, and jointly with their national health authority, to:
- a) promote the implementation of the Strategy on Health-related Law and with it, to strengthen advisory and technical cooperation to Member States for the formulation, implementation, or review of health-related legal and regulatory frameworks;
  - b) provide the technical collaboration that the Member States request to implement the Strategy, which may include training and dissemination to support mechanisms of technical cooperation, in relation to their legal and regulatory frameworks;
  - c) support the Member States in the formulation, implementation, or review of their legal and regulatory frameworks, policies, and other provisions, as appropriate, taking a multisectoral approach to addressing health determinants, health promotion throughout the life course, the reduction of risk factors, and disease prevention, as well as the primary health care approach, through participatory processes with the communities;
  - d) develop actions and tools to promote, among the Member States and international organizations, the exchange of best practices, successful experiences and strategic

- information in health-related law that Member States can use and adapt to their national reality;
- e) facilitate collaboration in research on health-related law with Member States and non-State actors;
  - f) harmonize, unify and implement in a strategic way the recommendations of the Governing Bodies of PAHO with respect to the drafting and review of health-related law.

*(Sixth meeting, 30 September 2015)*

***CD54.R10: Plan of Action for the Prevention and Control of Tuberculosis***

***THE 54th DIRECTING COUNCIL,***

Having considered the *Plan of Action for the Prevention and Control of Tuberculosis* for the period 2016-2019 (Document CD54/11, Rev. 1) which proposes accelerating control efforts in order to advance toward ending the tuberculosis epidemic, and to achieve proposed targets for 2019 of the PAHO Strategic Plan 2014-2019;

Recognizing the important achievements made in tuberculosis control in the Region of the Americas--reflected in the early achievement of the tuberculosis-related targets set in the Millennium Development Goals--thanks to the efforts of the Member States to implement Directly Observed Treatment Short course, and the Stop TB Strategy;

Aware that in spite of the achievements, tuberculosis remains a serious public health problem in the Region of the Americas, with more than 280,000 estimated new cases each year, of which more than 65,000 are not diagnosed or reported;

Aware that tuberculosis control in the Region currently faces new challenges linked to the epidemiological transition that the population is experiencing, such as an increase in noncommunicable diseases conducive to tuberculosis infection and disease (such as diabetes mellitus, mental illness, and harmful addictions), the persistent transmission of human immunodeficiency virus (HIV) and forms of multidrug-resistant and extensively drug-resistant tuberculosis, rapid urbanization with increased social and health inequities in the poor populations of peripheral areas, and the lack of necessary economic resources to target tuberculosis control activities in the most disadvantaged populations;

Considering Resolution WHA67.1 (2014) of the World Health Assembly, which adopts the Global Strategy and Targets for Tuberculosis Prevention, Care, and Control After 2015, which includes ambitious goals to end the tuberculosis epidemic, introducing

health sector interventions with a multisectoral approach, technical innovation, and adequate financing;

Recognizing that this Plan of Action is a platform for the implementation of the Global Strategy,

**RESOLVES:**

1. To approve the *Plan of Action for the Prevention and Control of Tuberculosis* (Document CD54/11, Rev. 1).
2. To urge the Member States, taking into account their contexts, needs, and priorities, to:
  - a) confirm tuberculosis control as a priority in health programs;
  - b) renew their political commitment with the consequent allocation of sufficient financing and the human resources necessary to achieve the goals set in the national plans;
  - c) consider this Plan of Action when updating their national strategic plans, which will guide the implementation of the Global Strategy in accordance with their national contexts;
  - d) strengthen specific measures relating to tuberculosis control in the health sector, in accordance with international standards for tuberculosis care as framed in the Strategy for Universal Access to Health and Universal Health Coverage, and with the primary health care strategy;
  - e) take an interprogrammatic and multisectoral approach to tuberculosis control, as proposed in the Global Strategy;
  - f) introduce specific tuberculosis control interventions in vulnerable urban populations in accordance with the PAHO/WHO framework for tuberculosis control in large cities;
  - g) facilitate protective measures for people affected by tuberculosis and their families, through access to existing social protection programs in the countries;
  - h) involve communities, people affected by the disease, civil society organizations, and national and international technical and financial partners in activities to prevent and control the disease.
3. To request the Director to:
  - a) provide technical assistance to the Member States in the preparation of national strategic plans that incorporate the Global Strategy with the necessary adaptations to national contexts;



- b) advise on the implementation of the national strategic plans;
- c) evaluate the achievement of targets proposed in this Plan for 2019;
- d) promote the incorporation of new technologies and drugs for the diagnosis, prevention, and treatment of tuberculosis;
- e) report to the Governing Bodies on the progress of the implementation of the Plan of Action and the achievement of its targets.

*(Sixth meeting, 30 September 2015)*

***CD54.R11: Strategy and Plan of Action on Dementias in Older Persons***

***THE 54th DIRECTING COUNCIL,***

Having reviewed the *Strategy and Plan of Action on Dementias in Older Persons* (Document CD54/8, Rev. 1) for 2015-2019;

Recognizing the rapidly aging population and the increased incidence and prevalence of dependence associated with dementias in the Region; and that this is a public health issue, a human rights concern, and a priority for the sustainable development of societies;

Recognizing that older persons with dementias face stigma, social exclusion, and access barriers to social and health care services, which deepens the economic, social, and health concerns and inequalities for these people, their families, and their caregivers;

Recognizing that emerging scientific evidence suggests that it may be possible, through public health and social protection actions, to reduce risk factors associated with dementias and prevent and delay the onset of dependence and the need for care;

Recognizing that older persons with dementias should, by law where appropriate, receive short-, medium-, and long-term care to ensure the highest level of independence, safety, and well-being according to their functional capacities as part of universal health coverage and social protection;

Understanding that families and especially women are mainly responsible for the care given in the Region, that they lack the necessary preparation and support, and that this has a great impact on their physical, psychological, social, and financial well-being; and that demographic and social transformations will, in the near future, limit the capacity of families to respond to dependence and the need for short-, medium-, and long-term care;

Recognizing that the World Health Organization has identified dementias as a public health priority and promotes the need to create policies for the provision of long-term care to older persons that need it;

Considering that this Strategy and Plan of Action is aligned with the PAHO Strategic Plan 2014-2019;

Observing that this Strategy and Plan of Action addresses the key objectives to respond to the countries' needs, in accordance with their national context,

