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FINAL REPORT

Opening of the Session

1. The 148th Session of the Executive Committee of the Pan American Health Organization (PAHO) was held at the Headquarters of the Organization in Washington, D.C., from 20 to 23 June 2011. The Committee also held a virtual meeting on 22 July 2011 in order to conclude its discussion of the proposed PAHO Program and Budget for 2012-2013.

2. The Session was attended by delegates of the following eight members of the Executive Committee elected by the Directing Council: Argentina, Colombia, Grenada, Guatemala, Peru, Saint Vincent and the Grenadines, United States of America, and Venezuela (Bolivarian Republic of). The ninth member, Haiti, was unable to attend. Representatives of the following other Member States, Participating States, and Observer States attended in an observer capacity: Bolivia (Plurinational State of), Brazil, Canada, Cuba, Mexico, Netherlands, Portugal, and Spain. In addition, one United Nations agency and two nongovernmental organizations were represented. All nine members took part in the electronic meeting on 22 July. The following Member States participated as observers: Bolivia, Brazil, Canada, Chile, Ecuador, Costa Rica, Dominican Republic, El Salvador, Jamaica, Mexico, Panama, Paraguay, and Uruguay.

3. Dr. St. Clair Thomas (Saint Vincent and the Grenadines, President of the Executive Committee) opened the session and welcomed participants, extending a special welcome to the observers. He noted that the Committee had a very full agenda and expressed confidence that it would complete its work efficiently and successfully.

4. Dr. Mirta Roses (Director, Pan American Sanitary Bureau (PASB)) also welcomed participants, acknowledging the presence of Dr. Oscar Ugarte Ubilluz, who would be participating in the Committee's deliberations for the last time as Minister of Health of Peru, as the Government under which he served was ending its term of office. She highlighted the important role that the Committee played in providing guidance on technical and administrative matters, thereby enabling the Bureau to refine the various proposed strategies and plans of action and facilitating the work of the Directing Council. She looked forward to a fruitful exchange of views.

Procedural Matters

Officers

5. The following Members elected to office at the Committee's 147th Session continued to serve in their respective capacities at the 148th Session:

President: Saint Vincent and the Grenadines (Dr. St. Clair Alphaeus Thomas)
Vice President: Argentina (Dr. Daniel Yedlin)
Rapporteur: United States of America (Mr. Peter Mamacos)

6. The Director served as Secretary ex officio, and Dr. Jon Kim Andrus (Deputy Director, PASB), served as Technical Secretary.

Adoption of the Agenda and Program of Meetings (Documents CE148/1, Rev. 1, and CE148/WP/1, Rev. 1)

7. The Technical Secretary introduced the provisional agenda contained in Document CE148/1, Rev. 1, and noted that the Director had proposed that discussion of item 4.8, “Plan of Action for the Prevention and Control of Cardiovascular Diseases,” should be postponed until after the high-level meeting of the United Nations General Assembly on noncommunicable diseases, scheduled to take place in September 2011.

8. The Committee adopted the provisional agenda, as amended and also adopted a program of meetings (CE148/WP/1, Rev. 1) (Decision CE148(D1)).

Representation of the Executive Committee at the 51st Directing Council of PAHO, 63rd Session of the Regional Committee of WHO for the Americas (Document CE148/2)

9. In accordance with Rule 54 of its Rules of Procedure, the Executive Committee appointed the delegates of Saint Vincent and the Grenadines and Argentina, its President and Vice President, respectively, to represent the Committee at the 51st Directing Council, 63rd Session of the Regional Committee of WHO for the Americas (Decision CE148(D2)).

Provisional Agenda of the 51st Directing Council of PAHO, 63rd Session of the Regional Committee of WHO for the Americas (Document CE148/3, Rev. 1)

10. Ms. Piedad Huerta (Advisor, Governing Bodies Office, PASB) presented the Provisional Agenda of the 51st Directing Council, 63rd Session of the Regional Committee of WHO for the Americas. She noted that most of the items considered by the Executive Committee would go forward to the Directing Council. There was, however, one program policy item on the Council’s provisional agenda which had not been examined by the Committee: a report on the evaluation of the Regional Initiative for Blood Safety and the Plan of Action for 2006–2010. Also, as the Committee had elected to defer consideration of item 4.8, “Plan of Action for the Prevention and Control of Cardiovascular Diseases,” until 2012, it would be removed from the Council’s agenda.

11. The Council would be electing three new members to the Executive Committee; the candidates nominated to date were Brazil, Chile, and El Salvador. The Council would

also elect two members to the Advisory Committee of the Latin American and Caribbean Center on Health Sciences Information (BIREME); one Member State, Peru, had thus far indicated its interest in serving on that Committee.

12. In the ensuing discussion, it was suggested that the Council should receive a report on the high-level meeting of the United Nations General Assembly on the prevention and control of noncommunicable diseases, to be held on 19 and 20 September 2011 in New York.

13. The Director pointed out that the Bureau would not have time in the week between the high-level meeting and the opening of the Directing Council to prepare a formal report, but that it was planned to hold a discussion on the topic during the Council's session. She would consult with Member States in the interim to determine what form that discussion should take: a special briefing outside the Council's agenda or a formal agenda item, possibly leading to a resolution that would guide the work of the Bureau and Member States on the issue in the coming biennium.

14. Ms. Huerta noted that the Council would also need to discuss the WHO reform process, as requested by the WHO Executive Board (see paragraph 243 below).

15. The Executive Committee adopted Resolution CE148.R15, approving the provisional agenda of the 51st Directing Council, 63rd Session of the Regional Committee of WHO for the Americas.

Committee Matters

Report on the Fifth Session of the Subcommittee on Program, Budget, and Administration (Document CE148/4)

16. Ms. Ana María Sánchez (Mexico, President of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee on Program, Budget, and Administration (SPBA) had held its Fifth Session from 16 to 18 March 2011. The Subcommittee had discussed a number of important financial, administrative, and other issues, including the first draft of the proposed PAHO program and budget for 2012–2013 and the WHO program budget for the same period. It had also heard an overview of the Financial Report of the Director for 2010 and received updates on PAHO's implementation of the International Public Sector Accounting Standards and on the status of projects funded from the PAHO Holding Account and the Master Capital Investment Fund.

17. In addition, the Subcommittee had examined several proposed changes to the Organization's Staff Rules and Regulations, and it had considered the application of one nongovernmental organization wishing to enter into official relations with PAHO and reviewed the Organization's collaboration with another organization seeking renewal of its

status as an NGO in official relations with PAHO. All of the matters examined by the Subcommittee were also on the agenda for the 148th Session of the Executive Committee, and she would therefore report on the Subcommittee's discussions and recommendations on those items as they were taken up by the Committee.

18. The Director thanked Ms. Sánchez for her skillful leadership of the Subcommittee's deliberations and underlined the importance of its work in facilitating the work of the Executive Committee. She also expressed gratitude for the valuable contributions of the Member States that had voluntarily participated in the session as observers.

19. The Executive Committee thanked the Subcommittee for its work and took note of the report.

PAHO Award for Administration, 2011 (Documents CE148/5 and Add. I)

20. Mr. Peter Mamacos (United States of America) reported that the Award Committee of the PAHO Award for Administration 2011, consisting of Saint Vincent and the Grenadines, United States, and Venezuela (Bolivarian Republic of), had met on 21 June. After reviewing the information on the award candidates nominated by Member States, the Award Committee had decided to confer the PAHO Award for Administration 2011 on Dr. John Edward Greene of Guyana, for his contribution to the development of the health sector and human resources in the Caribbean Community (CARICOM), and for his mobilization of political commitment to achieve meaningful outcomes on a broad range of priority public health issues.

21. The Delegates of Venezuela (Bolivarian Republic of) and Saint Vincent and the Grenadines noted that making a selection among the candidates, all of whom had highly impressive qualifications, had been very difficult. They suggested that the process might be facilitated, and any possible subjectivity avoided, if a checklist were drawn up of weighted objective criteria to be considered in making the selection of the award winner.

22. The Executive Committee extended congratulations to Dr. Greene and adopted Resolution CE148.R13, noting the decision of the Award Committee and transmitting the report to the 51st Directing Council.

Nongovernmental Organizations in Official Relations with PAHO (Document CE148/6)

23. Ms. Ana María Sánchez (President of the Subcommittee on Program, Budget, and Administration) reported that in accordance with the procedure outlined in the Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations, the Subcommittee had held a closed meeting during its fifth session to review the status of one nongovernmental organization (NGO) in official relations with PAHO and to consider the application of another organization seeking to

enter into official relations with the Organization. The Subcommittee had also examined a progress report on the status of ongoing relations between PAHO and 15 nongovernmental organizations and considered a proposal to amend the Principles Governing Relations between PAHO and Nongovernmental Organizations.

24. The Subcommittee had decided to recommend that the Executive Committee admit the Albert B. Sabin Vaccine Institute (SVI) into official relations with PAHO and that it approve the continuation of official relations between PAHO and the InterAmerican Heart Foundation. The Subcommittee had also endorsed the proposed amendment to the Principles Governing Relations between PAHO and Nongovernmental Organizations, concerning the deadline for receipt of applications from NGOs, and had recommended that the Executive Committee approve them.

25. Speaking as the Delegate of Mexico, she suggested that there should be greater standardization of the information in the reports on the status of ongoing relations between PAHO and nongovernmental organizations.

