

*executive committee of  
the directing council*



**PAN AMERICAN  
HEALTH  
ORGANIZATION**

*working party of  
the regional committee*

**WORLD  
HEALTH  
ORGANIZATION**



109th Meeting  
Washington, D.C.  
June 1992

---

Provisional Agenda Item 3.1

CE109/5 (Eng.)  
13 May 1992  
ORIGINAL: ENGLISH

**REPORT OF THE SUBCOMMITTEE ON PLANNING AND PROGRAMMING**

The Subcommittee on Planning and Programming has held two meetings since the last meeting of the Executive Committee, the first occurring from 2 to 4 December 1991 and the second taking place on 8 and 9 April 1992.

The following members elected by the Executive Committee were present in each meeting: Barbados, Brazil, Cuba and the United States of America. Also participating at the invitation of the Director in the December meeting were Argentina, Canada and Colombia, and in the April meeting, Argentina, Canada and Mexico.

The following items were discussed by the Subcommittee during those meetings:

- Democracy and Health
- Public Information and Communications for Health
- Analysis of the PAHO/WHO Technical Cooperation in Colombia
- Health and Tourism
- Provisional Draft of the Program Budget of the World Health Organization for the Region of the Americas for the Biennium 1994-1995
- Health of Indigenous Peoples
- Debt Conversion for Health
- Regional Plan for Investment in Environment and Health
- Evaluation in the Pan American Health Organization

The Final Reports of the two meetings of the Subcommittee are annexed.

**Annexes**



# PAN AMERICAN HEALTH ORGANIZATION



## EXECUTIVE COMMITTEE OF THE DIRECTING COUNCIL

### SUBCOMMITTEE ON PLANNING AND PROGRAMMING

---

Seventeenth Meeting  
Washington, D.C. 2-4 December 1991

SPP17/FR (Eng.)  
4 December 1991  
ORIGINAL: ENGLISH-SPANISH

F I N A L   R E P O R T

## FINAL REPORT

The Seventeenth Meeting of the Subcommittee on Planning and Programming of the Executive Committee was held at the Headquarters of the Pan American Health Organization in Washington, D.C., from 2 to 4 December 1991.

The following members elected by the Executive Committee were present: Barbados, Brazil, Cuba, and the United States of America. Also taking part, at the invitation of the Director of the Bureau, in consultation with the Chairman of the Executive Committee, were representatives of Argentina, Canada, and Colombia.

## OPENING OF THE MEETING

Dr. Carlyle Guerra de Macedo, Director, PASB, opened the meeting and welcomed the representatives.

## OFFICERS

The Officers of the Subcommittee were as follows:

<u>Chairman:</u>	Hon. Branford M. Taitt	Barbados
<u>Vice Chairman:</u>	Mr. Neil A. Boyer	United States of America
<u>Rapporteur:</u>	Dr. Ramón Prado Peraza	Cuba
<u>Secretary ex officio:</u>	Dr. Carlyle Guerra de Macedo	Director, PASB
<u>Technical Secretary:</u>	Mr. Mark Schneider	Chief, a.i., DAP/PASB

## AGENDA

In accordance with Article 10 of the Rules of Procedure, the Subcommittee adopted the following agenda:

1. Opening of the Meeting
2. Election of the Chairman, Vice Chairman and Rapporteur
3. Adoption of the Agenda
4. Democracy and Health
5. Public Information and Communications for Health

6. Analysis of the PAHO/WHO Technical Cooperation in Colombia
7. Analysis of the Regional Program in Environmental Health (HPE)
8. Health and Tourism
9. Other Matters

## PRESENTATIONS AND CONCLUSIONS

A summary of the discussions and conclusions on each item follows:

### Item 4: Democracy and Health

This presentation was given by Dr. César Vieira from the Health Policy Development Program. He stressed the socioeconomic and political background of the Democracy and Health project, as well as the basis for its implementation in light of the Strategic Orientations and Program Priorities for PAHO/WHO during the Quadrennium 1991-1994. The project was launched with four subregional meetings of parliamentarians in 1990 in Tegucigalpa, Caracas, Kingston, and Santiago/Valparaíso, with collaboration from the Organization of American States. In 1991 technical cooperation agreements for health were signed with 20 parliaments, and cooperation ties were established with some regional and subregional parliamentary organizations. There are plans to sign agreements in the immediate future with the rest of the parliaments and to strengthen subregional and regional cooperation, based on parliamentary health agendas. Finally, he cited some examples to illustrate that the project is being well received in the countries, not only by the parliaments, but also by the health authorities.

### Discussion

Because of its importance, the topic gave rise to a detailed discussion. Most noteworthy was the fact that all members of the Subcommittee recognized that while the Ministry of Health has preeminent responsibility for leadership in the health sector, the responsibility for promoting health includes all state agencies, including the legislatures. Therefore, the initiative to encourage greater understanding of, information concerning, and support for health is very positive.

However, it was stated that the way the document was drafted raises some doubts as to how the Bureau would proceed to contact or establish relations with the legislative branch in each country, since PAHO must be very careful to respect established channels so as to avoid problems with the executive branch. To this end, it was suggested that the Organization establish very clear parameters for itself, recognizing that PAHO's line of communication with the country is through the executive branch. The need to establish priorities and to limit costs also was underscored.

The Director made it clear that the Bureau will continue to collaborate, as it has always done, directly with the executive branch, and that the latter has been and will continue to be consulted prior to initiation of activities with the legislative branches in their countries. It was also clarified that, in addition to promoting greater recognition of health in the overall development process in each country, a main objective of the program is to encourage the parliaments to cooperate more closely with the Ministry for the cause of health.

A member of the Subcommittee noted that the initiative had not yet been considered by the Governing Bodies and that the funds to implement it had not been specifically allocated for that purpose. Concern was expressed as to how the program would be funded and what repercussions it might have on funds earmarked for the Ministries of Health. The Director cited the limited special funding through the Regional Director's Development Program.

The Secretariat reported that, at the national level, the program would be included only in the APB of those countries which might request it, and that it would be up to the health authorities in this dialogue with the PWR's Office to decide what part of that budget would be devoted to fostering relations with the legislative branch.

As a result of the discussion, the Subcommittee decided to ask the Secretariat to revise the document presented to clarify the points raised, and to fine-tune the objectives of the program. The new document, which will be submitted to the SPP at its April 1992 meeting, should also propose a method for evaluating the program. Following that review, it was the intention of the Subcommittee to submit the document for consideration by the Executive Committee at its meeting in the Fall of 1992.

#### Item 5: Public Information and Communications for Health

Mr. Richard Leclair, Chief of the Department of Information Coordination, presented this topic. He said that since the last report on the Communications for Health Program (CFH) was presented to the SPP in March 1990 it has been recognized that the use of social communication is an essential strategy for PAHO and its Member Countries. Consequently, this program was incorporated into the Strategic Orientations and Program Priorities for PAHO during the Quadrennium 1991-1994, approved in September 1990 by the XXIII Pan American Sanitary Conference.

After receiving approval from the SPP to move forward, an operations plan was developed and implementation began. A Development Committee comprised of public and private sector leaders was formed to assist PAHO in planning CFH and its activities, mobilizing networks and resources, and establishing private sector and nongovernmental organization partnerships. The Committee has met six times since its inception and subcommittees were formed on substance abuse reduction, immunization, and nutrition.