**RESOLVES:**

1. To approve the *Strategy and Plan of Action on Dementias in Older Persons* (Document CD54/8, Rev. 1), in the context of the specific conditions in each country.
2. To urge Member States, as appropriate and taking into account their context and priorities, to:
  - a) include dementias, disability, and dependence in older persons as priority concerns in national health policies and promote the implementation of plans and programs that help improve education and reduce stigma and stereotypes associated with these conditions; and help facilitate universal and equitable access to social and health programs for the reduction of risk factors, and for prevention and care for older persons with these conditions and persons at risk of acquiring them, including the provision of short-, medium-, and long-term care and end-of-life care;
  - b) strengthen the capacity of health systems and health services networks to promote healthy lifestyles and evidence-based preventive interventions aimed at reducing risk factors, where such interventions have a demonstrated impact in decreasing the incidence of dementias or delaying their onset, as well as related complications;
  - c) strengthen the capacity of health systems and health services networks to provide timely diagnoses and evidence-based interventions for persons with or at risk of dementias, in order to improve or maintain their functional capacity and prevent or reduce dependence;
  - d) increase access to resources, programs, and services in order to provide short-, medium-, and long-term care to dependent older persons, especially those with dementias—in particular, community-based, integrated, progressive care with the intersectoral participation of civil society, the community, and families;
  - e) establish or review legal and regulatory frameworks and implementation mechanisms, with regard to applicable international obligations and commitments, to allow national authorities to protect the human rights of persons with dementias, especially those receiving formal or informal long-term care in institutions or in the community;

- f) support the participation of civil society, communities, and families in the development, implementation, and evaluation of policies, plans, and programs to promote and protect the health and well-being of older persons with or at risk of dementias, as well as their families and caregivers;
  - g) develop processes to improve training for the care of these health conditions, focusing on human resources in the health and social sectors, as well as formal and informal caregivers;
  - h) promote resources, programs, and services to help support families and caregivers, and to contribute to their social and economic protection, and the protection of their human rights, including through attention to their health and well-being;
  - i) improve the collection, analysis, and translation of information about dementias, disability, dependence, and long-term care, through research or in the framework of national information systems that facilitate the design and assessment of effective interventions.
3. To request the Director to:
- a) strengthen cooperation between PAHO and the Member States to promote and protect the quality of life of older persons with dementias, and their enjoyment of the highest attainable standard of independence and well-being;
  - b) support the Member States, when they so request, in the development, review, and implementation of national policies, plans, and/or programs that integrate indicators of dementias, disability, dependence, and short-, medium-, and long-term care;
  - c) promote technical cooperation to strengthen research and health information systems in order to produce, analyze, and use data about dementias, disability, dependence, and long-term care that meet criteria of quality, accessibility, and confidentiality, particularly through the monitoring of indicators to assess the progress and impacts of interventions;
  - d) promote technical cooperation to train human resources in the social and health sectors, as well as formal and informal caregivers, in the care of these health conditions;
  - e) foster partnerships with international organizations and other regional and subregional entities to support the multisectoral responses required to implement this Plan of Action;
  - f) facilitate the dissemination of information and exchange of experiences and good practices, in addition to promoting technical cooperation between Member States;
  - g) facilitate technical collaboration with the committees, bodies, and rapporteurs of United Nations and Inter-American entities; and promote partnerships with other international and regional entities and with scientific, technical, and

educational institutions, organized civil society, the private sector, and others, to promote the protection of and respect for older persons with dementias.

*(Seventh meeting, 1 October 2015)*

***CD54.R12: Strategy and Plan of Action on Strengthening the Health System to Address Violence against Women***

***THE 54th DIRECTING COUNCIL,***

Having reviewed the *Strategy and Plan of Action on Strengthening the Health System to Address Violence against Women* (Document CD54/9, Rev. 2);

Bearing in mind that the Constitution of the World Health Organization establishes that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition;”

Observing that violence against women constitutes a public health problem of grave proportions and a violation or an abuse of women’s human rights and fundamental freedoms, and impairs or nullifies the observance, enjoyment, and exercise of such rights and freedoms;

Deeply concerned that violence against women affects one in every three women in the Americas;

Aware that violence against women can take many forms, but that sexual, physical, and emotional violence perpetrated by a male partner against a woman is the most prevalent form of violence against women;

Cognizant that violence against women is rooted in gender inequality and in power imbalances between men and women;

Aware that such violence has long-lasting and profound consequences for women’s health, the health of their children, the well-being of their families and communities, and the economy and development of nations;

Recognizing that health systems have an important role to play in preventing and responding to violence against women as part of a comprehensive and multisectoral effort;

Recalling Resolution WHA67.15 (2014), *Strengthening the role of the health system in addressing violence, in particular against women and girls, and against children*;

Recalling additional relevant PAHO Governing Bodies resolutions, including: Strategy for Universal Access to Health and Universal Health Coverage (CD53.R14 [2014]); Health and Human Rights (CD50.R8 [2010]); and Plan of Action for Implementing the Gender Equality Policy (CD49.R12 [2009]),

**RESOLVES:**

1. To approve and implement the *Strategy and Plan of Action on Strengthening the Health System to Address Violence against Women* within the context of the particular conditions of each country.
2. To urge the Member States, taking into account the shared responsibilities in federated States, to:
  - a) improve the collection and dissemination of comparable data on the magnitude, types, risk and protective factors, and health consequences of violence against women;
  - b) strengthen the role of their health systems to address violence against women to ensure that all women at risk or affected by violence—including women in situations of vulnerability due to their socio-economic status, age, ethnic or racial identity, sexual orientation, gender identity and/or disabilities—have timely, effective and affordable access to health services;
  - c) encourage addressing violence against women in relevant health initiatives, including maternal and child health, sexual and reproductive health, HIV/AIDS, and mental health;
  - d) promote the engagement of the health system with other government and civil society partners as part of a multisectoral effort to address violence against women;
  - e) consider the related budgetary implications and safeguard adequate resources to support the implementation of efforts to address violence against women.
3. To request the Director to:
  - a) support the implementation of the Strategy and Plan of Action in order to maintain and strengthen collaboration between the Pan American Sanitary Bureau and the countries and territories to address violence against women;
  - b) continue to strengthen PAHO and WHO efforts to develop the scientific evidence on the magnitude, trends, health consequences and risk and protective factors for violence against women, and on effective strategies to prevent and respond to this type of violence;
  - c) continue to support countries and territories, upon their request, by providing technical assistance to strengthen the capacity of health systems to address violence against women;

- d) facilitate PAHO cooperation with the human rights committees, bodies, and rapporteurships of the United Nations and Inter-American systems;
- e) continue to prioritize the prevention of violence against women and consider the possibility of allocating additional resources for implementing the Strategy and Plan of Action.