26. Mr. James Hill (Advisor, Resource Mobilization, PASB) clarified that the proposed amendment to the Principles Governing Relations between PAHO and Nongovernmental Organizations, shifting the deadline from January of one year to December of the preceding one, would allow more time for preparation of the applications to be considered by the Subcommittee. He noted that considerable progress had been made in recent years in standardizing the information in the reports and said that the Bureau would continue to promote further standardization.

27. Dr. Rafael Dautant (Inter-American Association of Sanitary and Environmental Engineering) described the work that his organization had been carrying out in cooperation with PAHO.

28. The Executive Committee adopted Resolutions CE148.R6 and CE148.R7, endorsing the decisions of the Subcommittee.

Annual Report of the Ethics Office (Document CE148/7)

29. Mr. Philip MacMillan (Manager, Ethics Office) reported that in 2010 the Ethics Office had held 65 consultations with staff on individual ethical issues, and had investigated 23 allegations of behavior that raised ethical concerns. Where the allegations had merit, reports had been sent to the Area of Human Resources Management, as a result of which one person had been terminated from the Organization and another's contract had not been renewed. Some of the 23 allegations were still under investigation. Document CE148/7 presented more details of the Ethics Office's work and described new activities planned for the future. In response to a question, he said that the Office was staffed only by himself and one other person, plus, for 2011, an intern.

30. The Executive Committee welcomed the efforts being made to promote integrity and ethical conduct, and to incorporate ethics-related instruction into staff training programs. Promotion of the Ethics Help Line, too, was an important step in building a culture of accountability. The Committee also welcomed the future initiatives that the Office intended to take to strengthen transparency and accountability in the Organization.

31. One delegate expressed the view that the Office should also examine ethical issues outside the Organization, such as those raised by the refusal of some pharmaceutical companies to submit bids to the PAHO procurement funds for the supply of important drugs at affordable prices, or the fact that some delegations experienced difficulties in attending PAHO meetings owing to visa and immigration issues. It was also suggested that the Ethics Office might expand its remit to cover medical and hospital ethics.

32. Mr. MacMillan thanked the Committee for its support of the achievements so far, noting that there was still plenty of work to do in terms of policies and guidelines to be developed and implemented. He stressed that while the focus of the Office's work was PAHO's corporate ethics—in other words the ethical behavior of its staff—individuals outside the Organization could make use of the Ethics Help Line. PAHO was one of only a few organizations to have a help line that could be used not only to report wrongdoing but also to ask ethics-related questions, including anonymously if desired. In the preceding months the Office had ensured that a direct link to the Ethics Help Line was prominently placed on the website of each PAHO/WHO Representative Office, including the portion of the site accessible to the general public.

33. The Director added that since the mid-1990s PAHO had also had a bioethics program, which provided technical assistance to the Member States in incorporating an ethical dimension into health programs, for example by supporting national commissions on medical ethics. She pointed out that in addition to establishing the post of Ethics Officer, PASB had created the positions of the Ombudsman and the Information Security Officer, doing so without adding to the number of posts in the Organization, but rather by transforming posts or closing other functions. PAHO had been a leader among international organizations in establishing such a broad ethics function, and other organizations looked to it for advice and guidance.

34. The Executive Committee took note of the report on the activities of the Ethics Office.

Program Policy Matters

Draft PAHO Program and Budget 2012–2013 (*Official Document 338, Rev. 1, and Add. I, Rev. 1*¹)

35. Ms. Ana María Sánchez (President of the Subcommittee on Program, Budget, and Administration) reported on the Subcommittee's discussion of an earlier version of the draft program and budget for 2012–2013 (see paragraphs 8–22 of the Subcommittee's final report, Document SPBA5/FR²).

36. Dr. Isaías Daniel Gutiérrez (Area Manager, Planning, Budget, and Resource Coordination, PASB) outlined the program and budget proposal as presented in *Official Document 338* and its addendum. The proposed budget level for 2012–2013 was the same as for 2010–2011 (\$642.9 million³). The proposal called for a reduction of 18 fixed-term posts (FTPs), which would generate \$4.9 million in savings during the biennium. Despite the decrease in posts, however, post-related costs would rise as a result of inflation and statutory increases, and therefore less would be available than in 2010–2011 for the non-FTP component, out of which PAHO's programs and technical cooperation activities were funded.

37. Three funding scenarios were envisaged: scenario A, in which the inflationary and statutory costs already incurred during 2010–2011 for the post and non-post components of the budget would be recovered through a 10.5% increase in assessed contributions from Member States; scenario B, in which some costs would be recovered through a 6.7% rise in assessed contributions, while other costs would have to be absorbed; and scenario C, in which there would be zero nominal growth in assessed contributions and all costs would have to be absorbed, resulting in substantial cuts to operations. The proposal presented in *Official Document 338* was based on scenario B. In all scenarios, a decline in voluntary contributions and miscellaneous income was expected, and in all cases the amount available for program and operational activities would decline. Details of the impact of each scenario and a justification of the proposed increase were provided in Addendum I to the budget document.

38. Mr. Román Sotela (Senior Advisor, Program and Budget Management, PASB) drew attention to Document CE148/DIV/1, which contained a comparative table showing the assessed contributions of Member States for the 2010–2011 and 2012–2013 bienniums based, respectively, on the current PAHO scale of assessments and the new PAHO scale. He recalled that the Organization of American States (OAS) had recently adopted a

¹ Note: The original series of documents was modified to reflect the recommendations of the meeting on 20–24 June, and was later replaced by the documents that were considered at the 22 July virtual meeting.

² Available from :

http://new.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=13176&Itemid=

³ Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

methodology for revising its scale of assessments every three years and that because PAHO's scale was based on the OAS scale, any change in the OAS scale would result automatically in a change in the PAHO scale. The scale currently in effect covered the period 2009–2011. The Permanent Council of the OAS has approved a new scale for 2012–2014, which PAHO would have to apply in the 2012–2013 biennium.

39. The Committee expressed appreciation to the Bureau for the detail and transparency evident in the budget proposal and for the additional analysis it had provided in response to requests by the Subcommittee on Program, Budget, and Administration. It also commended the Bureau's efforts to contain costs and improve productivity and efficiency. Delegates acknowledged the difficult financial situation that PAHO faced as a result of rising post costs coupled with anticipated reductions in voluntary contributions and miscellaneous income.

40. Nevertheless, four of the seven delegates who spoke on this item voiced a preference for scenario C, with several noting that their governments advocated zero nominal growth in the budgets of all international organizations. They pointed out that, like PAHO, their countries were grappling with severe financial constraints, which would make it very difficult, if not impossible, to obtain approval at national level of an increase in their governments' assessed contributions to PAHO, particularly as some Member States had seen their assessments rise for two consecutive bienniums and in some cases countries' assessments would rise even in a zero-nominal-growth scenario as a result of the revision of the OAS scale of assessments.

41. Two delegates supported scenario B, pointing out that scenario C would result in a drastic reduction of the Organization's technical cooperation budget. They considered that scenario B, while not ideal, would have less impact on the Organization's technical cooperation activities and its ability to achieve the strategic objectives established in the Strategic Plan 2008–2013. The seventh delegate did not express a preference for any scenario, but pointed out that the increase in most Member States' assessments under scenario B would be relatively small. All speakers considered the 10.5% increase in assessments proposed under scenario A to be unrealistic in the current economic climate.

42. In view of the lack of consensus as to which scenario should be recommended to the Directing Council, the Committee asked the Bureau to formulate an alternative scenario, one that would not require a 6.7% rise in Member States' assessments but that would not entail the severe cuts to the non-post budget that would result from a zero-nominal-growth scenario. With a view to freeing up more funding for technical cooperation activities, the Bureau was urged to seek ways of redistributing funds between the post and non-post components and to explore innovative approaches, such as secondment of personnel from donor organizations and Member States or an increase in the percentage charged to cover the cost of procurement of supplies and vaccines. The Bureau was also encouraged to identify potential areas of convergence and collaboration

between programs; promote greater country-to-country, South-South, and North-South cooperation; and increase interaction with the PAHO and WHO collaborating centers in order to maximize the Organization's technical cooperation capacity.

43. In response to the Committee's request, the Bureau subsequently presented scenario D, together with a table showing its effect on Member States' assessed contributions and regular budget allocations (Document CE148/DIV/2). The new scenario called for a 4.5% increase in Member States assessments and a 28.25% reduction in the non-post portion of the budget (versus a reduction of 23.7% under scenario B and of 37.8% under scenario C). The total regular budget under scenario D would be \$290,500,000 (versus \$294,500,000 under scenario B and \$282,100,000 under scenario C). The post portion would total \$222,500,000 under all three scenarios, while the non-post portion would be \$67,000,000 under scenario B, \$54,600,000 under scenario C, and \$63,000,000 under scenario D.

44. The Committee thanked the Bureau for preparing a fourth scenario, which several delegates supported, considering it a good compromise between scenario B and zero nominal growth. Others, while underlining their strong support for the Organization and its work, said that their governments had not yet taken a decision as to which scenario they would support. The delegates that had supported scenario C in the earlier discussion remained in favor of zero nominal growth in assessed contributions.

45. It was pointed out that in all four scenarios, any increase in assessed contributions would be allocated to the post portion of the budget, which would increase by 14.5% in all scenarios, while the budget for technical cooperation activities would decline. The Bureau was again urged to explore ways of redistributing funds so as to reduce the increase in the post portion of the budget and thereby lessen the decrease in the non-post portion. It was suggested, for example, that the PAHO staff might voluntarily give up cost-of-living adjustments and other statutory increases as a means of containing post-related costs and making more resources available for the Organization's substantive programs. Several delegates pointed out that, in the face of the economic and financial crisis, their governments had imposed budget cuts and austerity measures at the national level, including freezing of salaries in the public sector, and expressed the view that PAHO should be prepared to take similar action.