To facilitate response to public inquiries and streamline resources mobilization, two computerized databases were developed and are now ready to go on line.

The several major communications activities undertaken since 1990 include the Third Pan American Teleconference on AIDS (Caracas, 1991); a television entertainment special in support of immunization campaigns in the Andean Region (April 1990); and a public information campaign to "Make Measles History" in the English-speaking Caribbean. Support to communications projects concerning the fight against cholera are now being developed and special collaborative efforts with the Ministry of Social Security of Peru and the Ministry of Health of Colombia are under consideration.

### Discussion

Some members indicated that the title of the project may lend itself to confusion and that perhaps it should be divided into two separate topics: Public Information, and Communication for Health. One member also noted that the program seemed to promote use of the mass media, and not communications for health. However, the entire Subcommittee agreed that the program is one of the most important things that can be done for public health, and that health workers should pay special attention to it.

With regard to the document, it was indicated that its objectives should be ranked in priority order, placing particular emphasis on generating interest in health issues among the general public and specialized groups, at the same time that the program should raise consciousness about individual and collective responsibility for health. It was also indicated that the objectives should be more explicit, and mention was made of the lack of any indication of what resources would be necessary to implement the program. Perhaps there should be more specificity with regard to its scope, and it was noted that the document lacked information on the program itself.

The importance of the Development Committee was recognized, not only because of the assistance it is providing in developing the program, but also because included in its membership are several well-known private sector and public figures.

The Subcommittee made several suggestions to the Secretariat to improve the program, such as: the use of radio; greater TCDC; facilitating subregional exchanges of existing programs on health promotion; and getting important figures in the world of mass media involved.

The members of the Subcommittee stressed that PAHO's message of health promotion through prevention and responsibility for one's own health must be disseminated.

In its response, the Secretariat said that the main objective of the program was to provide useful information on health to the population. It was clarified that PAHO itself would not put programs on in the mass media, but that it would help the Member Countries to produce programs to inform the population about health. It was also made clear that PAHO does not advertise itself, but achieves recognition as a secondary effect through its public information programs on health. The debate concluded with acknowledgement by the Secretariat that more work must be done on all aspects of public information and education to promote health.

Item 6: Analysis of the PAHO/WHO Technical Cooperation in Colombia

Dr. Antero Coelho Neto, PAHO/WHO Representative in Colombia, presented Document SPP17/3 which describes the evaluation of PAHO/WHO technical cooperation in Colombia, conducted in March 1991. He said that this exercise is not a separate part of the evaluation performed by the Organization, but a special stage within a continuous process. He described in detail the main general and specific recommendations made for future PAHO/WHO cooperation in the country. These recommendations are based on a careful analysis of the existing health problems within the broad economic and political context. Some noteworthy components of the exercise were the preparatory work conducted by the joint group of PAHO/WHO and national technical experts, and participation in the meetings by representatives of several entities within and outside the health sector and the Ministry. These recommendations have been the basis for PAHO/WHO activity since that time.

Next, Dr. Carlos A. Agudelo Calderón, Vice Minister of Health of Colombia, made a comprehensive presentation on the Ministry's experience with the evaluation, which coincided with a period of transformation in the life of the nation. He noted that the joint evaluation, coinciding with the assumption of office of new political and health ministry authorities, offered a unique opportunity for the new government to achieve consensus on basic policies.

He made reference to three major points: how the Ministry viewed the evaluation of the technical cooperation, the impact this evaluation of cooperation has had on Ministry policy, and the role that the PAHO Representation could play in the country in the immediate future.

As a result of the evaluation, the Minister became better acquainted with PAHO, particularly its policy and processes, which are at times somewhat complex, and the evaluation led to new mechanisms of coordination between the Ministry of Health and PAHO.

With respect to policy, he noted that the evaluation had prompted significant shifts in national health policy, helping to define new goals based on the actual nature of health problems confronting the nation.

He also noted that there had been an improvement in interinstitutional integration between the six health systems operating in Colombia, since institutions like the Social Security Institute had participated in

the evaluation. This made it possible to better understand the basis on which each system operates and how their respective activities can be coordinated.

Direct inroads were made with the health services that have yielded positive results, enhancing internal Ministry coordination. They also now have better knowledge of the role of international cooperation and the relationship that may exist between this and the different priority areas at, for example, the municipal and departmental level.

There is clear evidence of the exercise's positive impact on the administrative aspects of cooperation, which is now working more efficiently. Unlike in previous years, this year all of the funds available through PAHO cooperation are being used. There is also a higher degree of specificity and more timely delivery of the cooperation.

The Vice Minister noted that, in light of the present dynamics in his country, the evaluation which is conducted every four years should be carried out more frequently. He lauded the organization, preparation, and timely production of background materials for the joint evaluation.

Regarding future cooperation, the Vice Minister indicated that it should fall within four main areas: development of the national health system; total decentralization of the system; communication for health promotion; and health management.

### Discussion

In the ensuing debate the various participants showed that they were impressed with the quality of the document and how quickly it was made available to them after the evaluation. The suggestion was made, and later accepted, that at least some of the joint evaluation documents be translated each year. The report also made clear that the evaluation was really a joint PAHO/country exercise.

It was particularly noted how much the methodology of the evaluation process had improved, although it might be improved if a value scale were included to measure the results of the evaluation.

It was remarked that joint evaluations such as that done in Colombia are one component of a broader process, going from the initial preparation of the program budget through the APBs, which seeks to have continuous interaction with the governments. On the other hand, it was recognized that the evaluations are often hindered by the frequent changes of officials and their advisory teams.

In response to the questions of its members, the Subcommittee was informed that the reason the Report does not mention communicating for health is because that program is just now being developed. Regarding the decentralization of requests for external cooperation, as a result of the evaluation the Ministry of Health of Colombia decided that the individual services should formulate the projects requiring international

assistance. These are transmitted to the Ministry and in turn submitted to PAHO. Also it was noted that the participation of departmental health secretaries added to the likelihood of PAHO providing technical cooperation at the departmental level.

Several participants and members of the Secretariat noted that the situation described in Colombia is a reflection of circumstances in many countries of the Region. This led to an interesting exchange of viewpoints on equity in health, since many countries are trying to guarantee their population's fundamental right to health amidst adverse economic circumstances. Concern was expressed at the deleterious impact on health status and the health sector of adjustment policies, which in various instances seemed to ignore these consequences. Ways needed to be found which would ensure that decision-makers understood the linkage between the health of the population and the overall goals of economic development and strengthening of democratic institutions. It was mentioned that PAHO should be wary of those who blame the free health service system in their countries for the poor economic situation, because such a rationale endangers the objective of universal health coverage, and because clearly other causes are far more directly related to the economic situation in the Region.

In wrapping up the debate, the Director pointed out that political ideologies should be kept separate from health policy. He said that the State's responsibility for the health of the population should not be confused with service delivery, since the population's health needs can be well served through a joint effort between the State and the private sector. Nevertheless, he shared the concerns expressed about preserving the unique role of the State in health relative to equity, its role as norm setter and as arbiter among competing interests.

Item 7: Analysis of the Regional Program in Environmental Health (HPE)

Mr. Horst Otterstetter, Coordinator of the Environmental Health Program, presented this item (Document SPP17/5).