*(Seventh meeting, 1 October 2015)*

***CD54.R13: Use of the Balance of the IPSAS and Budgetary Surpluses***

***THE 54th DIRECTING COUNCIL,***

Having considered the report of the Director on the *Proposal for the Use of the Balance of the IPSAS and Budgetary Surpluses* (Document CD54/16); and

Having considered the recommendation of the Executive Committee concerning the funding proposals recommended in Annex A of Document CD54/16 (Funding Requirements and Proposed Sources of Funds), and noting that these critical strategic and administrative initiatives have been difficult to fund within the constraints of typical biennial budgetary exercises,

***RESOLVES:***

To approve the allocation of the balance of the IPSAS and budgetary surpluses totaling US\$ 3,055,178, as follows:

- a) implementation of the Information Technology Strategy: \$2,000,000;
- b) implementation of the Human Resources Strategy: \$1,055,178.

*(Eighth meeting, 1 October 2015)*

***CD54.R14: Appointment of the External Auditor of PAHO for 2016-2017***

***THE 54th DIRECTING COUNCIL,***

Satisfied with the services of the present External Auditor, Mr. Ramón Álvarez de Miranda García, holder of the Office of President of the Court of Audit of Spain, and noting his expressed willingness to continue to serve as External Auditor of the Pan American Health Organization,

**RESOLVES:**

1. To appoint the holder of the Office of President of the Court of Audit of Spain as External Auditor of the accounts of the Pan American Health Organization for the 2016-2017 biennium and to request that he conduct his audit in accordance with the principles set forth in Article XIV of the PAHO Financial Regulations, with the provision that, should the need arise, he may designate a representative to act in his absence.
2. To request the Director to issue a Note Verbale to Member States, Participating States, and Associate Members in accordance with established procedures, requesting nominations for an auditor of international repute to be considered by the Governing Bodies for appointment as the External Auditor of PAHO for the 2018-2019 and 2020-2021 biennia.

*(Eighth meeting, 1 October 2015)*

**CD54.R15: *Plan of Action on Antimicrobial Resistance***

**THE 54th DIRECTING COUNCIL,**

Taking into account Resolution CD41.R14 (1999) on emerging and reemerging infectious diseases and antimicrobial resistance, and Document CD51/15, Rev. 1, Add. I (2011) on the containment of antimicrobial resistance;

Aware of the importance of maintaining antibiotics as essential drugs that significantly help reduce morbidity and mortality from infectious diseases, particularly in persons in conditions of vulnerability, such as immunocompromised patients, cancer patients, transplanted patients, patients admitted to intensive care units, and, in general, anyone suffering from an infectious disease;

Keeping in mind regional achievements and challenges in the surveillance and containment of antimicrobial resistance, which serve as a starting point for preparing the *Plan of Action on Antimicrobial Resistance* for 2015-2020 (Document CD54/12, Rev. 1);

Recognizing that antimicrobial resistance is a health threat that requires a multisectoral response and that the government's steering role is, consequently, fundamental for success;

Recognizing that, to achieve timely access to effective, safe, and affordable quality antimicrobial drugs and ensure their proper use in human health, current national approaches must be reviewed;

Based on the spirit of Pan-Americanism, the Millennium Development Goals, the 2030 Agenda for Sustainable Development, universally and regionally binding human rights instruments, and with a view to reducing the impact of infectious diseases and

successfully maintaining the effectiveness of antimicrobial drugs, including antiviral, antifungal, antibacterial, and antiparasitic drugs,

**RESOLVES:**

1. To approve the *Plan of Action on Antimicrobial Resistance* (Document CD54/12, Rev. 1) and its implementation in the context of the conditions of each country.
2. To urge Member States, considering their own context and priorities, to:
  - a) renew their commitment to support the establishment of action plans that consolidate achievements and make it possible to design and implement concrete actions to contain antimicrobial resistance;
  - b) allocate the resources needed to adequately develop and implement their action plans:
    - i. available, trained human resources to support surveillance and monitoring of the proper use of antimicrobial drugs, stimulate intersectoral dialogue, and promote citizen and community participation, as well as collaboration within and outside the health sector;
    - ii. financial resources that ensure the sustainability of the Plan of Action and that enhance the capacities of public health laboratories, access to and adequate use of antimicrobial drugs, and intersectoral collaboration;
  - c) establish platforms for dialogue and multisectoral action to address the integrated monitoring of resistance, regulated use of antimicrobial drugs, and promotion of research and development; and to promote intersectoral participation (public and private sectors, other ministries--in particular agriculture and livestock--and civil society, among others) in order to make the most of resources and achieve synergies supporting the containment of resistance;
  - d) take urgent action to promote the appropriate use of antimicrobial drugs, considering a comprehensive approach to the process of using education and communication to promote the responsible use of antimicrobial drugs by individuals and consumers;
  - e) establish systems for the detection and monitoring of antimicrobial resistance, with quality management that ensures the suitability of laboratory data, as well as the integration of information from other sectors and information on the use of antimicrobial drugs;
  - f) stimulate and support research and development to combat antimicrobial resistance, including academia and the private sector, in order to develop new, practical ideas that extend the shelf life of antimicrobials and stimulate the development of new diagnostic tools and antimicrobial drugs;
  - g) appropriately allocate and use resources to achieve the objectives of the *Plan of Action on Antimicrobial Resistance* for 2015-2020;



- h) establish mechanisms to monitor and evaluate the implementation of the Plan.
- 3. To request the Director to:
  - a) ensure that all the corresponding entities in the Pan American Sanitary Bureau (PASB) and the country offices provide committed and coordinated support to the countries' efforts to contain antimicrobial resistance;
  - b) collaborate with the Member States in the implementation of this Plan for 2015-2020, in accordance with their needs, by taking a multidisciplinary and intersectoral approach and taking into consideration health promotion, human rights, gender equality, universal access to health, and universal health coverage;
  - c) promote the implementation of this Plan of Action and ensure its transversality across PASB's departments and the different subregional and national contexts and priorities, and through collaboration with and among the countries in the design of strategies and the exchange of capacities and resources;
  - d) allocate sufficient resources for the PASB's work, in line with the Organization's budget planning; and continue advocating for the active mobilization of resources and promoting partnerships to support the implementation of this Resolution;
  - e) consolidate and expand collaboration with the United Nations Food and Agriculture Organization (FAO) and the World Organization for Animal Health (OIE) to combat antimicrobial resistance, in accordance with the "One Health" initiative;
  - f) monitor and evaluate the implementation of this Plan of Action and submit a periodic progress report to the Governing Bodies on any limitations in the implementation of the Plan and any necessary adaptations to new contexts and needs.