46. One delegate, supported by several others, formally requested that the Bureau draw up alternatives to scenarios B, C, and D that would call for a smaller increase in the post component of the budget. She emphasized that she made that proposal with a view to facilitating consensus on a program and budget proposal that would not put the Organization in the difficult position of having a budget under which a very large proportion of total funding was allocated to posts, but the staff who held those posts would have very little money at their disposal to carry out programs and other activities.

47. Another delegate pointed out that the proposed increases under scenario D of 4.5% in assessed contributions and 14.5% in the post portion of the budget did not represent an increase in the Organization's budget but rather were intended to cover costs and maintain the level of spending needed in order to meet the strategic objectives.

48. Dr. Gutiérrez affirmed that the proposed increases did not represent any growth in PAHO's budget, nor did they imply any rise in staff salaries. He pointed out that the FTP portion of the budget provided funding for the Organization's core personnel, who were vital to its programs and to the technical assistance services provided to Member States. As was explained in Addendum I to the budget document, in a zero-nominal-growth scenario it would be impossible to achieve a number of the Region-wide expected results established under the Strategic Plan. He also observed that it was in times of crisis that it was most important to invest in health and social protection.

49. Mr. Sotela added that, as was explained in paragraphs 13 to 18 of *Official Document 338*, the proposed 14.5% increase in the FTP budget was insufficient to cover the true cost increases that had resulted from inflation and, especially, devaluation of the United States dollar. As had been the case for the previous two bienniums, the proposed increase in assessments would be used to cover mandatory post cost increases only. Although the number of posts had been reduced every biennium, post-related costs had continued to rise, and consequently the non-post portion of the budget had continually shrunk. Currently, it was less in nominal terms than it had been 12 years earlier.

50. The Director pointed out that under scenario B the overall budget would remain the same as in 2010–2011—i.e., zero nominal growth—and under scenarios C and D it would decline by \$10 million and \$1.6 million, respectively. She also noted that the Organization's budget would continue to be negatively effected by low interest rates, which would reduce its miscellaneous income.

51. While welcoming the Committee's suggestions regarding possible ways of reducing personnel costs, she explained that the Bureau had little leeway with respect to statutory increases for fixed-term posts, as it was obliged to follow the staff remuneration rules of the United Nations common system, which were established by Member States within the United Nations General Assembly. What it could do was to limit the size of the staff, and it had cut posts in every biennium for more than 20 years, even when there had been substantial increases in assessed contributions. The Bureau had placed a moratorium on the filling of some posts and was delaying the filling of others, although it had been criticized for keeping posts vacant for more than six months. It also routinely classified posts one to two grades below the level at which they were classified in other organizations of the United Nations system, including WHO, which generated substantial savings. When Member States had called for staffing increases in areas such as the Office of Internal Oversight and Evaluation Services and the Ethics Office, in order to avoid adding staff the Bureau had reduced posts in other areas or retrained staff to perform new functions. It also

continued to seek ways of improving efficiency and productivity and reducing costs through, for example, the introduction of new technologies and ways of working.

52. PAHO received personnel from Member States and other organizations every year, both at Headquarters and in the country offices. It also worked closely with the WHO collaborating centers and included them explicitly in the Organization's program of work. Ways of enhancing PAHO's capacity for technical cooperation were constantly being sought, such as through the policy for working with national centers of excellence, approved by the Governing Bodies in 2010.⁴ In addition, the work of the Pan American centers was regularly reviewed, and in the previous 15 years several centers had been closed or responsibility for their administration had been transferred to their member governments or other entities, resulting in considerable cost savings for the Organization.

53. She recognized that Member States were having to make sacrifices as a result of the economic and financial crisis. However, in the previous biennium, at the height of the crisis, they had opted to maintain investment in health as a means of overcoming the crisis. Prospects for economic growth were now much better, and she urged Member States to bear that in mind as they considered the budget proposal.

54. After further discussion, the Committee agreed to hold a virtual meeting within 30 days following the conclusion of the session in order to continue its discussion of the program and budget proposal and reach consensus on a recommendation to be submitted to the Directing Council.

55. The Committee met by electronic means on 22 July 2011 to examine a revised program and budget proposal prepared by the Bureau (*Official Document 338*, Rev. 1), together with a revised version of Addendum I to the proposal (*OD338*, Add. I, Rev. 1). Dr. Gutiérrez presented the revised proposal, which was based on scenario D. He noted that the Bureau had also revised scenario C, as it was still under discussion (whereas scenarios A and B were not). In both scenarios, the estimate for miscellaneous income had been reduced by \$8 million (from \$20 million to \$12 million), reflecting the most recent financial forecast. In addition, the number of fixed-term posts had been further reduced (21 posts would be eliminated, versus 18 in the original proposal), resulting in savings of \$5.8 million in post-related costs). Under scenario D as revised, 9% of the Strategic Plan targets would not be met by 2013; under revised scenario C, 19% would not be met.

56. The total budget under revised scenario D would be \$626.7 million, a 2.5% (\$16.2 million) reduction with respect to the current budget. The FTP component would account for 40% and the non-FTP component for 60%. The regular budget would remain unchanged—i.e., zero nominal growth—at \$287.1 million. In order to maintain the regular budget at that level, however, a 4.3% rise in Member States' assessed contributions would be needed in order to offset the \$8 million decline in miscellaneous income. Dr. Gutiérrez

⁴ See [Document CD50/8](#) and [Resolution CD50.R13](#).

stressed the importance of the regular budget, which funded staff posts, thereby enabling the staff to carry out the program approved by Member States. Moreover, regular budget funds were fully flexible, whereas voluntary contributions were highly earmarked and could not be used wherever needed to fill funding gaps for program activities. Regular funds were also crucial to the performance of the Organization's core functions and were the funds that enabled the Bureau to manage a total budget of \$1,800 million (\$630 million for PAHO/WHO base programs, \$148 million for government-financed internal projects, \$22 million for outbreak and crisis response and \$1,000 million for procurement of vaccines and other medical supplies on behalf of Member States).

57. The Committee thanked the Bureau for the additional work done on the program and budget proposal. Some delegates expressed strong support for the revised scenario D, which they believed would be less damaging to the Organization than scenario C and would enable it to meet a larger proportion of the objectives established under the Strategic Plan. Others remained reluctant to accept any rise in their assessed contributions, although some said that their governments might be willing to consider a smaller increase. One delegate expressed disappointment that greater effort had not been made to reduce the increase in the post component of the budget and to change the distribution of funds between the post and non-post components so as to allocate a larger amount to the latter. She called on the Bureau to develop a scenario in which the rise in the FTP component would be significantly less than 14%. A detailed record of the views expressed by the various members of the Committee is presented in Annex D of this report.

58. As the majority of the Committee members supported scenario D, the Committee agreed to adopt a resolution recommending that the Directing Council approve the proposed program and budget based on that scenario. However, as per the request of one of its Members, the Committee also decided to ask the Bureau to draw up another scenario for discussion during the Directing Council, one in which the proposed increase in assessed contributions would be 2.15%—i.e., half the increase of 4.3% proposed in revised scenario D. Those decisions are reflected in Resolution CE148.R16.

59. The Committee also adopted Resolution CE148.R17, recommending that the Directing Council establish the assessed contributions of Member States, Participating States, and Associate Members on the basis of revised scenario D.

Strategy and Plan of Action on Urban Health (Document CE148/8)

60. Dr. Carlos Santos-Burgoa (Senior Advisor, Violence, Injuries and Human Security, PASB) introduced the strategy and plan of action, which had been prepared in response to a request by ministers of health participating in the roundtable on urban health held during the 50th Directing Council in 2010. The strategy was intended to support the efforts of health ministries in promoting health in urban areas and to address the specific health needs of urban populations. The accompanying plan of action included five objectives with

indicators and recommended activities to be carried out over a 10-year period (2012–2021).

61. The Committee welcomed the strategy and plan of action, underscoring the importance of the issue and acknowledging that current patterns of urbanization often discouraged healthy behaviors such as physical activity and contributed to public health problems such as road traffic injuries, violence, and environmental pollution and to higher rates of communicable and noncommunicable diseases among urban populations. Delegates felt that the strategy and plan of action would provide valuable guidance for the efforts of the Secretariat and Member States aimed at improving health conditions in urban areas. However, a number of revisions to the strategy and plan of action and amendments to the proposed resolution contained in Document CE148/8 were proposed.

62. It was suggested that some of the statements in the document should be recast as they appeared to be based on perceptions rather than fact—for example, the statement in paragraph 7 that “Cities in the Americas have attracted indigenous populations because of the economic and social opportunities they offer.” It was also felt that some concepts and terms—such as “global megatrend” in paragraph 14 and “slum” in activity 2.1—should be more precisely defined, and that the relationship between the overall purpose of the strategy and the specific objectives set out in the plan of action should be clarified. It was recommended that the indicators for specific objectives 1 and 2 should be reworded to accommodate the situation of Member States with federal systems of government, replacing the word “national” with “...at the national and subnational levels, as appropriate.” In addition, it was suggested that examples should be given under several of the proposed activities (e.g., examples of the partnerships envisaged under activity 1.2).

63. Clarification was sought of the rationale for the activities proposed under specific objective 5, in particular the proposal to establish a new regional observatory. Some delegates questioned the wisdom of creating such an entity in the current environment of financial constraints and expressed concern that it might duplicate existing international mechanisms for the compilation and dissemination of information, such as the WHO Centre for Health Development in Kobe, Japan. The need for interprogrammatic and intersectoral action to address determinants of urban health was stressed, and it was suggested that the document should be revised to clarify the relationship between this strategy and plan of action and other PAHO strategies, plans, and programs in areas such as road safety, health and human security, and noncommunicable diseases, and that a paragraph highlighting the need for concerted multisectoral action should be added to the proposed resolution.