After mentioning the framework established for environmental health by the various declarations and resolutions of the Governing Bodies, Mr. Otterstetter commented on the political, economic, and technical importance of environmental health in national development.

His presentation continued with an analysis of the factors that affect environmental changes in the Member Countries, as the basis for a new approach to environmental health in Latin America and the Caribbean. This new approach proposes an interprogrammatic and intersectoral approach to environmental health. It seeks to include environmental health concepts in all health agencies' programs in order to attain better integration and coordination. It also notes the need for the health sector, along with other sectors, to play a role in the decision-making process for socioeconomic development.

In this vein he indicated some of the leadership and support functions that should be exercised by the health authorities to promote and protect environmental health. Then he compared the capabilities required by national agencies to implement the environmental health program, with the capabilities they currently have.

Next Mr. Otterstetter outlined PAHO's current role in environmental health, followed by a presentation of PAHO's proposed environmental health program to support the Member Countries in their efforts to manage environmental health. He also indicated that PAHO support will be geared toward strengthening the capacity to promote environmental health and the management capacity of environmental health.

Finally, Mr. Otterstetter explained how this new approach would be implemented at PAHO. He proposed the incorporation of environmental health into other PAHO programs, the strengthening of the capacity of health promotion by targeting environmental health, and a readjustment of the HPE to better satisfy the new demands of the Member Countries.

#### Discussion

The Subcommittee congratulated Mr. Otterstetter for the quality of his report, which gave an exact diagnosis of PAHO's new concept of environmental health, stressing pollution control in addition to the traditional concerns for water and sanitation. There was also unanimous support for the Secretariat's proposal to adopt a new approach to environmental health in Latin America and the Caribbean. PAHO's Environmental Health Program is considered to be a key part of the Organization that is intertwined with all other programs.

In their comments, the members of the Subcommittee indicated agreement on the intersectoral nature of environmental health and the importance of health promotion in a context that includes community participation.

It was also noted that time is of the essence. Decisive, swift measures must be taken and proactive activities must be promoted because current health infrastructures do not attribute enough importance to environmental health. It was regrettable that some governments had separated the agency overseeing the environment from the Ministry of Health, increasing the challenge of assuring that environment and health are addressed ever more closely. The health sector should draw on environmental issues more directly and consistently in helping nations understand the health dimension of development.

The international community must come to recognize that health factors have to be taken into consideration from the outset in any development process. In light of scarce resources, the new approach which emphasizes health promotion and involves the community has a good chance of obtaining favorable results. It has the virtue of dealing with health "from the bottom up" instead of the usual "top down" approach.

The economic as well as environmental impact of recent migrations was mentioned, also the possible repercussions on the environment and health of recent regional free trade agreements.

Item 8: Health and Tourism

Dr. George Alleyne, the Assistant Director, introduced the item and explained the relationship with the strategic orientation of "Health and Development" that had been approved by the XXIII Pan American Sanitary Conference in 1990. He emphasized that PAHO's primary interest was in the health of the local population, but the interaction between the health and tourism sectors was vital for both.

Data were presented on the economic aspects of tourism and several facets of the health/tourism linkage. Local physical and environmental health can impact positively or negatively on tourism, and likewise, the health of the tourist can and does affect the health of the local population.

Dr. Alleyne described some possible lines of action which Member Countries might adopt, and outlined the technical cooperation that PAHO can give through mobilization of the political, institutional and financial resources, dissemination of the necessary information, and research.

Tourism for health purposes was introduced as a concept and practice which, for economic reasons, was assuming greater significance in Latin America and the Caribbean, in several countries representing the primary source of economic production within national GDP, and in many others among the top three. Brief reference was made to the results of a questionnaire that had collected data from the countries. Dr. Alleyne then asked for feedback from the Subcommittee regarding future PAHO technical cooperation in this area.

Discussion

The members of the Subcommittee showed great interest in the topic, and congratulated Dr. Alleyne for the excellent document and presentation.

Clarification was sought regarding how much this new area of interest will cost PAHO, and exactly how the Organization would limit its response to a potentially open-ended demand for cooperation. The view was expressed that perhaps the onus of concern for health should be placed on the tourism industry, instead of adding tourism to the realm of concerns addressed by the health sector.

Among the revisions to Document SPP17/7 that the members of the Subcommittee suggested were the addition of a section on winter tourism, whose impact on health is significant because it temporarily dislocates many workers and health services to meet the demands of visitors engaging

in winter sports. It was also recommended that more attention be devoted to health tourism, particularly the special needs of elderly tourists, whose numbers are growing due to the graying of the world's population.

The Secretariat clarified the fact that this is not a proposal to create a new office within PAHO, but rather an issue that will be addressed through interprogrammatic action. In fact, all agreed that PAHO's existing health programs already benefit tourism. This approach has not entailed any significant expenditures by the Organization thus far, and the intent in the future is for it to help mobilize national, rather than PAHO, resources. Dr. Alleyne also pointed out that this issue cannot simply be relegated to the tourism industry, because its approach to date has been limited to the health of tourists, while PAHO's greater concern is the health of local populations.

In concluding the discussion, the Director noted that everyone is in agreement on the importance of this subject, in view of tourism's large impact on GDP, and therefore development. The interaction between health and tourism is gaining interest in the countries of the Region, and at least two of them are actively pursuing it.

It was decided that the document would be revised by the Secretariat to incorporate the suggestions of the Subcommittee, and sent on for consideration by the Executive Committee and Directing Council. The document could then be disseminated through the World Tourism Organization and other bodies in the tourism industry.

#### Item 9: Other Matters

##### Situation in Haiti

The Director reported to the Subcommittee that PAHO, along with other international agencies and diplomatic missions, had evacuated almost all of its personnel from the Republic of Haiti and that technical programs there had been suspended. This is due to the political situation that has arisen in that country, and the ensuing decisions by the Permanent Council of the OAS and the General Assembly of the United Nations, as well as the very difficult working conditions and concern for personal safety. Three staff members remain in Port-au-Prince in charge of the office.

PAHO is currently part of the OAS humanitarian mission that is assessing the impact the economic embargo is having on the already precarious living conditions of the population. This mission will soon be submitting a report, and PAHO will continue to collaborate with the OAS and the UN on possible emergency and humanitarian measures that may be taken to alleviate the situation of the population.

##### Agenda for the Eighteenth Meeting of the Subcommittee

The Subcommittee approved the following agenda for its Eighteenth Meeting, to be held from 8 to 10 April 1992:

1. Draft Program Budget of the World Health Organization for the Region of the Americas, 1994-1995
2. Debt for Health Swaps
3. Evaluation in the Organization
4. Medium and Long-term Investment in Health, Water and Sanitation Infrastructures (as recommended in Resolution XVII, "Cholera in the Americas," adopted by the XXXV Meeting of the Directing Council)
5. Health of Indigenous Peoples
6. Democracy and Health.