*(Eighth meeting, 1 October 2015)*

***CD54.R16: PAHO Program and Budget 2016-2017***

***THE 54th DIRECTING COUNCIL,***

Having examined the *PAHO Program and Budget 2016-2017* (Official Document 350);

Having considered the report of the Executive Committee (Document CD54/2);

Noting the efforts of the Pan American Sanitary Bureau (PASB) to propose a program and budget that takes into account both the global and regional financial climate and its implications for Member States and the achievement of the Member States' and the Organization's public health commitments;

Recognizing that the PAHO Program and Budget 2016-2017 is aligned with WHO reform;

Appreciating the implementation of a bottom-up approach to the preparation of the Program and Budget for the costing of biennial results in accordance with results-based management;

Taking into account that, for the first time, an integrated budget is being presented in which the Member States will approve the resources necessary to achieve the biennial results;

Considering the ongoing implementation of PAHO's Results-based Management Framework, which incorporates the principles of efficiency, effectiveness, transparency, and accountability;

Bearing in mind Article 14.C of the Constitution of the Pan American Health Organization and Article III, paragraph 3.5 of the PAHO Financial Regulations,

***RESOLVES:***

1. To approve PAHO's program of work with a budget of \$612.8 million for base programs, and \$35.0 million for special programs and response to emergencies as outlined in the PAHO Program and Budget 2016-2017.
2. To encourage Member States to continue to make timely payments of their assessments in 2016-2017 and arrears that might have accumulated in the previous budgetary periods.
3. To request the Member States of the Region of the Americas to continue working with other regions, within the framework of WHO reform, to reach consensus on an equitable share of WHO's resources.
4. To encourage WHO to fully fund the budget space allocated to the Region of the Americas.
5. To encourage all Member States, Participating States, and Associate Members to make voluntary contributions that are aligned with the Program and Budget 2016-2017, and, where possible, to consider making these contributions fully flexible and to a pool of un-earmarked funds.
6. To allocate the budget for the 2016-2017 budgetary period among the six programmatic categories as follows:

<b>Category</b>	<b>Budget</b>
1. Communicable Diseases	\$102,389,000
2. Noncommunicable Diseases and Risk Factors	\$58,028,000
3. Determinants of Health and Promoting Health throughout the Life Course	\$81,242,000
4. Health Systems	\$109,196,000
5. Preparedness, Surveillance, and Response	\$59,811,000
6. Corporate Services/Enabling Functions	\$202,134,000
<b>Total for base programs (Categories 1-6)</b>	<b>\$612,800,000</b>
Special programs and response to emergencies	<b>\$35,000,000</b>

7. To finance the approved budget for base programs in the following manner and from the indicated sources of financing:

a) Assessed Contributions from PAHO Member States, Participating States and Associate Members	\$210,640,000
Less Credit from Tax Equalization Fund	(\$17,905,000)
b) Budgeted Miscellaneous Revenue	\$25,000,000
c) Other Sources	\$216,973,000
d) Funding allocation to the Region of the Americas from the World Health Organization	\$178,092,000
<b>TOTAL</b>	<b>\$612,800,000</b>

8. To request the Director to ensure that, in establishing the contributions of Member States, Participating States, and Associate Members, assessments are reduced further by the amount standing to their credit in the Tax Equalization Fund, except that credits of those states that levy taxes on the emoluments received from PASB by their nationals and residents are reduced by the amounts of such tax reimbursements by PASB.

9. To authorize the Director to use assessed contributions, miscellaneous revenue, other sources such as PAHO voluntary contributions, and the resources allocated from WHO to the Region of the Americas to fund the budget as allocated in paragraph 6 above, subject to the availability of funding.

10. To further authorize the Director to make budget transfers, where necessary, among the six categories listed in paragraph 6 above, up to an amount not exceeding 10% of the budget allocated to the category from which the transfer is made; the expenditures

resulting from such transfers shall be reported under the final category in the financial reports for the period 2016-2017.

11. To request the Director to establish, in consultation with the Member States, a mechanism to present interim reports on the implementation of the Program and Budget, including planned and financed items, the progress made toward the achievement of the results, and the programmatic and financial risks.

12. To request the Director to report to the Governing Bodies on the level of financing and implementation for each source of financing in paragraph 7 and for the categories and program areas outlined in the Program and Budget 2016-2017.

*(Ninth meeting, 2 October 2015)*

***CD54.R17: Assessed Contributions of the Member States, Participating States, and Associate Members of the Pan American Health Organization for 2016-2017***

***THE 54th DIRECTING COUNCIL,***

Whereas in Resolution CD54.R16 the Directing Council approved the *PAHO Program and Budget 2016-2017* (Official Document 350); and

Bearing in mind that the Pan American Sanitary Code establishes that the scale of assessed contributions to be applied to Member States of the Pan American Health Organization will be based on the assessment scale adopted by the Organization of American States for its membership, and that in Resolution CD54.R2, the Directing Council adopted that scale of assessments for the PAHO membership in 2016-2017,

***RESOLVES:***

To establish the assessed contributions of the Member States, Participating States, and Associate Members of the Pan American Health Organization for the 2016 and 2017 financial periods in accordance with the scale of assessments shown below and in the corresponding amounts, which represent a zero nominal growth in gross assessments with respect to the 2014-2015 biennium.

**ASSESSMENTS OF THE MEMBER STATES, PARTICIPATING STATES, AND ASSOCIATE MEMBERS  
OF THE PAN AMERICAN HEALTH ORGANIZATION FOR 2016-2017  
(0% Increase in Assessed Contributions)**