64. Dr. Santos-Burgoa said that the Bureau would incorporate the changes and improvements recommended by the Committee into the revised version of the strategy and plan of action to be submitted to the Directing Council. With regard to the proposed regional observatory, he explained that the financial implications were expected to be

minimal and that the Bureau did not believe that there would be any duplication of the work of the Kobe Centre; however, he would be pleased to confer further with Member States and discuss their concerns in that regard.

65. The Director observed that the Region had already laid a strong foundation for future work on urban health through the Healthy Cities and Communities movement, which had yielded many valuable lessons learned and best practices. A number of the Region's cities provided excellent models for the improvement of urban health. Various collaborating centers and centers of excellence in the Region, such as the Urban Indian Health Institute (Seattle, Washington, United States of America), could also provide useful knowledge and support. PAHO worked closely with the Kobe Centre and with the Knowledge Network on Urban Settings, which had provided valuable evidence and input for the report of the WHO Commission on Social Determinants of Health. In October 2011, Brazil would host the World Conference on Social Determinants of Health, which would offer an additional opportunity to highlight urban health issues.

66. The Committee adopted Resolution CE148.R10, recommending that the Directing Council endorse the strategy and approve the plan of action.

Strategy and Plan of Action on Climate Change (Document CE148/9)

67. Dr. Carlos Corvalán (Senior Advisor on Risk Assessment and Global Environmental Change, PASB) introduced the strategy and plan of action, pointing out that the evidence for climate change was now almost universally accepted. It was broadly understood that dealing with climate change involved two concepts, adaptation and mitigation, and the health sector must contribute in both areas. In the area of adaptation, changes must be made in health systems to minimize the health impacts of climate change, and on the mitigation side, the health sector had to seek ways of reducing its greenhouse gas emissions. The strategy had four strategic areas: evidence, raising awareness, partnerships, and adaptation. The plan of action, which would cover the period 2012–2017, was organized around the four strategic areas and had four objectives, each of them with one indicator and a number of actions.

68. The Executive Committee welcomed the strategy and plan of action. Several delegates described the impacts that climate change was already having in their country and outlined the national or regional steps that were being taken towards adaptation and/or mitigation. It was pointed out that one major health effect of climate change was likely to be an increase in vector-borne diseases, resulting from the warming of cold and temperate areas normally relatively free of such diseases.

69. At the same time, the Committee suggested some areas where the strategy could be strengthened. For example, it was suggested that emphasis should be placed on pursuing work within existing partnerships rather than creating ones. It was also suggested that the advocacy role established in strategic area 2 might be better performed by civil society and

other nongovernmental organizations It was felt that action 1.3 (Identify and adapt indicators of climate change to include in national surveillance systems) should be expanded to cover different types of indicators, such as those relating to heat waves and vector shifts. Additionally, actions 1.7, 3.2, and 3.3 should be more narrowly focused to examine health impacts, as opposed to covering climate change overall.

70. It was suggested that the plan of action should address the effects of climate change on the health of migrant worker populations, who were especially vulnerable. Since it was not yet known how climate change would affect the health of groups of men and women of different ages and social situations, the plan should also take account of social determinants of health, including gender. Additionally, the linkages between this strategy and plan of action and the Organization's work in the areas of urban health and sustainable development should be made more explicit.

71. One delegate suggested that the assertion in paragraph 9 of the document that climate change was largely due to the burning of fossil fuels was an oversimplification of a very complex issue. She also suggested that the strategy and plan of action were not properly balanced between the two important concepts of adaptation and mitigation, and that a further important aspect of the climate change discussion, that of "common but differentiated responsibilities" was completely missing. Also, the plan of action should place more emphasis on the importance of working in coordination with United Nations bodies, including the Intergovernmental Panel on Climate Change, in order to avoid duplication of effort.

72. Dr. Corvalán thanked the Committee for its suggestions, which would be helpful to the Bureau in enhancing the strategy and plan of action. On the issue of fossil fuels, he said that the Bureau would clarify the reference to their contribution to climate change, which was undisputed.

73. The Director observed that the role of the health sector was to bring the issue of human health into the climate change discussion, from which so far it had been somewhat overlooked. The health sector evidently had a role to play in adaptation, but the mitigation side must not be neglected. In many countries, the health sector was the second or third largest user of energy, and it had a responsibility to seek ways to reduce its own contribution to the factors causing climate change. The sector also had a specific responsibility with regard to hospitals, which were often located in areas at risk of extreme weather-related events, such as hurricanes or flooding, and it had to be ensured that they could continue to provide services in the event of a natural disaster.

74. The Executive Committee adopted Resolution CE148.R2, recommending that the Directing Council endorse the strategy and approve the plan of action.

Plan of Action on Road Safety (Document CE148/10)

75. Dr. Eugenia Rodrigues (Advisor on Road Safety, PASB), observing that road traffic injuries were the number-one cause of death among children aged 5 to 14 in the Region and the second cause of death for the population aged 15 to 44, outlined the background and main thrusts of the plan of action.

76. The Executive Committee expressed solid support for the plan of action. Several delegates described actions being taken in their countries to enhance road safety, such as establishment of regulatory bodies, campaigns to increase helmet use, and organization of awareness campaigns and events. It was stressed that the health sector needed to work in cooperation with other sectors in order to reduce traffic accidents and their health consequences.

77. Various delegates highlighted the linkages between alcohol (and in some cases drugs) and traffic accidents. Some described steps being taken by their countries to address that issue. It was suggested that in activity 2.5 the allowable blood alcohol level for young drivers should be set not at 0.02 g/dl but at zero, and that an indicator and related activities should be added under objective 2 dealing with the need to discourage driving under the influence of drugs.

78. It was pointed out that some of the proposals for establishment of national regulatory agencies might be misplaced if a different approach was more suited to a particular country's circumstances; in federal countries, for example, road safety might be handled at state or province level rather than nationally. At the same time, it was emphasized that such a body would be required in order to establish multisectoral and interinstitutional partnerships and support decision-making about road safety.

79. It was suggested that activities 3.1 and 4.2, which dealt, respectively, with promotion of mass transit and safety audits of highway infrastructure, might be outside the purview and expertise of the health sector, and it was recommended that those activities should be reshaped to focus on encouraging national health authorities to participate in or promote intersectoral collaborations for the implementation of the proposed activities. Similarly, it was pointed out that vehicle inspection fell outside the health sector's sphere of competence and that the activities and indicators under objective 5 should therefore be refocused on supporting health authorities in encouraging relevant ministries or agencies to carry out technical vehicle inspections and reviews.

80. Dr. Rodrigues welcomed the various suggestions for improvement, undertaking to incorporate them into the plan of action.

81. The Director said that the topic was clearly one of enormous importance, since the Region was losing many lives to road traffic accidents, in many cases associated with alcohol abuse. Other important factors were inadequate infrastructure and road signage and

insufficient use of helmets. Efforts were therefore needed in the areas of advocacy, coordination, data collection, and standard-setting.

82. The Executive Committee adopted Resolution CE148.R11, recommending that the Directing Council adopt the plan of action.

Plan of Action to Reduce the Harmful Use of Alcohol (Document CE148/11)

83. Dr. Maristela Monteiro (Senior Advisor, Alcohol and Substance Use), introducing the document on this item, said that the plan of action had been developed by the Bureau in consultation with Member States and was intended to facilitate implementation at the regional level of the Global Strategy to Reduce the Harmful use of Alcohol, adopted by the World Health Assembly in 2010. The plan was centered around the global strategy's five objectives (listed in Document CE148/11, paragraph 3) and 10 target areas for policy action (listed in paragraph 4).

84. Delegates reaffirmed their countries' support for the Global Strategy and welcomed the proposed plan of action, expressing appreciation for its emphasis on technical support and capacity-building. The importance for both the Bureau and Member States of ensuring the availability of adequate resources for the plan's implementation was emphasized. It was considered especially important for PAHO to assist Member States in developing sufficient public health infrastructure to carry out the monitoring functions outlined in the plan and to implement effective prevention strategies. However, it was pointed out that some Member States might not have the resources to implement a full-scale national plan to combat the harmful use of alcohol, and it was therefore suggested that the wording of paragraph 3(g) of the proposed resolution contained in Document CE148/11 should be amended to read "allocate financial, technical, and human resources towards the implementation of national activities outlined in the plan of action." The Bureau was encouraged to assist countries in setting priorities for the implementation of activities, taking into account existing capacity and infrastructure, existing public health surveillance systems, and the cost-effectiveness of intervention strategies.

85. It was emphasized that the focus of the plan of action should be on abusive or harmful use of alcohol, not on alcohol consumption per se, and that in the second preambular paragraph of the proposed resolution "associated with alcohol consumption" should be replaced with "associated with the harmful use of alcohol." It was also suggested that it should be clarified in paragraph 5 of the document that there were both health benefits and harms associated with moderate alcohol consumption and that current evidence indicated that the benefits were limited to individuals over the age of 45. The need to engage the private sector in addressing the harmful use of alcohol was highlighted, and the Director was encouraged to meet with representatives of the alcoholic beverage industry to that end.