Annex



# PAN AMERICAN HEALTH ORGANIZATION



## EXECUTIVE COMMITTEE OF THE DIRECTING COUNCIL

### SUBCOMMITTEE ON PLANNING AND PROGRAMMING

---

Seventeenth Meeting  
Washington, D.C., 2-4 December 1991

SPP17/2, Rev. 1  
4 December 1991  
4 diciembre 1991

LIST OF PARTICIPANTS  
LISTA DE PARTICIPANTES

LIST OF PARTICIPANTS  
LISTA DE PARTICIPANTES

ARGENTINA

Dra. Elsa Moreno  
Secretaria de Salud  
Ministerio de Salud y Acción Social  
Buenos Aires

BARBADOS

Hon. Branford M. Taitt  
Minister of Health  
Ministry of Health  
Bridgetown

BRAZIL  
BRASIL

Dr. Alberto Szniter  
Coordinador de Planejamento Estratégico  
Ministerio da Saúde  
Brasilia

CANADA

Mr. Norbert Préfontaine  
Assistant Deputy Minister  
Intergovernmental and International  
Affairs Branch  
Department of National Health  
and Welfare  
Ottawa, Ontario

COLOMBIA

Dr. Carlos Agudelo Calderón  
Viceministro de Salud  
Ministerio de Salud  
Bogotá

Dr. Andrés Mariño Samper  
Jefe de Cooperación Técnica  
Ministerio de Salud  
Bogotá

CUBA

Dr. Ramón Prado Peraza  
Director de Relaciones  
Internacionales, a.i.  
Ministerio de Salud Pública  
La Habana

Lic. Pablo Raúl Rodríguez  
Asesor  
Oficina Intereses de Cuba  
Washington, D.C.

UNITED STATES OF AMERICA  
ESTADOS UNIDOS DE AMERICA

Mr. Neil A. Boyer  
Director for Health and Transportation  
Programs  
Bureau of International Organization  
Affairs  
Department of State  
Washington, D.C.

Ms. Marlyn Kefauver  
Associate Director for Bilateral Programs  
Office of International Health  
Department of Health and Human Services  
Rockville, Maryland

PAN AMERICAN SANITARY BUREAU  
OFICINA SANITARIA PANAMERICANA

Secretary ex officio  
Secretario ex officio

Dr. Carlyle Guerra de Macedo  
Director

Advisers to the Director of the Pan American Sanitary Bureau  
Asesores del Director de la Oficina Sanitaria Panamericana

Dr. Robert F. Knouss  
Deputy Director

Sir George O. Alleyne  
Assistant Director

Mr. Thomas Tracy  
Chief of Administration

Dr. Francisco López Antuñano  
Area Director, Health Programs Development

Dr. José R. Teruel  
Area Director a.i., Health Systems Infrastructure

Dr. Antero Coelho Neto  
PAHO/WHO Representative in Colombia

Mr. Mark L. Schneider  
Acting Chief  
Analysis and Strategic Planning Coordination

Dr. Daniel López Acuña  
Senior Advisor on Program Planning and Policy Development  
Analysis and Strategic Planning Coordination

Dr. Frank Gauldfelt  
Country Program Analyst  
Assistant Director's Office

Mr. Richard G. Leclair  
Chief, Information Coordination

Mr. Horst Otterstetter  
Program Coordinator, Environmental Health

Dr. César Vieira  
Program Coordinator, Health Policies Development



PAN AMERICAN HEALTH ORGANIZATION



EXECUTIVE COMMITTEE OF THE DIRECTING COUNCIL

SUBCOMMITTEE ON PLANNING AND PROGRAMMING

---

Eighteenth Meeting  
Washington, D.C., 8-9 April 1992

SPP18/FR (Eng.)  
9 April 1992  
ORIGINAL: ENGLISH-SPANISH

FINAL REPORT

## FINAL REPORT

The Eighteenth Meeting of the Subcommittee on Planning and Programming of the Executive Committee was held at the Headquarters of the Pan American Health Organization in Washington, D.C., on 8 and 9 April 1992.

The following members of the Subcommittee, elected by the Executive Committee, were present: Barbados, Brazil, Cuba, and the United States of America. Also taking part, at the invitation of the Director of the Bureau, were representatives from Argentina, Canada, and Mexico.

## OPENING OF THE MEETING

Dr. Carlyle Guerra de Macedo, Director, PASB, opened the meeting and welcomed the representatives.

## OFFICERS

The Officers of the Subcommittee were as follows:

<u>Chairman:</u>	Mr. Branford M. Taitt	Barbados
<u>Vice Chairman:</u>	Mr. Neil A. Boyer	United States of America
<u>Rapporteur:</u>	Dr. Ramón Prado Peraza	Cuba
<u>Secretary ex officio:</u>	Dr. Carlyle Guerra de Macedo	Director, PASB
<u>Technical Secretary:</u>	Mr. Mark Schneider	Acting Chief, DAP/PASB

## AGENDA

In accordance with Article 10 of the Rules of Procedure, the Subcommittee adopted the following agenda:

1. Opening of the Meeting
2. Election of the Chairman, Vice Chairman, and Rapporteur
3. Adoption of the Agenda
4. Provisional Draft of the Program Budget of the World Health Organization for the Region of the Americas for the Biennium 1994-1995
5. Debt Conversion for Health
6. Evaluation in the Pan American Health Organization
7. Regional Plan for Investment in Health and the Environment
8. Health of Indigenous Peoples
9. Democracy and Health
10. Other Matters

## PRESENTATIONS AND CONCLUSIONS

A summary of the discussions and conclusions on each item follows:

**Item 4: Provisional Draft of the Program Budget of the World Health Organization for the Region of the Americas for the Biennium 1994-1995**

Mr. Milam, Chief, Budget Office, presented the item and summarized the provisional budget proposal that will be submitted in June to the Executive Committee and in September to the Directing Council, as the Regional Committee for the Americas of the World Health Organization. The Directing Council will then make a final recommendation to the Director-General of WHO. The global proposal of WHO will be presented to the WHO Executive Board in January 1993 and to the World Health Assembly in May 1993.

The tentative proposal for this Region, which amounts to \$79,355,000, reflects an overall increase of 11.0% with respect to 1992-1993. This is the maximum increase approved for this Region by the Director-General of WHO. Because costs have increased by 16.0% as a result of inflation and UN-mandated increases, it was necessary to make program cuts amounting to \$3,625,100, or 5.0%, including the elimination of 14 positions.

Owing to the drastic program decreases made during 1991 in the 1992-1993 program budget--which carry into the 1994-1995 projection--the proposal presented in the document does not include the combined 5 % increase that the Director-General had called for in the following five priority programs:

- Managerial Process for National Health Development
- Organization of Health Systems based on Primary Health Care
- Nutrition
- Promotion of Environmental Health
- Disease Prevention and Control

A 5 % increase in these five programs would have required a reduction of approximately \$5,500,000 in the other programs.

The Director pointed out that the proposal under discussion should be considered provisional since it will be discussed and considered again by the Subcommittee, as well as the Executive Committee and the Directing Council, when they consider the joint PAHO/WHO budget for the period 1994-1995, about which the secretariat will provide much greater detail.