Membership	Scale Adjusted to PAHO Membership		Gross Assessment		Credit from Tax Equalization Fund		Adjustments for Taxes Imposed by Member States on Emoluments of PASB Staff		Net Assessment	
	2016 %	2017 %	2016 US\$	2017 US\$	2016 US\$	2017 US\$	2016 US\$	2017 US\$	2016 US\$	2017 US\$
Antigua and Barbuda	0.022	0.022	23,170	23,170	1,970	1,970			21,201	21,201
Argentina	2.400	2.400	2,527,680	2,527,680	214,860	214,860			2,312,820	2,312,820
Bahamas	0.049	0.049	51,607	51,607	4,387	4,387			47,220	47,220
Barbados	0.034	0.034	35,809	35,809	3,044	3,044			32,765	32,765
Belize	0.022	0.022	23,170	23,170	1,970	1,970			21,201	21,201
Bolivia	0.056	0.056	58,979	58,979	5,013	5,013			53,966	53,966
Brazil	12.427	12.427	13,088,116	13,088,116	1,112,527	1,112,527			11,975,589	11,975,589
Canada	10.583	10.583	11,146,016	11,146,016	947,443	947,443			10,198,573	10,198,573
Chile	1.347	1.347	1,418,660	1,418,660	120,590	120,590			1,298,070	1,298,070
Colombia	1.311	1.311	1,380,745	1,380,745	117,367	117,367			1,263,378	1,263,378
Costa Rica	0.230	0.230	242,236	242,236	20,591	20,591			221,645	221,645
Cuba	0.132	0.132	139,022	139,022	11,817	11,817			127,205	127,205
Dominica	0.022	0.022	23,170	23,170	1,970	1,970			21,201	21,201
Dominican Republic	0.317	0.317	333,864	333,864	28,379	28,379			305,485	305,485
Ecuador	0.322	0.322	339,130	339,130	28,827	28,827			310,303	310,303
El Salvador	0.086	0.086	90,575	90,575	7,699	7,699			82,876	82,876
Grenada	0.022	0.022	23,170	23,170	1,970	1,970			21,201	21,201
Guatemala	0.145	0.145	152,714	152,714	12,981	12,981			139,733	139,733
Guyana	0.022	0.022	23,170	23,170	1,970	1,970			21,201	21,201
Haiti	0.026	0.026	27,383	27,383	2,328	2,328			25,056	25,056
Honduras	0.042	0.042	44,234	44,234	3,760	3,760			40,474	40,474
Jamaica	0.070	0.070	73,724	73,724	6,267	6,267			67,457	67,457
Mexico	6.788	6.788	7,149,122	7,149,122	607,696	607,696			6,541,426	6,541,426
Nicaragua	0.026	0.026	27,383	27,383	2,328	2,328			25,056	25,056
Panama	0.176	0.176	185,363	185,363	15,756	15,756			169,607	169,607

**ASSESSMENTS OF THE MEMBER STATES, PARTICIPATING STATES, AND ASSOCIATE MEMBERS  
OF THE PAN AMERICAN HEALTH ORGANIZATION FOR 2016-2017  
(0% Increase in Assessed Contributions)**

Membership	Scale Adjusted to PAHO Membership		Gross Assessment		Credit from Tax Equalization Fund		Adjustments for Taxes Imposed by Member States on Emoluments of PASB Staff		Net Assessment	
	2016 %	2017 %	2016 US\$	2017 US\$	2016 US\$	2017 US\$	2016 US\$	2017 US\$	2016 US\$	2017 US\$
Paraguay	0.075	0.075	78,990	78,990	6,714	6,714			72,276	72,276
Peru	0.860	0.860	905,752	905,752	76,992	76,992			828,761	828,761
Saint Kitts and Nevis	0.022	0.022	23,170	23,170	1,970	1,970			21,201	21,201
Saint Lucia	0.022	0.022	23,170	23,170	1,970	1,970			21,201	21,201
Saint Vincent and the Grenadines	0.022	0.022	23,170	23,170	1,970	1,970			21,201	21,201
Suriname	0.026	0.026	27,383	27,383	2,328	2,328			25,056	25,056
Trinidad and Tobago	0.135	0.135	142,182	142,182	12,086	12,086			130,096	130,096
United States	59.445	59.445	62,607,474	62,607,474	5,321,814	5,321,814	6,000,000	6,000,000	63,285,660	63,285,660
Uruguay	0.247	0.247	260,140	260,140	22,113	22,113			238,028	238,028
Venezuela	2.144	2.144	2,258,061	2,258,061	191,942	191,942	25,000	25,000	2,091,119	2,091,119
<b>Subtotal</b>	<b>99.675</b>	<b>99.675</b>	<b>104,977,710</b>	<b>104,977,710</b>	<b>8,923,404</b>	<b>8,923,404</b>	<b>6,025,000</b>	<b>6,025,000</b>	<b>102,079,306</b>	<b>102,079,306</b>
<b>Participating States</b>										
France	0.128	0.128	134,915	134,915	11,468	11,468			123,447	123,447
The Netherlands	0.022	0.022	23,170	23,170	1,970	1,970			21,201	21,201
United Kingdom	0.027	0.027	28,120	28,120	2,390	2,390			25,730	25,730
<b>Subtotal</b>	<b>0.177</b>	<b>0.177</b>	<b>186,206</b>	<b>186,206</b>	<b>15,828</b>	<b>15,828</b>			<b>170,378</b>	<b>170,378</b>
<b>Associate Members</b>										
Aruba	0.022	0.022	23,170	23,170	1,970	1,970			21,201	21,201
Curaçao	0.022	0.022	23,170	23,170	1,970	1,970			21,201	21,201
Puerto Rico	0.082	0.082	86,573	86,573	7,359	7,359			79,214	79,214
Sint Maarten	0.022	0.022	23,170	23,170	1,970	1,970			21,201	21,201
<b>Subtotal</b>	<b>0.148</b>	<b>0.148</b>	<b>156,084</b>	<b>156,084</b>	<b>13,268</b>	<b>13,268</b>			<b>142,817</b>	<b>142,817</b>
<b>TOTAL</b>	<b>100.0</b>	<b>100.0</b>	<b>105,320,000</b>	<b>105,320,000</b>	<b>8,952,500</b>	<b>8,952,500</b>	<b>6,025,000</b>	<b>6,025,000</b>	<b>102,392,500</b>	<b>102,392,500</b>

*(Ninth meeting, 2 October 2015)*

**CD54.R18: *Method for the Estimation of Maternal Mortality in the Period 1990-2015***

**THE 54th DIRECTING COUNCIL,**

Having considered the document *Method for the Estimation of Maternal Mortality in the Period 1990-2015* (Document CD54/23);

Recalling that the Millennium Development Goals (MDGs) were established in September 2000 to achieve eight goals to fight a range of problems related to poverty, education, gender, health, the environment, and development by 2015 through the adoption of the United Nations Millennium Declaration (Resolution A/RES/55/2);

Noting that, thanks to the efforts made by the Member States and other stakeholders within the framework of achieving the MDGs, very significant improvements were achieved, including a global reduction in maternal mortality;

Recognizing the importance of periodically evaluating progress toward meeting the MDG targets;

Recalling that the initial indicators were prepared in 2002 and first used in 2003;

Considering that, based on the recommendations of the Inter-Agency and Expert Group, the initial indicators were modified in Resolution A/RES/60/1 (2005) of the United Nations General Assembly to include four new targets, replacing the method adopted in 2003;

Considering that after two years of public consultations, interaction with civil society, and negotiations among the Member States of the United Nations, the 2030 Agenda for Sustainable Development was adopted on 25 September at the United Nations Sustainable Development Summit 2015;

Having observed that intense work has been done in recent years to end the stagnation in maternal mortality and accelerate its reduction, resulting in a significant decline and global progress toward the established target; and observing, furthermore, that reducing maternal mortality has been one of the main lines of action in policies and programs to improve women's health, and that, through national and regional efforts, maternal mortality declined by 40%, on average, between 1990 and 2013 in the Region;