86. A number of other changes to the plan of action were suggested, in particular with regard to the activities proposed under objective 3. It was suggested that those activities should be expanded to include both national and subnational plans of action and that Member States should designate a focal point for alcohol policy, rather than a national body, in order to accommodate the situation of Member States with federal systems of government. It was stressed that regulatory matters and decisions relating to pricing, taxation, and restrictions on the marketing and sale of alcoholic beverages should be left to governments, and it was recommended that any activities that fell outside the sphere of health or went beyond what had been agreed under the Global Strategy should be removed from the plan of action; if such activities were to be retained in the plan, it should be made clear—as had been done in the WHO Framework Convention on Tobacco Control—that they were being recommended without prejudice to the sovereign right of countries to determine and establish their own policies on taxation and regulatory matters. In addition, the Bureau was asked to remove the activity relating to trade and trade agreements under objective 4, as such matters fell outside PAHO's mandate and competency.

87. Dr. Monteiro said that the Bureau would endeavor to revise the plan of action in keeping with Member States' recommendations. She noted, however, that all of the technical cooperation activities envisaged had been agreed by Member States under the Global Strategy and were based on the best available evidence from around the world. The Bureau was already engaged in discussions with representatives of the alcohol industry and would continue to seek their input on how best to implement the Global Strategy in the Region, although it would not regard the industry as a partner, as PAHO had a policy of not forming partnerships with or accepting financial contributions from entities that could negatively influence public health policy.

88. The Director affirmed that, while the plan of action did have to be consistent with the Global Strategy, greater flexibility could be introduced in order to enable Member States to adapt the various activities to their national and subnational contexts.

89. The Committee adopted Resolution CE148.R8, recommending that the Directing Council adopt a resolution calling on Member States to implement the Global Strategy through the regional plan of action.

Plan of Action on Psychoactive Substance Use and Public Health (Document CE148/12, Rev. 1)

90. Dr. Maristela Monteiro (Senior Advisor on Alcohol and Substance Abuse, PASB) introduced the item, recalling that in 2010 the Directing Council had adopted a regional public health strategy to address the health problems associated with the use of psychoactive substances.⁵ Document CE148/12, Rev. 1 set out a plan of action for implementing that strategy. The plan outlined activities to be carried out in the five

⁵ See [Document CD50/18, Rev. 1](#).

strategic areas identified under the strategy and emphasized the need for integrated approaches and cooperation with other sectors.

91. The Executive Committee welcomed the plan of action. It was noted that the plan emphasized the need to work closely with other partners such as the Inter-American Drug Abuse Control Commission and the United Nations Office on Drugs and Crime and was generally in line with the current international approach of enhancing and strengthening resources in the sphere of primary care, developing programs directed towards prevention and demand reduction, and targeting prevention and care activities towards high-risk populations. It was emphasized that the proposed activities would need to be tailored to the specific conditions and context of each country.

92. In the interests of consistency with the regional strategy and with other documents, it was suggested that the term “substance use and related harms” in the document should be changed to “substance use and its adverse consequences.” The Committee also drew attention to some discrepancies between the wording of the plan of action and that of the regional strategy, as well as to the need for some corrections in the terminology used in the references to the hemispheric drug abuse strategy of the Inter-American Drug Abuse Control Commission.

93. It was suggested that objective 1.1, which referenced applicable human rights instruments, declarations, and recommendations of the inter-American and United Nations systems, should also include a reference to the United Nations drug control conventions. It was also suggested that the plan of action should more clearly incorporate a gender perspective. In the proposed resolution, it was suggested that the fourth preambular paragraph should be revised so that “while protecting and promoting health as a fundamental human right” became “while protecting and promoting the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.”

94. Dr. Monteiro thanked the Committee for its suggestions and said that the Bureau would revise the plan of action accordingly.

95. The Director said that the adoption of the proposed resolution would be an important step towards tackling a grave health issue in the Region, as that the strategy and plan of action would respond to the demand for clear and agreed guidelines for dealing with the growing problems associated the use of psychoactive substances.

96. The Committee adopted Resolution CE148.R9, recommending that the Directing Council endorse the Plan of Action.

Strategy and Plan of Action on Epilepsy (Document CE148/13)

97. Dr. Jorge Rodríguez (Senior Advisor on Mental Health, PASB), noting that the subject of epilepsy was being discussed for the first time by the PAHO Governing Bodies, introduced the strategy and plan of action, which represented the outcome of a collective

effort involving Member States, experts from around the Region, WHO, and the International League against Epilepsy and International Bureau for Epilepsy. The strategy highlighted the stigma associated with epilepsy and the discrimination and human rights violations to which people with epilepsy were subject. It also emphasized the availability of simple, low-cost treatment options that could be applied at the primary care level, which would make it possible to close the enormous treatment gap that existed in the Region.

98. The Executive Committee welcomed the strategy and plan of action and commended PAHO's efforts to draw attention to the gap between the number of people with epilepsy and the number who received adequate care and to the need to combat stigma and discrimination against people with epilepsy. It was suggested, however, that the "Burden, Prevalence, and Mortality" section of the strategy should address the issue of psychiatric comorbidity in persons with epilepsy, and that paragraph 27 of Document CE148/13 should indicate that 25% to 50% of epilepsy patients also suffered from psychiatric disorders, although such disorders often went unrecognized and untreated; it should also address the burden of depression, anxiety, and cognitive impairment more broadly. In addition, it was suggested that more emphasis should be placed on epilepsy self-management strategies and that self-management education should be included in the package of essential interventions mentioned in objective 2.1 of the plan of action.

99. Under objective 1.1, it was pointed out that activity 1.1.3 (Identify groups in vulnerable and special conditions that may require specific care) would be carried out as part of activity 1.1.2 (Formulate or review the national epilepsy program and implement it) and therefore did not need to be listed as a separate activity. It was suggested that objective 1.4 (Create and strengthen health sector partnerships with other key sectors and actors, including the private sector) should be incorporated into objective 1.1 and that objective 3.2 (Include a health promotion and epilepsy prevention component in national epilepsy programs) should be incorporated into strategic area 1, which dealt with epilepsy programs. Under objective 4.2 it was suggested that the national activities identified be expanded to encourage population-based research on factors such as demographic variables, socioeconomic status, health care use, behavioral risk factors and comorbidity that might have a bearing on epilepsy rates in diverse groups of people.

100. It was pointed out that the International League Against Epilepsy had established a new classification scheme⁶ that recognized three groups of causes of epilepsy—genetic, structural/metabolic, and unknown—and it was suggested that the information on etiology contained in the strategy should be brought into line with that classification. It was also suggested that the information in paragraph 11 of the strategy should be revised in order to clarify that prognosis in cases of epilepsy depended on etiology as well as early sustained

⁶ Berg A et al. Revised terminology and concepts for organization of seizures and epilepsies: Report of the ILAE Commission on Classification and Terminology, 2005–2009. *Epilepsia*, 51(4):676–68. [DOI:10.1111/j.1528-1167.2010.02522.x](https://doi.org/10.1111/j.1528-1167.2010.02522.x)

treatment, since the prognosis for some forms of epilepsy, such as progressive myoclonic epilepsy, was poor even if treatment did begin early.

101. Dr. Rodríguez thanked the Committee for its suggestions, which the Bureau would incorporate into a revised version of the document. With regard to strategic Area 3, he recalled that it had been agreed during the consultations on the strategy and plan of action that education and prevention merited special attention, especially since the majority of cases of epilepsy in the Region were secondary to other causes and were therefore preventable. Activities aimed at preventing the disease, educating people about epilepsy, and combating stigma had therefore been grouped within a separate area.

102. The Director pointed out that epilepsy was part of the unfinished agenda of diseases for which cost-effective treatments and disease management methods were available but were not available to everyone who needed them, in part because many health professionals, especially at the primary care level, lacked the knowledge and means to diagnose and treat epilepsy effectively. The strategy and plan of action were intended to quickly bring about a major improvement in the control of a disease that affected not only patients but also their families and communities and their education and work environments.

103. The Committee adopted Resolution CE148.R3, recommending that the Directing Council endorse the strategy and approve the plan of action.

Strategy and Plan of Action for Malaria (Document CE148/15)

104. Dr. Keith Carter (Senior Advisor on Malaria and Other Communicable Diseases, PASB) recalled that a Regional Strategic Plan for Malaria in the Americas 2006–2010 had been established pursuant to Directing Council Resolution CD46.R13. The strategy and plan of action for 2011–2015 proposed in Document CE148/15 were intended to build on that Strategic Plan with the aim of further reducing malaria-related morbidity and mortality and preventing the reintroduction of endemic malaria in countries that had been declared malaria-free. The proposed strategy and plan of action had been developed through a consultative process involving many different partners and various PAHO programs.

105. The Executive Committee supported the strategy and plan of action and welcomed PAHO's efforts to advance malaria control initiatives in the Region, noting that malaria affected not only population health but also countries' economic development. The importance of building on existing undertakings, such as the Amazon Malaria Initiative, was stressed. It was suggested that the thrust of PAHO's work should be to provide guidance to countries' malaria programs and assist them in setting appropriate goals for control, pre-elimination, or elimination of malaria. It was also suggested that entomological surveillance should include efforts to monitor mosquito density and behavior as well as insecticide resistance, so as to track the impact of vector control measures. Monitoring of vector control operational indicators, such as those related to

ownership of insecticide-treated mosquito nets and use of indoor residual spraying, should be prioritized. It was considered critical for malaria control programs in the Region to establish quality control and assurance programs for both rapid diagnostic test use and microscopy.