He noted that 1994-1995 will be the third consecutive biennium in which the Organization will operate on the basis not just of zero growth but of negative growth. The increase in the budget is lower than the increase in estimated costs. Although costs are expected to increase by 16 %, the proposed increase in the budget is 11 %, which implies a real reduction, in program terms, of 5 % in the WHO budget for the Region. The cumulative effect of these reductions as of 1994-1995 will be almost equal, in real terms, to one-third of the budget approved for 1988-1989. This is one of the reasons why in this first draft proposal no attempt was made to implement WHO/Geneva's instructions regarding a 5 % real increase in the five aforementioned programs, especially since these programs currently represent 60 % of budget expenditure for the Region and are therefore already receiving sufficient priority. To increase that 60 % by 5 % would have meant a reduction of some 13 % in other programs that are considered priorities in the Region of the Americas.

The Director asked the Subcommittee to give its guidance and opinions concerning the tentative proposal while bearing in mind that the overall PAHO and WHO proposal for 1994-1995 will be presented to the Governing Bodies in 1993.

#### Discussion

In the discussion that followed it was pointed out that, when the provisional draft of the program budget is submitted to the Governing Bodies, it would be desirable to

include information that would make it possible to know and compare how other Regions are handling and resolving the problem of increased costs, what percentage is being allocated to them, and what priority they are assigning to the various programs. Attention was called to the fact that WHO Headquarters and the Regional Office for Europe had drawn criticism during the last World Health Assembly because they had received a percentage increase that was considerably higher than that allocated to the other regions.

It was pointed out that cholera, given its political dimension in the Region, should be reflected in the WHO proposal for the biennium 1994-1995, and concern was expressed that the program reductions had primarily affected health promotion.

It was reported that the last Executive Board had created a working group to study the role and structure of WHO, with particular attention to its program priorities, since it was considered that these were perhaps too numerous, which lessened their impact. It is believed that if action were focused on a smaller number of programs, these would have a greater impact and would therefore ultimately be more successful.

It was mentioned that, although the suggestion was perhaps somewhat premature, it might be desirable for the Bureau, the Governing Bodies, and the Governments to also begin to think about concentrating PAHO activity on a smaller number of priority programs.

It was pointed out that it was perhaps as a result of the aforementioned decision of the Executive Board that the Director-General had indicated that the Regions should focus on the five programs mentioned above, a recommendation which this Region has not followed. In addition, it was mentioned that it had perhaps been slightly premature to have indicated these priorities before the results of the WHO study on priorities were available.

There was discussion of the desirability of considering a reduction in the number of years covered by budget projections, inasmuch as the current method does not appear to be particularly logical or practical.

Mr. Milam explained that the purpose of including projections for 1994-1995 was to give the Governments two separate opportunities to consider the portion of the budget that was being allocated to their countries so that the budget could then be brought into line with their criteria and program priorities.

The Director emphasized that this preliminary version of the proposal did not include a program analysis nor was in-depth consideration given to the five priority programs indicated by the Director-General because, among other reasons, there had not

been sufficient opportunity to consult individually with the Governments in order to determine what activities they proposed to carry out in their respective countries. This will be done in late 1992 when the joint PAHO/WHO budget is prepared.

With respect to the five priorities, the Director pointed out that there are considerable variations between the different Regions and Governments, both with regard to conceptualization and implementation. He noted that in other Regions the percentage allocated to these five priorities are: Africa, 36.6%; South-East Asia, 49.3%; Europe, 13.5%; Eastern Mediterranean, 51.4%; and Western Pacific, 45.5%. The figure for Headquarters in Geneva is 23.3%, and for the Americas, 60%.

A comparison of the various Regions and of WHO Headquarters in terms of increases or reductions in their share of the WHO budget also reveals a rather uneven situation. In the European Region, with the exception of a Representation in Turkey, all the resources are administered out of the Regional Office, whereas in the Americas emphasis is placed on the activities that are being carried out from the countries. Any comparison should therefore take into account the level of development of the countries as well as the way in which technical cooperation is delivered to them. The Director pointed out that the Western Pacific and the Americas are the Regions that have suffered the largest reductions during recent bienniums. In addition, expenditures at WHO Headquarters exceed 35% in terms of the proposal for the biennium 1992-1993.

The Subcommittee also supported the Director's decision to continue to charge the costs of the Country Representatives in the Region to PAHO regular funds.

Item 5: Debt Conversion for Health

In presenting this agenda item, Dr. Antonio Campino, PASB, briefly outlined the reasons that had prompted PAHO to consider debt conversion schemes as a potential way to provide the member countries with additional health resources. He emphasized that in the current context of severe economic and budgetary constraints, debt conversion might provide a way to leverage health resources, in addition to offering the Governments of the Region some relief from their debt burden.

He explained that, in compliance with the mandate that the Directing Council of PAHO had given the Director in September 1991 to support the member countries in their efforts in this regard and in the promotion of this mechanism at the international level, a team had been established to formulate the project. In addition, it had prepared technical and informative material on the subject, made important contacts, and approached a number of multilateral and bilateral institutions, including the World Bank, IDB, IMF, US/AID, and CIDA. Visits had been made to several member countries in order to explore the feasibility of undertaking debt-for-health conversions. On the basis

of suitability and degree of interest expressed, the following seven countries had been selected for a second phase of activities: Bolivia, Costa Rica, the Dominican Republic, Ecuador, Guyana, Honduras, and Peru.

Bolivia was cited as an example of a country which actively supports debt conversion as a means of generating additional resources for priority health projects and which has officially requested PAHO to enter into contact with its bilateral creditors. It was also mentioned that a joint effort is currently being carried out in Bolivia by PAHO and UNICEF, with support from CIDA/Canada, with a view to finalizing a debt-for-health swap in the area of maternal and child health.

In summarizing the foregoing activities, Dr. Campino indicated that an interprogram advisory committee has been formed within PAHO to provide orientation and collaborate in the coordination of project development. He said that at the first meeting the following three roles for the Organization had been discussed: 1) providing the member countries with technical assistance to develop appropriate health projects and help them when they decide to establish programs to facilitate debt-for-health swaps; 2) providing the member countries with specialized support in drafting legislation on debt conversions; and 3) promoting debt swaps in the health sector with debtor country authorities.

### Discussion

The Subcommittee took note of the experience of Mexico, which over the last three years has converted approximately US\$3.5 billion of its debt. Approximately 5 % of this amount went to the environmental sector. Mexico recently discontinued these debt conversions.

It was considered that the document presented by the secretariat clarified several of the questions that had been raised at a previous meeting of the Subcommittee. However, one of the representatives expressed some doubt with regard to the role to be played by the Organization, especially in view of the fact that the document indicates that the total amount of resources presented for conversion is not very large.

Moreover, while one part of the document lists possible roles to be played by the Bureau, another part concludes that it would be necessary to hire financial and legal specialists. A question was raised as to how many countries might be interested, what impact this might have on the work of the PAHO/WHO Representatives, and whether or not the Representatives had the training required to participate in this type of activity. It was suggested that perhaps this might be an area in which Headquarters could provide assistance directly, rather than attempting to have the required technical capacity at the level of the Representations.

The secretariat was asked to edit the document that will be presented to the Governing Bodies and to revise the country profiles.

In response to the questions raised by the members of the Subcommittee, the secretariat indicated that a future version of the document would provide more specific clarification of the role that the Organization would play with regard to debt conversion. The current document had simply attempted to outline what that role might be and describe some of the implications and consequences. Three of the Organization's potential roles are listed on page 8 of the document: 1) providing the countries with technical assistance to develop appropriate health projects; 2) providing specialized support in drafting legislation on debt conversions; and 3) promoting debt swaps in the health sector with debtor country authorities. It was also reported that no ordinary funds from the budget are being used and that all activities will be carried out by personnel at Headquarters or the Representations, working with and through the Ministry of Health.