Recognizing that most of the countries have not reached the MDG target of reducing the maternal mortality ratio by 75% between 1990 and 2015, and that, as a result, its reduction remains a central challenge on the 2030 Agenda for Sustainable Development, which is why agreement has been reached with other regions to keep this target in the Sustainable Development Goals;

Considering that the Maternal Mortality Estimation Inter-agency Group--composed of WHO, UNFPA, UNICEF, the World Bank, and the United Nations Population Division--has made estimates of maternal mortality for the period 1990-2015 using a revised statistical model that does not coincide with the International Statistical Classification of Diseases and Related Health Problems (ICD-10);

Concerned, because the recent revision in the method used by the Inter-agency Group to estimate this indicator was adopted without due consultation with the Member States, which has raised concern with regard to comparability between countries, and historical traceability, and may result in problems for the technical teams of the ministries of health in terms of comprehension and replicability;

Considering that the 2030 Agenda for Sustainable Development includes 17 goals that will govern global development programs over the next 15 years,

***RESOLVES:***

1. To call on WHO, in coordination with the Inter-agency Group, to:
  - a) hold workshops with Member States on the revised methodology for the 1990-2015 maternal mortality estimates in order to facilitate open dialogue and to advance agreement;
  - b) postpone the publication of the estimates until after the workshops, once agreement has been reached; and
  - c) produce a document that explains the differences between the methods and the reason for the revision.
2. To request WHO, in coordination with the Inter-agency Group, not to include late maternal deaths and maternal deaths from sequelae in the 1990-2015 estimates, in accordance with the ICD-10.
3. To request WHO, in coordination with the Inter-agency Group, in the event that agreement is reached on a revised estimation system, in consultation with the Member States, to produce, in time for the approval of the indicators for the 2030 Agenda for Sustainable Development, a set of relevant data on the maternal mortality ratio that uses the revised method, in order to facilitate comparability with the 1990-2015 measurement period.
4. To request WHO, in coordination with the Inter-agency Group, to work with the Member States to adjust 1990-2015 estimates, where appropriate and where reliable evidence is available from official national sources.



5. To recognize the importance of improving the availability and quality of statistical data on maternal deaths, including late deaths and deaths from sequelae, with a view to achieving continuous improvement in the presentation of statistical information.
6. To request WHO, in coordination with the Inter-agency Group, if agreement is not reached with the Member States on revised methodology for estimating 1990-2015 maternal mortality, and in consultation with other regions, to consider returning to the definition established in the ICD-10 and, where appropriate, to use reliable evidence from official national information sources.
7. To reiterate the need to establish a broad and inclusive consultation process aimed at addressing all the issues related to the revised methodology.
8. To urge the Member States to:
  - a) reaffirm their commitment to the target of reducing the maternal mortality ratio, as established in the Millennium Development Goals and the 2030 Agenda for Sustainable Development;
  - b) work with the support of WHO and experts of the Inter-agency Group in the processes for estimating the maternal mortality ratio.
9. To request the Director to:
  - a) advocate, in her capacity as Director of the WHO Regional Office for the Americas, for WHO to inform the members of the Inter-agency Group that the Member States have an interest in establishing a forum for dialogue to review the proposed modification of the method to ensure that it is uniform, transparent, evidence-based, and replicable, and that it helps to improve accountability;
  - b) promote the reporting of the maternal mortality ratio using the ICD-10 definition for estimating maternal mortality for the period 1990-2015;
  - c) advocate for adherence to and monitoring of quality standards when data are published; and for consultation with the Member States on any change or modification in order to ensure that the estimates corresponding to each country are coherent and timely;
  - d) prioritize regional efforts to contribute to meeting commitments that guarantee well-being and human health, based on the principles of transparency and accountability that have guided the countries of the Region toward the achievement of the MDGs;
  - e) in coordination with the WHO Secretariat, contribute technical information to the deliberations on this issue by the Inter-Agency and Expert Group on Sustainable Development Goal Indicators, established by the Statistical Commission.

*(Ninth meeting, 2 October 2015)*

***Decisions***

***Decision CD54(D1): Appointment of the Committee on Credentials***

Pursuant to Rule 31 of the Rules of Procedure of the Directing Council, the Council appointed Ecuador, Puerto Rico, and the Bolivarian Republic of Venezuela as members of the Committee on Credentials.

*(First meeting, 28 September 2015)*

***Decision CD54(D2): Election of Officers***

Pursuant to Rule 16 of the Rules of Procedure of the Directing Council, the Council elected El Salvador as President, Antigua and Barbuda and Peru as Vice Presidents, and the United States of America as Rapporteur of the 54th Directing Council.

*(First meeting, 28 September 2015)*

***Decision CD54(D3): Establishment of the General Committee***

Pursuant to Rule 32 of the Rules of Procedure of the Directing Council, the Council appointed Chile, Cuba, and Saint Vincent and the Grenadines as members of the General Committee.

*(First meeting, 28 September 2015)*

***Decision CD54(D4): Adoption of the Agenda***

Pursuant to Rule 10 of the Rules of Procedure of the Directing Council, the Council adopted the agenda submitted by the Director, as amended by the Council (Document CD54/1, Rev. 2).

*(First meeting, 28 September 2015)*

***Decision CD54(D5): Selection of Two Member States from the Region of the Americas Entitled to Designate a Person to Serve on the Policy and Coordination Committee of the UNDP/UNFPA/WHO/World Bank Special Program of Research, Development and Research Training in Human Reproduction***

The Directing Council selected Peru and the Bolivarian Republic of Venezuela as the Member States from the Region of the Americas entitled to designate a person to serve on the Policy and Coordination Committee of the UNDP/UNFPA/WHO/World Bank Special Program of Research, Development and Research Training in Human Reproduction for a term of office commencing on 1 January 2016 and ending on 31 December 2018.

*(Fifth meeting, 30 September 2015)*

***Decision CD54(D6): El Niño in the Region of the Americas***

The 54th Directing Council of PAHO,

Taking due note of the proposal presented by the Delegation of Peru with regard to the potential severe health impacts of El Niño 2015-2016, and considering the forecasts made by the international monitoring, research, and hydro-meteorological alert systems, which indicate that this El Niño is in its mature phase in the tropical Pacific, has a strong magnitude, and could reach its peak intensity between November 2015 and early 2016,

***DECIDES:***

To urge the Member States, as appropriate, to update and implement their mitigation, preparedness, response, and recovery plans for extreme hydro-meteorological events such as El Niño in order to protect the health and life of the population.