106. The linkage between malaria and agriculture was highlighted. Specifically, a delegate noted that it had been found that rice cultivation in flooded paddies encouraged breeding of anopheles mosquitoes and that studies had shown that other methods of cultivation, such as intermittent irrigation, could greatly reduce cases of malaria without affecting agricultural output or revenues. He suggested that the proposed resolution contained in Document CE148/15 should address the need for further research on the matter. Another delegate suggested that the resolution should call attention to the need for international collaboration at subregional level, since malaria could not be halted at national borders. Several delegates stressed the need for increased production of anti-malarial drugs, especially in malaria-endemic countries, in order to remedy the shortage of such drugs in the Region. The need to encourage pharmaceutical companies to supply antimalarials and other drugs at affordable prices through PAHO's procurement funds was also emphasized.

107. One delegate urged that increased funding be provided to the countries on the island of Hispaniola in order to strengthen health systems damaged by the 2010 earthquake, improve malaria control programs, and reverse the rising trend of reported cases. The same delegate noted the urgent need for PAHO and other partners to provide technical assistance to enable Haiti to implement its Round 8 grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

108. Dr. Carter said that PAHO had been working with the countries of the Caribbean where malaria was endemic, in particular Haiti and the Dominican Republic, and that it intended in the future to work even more intensively with Haiti. With regard to the Amazon Malaria Initiative, he noted that its work was being extended from the countries of the Amazon subregion to other countries of the Region, including those in Central America. Responding to the concern about a shortage of antimalarial drugs, he reported that Brazil was working with a company on the production of drugs for use in artemisin-based combination therapy regimens, which had the potential to increase access to antimalarial drugs in the Region, although regulatory and import issues would have to be addressed.

109. The Director pointed out that the malaria-related targets for Millennium Development Goal 6 (Combat HIV/AIDS, malaria, and other diseases) would probably be achieved by the Americas as a whole, as most countries of the Region had already reached those targets or were close to doing so. The new strategy and plan of action were intended to assure that outcome. In particular, they were intended to help the Dominican Republic and Haiti, the two countries on the island of Hispaniola, and to do so by drawing on the

successful experience of existing malaria control initiatives, notably the Amazon Malaria Initiative.

110. The Committee adopted Resolution CE148.R5, recommending that the Directing Council endorse the strategy and approve the plan of action.

Plan of Action to Accelerate the Reduction of Maternal Mortality and Severe Maternal Morbidity (Document CE148/16, Rev. 1)

111. Dr. Ricardo Fescina (Director of the Latin American Center for Perinatology and Human Development) noted that Goal 5 of the Millennium Development Goals was the one on which the least progress had been made. In 10 years the Region of the Americas had achieved a drop in maternal mortality of about 30%; in the coming five it had to achieve a further 40% reduction in order to meet the target under Goal 5. The plan of action was aimed at accelerating the reduction of maternal mortality, which was one of the most egregious manifestations of gender inequity.

112. While some members of the Executive Committee expressed firm support for the plan of action as presented, others considered that it suffered from serious weaknesses and was not ready for consideration and approval by the Governing Bodies. It was pointed out that the document had been made available only one week before the session, and Member States had therefore not had sufficient time to study it. It was suggested that the plan should not be examined until the Directing Council and that, in the interim, a group of technical experts should be established to revise and improve it. It was also recommended that the proposed budget of \$30 million should be reviewed with an eye to whether it was realistic to envisage raising that level of funding.

113. Delegates drew attention to a number of specific shortcomings in the document. It was pointed out, for example, that it failed to take account of much of the earlier work done by PAHO on the issue of maternal mortality and contained no analysis of which actions had succeeded and which had failed. Moreover, there was no serious analysis of what the present baselines were, which made it difficult to assess whether the targets in the plan of action were realistic. In addition, it was suggested that the plan of action should include activities aimed at increasing countries' surveillance capacity to track the various proposed indicators. It was also suggested that the phases referred to in Annex B of the document should be re-worked so that more of the results would be achieved before the year 2015.

114. It was felt that there were several broad policy issues that also merited closer scrutiny, such as, for example, whether universal access to free maternity services was economically feasible or whether it might be a destabilizing force in fragile economies. It was pointed out that the plan of action also failed to address a number of issues, such as the Region's overuse and abuse of technology to the detriment of both mothers and newborns, and the need to involve men both in preventing unwanted pregnancies and in caring for the

woman and the child when pregnancy did occur. It was suggested that the document's discussion of eclampsia was incomplete.

115. Several delegates described the work in progress in their country to reduce maternal mortality. One delegate suggested that a regional observatory on maternal mortality and morbidity should be created. Following questions and discussion, he clarified that he had intended to propose a coordination mechanism for compiling and disseminating information, not a new physical structure, which would be impractical at a time of budgetary constraint. It was agreed therefore that the proposed resolution on this item would request the Director to establish "a regional repository available to all stakeholders."

116. The Delegate of Canada gave a brief report on the work of the Commission on Information and Accountability for Women's and Children's Health, established by the United Nations Secretary-General and co-chaired by the Prime Minister of Canada and the President of Tanzania. She suggested that the Executive Committee might study the Commission's 10 specific recommendations⁷ and consider how they could contribute to the plan of action.

117. Dr. Fescina added some information on the Perinatal Information System developed by PAHO at the Latin American Center for Perinatology and Human Development. He thanked the delegates for their comments, which would be useful as work proceeded on strengthening the plan of action. He also clarified that the budget figure for the plan of action had been based on a very high-level calculation of \$5 million per year for the six years of the Plan. That figure would be refined and presented with greater precision.

118. The Director drew attention to the global concern at the insufficient progress in reducing maternal mortality, of which one manifestation was the establishment by the Secretary-General of the Commission on Information and Accountability.

119. In her view, the Directing Council was not the appropriate forum for a detailed technical review of the plan of action. She proposed, therefore, that discussion of the matter should continue over a period of 30 days by electronic means, so that the plan could be revised and then submitted in a timely manner to the Directing Council.

120. The Committee decided to adopt the proposed resolution (Resolution CE148.R14) and to recommend that the Directing Council endorse the plan of action, with the understanding that the plan would be revised in the light of Member States' comments and suggestions. It was agreed that the Bureau would organize electronic consultations on the plan during the month of July.

⁷ The Commission's recommendations are set out in its report, [*Keeping Promises, Measuring Results*](#).

Strategy and Plan of Action on *eHealth* (Document CE148/17)

121. Mr. Marcelo D'Agostino (Area Manager, Knowledge Management and Communication, PASB) outlined the four strategic areas envisaged under the strategy and plan of action. He noted that, in keeping with a suggestion made during the Fifth Session of the Subcommittee on Program, Budget, and Administration, the Bureau had sought to ensure convergence between the strategy and plan of action and related initiatives, such as the Strategy for the Information Society in Latin America and the Caribbean (e-LAC) of the Economic Commission for Latin America and the Caribbean and the OAS e-government initiative. The strategy and plan of action had been drawn up in consultation with Member States—especially Canada, through a community of practice coordinated by Health Canada, which had enabled the Bureau to receive comments from 14 institutions—and several organizations and networks.

122. The Executive Committee welcomed PAHO's efforts to promote the use of health information technology as a means of broadening access to health services, and voiced support for the proposed strategy and plan of action. Committee members considered that the strategy and plan of action adequately addressed the challenges relating to the management of knowledge and the incorporation of information and communication technologies into health systems. The strategy's recognition of the intersectoral nature of *eHealth* was applauded, and it was pointed out that support and collaboration between different sectors on issues of infrastructure, financing, education, innovation, and interoperability were essential. At the same time, it was stressed that the development of *eHealth* must be led and overseen by ministries of health, not by the information technology industry or other parties with commercial interests. One delegate questioned whether the estimation of resource requirements in Annex C of Document CE148/17 was reasonable.

123. Support was expressed for the four strategic areas identified under the strategy and plan of action and for their respective objectives. The proposal to establish a forum of experts to promote the use of information and communication technologies for public health applications was also endorsed. It was suggested that the forum should include policy-makers and technical professionals with diverse knowledge about the use of such technologies in public health settings and should be representative of the different sectors and key constituencies involved in *eHealth* policy and practice.

124. It was suggested that the strategy should place greater emphasis on working within and improving existing partnerships and other collaborative arrangements, rather than establishing new mechanisms that might duplicate effort. It was pointed out that the functions for the regional laboratory proposed under objective 1.4 appeared to overlap with those of the technical advisory committee proposed under objective 1.2, since both mechanisms would monitor and evaluate *eHealth* policies in the Region, and it was recommended that the regional laboratory should, instead, serve as a resource for Member States to share best practices. It was also suggested that some of the proposed indicators

should be further refined and clarified. The indicator for objective 1.1, for example, should be expanded to cover the different types of information and communications technologies and policies that Member States might establish, such as electronic medical records, and it should also examine whether Member States had policies on the protection of individuals' privacy and on the interoperability of information and communication technologies. It was felt that some of the indicators under objective 4.2 were unclear. In particular, the Bureau was asked to elucidate what was meant by "certified public health content." In addition, it was suggested that the reference to veterinary public health in the fourth preambular paragraph of the proposed resolution contained in Document CE148/17 should be explained.

125. The Delegate of Mexico noted that her country had a national center of excellence in technology that had developed courses relating to *eHealth*, which it would be pleased to make available to other countries electronically through PAHO.

126. Mr. D'Agostino said that the Bureau had taken careful note of the Committee's comments and suggestions and would bear them in mind in refining the strategy and plan of action. With regard to the certification of websites, he said the idea was to ensure the availability of reliable health information on the Internet. The Organization was working with the United States National Library of Medicine and the Health on the Net Foundation, a nongovernmental organization that had developed a procedure for certifying health information websites. Concerning the reference to veterinary public health in the proposed resolution, he explained that a great deal of experience had been gained in the use of mobile media in that field—for example, in the surveillance of zoonoses and foodborne diseases.