Dr. Knouss, Deputy Director, pointed out that the initiative is not a panacea that is intended to solve all the problems of financing in the health sector but rather an attempt to identify possible sources of funds, which might be lost to other sectors unless the health sector takes advantage of them. Several countries had already indicated their interest in this source of financing, and the Organization would be doing them a disservice if it were not prepared to help them in this regard. Moreover, several of the donor agencies that hold large debt amounts have indicated that they would welcome the Organization's efforts to promote this concept in the health sector, because otherwise these sums will be channeled toward other sectors.

At no time has an attempt been made to impose this activity as one of the Organization's functions; however, it is extremely important that it be able to respond positively both to the Governments and to the donors.

**Item 6: Evaluation in the Pan American Health Organization**

In presenting this item, Mr. Dixon, PASB, pointed out that evaluation is one of the essential components of the PAHO Managerial Strategy. It is the process by which an organization: 1) seeks to determine the extent to which completed work has achieved the original objectives; and 2) establishes a basis for corrective action. Evaluation is a complex task in any field, but it is especially problematic in social areas such as health because causality is difficult to establish. The need for public organizations to be sensitive to public priorities, and the fact that limited resources need to be administered prudently, are reasons for the establishment of evaluation procedures.

Within PAHO, evaluation of the Organization's technical cooperation program is accomplished through: 1) the annual internal evaluations of the Regional and country

programs, and (2) the biennial evaluations that are carried out jointly with national officials at the country level. Significant advances have been made in the establishment of evaluation procedures within PAHO, but further efforts are needed. In particular, the evaluation process would benefit from a clearer definition of its purpose and of the results that are sought and the activities that are to be carried out at the project level, as well as a precise definition of indicators to facilitate measurement activities.

### Discussion

All the members agreed that the document was outstanding, both in terms of its content and the frankness with which the pros and cons of the various issues were presented. It was considered that such frankness should always guide the contacts between the Bureau and the Governments.

They also concurred with the Bureau's judgment that, given the scarcity of resources, organizations supported by public funds must show themselves to be ever more fiscally and programmatically responsible.

It was pointed out that the evaluation process, notwithstanding the many components that comprise it, is rather weak with regard to its capacity to measure results or impact on health. In this respect, it was suggested that the secretariat continue to seek ways of evaluating impact on health since otherwise it would appear that evaluation is only programmatic. The possibility was mentioned that PAHO might directly support the countries in expanding their own capacities for evaluation.

It was also mentioned that perhaps too many evaluative mechanisms are being utilized and it might be desirable to consolidate them, with a view to reducing the amount of resources that are being invested in this activity. In this connection, a question was raised as to whether or not the secretariat had considered the advisability of creating an evaluation unit within the Bureau in order to partially centralize the functions that are now being carried out by different units at Headquarters and in the countries in the evaluation of their own activities.

It was pointed out that it would be desirable to implement a system to monitor the results and agreements that come out of the joint evaluations carried out at the country level, since at present there does not appear to be sufficient follow-up on the conclusions of these evaluations.

Dr. Alleyne, Assistant Director, reported that a meeting would soon be held with officials from the Ministries of three Caribbean countries with a view to introducing the approach of more specific and precise programming, since this is considered a *sine qua non* for good evaluation. He also pointed out that any modification in the allocation of

resources is always preceded by an evaluation of the programs in question, which involves confirming whether or not these programs correspond to mandates from the Governing Bodies.

The Director mentioned one type of evaluation that had recently been carried out at the project level with the donors of extrabudgetary resources. Joint evaluation and coordination meetings are held with these donors, in which, in addition to evaluating the PAHO projects carried out with a view to achieving more concerted action, an effort is made to improve the coordination of those projects with other bilateral cooperation activities being carried out by these donors. In so far as the Secretariat is concerned, the Director indicated that it is subject to a number of external evaluations, such as external audits, as well as those conducted by the Governing Bodies of the Organization. With regard to the frankness that it had been mentioned should characterize relations between the Organization, the Bureau, and the Governments, he pointed out that it must always be borne in mind that certain information is the exclusive province of the Governments and only they could decide whether or not it should be made public.

With regard to the creation of an evaluation unit it was reported that the Bureau had concluded, on the basis of several studies, that a central evaluation unit would tend to grow excessively and would ultimately become an impediment.

Item 7:      Regional Plan for Investment in the Environment and Health

The Director presented the document, recalling that the idea of proposing an ambitious plan for investment in health and the environment came about as a result of the resurgence of cholera in the Region. The epidemic had made apparent something which everyone was aware of but which had been obscured because of sociopolitical considerations: the profound deficiencies and inadequacies in living conditions in the Region, particularly with regard to health and environmental infrastructure.

At the Ibero-American Summit of Heads of State held in Guadalajara, Mexico, in July 1991, the Bureau proposed the development of a plan for investment in health and the environment. The idea was accepted and incorporated into the declaration of that Summit. Subsequently, the XXXV Meeting of the Directing Council adopted Resolution XVII, in which it requests the Director to prepare, in close collaboration with the Member Countries and other cooperation agencies, a long-term plan of investment in health and the environment for meeting infrastructural needs in those areas.

In fulfillment of that mandate, a working group was created within the Bureau to prepare an initial proposal. This is to be submitted to the Second Ibero-American Summit of Heads of State, which will be held in Madrid in July 1992. If the Summit affirms the idea and approves the plan, this document will be utilized as a basis for

collaboration and coordination with other cooperation organizations, in particular the multilateral banks, for work at the national level.

In addition to this investment plan, a proposal will be presented to the heads of state at the Madrid Summit for the creation of a special pre-investment fund to support country project preparation activities.

The decision as to whether or not this point will be included on the agenda of the Madrid meeting will be made at the preparatory meeting to be held in that city on 18 and 19 May 1992. Based on the indications received from several Ministries of Foreign Affairs, it seems likely that this matter will become one of the four items, and probably a central item, on the agenda of the Summit. The preliminary version of the document is to be distributed among the various ministries, and it will be discussed with the Ministers of Health from the Region at the World Health Assembly in Geneva before it is submitted to the aforementioned preparatory meeting.

In the initial proposal it was estimated that the cost of the plan would be \$US 200 billion for a period of 12 years. Now, after more detailed analysis, it is anticipated that the plan can very well be carried out with a large input of internal resources, on the order of 70%, together with financing from other external sources, on the order of 30%.

All this appears to indicate that the proposal is viable, and its feasibility can be ensured if there is sufficient political will. The Bureau is committed to making this happen.

#### Discussion

The members of the Subcommittee expressed their unanimous support for the initiative, which they believe to be essential. Although they recognized that the outbreak of cholera had led to the implementation of a number of emergency measures, these did not resolve the underlying problems, which include lack of reliable water supply and excreta disposal systems and contamination of water sources.

Both the working document and the presentation made by the secretariat were considered very complete. The members of the Subcommittee underscored the necessity of generating sufficient political will and indicated that perhaps the time is ripe for achieving this commitment. It was also suggested that those countries in the Region which would not be participating in the Madrid Summit should be informed of the outcome of that meeting as well as any other subregional meeting or forum.