To request the Director to strengthen technical cooperation with the Member States in the development of policies and programs aimed at mitigation, preparedness, and response to El Niño 2015-2016, and to promote regional and national efforts that lead to a better understanding of the health impacts of El Niño.

*(Eighth meeting, 1 October 2015)*

IN WITNESS WHEREOF, the President of the 54th Directing Council, Delegate of El Salvador, and the Secretary ex officio, Director of the Pan American Sanitary Bureau, sign the present Final Report in the Spanish language.

DONE in Washington, D.C., on this second day of October in the year two thousand fifteen. The Secretary shall deposit the original texts in the archives of the Pan American Sanitary Bureau. The Final Report will be published on the webpage of the Pan American Health Organization once approved by the President.

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Violeta Menjívar  
Delegate of El Salvador  
President of the  
54th Directing Council

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Carissa Etienne  
Director of the  
Pan American Sanitary Bureau  
Secretary ex officio of the  
54th Directing Council

## **AGENDA**

### **1. OPENING OF THE SESSION**

### **2. PROCEDURAL MATTERS**

- 2.1 Appointment of the Committee on Credentials
- 2.2 Election of Officers
- 2.3 Establishment of a Working Party to Study the Application of Article 6.B of the PAHO Constitution
- 2.4 Establishment of the General Committee
- 2.5 Adoption of the Agenda

### **3. CONSTITUTIONAL MATTERS**

- 3.1 Annual Report of the President of the Executive Committee
- 3.2 Annual Report of the Director of the Pan American Sanitary Bureau
- 3.3 Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Canada, Jamaica, and Paraguay

### **4. PROGRAM POLICY MATTERS**

- 4.1 PAHO Program and Budget 2016-2017
  - 4.2 New Scale of Assessed Contributions
  - 4.3 WHO Reform
  - 4.4 Plan of Action on Immunization
  - 4.5 Strategy and Plan of Action on Dementias in Older Persons
  - 4.6 Strategy and Plan of Action on Strengthening the Health System to Address Violence against Women
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**4. PROGRAM POLICY MATTERS** (*cont.*)

- 4.7 Plan of Action on Workers' Health
- 4.8 Plan of Action for the Prevention and Control of Tuberculosis
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- 4.10 Plan of Action for the Prevention and Control of Viral Hepatitis
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- 4.12 El Niño 2015-2016 in the Region of the Americas
- 4.13 Method for the Estimation of Maternal Mortality in the Period 1990-2015

**5. ADMINISTRATIVE AND FINANCIAL MATTERS**

- 5.1 Report on the Collection of Assessed Contributions
- 5.2 Financial Report of the Director and Report of the External Auditor for 2014
- 5.3 Proposal for the Use of the Balance of the IPSAS and Budgetary Surpluses
- 5.4 Amendments to the Financial Regulations and Financial Rules of PAHO
- 5.5 Appointment of the External Auditor of PAHO for 2016-2017

**6. SELECTION OF MEMBER STATES TO BOARDS AND COMMITTEES**

- 6.1 Selection of Two Member States from the Region of the Americas Entitled to Designate a Person to Serve on the Policy and Coordination Committee of the UNDP/UNFPA/WHO/World Bank Special Program of Research, Development and Research Training in Human Reproduction
- 6.2 Election of Three Members to the Advisory Committee of the Latin American and Caribbean Center on Health Sciences Information (BIREME)

## **7. MATTERS FOR INFORMATION**

- 7.1 Regional Goals for Human Resources for Health 2007-2015:  
Final Report
- Report on the Development of the Global Strategy on Human Resources for Health: Workforce 2030
- 7.2 Evaluation of the Plan of Action for Implementing the Gender Equality Policy and Proposed Strategic Lines of Action
- 7.3 Report on Chikungunya Virus Transmission and its Impact in the Region of the Americas
- 7.4 International Health Regulations and Ebola Virus Disease
- Regional Consultation on the IHR Monitoring Scheme post-2016
- 7.5 Progress Reports on Technical Matters:
- A. Implementation of the WHO Framework Convention on Tobacco Control
  - B. Proposed 10-year Regional Plan on Oral Health for the Americas
  - C. Plan of Action on Road Safety
  - D. Dengue Prevention and Control in the Americas
  - E. Chronic Kidney Disease in Agricultural Communities in Central America
  - F. Health Technology Assessment and Incorporation into Health Systems
  - G. Status of the Pan American Centers
- 7.6 Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO:
- A. Sixty-eighth World Health Assembly
  - B. Forty-fifth Regular Session of the General Assembly of the Organization of American States
  - C. Subregional Organizations

## **8. OTHER MATTERS**

## **9. CLOSURE OF THE SESSION**

## LIST OF DOCUMENTS

### Official Documents

*OD349* Financial Report of the Director and Report of the External Auditor for 2014

*OD350*, Add. I, Add II, and Add. III, Rev. 1 PAHO Program and Budget 2016-2017

### Working Documents

CD54/1, Rev. 3 Agenda

CD54/2 Annual Report of the President of the Executive Committee

CD54/3 Annual Report of the Director of the Pan American Sanitary Bureau

CD54/4 Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Canada, Jamaica, and Paraguay

CD54/5, Rev. 1 New Scale of Assessed Contributions

CD54/6 WHO Reform

CD54/7, Rev. 2 Plan of Action on Immunization

CD54/8, Rev. 1 Strategy and Plan of Action on Dementias in Older Persons

CD54/9, Rev. 2 Strategy and Plan of Action on Strengthening the Health System to Address Violence against Women

CD54/10, Rev. 1 Plan of Action on Workers' Health

CD54/11, Rev. 1 Plan of Action for the Prevention and Control of Tuberculosis

CD54/12, Rev. 1 Plan of Action on Antimicrobial Resistance

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**Working Documents** (*cont.*)

- CD54/13, Rev. 1 Plan of Action for the Prevention and Control of Viral Hepatitis
- CD54/14, Rev. 1 Strategy on Health-related Law
- CD54/15 and Add. I Report on the Collection of Assessed Contributions
- CD54/16 Proposal for the Use of the Balance of the IPSAS and Budgetary Surpluses
- CD54/17 Amendments to the Financial Regulations and Financial Rules of PAHO
- CD54/18, Rev. 1 Appointment of the External Auditor of PAHO for 2016-2017
- CD54/19 Selection of Two Members from the Region of the Americas Entitled to Designate a Person to Serve on the Policy and Coordination Committee of the UNDP/UNFPA/WHO/World Bank Special Program of Research, Development and Research Training in Human Reproduction
- CD54/20 Election of Three Members to the Advisory Committee of the Latin American and Caribbean Center on Health Sciences Information (BIREME)
- CD54/21 [Ce document a été renommée *Official Document 350*]
- CD54/22 El Niño 2015-2016 in the Region of the Americas
- CD54/23 Method for the Estimation of Maternal Mortality in the Period 1990-2015