127. Regarding the regional laboratory proposed under objective 1.4, its function would indeed be to serve as a mechanism for collecting data and promoting best practices, whereas the function of the technical advisory committee proposed under objective 1.2 would be to advise the Bureau on political, technical, managerial, and administrative aspects of the implementation of the strategy. Responding to the question about resources, he noted that *eHealth* was an attractive area for donors and it was therefore relatively easy to mobilize funding for *eHealth* projects. In fact, PAHO, in partnership with Member States and other organizations, already had three major projects under way, all of which had mobilized significant funding.

128. The Director highlighted the importance of utilizing technology in order to address the unfinished agenda of infectious diseases and to address gaps, disparities, and inequities in access to health services and resources in the Region. She noted that the strategy and plan of action would also support and enhance efforts to improve vital and health statistics and reduce the fragmentation of health information systems.

129. The Committee adopted Resolution CE148.R4, recommending that the Directing Council endorse the strategy and approve the plan of action.

Administrative and Financial Matters

Report on the Collection of Quota Contributions (Document CE148/18 and CE148/18, Add. I)

130. Ms. Linda Kintzios (Treasurer and Senior Advisor, Financial Services and Systems, PASB), noting that Document CE148/18, Add. I, provided information on quota contributions as of 13 June 2011, reported that since that date the Organization had received further payments of \$16,844 from Costa Rica, \$191,992 from the Dominican Republic and \$257,299 from Mexico. The combined collection of arrears and current-year assessments as of the opening of the Committee's session totaled \$54.7 million, as compared to \$49.3 million in 2010 and \$38.0 million in 2009. Twenty-one Member States had made payments towards their quota commitments in 2011, eleven of them in full. Collection of current-year assessments amounted to \$31.0 million, or 32% of the total amount due for 2011.

131. Currently, only one Member State had a deferred payment plan, and it was in full compliance with the terms of that plan. Two Member States were potentially subject to the voting restrictions envisaged under Article 6.B of the PAHO Constitution. The Bureau had encouraged those Member States to take the necessary steps in order to retain their right to vote at the 51st Directing Council.

132. The Executive Committee adopted Resolution CE148.R1, thanking the Member States that had already made payments for 2011 and urging other Member States to pay their outstanding contributions as soon as possible.

Report of the Office of Internal Oversight and Evaluation Services (Document CE148/19)

133. Mr. David O'Regan (Auditor General, Office of Internal Oversight and Evaluation Services, PASB) introduced the report, pointing out that it comprised three sections: paragraphs 1–14, on the background to the topic, resources, planning routines, and coordination with other sources of assurance; paragraphs 15–33, on findings and recommendations from individual oversight assignments and the Office's follow-up on those recommendations; and paragraphs 34–35, setting forth the Office's overall opinion on the internal control environment.

134. The Executive Committee welcomed the report on the work of the Office of Internal Oversight and Evaluation Services (IES). The Office's operations were seen as very important to PAHO's performance of its work, and the Bureau was urged to give close attention to the IES recommendations. In the area of thematic audits, the recommendations made on end-of-service reports were considered to be well-founded, but it was suggested that there might be scope for wider dissemination of such reports. The

Bureau was encourage to take steps to ensure that the reports were truly comprehensive and useful.

135. Concern was expressed about the fragmentary nature of the risk management function in PASB and the slow development of a formal risk management framework, especially in some of the country offices. It was suggested that further attention should be paid to improving the way in which letters of agreement were used in the country offices, given the concerns expressed by the 27th Pan American Sanitary Conference in 2007. Efforts to implement the IES recommendations on enhancing the incorporation of cross-cutting priorities such as gender, ethnicity, and human rights into biennial work plans should also be intensified.

136. Mr. O'Regan thanked the Committee for its expressions of support, and took note of its suggestions for areas of particular focus. With regard to the end-of-service reports, he noted that they were usually distributed only to a small circle of personnel, including the staff who had worked most closely with the outgoing staff member and his/her successor, but undertook to examine the feasibility of wider circulation of those reports.

137. With regard to the establishment of an organization-wide enterprise risk management, he noted that the concept had been very slow to take root in the United Nations system as a whole. Additional factors hindering progress within the Bureau had been personnel changes, for example in the case of the Director of Administration, and the difficulty of getting people to work together in identifying risk in a systematic manner.

138. The Director said that a framework for risk management had been established under the Director of Administration and that significant progress in establishing a rigorous and comprehensive risk management function was anticipated in the remainder of 2011 and in 2012. With regard to end-of-service reports, she noted that, in conjunction with WHO, PAHO was engaged in a project aimed at preserving institutional memory and developing a computerized system for gathering and disseminating such information. In addition, the Organization had an organized transfer procedure, which ensured that work accomplished and knowledge held by a departing staff member of managerial level was formally passed on to his or her successor.

139. The Executive Committee took note of the report.

Financial Report of the Director and Report of the External Auditor for 2010 (Official Document 340)

140. Ms. Ana María Sánchez (President of the Subcommittee on Program, Budget, and Administration) reported on the Subcommittee's examination of this item (see paragraphs 27–37 of the Subcommittee's final report, Document SPBA5/FR).

141. Ms. Sharon Frahler (Area Manager, Financial Resources Management) presented the highlights of the Financial Report of the Director, which revealed that the

Organization's total financial resources continued to show significant growth, reaching an accrued total of \$932.6 million in 2010, as compared with cash receipts in 2009 of \$731 million. Accrued quota contributions for 2010 totaled \$98.3 million; accrued miscellaneous revenue, \$5.2 million. The WHO contribution to the PAHO Regular Budget had amounted to \$39.5 million in 2010, which was half of the total biennial allocation to the Region of \$79.1 million. Cash quota receipts in 2010 had totaled \$101 million, comprising \$72 million for 2010 and \$29 million for prior bienniums. Quota assessments pending totaled \$29.7 million, the lowest level in 10 years. The Organization had received and implemented a total of \$200 million in trust funds under multi-year agreements for public health programs, including \$82.8 million received from governments for externally funded projects, \$106.8 million for internally funded projects, and almost \$10 million received for emergency response efforts in Chile and Haiti.

142. Expenditures had totaled \$927.3 million. On the procurement side, the Revolving Fund for Vaccine Procurement continued to increase, with almost \$511 million spent on vaccines and syringes, an increase of 49% over 2009. A total of \$8.8 million of medical supplies had been procured through the Reimbursable Procurement Mechanism, and a further \$21.7 through the Regional Revolving Fund for Strategic Public Health Supplies. Details of the other categories of expenditure could be found in section 15 of the Notes to the Financial Statements in the Financial Report. The net surplus of revenue over expenditure had totaled \$5.3 million.

143. Ms. Helen Freetenby (National Audit Office of the United Kingdom of Great Britain and Northern Ireland) summarized the report of the External Auditor, noting that the audit had revealed no material weaknesses or errors. In consequence, an unqualified audit opinion had been placed on the accounts. Drawing attention to the 12 recommendations in the report, she highlighted four issues. Firstly, she congratulated PAHO on its successful implementation of the International Public Sector Accounting Standards (IPSAS) and on its responses to the External Auditor's earlier recommendations in that regard. She noted, however, that, despite good overall planning, some aspects of IPSAS implementation had taken delayed, as a result of which the timetable for completing the audit had been very tight. The delays had arisen mainly in connection with the year-end closure procedures in the country offices, an area in which there was scope for improved management and supervision.

144. Secondly, the IPSAS would enable improved financial decision-making, provided that PAHO had the capacity to capture information about how resources were actually being used. Ensuring that capacity would require upgrading or replacing some key financial accounting and management information systems. It was also crucial to ensure that the data in those systems were kept up to date.

145. Her third point related to country office visits. The External Auditor's visit to Haiti had found the office to be coping magnificently with the challenges that had arisen

following the earthquake. The Organization should fully analyze the office's response to the situation with a view to ensuring that the lessons learned were retained. Visits to other country offices had raised some concerns about projects being carried out by PAHO staff, some of which did not appear to be within the usual scope of PAHO's work. In addition, procurement contracts for some projects appeared not to have been awarded on a competitive basis.

146. In the fourth area, governance, she drew attention to the need for a solid risk management framework. Noting the progress made, she encouraged the Organization to continue and Member States to support those efforts.

147. The Executive Committee welcomed the information on the Organization's strong financial position, and its receipt, once again, of an unqualified audit opinion. The Committee also congratulated Ms. Frahler and her team on producing financial statements deemed by the External Auditor to be fully IPSAS-compliant. The high quality of the Organization's accounts, and the greater transparency provided by the IPSAS, were viewed as particularly important in light of the continuing growth in the resources managed by the Organization.

148. The Committee encouraged the Bureau to give close attention to the issues raised by the External Auditor and to its 12 recommendations. Attention was drawn to the recommendations on frequent updating of project data to be sure that management information was current, and on developing an approach to deal with the underfunded liabilities relating to staff benefits. Given the concern expressed about inappropriate projects, the Committee suggested a tightening of the rules to make it clear to all Member States that under the Financial Regulations any projects implemented had to fall within PAHO's mandate and scope. It was emphasized that all of PAHO's procurement activities should be on a competitive basis.