It was noted that the document discusses what needs to be done, as well as what exists already and what can be recovered or repaired.

There was discussion of the need to endeavor to influence the officials of the multilateral banks that may participate in this initiative with a view to ensuring that investments in activities relating to health and the environment are not considered strictly in terms of short-term economic benefit. The degree to which health and the environment can be improved will determine to a large extent the type of society in which future generations will live in the twenty-first century.

In response to a concern expressed by one of the members regarding the competition that might be created with other sectors in terms of demand for both national and external financing, the secretariat indicated that, in its calculations, it had taken into account the trends in the countries over the past two decades with regard to investment financing in these two areas, as well as the decisions by the World Bank to allocate at least 25 % of its resources to social projects. These were factors that had been taken into account in order to arrive at the investment estimates and percentages.

It was pointed out that the plan is a frame of reference. It is the first step in a process that the countries will be responsible for developing. The plan will not incorporate projects but rather will indicate areas, approaches, and total financing. The plan will be developed using as a frame of reference the national plans for investment in a set of projects.

The secretariat, in the conceptualization of its reference model, has attached particular importance to the matter of cost recovery, the problem of maintenance, and the burden that is placed on the countries by recurring costs in connection, *inter alia*, with the maintenance mentioned.

The Director pointed out that the plan is, in essence, a strategy for dealing with the basic problems of the health and environmental infrastructure, which are directly related to the living conditions of the populations of Latin America and the Caribbean. It calls for a different vision of the development process in Latin America, both in regard to its nature and the specific policies by which it is implemented. Development cannot simply be a repetition of past experiences, which are basically identified with economic growth; rather, an attempt must be made to utilize economic growth to improve the well-being of the population through greater equity in the distribution of the benefits generated by that growth.

The plan expresses, and at the same time implies, a profound change and a thorough reorientation of the systems and services that provide individual health care as well as environmental health services. In addition, the Director indicated that if the proposal can be made viable and feasible from the political, technical, operational, and economic standpoints, it will guide the work of the Organization in the coming years, consistent with the strategic orientations approved by the Pan American Sanitary

Conference. Finally, coinciding with the view expressed by one of the members, he underscored the importance of the work of political promotion and the vital role of Governments in that process.

The Subcommittee concluded its discussion on the item by recommending to the Governments of the Region that they promote the inclusion of this item on the agenda of the Ibero-American Summit of Heads of State to be held in Madrid in July 1992.

Item 8:     Health of Indigenous Peoples

Dr. José María Paganini, PASB, in presenting this item, pointed out that the proposal on the health of indigenous peoples is framed within the strategic orientations and program priorities for the quadrennium. He emphasized that health in development, community participation, health promotion, decentralization, and the solution to priority problems are all concepts and lines of action that are applicable to the indigenous peoples of the Americas.

He reviewed the historical, political, and socioeconomic context of the indigenous peoples, noting that they occupy the lowest rungs of the socioeconomic ladder in the Region. It is estimated that the indigenous population in the Americas totals 42 million.

Very little is known about the specific health situation of indigenous communities, and for this reason it is proposed that a Regionwide effort be mounted to compile and analyze information on this situation as well as on the health services available to the indigenous population. The strategies of decentralization and local health system development can support local efforts to promote participation and organization, increasing consideration of the special needs of this population.

He reported that there is a proposal to hold a hemispheric workshop in Canada in 1993, with full participation by indigenous peoples. The purpose of the workshop will be to analyze the situation and propose joint lines of action.

Discussion

The members of the Subcommittee were unanimous in underscoring the importance of this issue, and they commended Canada for having raised it at a previous meeting of the Subcommittee. The importance that the Organization attaches to this matter is evidenced by the funds that the Director has allocated for the proposed workshop.

It was pointed out that the question of the health of indigenous peoples will be treated as an initiative rather than as a program or project, since it is seen as a process that might culminate in a plan of action for a decade that will support present and future action aimed at improving the health and well-being of the indigenous peoples of the Americas.

It was emphasized that this initiative should include the active participation, guidance, and leadership of the indigenous people themselves. It was also stressed that it is essential to obtain as much information as possible on the various indigenous groups, as well as to listen carefully to what these groups can tell us about themselves. It is important to seek out information about how indigenous communities are caring for their own health, since much remains to be learned in this respect.

It was pointed out that it would be wise to proceed slowly at first in order to ensure full participation by concerned groups in the countries, together with the Ministries and the PAHO Representatives.

The meeting to be held in 1993 has been designated a "workshop" expressly to emphasize the importance of discussion, dialogue, and working as a group to formulate policy recommendations and strategies aimed at meeting the needs of indigenous peoples. It was pointed out that this workshop will provide an opportunity to discuss the health practices of indigenous groups with the organizations that deal specifically with health-related matters as well as with other organizations that have an interest in this issue.

It was indicated that there is a need to review and expand the concept of the Caribbean, because the list of countries that plan to participate in the workshop did not include Guyana and Suriname. They, like the island nations of the Caribbean, desire to participate actively in this initiative.

It was noted that the document presented could benefit from the inclusion of more data, as well as some examples. It was pointed out that the problem of statistics is complicated by problems associated with the self-identification of individuals with one ethnic group or another.

It was also recognized that indigenous groups are living in a precarious social situation, which makes them extremely vulnerable. The Organization and the member countries must address this problem with a view to generating the political will required to implement concrete solutions so that indigenous peoples can cease to be the most unprotected and vulnerable groups and become recognized and respected groups who enjoy the necessary minimum health conditions to enable them to lead fulfilling lives within the framework of their cultures.

Mexico was cited as an example of a country that has a national institute devoted specifically to the study of indigenous issues through an approach that is comprehensive and multisectoral and takes into consideration cultural, ethnic, and other facets.

It was suggested that this matter should not be considered strictly from the standpoint of health, but rather other factors should be examined, including education, economics, etc. in the context of development. In addition, it is necessary to define the population that is to be targeted by this initiative, i.e., whether it is to include those who lack access to health services in general or only those who lack access for cultural or ethnic reasons.

The Subcommittee recommended that a report on the outcome of the workshop to be held in Canada in 1993 should be presented to the Governing Bodies of the Organization.

Item 9: Democracy and Health

In presenting the revised and updated version of the document that was submitted to the Seventeenth Meeting of the Subcommittee in December 1991, Dr. Vieira, PASB, summarized the factors that had led PAHO to develop this project, as well as the objectives and conclusions of the four subregional meetings of lawmakers promoted in cooperation with the Organization of American States, with which the implementation of this initiative began in 1990. He reviewed the evolution of cooperation with the legislatures since then, outlining the activities that have been carried out at the national, subregional, and Regional levels.

He mentioned several of the positive results of the initiative as elements for a preliminary evaluation, and he discussed future prospects in this area.

Discussion

One of the members said that he did not find much difference in terms of content between the revised document and the one that had been submitted to the Subcommittee in December 1991. He asked for clarification regarding the channels of communication that would be used in contacts with the legislatures, the priorities, the cost of the program, the allotment of funds for implementing it, and the development of a methodology for evaluating the program.