**Information Documents**

- CD54/INF/1 Regional Goals for Human Resources for Health 2007-2015: Final Report
- CD54/INF/1, Add. I Report on the Development of the Global Strategy on Human Resources for Health: Workforce 2030
- CD54/INF/2 Evaluation of the Plan of Action for Implementing the Gender Equality Policy and Proposed Strategic Lines of Action

**Information Documents** (*cont.*)

- CD54/INF/3            Report on Chikungunya Virus Transmission and its Impact in the Region of the Americas
- CD54/INF/4            International Health Regulations and Ebola Virus Disease
- CD54/INF/4, Add. I    Regional Consultation on the IHR Monitoring Scheme post-2016
- CD54/INF/5            Progress Reports on Technical Matters:
- A.    Implementation of the WHO Framework Convention on Tobacco Control
  - B.    Proposed 10-year Regional Plan on Oral Health for the Americas
  - C.    Plan of Action on Road Safety
  - D.    Dengue Prevention and Control in the Americas
  - E.    Chronic Kidney Disease in Agricultural Communities in Central America
  - F.    Health Technology Assessment and Incorporation into Health Systems
  - G.    Status of the Pan American Centers
- CD54/INF/6            Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO:
- A.    Sixty-eighth World Health Assembly
  - B.    Forty-fifth Regular Session of the General Assembly of the Organization of American States
  - C.    Subregional Organizations

**LIST OF PARTICIPANTS/LISTA DE PARTICIPANTES  
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<b>President / Presidente:</b>	Dra. Violeta Menjívar (El Salvador)
<b>Vice-President / Vicepresidente:</b>	Hon. Molwyn M. Joseph (Antigua and Barbuda)
<b>Vice-President / Vicepresidente:</b>	Dr. Aníbal Velásquez Valdivia (Peru)
<b>Rapporteur / Relator:</b>	Mr. Charles Darr (United States of America)

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**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

**HAITI/HAÏTÍ (cont.)**

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**HONDURAS (cont.)**

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**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

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**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

**MEXICO/MÉXICO (cont.)**

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**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

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**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

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**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

**UNITED STATES OF AMERICA/ESTADOS UNIDOS DE AMÉRICA (cont.)**

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**UNITED STATES OF AMERICA/ESTADOS UNIDOS DE AMÉRICA (cont.)**

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**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

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**VENEZUELA (BOLIVARIAN REPUBLIC OF/  
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OFFICIAL RELATIONS WITH WHO / REPRESENTANTES DE  
ORGANIZACIONES NO GUBERNAMENTALES EN RELACIONES OFICIALES  
CON LA OMS**

**Alzheimer's Disease International/  
Enfermedad de Alzheimer Internacional**

Mr. Marc Wortmann  
Ms. Kate Gordon  
Mr. Johan Vos

**Consumers International**

Mr. Alejandro Calvillo

**Framework Convention Alliance for  
Tobacco Control/Alianza para el Convenio  
Marco para el Control del Tabaco**

Mr. Laurent Huber  
Mrs. Kelsey Romeo-Stuppy

**International Alliance of Patients'  
Organizations/Alianza Internacional  
de Organizaciones de Pacientes**

Ms. Maria Julia Muñoz Serrano  
Mrs. Eva Maria Ruiz de Castilla

**International Federation of Medical Students'  
Associations/Federación Internacional de  
Asociaciones de Estudiantes de Medicina**

Mr. Maria José Cisneros  
Mr. Arthur Mello  
Ms. Aline Khatchikian  
Ms. Chérine Zaim  
Mr. Jorge Acosta

**REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS IN  
OFFICIAL RELATIONS WITH WHO / REPRESENTANTES DE  
ORGANIZACIONES NO GUBERNAMENTALES EN RELACIONES OFICIALES  
CON LA OMS (cont.)**

**International Federation of Pharmaceutical  
Manufacturers Associations/Federación  
Internacional de la Industria del  
Medicamento**

Ms. Shira Kilcoyne  
Ms. Maria del Pilar Rubio-Mejia  
Ms. Kathleen Laya  
Ms. Julie Hamra  
Mr. Robert Simpson  
Mr. Vincent Bonelli  
Mr. José Noguera

**International Diabetes Federation/  
Federación Internacional de Diabetes**

Mrs. Sharon Fraser

**SPECIAL GUESTS/  
INVITADOS ESPECIALES**

Excelentísimo Sr. Juan Orlando Fernández  
Presidente de la República de Honduras

Sra. Ana García de Hernández  
Primera Dama de Honduras

Dr. María Isabel Rodríguez  
El Salvador  
PAHO Public Health Hero of the Americas/  
Héroe de la Salud Pública en las Américas

**WORLD HEALTH ORGANIZATION/  
ORGANIZACIÓN MUNDIAL DE LA SALUD**

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Director-General  
  
Dr. Mary-Anne Land  
Executive Officer  
Office of the Director-General

Dr. Hans Troedsson  
Assistant Director-General

Dr. Winnie K. Mpanju-Shumbusho  
Assistant Director-General

Dr. Agnès Souca  
Director  
Health Systems Governance  
and Financing

Mrs. Cecilia Rose  
Director  
Department for Governing Bodies and  
External Relations

Dr. Florence Janine Fuchs  
Coordinator  
IHR Capacity Assessment, Development  
and Maintenance

Dr. Gaudenz Ulrich Silberschmidt  
Director, Partnerships and Non-State Actors  
Policy and Strategic Directions

**PAN AMERICAN HEALTH ORGANIZATION/  
ORGANIZACIÓN PANAMERICANA DE LA SALUD**

**Director and Secretary ex officio of the  
Council/Directora y Secretaria ex officio del  
Consejo**

Dr. Carissa F. Etienne

**Advisors to the Director  
Asesores de la Directora**

Dr. Isabella Danel  
Deputy Director  
Directora Adjunta

Dr. Francisco C. Becerra Posada  
Assistant Director  
Subdirector

**Advisors to the Director (cont.)  
Asesores de la Directora (cont.)**

Mr. Gerald Anderson  
Director of Administration  
Director de Administración

Dr. Heidi Jiménez  
Legal Counsel, Office of the Legal Counsel  
Asesora Jurídica, Oficina del Asesor  
Jurídico

Ms. Piedad Huerta  
Senior Advisor, Governing Bodies Office  
Asesora Principal, Oficina de los Cuerpos  
Directivos

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