Another member voiced the opinion that, although the document was perhaps not terribly explicit, it did indeed respond to some of the concerns expressed by the previous speaker. He considered the initiative extremely important because its objective was to

make legislators aware that health is an area that must be given the priority that it deserves. Health is not just one of the basic elements required for development but one of its objectives. Advantage should be taken of the opportunity offered by meetings of different groups of lawmakers in order to raise their level of awareness about this issue.

The same member commended the Bureau for this initiative and informed the Subcommittee that a meeting had been held of the Commission on Health, Labor, and Social Security of the Latin American Parliament, with the participation of 75 lawmakers from 17 countries of the Region. A wide range of health-related issues had been discussed, which testified to the interest of legislators in this matter and to the validity of the initiative. The Commission appreciated the Organization's efforts to ensure that the legislative branch, in coordination with the executive branch, would have a role in the formulation of health policy in the Region.

One of the members, indicating that he supported the initiative, pointed out that a future edition of the working document on this matter should clarify the distinction between the parliamentary systems in the English-speaking Caribbean and the systems in other countries of the Region, since some of the difficulties indicated might derive from confusion over the functioning of these two types of legislative systems.

The Secretariat responded to the aforementioned comments, indicating that the report presented was largely an overview of what had occurred in the past rather than a plan for future action. With regard to the question concerning evaluation, it was indicated that this was to be accomplished through the same methodology and mechanisms that are applied in other programs of the Organization, although perhaps in this particular case a more specific mechanism should be developed. It was also mentioned that thus far the Ministries of Health have indicated that they are quite satisfied, and they have even participated in the activity. He reiterated that the funds allocated for the promotion of this initiative are Regional funds and are not taken from funds allocated to the Ministries of Health.

The Director indicated that pursuant to the Subcommittee's consensus that this matter should be submitted to the Governing Bodies of the Organization for formal approval, the Secretariat would add to the report under discussion a proposal of activities, specifying the objectives and expected outcomes, together with the mechanisms for action, and detailing very clearly the role of the executive branch, in particular the Ministries of Health. In addition, a process of monitoring and evaluation will be established for application in the future.

The Director emphasized that the Bureau considers this activity to be of extraordinary value both from a political and operational standpoint and even from the

pragmatic vantage point internally of national discussions on budgetary allocations to the health sector.

The Subcommittee agreed that a revised edition of the report, together with a proposal of activities, should be presented to the Executive Committee and to the Directing Council for their approval.

Item 10: Other Matters

The Subcommittee decided that the Chairman should present the report on the Subcommittee's activities to the 109th Meeting of the Executive Committee, to be held in June 1992. If he were unable to do so, the Vice Chairman or the Rapporteur would submit the report.

The following two items were suggested for inclusion on the agenda of the next meeting of the Subcommittee:

- Results of the evaluation of PAHO/WHO technical cooperation in Cuba.
- Evaluation of a regional program.

With regard to the date for the 19th Meeting of the Subcommittee, it was suggested that it be held in early December 1992.



PAN AMERICAN HEALTH ORGANIZATION

SPP18/FR (Eng.)  
ANNEX



EXECUTIVE COMMITTEE OF THE DIRECTING COUNCIL

SUBCOMMITTEE ON PLANNING AND PROGRAMMING

---

18th Meeting  
Washington, D.C., 8-10 April 1992

SPP18/2, Rev. 2  
9 April 1992  
9 abril 1992

LIST OF PARTICIPANTS  
LISTA DE PARTICIPANTES

LIST OF PARTICIPANTS  
LISTA DE PARTICIPANTES

ARGENTINA

Dr. Alberto J. Mazza  
Secretario de Salud  
Ministerio de Salud y Acción Social  
Buenos Aires

BARBADOS

Hon. Branford M. Taitt  
Minister of Health  
Ministry of Health  
Bridgetown

BRAZIL  
BRASIL

Dr. Edmur Pastorello  
Ministerio da Saúde  
Brasilia

CANADA

Mr. Edward M. Aiston  
Unit Head  
International Affairs Directorate  
Policy, Planning and Information Branch  
Department of National Health and Welfare  
Ottawa, Ontario

CUBA

Dr. Ramón Prado Peraza  
Director de Relaciones Internacionales, a.i.  
Ministerio de Salud Pública  
La Habana

Dr. Miguel Avila  
Asesor, Dirección de Relaciones Internacionales  
Ministerio de Salud Pública  
La Habana

Ing. Pablo R. Rodríguez  
Segundo Secretario  
Oficina de Intereses de Cuba  
Washington, D.C.

MEXICO

Dr. Federico Chávez Peón  
Director de Asuntos Internacionales  
Subsecretaría de Coordinación  
y Desarrollo  
Secretaría de Salud  
México, D.F.

UNITED STATES OF AMERICA  
ESTADOS UNIDOS DE AMERICA

Mr. Neil A. Boyer  
Director for Health and  
Transportation Programs  
Bureau of International Organization Affairs  
Department of State  
Washington, D.C.

UNITED STATES OF AMERICA (cont.)  
ESTADOS UNIDOS DE AMERICA (cont.)

Ms. Marlyn Kefauver  
Associate Director for Bilateral Programs  
Office of International Health  
Department of Health and Human Services  
Rockville, Maryland

PAN AMERICAN SANITARY BUREAU  
OFICINA SANITARIA PANAMERICANA

Secretary ex officio  
Secretario ex officio

Dr. Carlyle Guerra de Macedo  
Director

Advisers to the Director of the Pan American Sanitary Bureau  
Asesores del Director de la Oficina Sanitaria Panamericana

Dr. Robert F. Knouss  
Deputy Director

Sir George O. Alleyne  
Assistant Director

Mr. Thomas Tracy  
Chief of Administration

Dr. Francisco López Antuñano  
Area Director, Health Programs Development

PAN AMERICAN SANITARY BUREAU (cont.)  
OFICINA SANITARIA PANAMERICANA (cont.)

Advisers to the Director of the Pan American Sanitary Bureau (cont.)  
Asesores del Director de la Oficina Sanitaria Panamericana (cont.)

Dr. José R. Teruel  
Area Director, a.i., Health Systems Infrastructure

Mr. Mark L. Schneider  
Acting Chief  
Analysis and Strategic Planning Coordination

Dr. Daniel López Acuña  
Senior Advisor on Program and Policy Development  
Analysis and Strategic Planning Coordination

Dr. Antonio Carlos Campino  
Health Policies Development

Ms. Carol Collado  
Health Policies Development

Ms. Chantal Labelle  
Health Policies Development

Dr. Sandra Land  
Health Services Development

Mr. James A. Milam  
Chief, Budget Office

Dr. José M. Paganini  
Program Coordinator  
Health Services Development

Dr. Sheila Robinson  
PAHO Technical Representation - Canada  
(President, Canadian Society for  
International Health)

PAN AMERICAN SANITARY BUREAU (cont.)  
OFICINA SANITARIA PANAMERICANA (cont.)

Advisers to the Director of the Pan American Sanitary Bureau (cont.)  
Asesores del Director de la Oficina Sanitaria Panamericana (cont.)

Mr. Chuck Shields  
PAHO Technical Representation - Canada  
(Executive Director, Canadian Society  
for International Health)

Dr. César Vieira  
Program Coordinator  
Health Policies Development