149. Ms. Frahler assured the Committee that the Bureau recognized the validity of the External Auditor's recommendations and would follow up accordingly. She agreed that the current computerized financial system was far from optimum. The Bureau had opted to adapt it to the IPSAS through improvisations in order not to delay IPSAS implementation, but the time had come to replace the system. The Bureau had taken note of the ideas expressed on the need for enhanced financial controls in a decentralized environment, as well as on ensuring that projects at the country offices fell within PAHO's mandate.

150. The Director said that the Organization could be proud of the achievements of 2010. PAHO had been a pioneer in implementing the IPSAS, which had brought challenges as well as benefits. Now it was providing IPSAS guidance to other United Nations agencies. Although PAHO was a relatively small agency, it was subject to examination by six different internal and external audit bodies. Member States and development partners could thus rest assured that tight controls were in place and that transparency and accountability were being maintained.

151. The Committee took note of the reports.

Report of the Audit Committee (Document CE148/20)

152. Ms. Amalia Lo Faso (Chair of the Audit Committee) recalled the background which had led to the establishment of the Audit Committee, and outlined the topics it had covered at its first and second meetings. Of particular importance were its recommendations on the implementation of a structured and disciplined approach to risk management, which would enable better identification and management of the risks that might prevent PAHO from meeting its objectives.

153. The Executive Committee welcomed the establishment of the Audit Committee and its report. It expressed appreciation for its recommendations, especially those on risk management and the selection process for the External Auditor. As PAHO now had a comprehensive array of auditing bodies, it was suggested that a document might be drawn up to explain the mandate of each of them. Information was requested on the grounds on which countries were chosen for visits by the Audit Committee, and it was suggested that more information might be given on the conclusions that the Audit Committee had drawn from its visits. It was also suggested that a section in subsequent Audit Committee reports might be devoted to the follow-up that had been given to its various recommendations.

154. Ms. Lo Faso explained that the field visits had each been only of a few hours' duration and had been designed to give the Audit Committee members a better understanding of the work of the Organization in the field. Recommendations from the field visits had related to certain issues of human resources and compensation and also to implementation of recommendations by both the External Auditor and the Office of Internal Oversight and Evaluation Services. The Audit Committee had found that in some countries the recommendations were not being implemented, and there was a need for the Bureau to follow up more closely. The Audit Committee was tracking the implementation of its own recommendations, but whether or not a document should be produced to report on progress was a decision for the management of the Bureau.

155. The Director agreed that it would be useful to draw up an explanatory document on the role and terms of reference of the various oversight bodies, that might also include the Integrity and Conflict Management System and the Ombudsman. There was also a need for a clearer and more user-friendly system for recording and monitoring implementation of the recommendations made by the various bodies.

156. With regard to the questions of how the topics and places to be audited were selected, she explained that in the case of the Audit Committee, in its first year of operation, the intention had simply been for the members of the Audit Committee to familiarize themselves with the work of the Organization. Thus the destinations had been selected with an eye to ease of travel, cost, and other such pragmatic issues. Future

destinations would be planned in the light of a dialogue among the internal and external audit bodies and WHO and, in general, on the basis of risk criteria.

157. The Executive Committee took note of the report.

Status of Projects Funded from the PAHO Holding Account (Document CE148/21)

158. Ms. Ana María Sánchez (President of the Subcommittee on Program, Budget, and Administration) reported on the Subcommittee's examination of this item (see paragraphs 57–69 of the Subcommittee's final report, Document SPBA5/FR).

159. Mr. Román Sotela (Senior Advisor, Program Budget Management, PASB) introduced the report, drawing attention to two additions that had been requested by the Subcommittee. The first was in Table 2, the Holding Account Implementation Summary, in which the "Comments" column gave brief information on the current status of the projects. The second was the inclusion of a new project proposal 3.D, "PASB Management Information System Modernization," as the continuation of project 3.A, which had been concluded. In response to a question, he explained that project 3.D was not shown in the Holding Account Implementation Summary because it still had the status of a project proposal; the summary showed only projects that were actually being implemented as at 31 December 2010. Recalling that the Directing Council had authorized expenditure from the Holding Account for project 3.D of up to \$10 million, he added that once the project was included in the implementation summary, then the total for the column "Authorized from Holding Account" would be \$25.290 million (i.e. the total amount originally placed in the account), from which would be subtracted all the amounts in the "Implemented" column.

160. The Executive Committee expressed appreciation for the inclusion of the additional information requested by the Subcommittee, which had made the report significantly clearer. It also praised the progress made, noting that three projects had already been completed and three more were scheduled to reach completion by the end of 2011. The Committee also welcomed the inclusion of project 3.D among the projects funded from the Holding Account. Information was sought on the disposition of the balance of \$138,200 remaining after completion of project 3.A.

161. Mr. Tim Brown (Adviser, Corporate Management System, PASB) explained that some of the leftover funds from project 3.A were being used for a study related to procurement for the next phase of the management information system project. After that study was completed, the remaining balance (estimated at around \$50,000) would be returned to the Holding Account.

162. The Director added that the Bureau would seek to ensure that the information presented on the Holding Account projects was updated immediately prior to each session of the Governing Bodies so that the figures reported accurately reflected the situation at that time.

163. The Committee took note of the report.

Personnel Matters

Amendments to the PASB Staff Rules and Regulations (Document CE148/22, Rev. 1)

164. Ms. Ana María Sánchez (President of the Subcommittee on Program, Budget, and Administration) reported on the Subcommittee's consideration of this item (see paragraphs 70–76 of the Subcommittee's final report, Document SPBA5/FR), noting that the Subcommittee had endorsed the proposed changes to the PASB Staff Rules and Regulations and recommended that the Executive Committee should adopt the resolution contained in Document CE148/22, Rev. 1.

165. Ms. Nancy Machado (Human Resources Advisor, PASB) added that there had been one change since the SPBA session, arising out of a comprehensive review of the Organization's Integrity and Conflict Management System mandated by the Director. Staff Rule 1230 was being amended to provide for an external Board of Appeal Chairperson, to discontinue the support of a full-time secretary to the Board, and to reduce its membership from 24 to 16. Rule 1230.8 was being amended to provide that the Organization would establish rules of procedure to be followed by the Board in the handling of appeals.

166. The Committee adopted Resolution CE148.R12, confirming the amendments to the Staff Rules, establishing the salaries of the Deputy Director and the Assistant Director with effect from 1 January 2011, and recommending to the Directing Council that it establish the gross annual salary of the Director at \$204,391, also with effect from 1 January 2011.

Statement by the Representative of the PAHO/WHO Staff Association (Document CE148/23)

167. Ms. Pilar Vidal (President of the PAHO/WHO Staff Association) highlighted the matters that the Staff Association wished to bring to the Committee's attention, stressing in particular that while the staff had certain concerns in the areas of recruitment policy, the administration of justice system, the possible impacts of WHO's contract reform on PAHO staff, and the proposed changes to the Board of Appeal, they remained public servants committed to achieving the goals of the Organization and working for the good of the Member States.

168. As the report of the Office of Internal Oversight and Evaluation Services had pointed out, numerous staff were due to retire in the coming two years. That situation would undoubtedly place a burden on those who remained and would also create a challenge in terms of preserving the Organization's institutional memory and knowledge. At the same time, it would afford a historic opportunity to establish a medium-term human resources policy, one that would be more participatory, would offer improved merit-based career prospects for the staff and would restrict the overuse of retired staff.

169. The Executive Committee welcomed the report of the Staff Association, acknowledging that it was the staff that did the real work of the Organization and that it that staff should therefore participate fully in planning and monitoring processes. The Committee also expressed appreciation of the staff's productivity gains.

170. Ms. Vidal affirmed that the staff regarded its work as a partnership with the Member States and the management of the Bureau.

171. The Director also paid tribute to the commitment and technical knowledge of the staff, whose increased productivity reflected their dedication to their work. She added a special note of appreciation of the President and members of the Staff Association, who worked voluntarily on their own time for the good of their colleagues.

172. The Committee took note of the statement.

Matters for Information

WHO Medium-term Strategic Plan 2008–2013 and Proposed Programme Budget 2012–2013 (Document CE148/INF/1 and CE148/INF/1, Add. I)

173. Ms. Ana María Sánchez (President of the Subcommittee on Program, Budget, and Administration) reported on the Subcommittee's discussion of this item, highlighting in particular its comments with regard to the reform of WHO (see paragraphs 77–87 of the Subcommittee's final report, Document SPBA5/FR).

174. Ms. Gloria Wiseman (Canada), speaking as a representative of a Member State entitled to designate a person to serve on the WHO Executive Board, recalled that the Board had discussed the need for a more realistic WHO budget in 2012–2013 and had asked the Secretariat to revise its original budget proposal, which had been viewed as overly aspirational. During the Sixty-fourth World Health Assembly in May 2011, Member States had approved the revised proposal, which had been reduced from \$4.8 billion to \$3.95 billion. The proposal had provided for zero nominal growth in Member States' assessments, which would therefore remain the same as in the current biennium and would constitute 24% of funding for the budget. The remaining 76% would have to come from voluntary contributions. The Board had acknowledged the difficulties for WHO created by earmarking of voluntary contributions and lack of flexible and predictable funding.

175. The Board had also highlighted the need to address budget issues in the framework of WHO reform. Representatives from the Americas had pointed out that the Region received the smallest share of the WHO budget and, moreover, that it had repeatedly failed to receive of its full allocation of WHO voluntary contributions. The Delegate of Panama had made a statement on behalf of the Americas during the Health Assembly, calling on WHO to exercise equity and fairness in the distribution of resources among regions and

transparency in the overall budgeting process. It had been agreed that a review of budget allocation mechanisms would be included in the WHO reform initiative.

176. In the discussion that followed, it was pointed out that the Region's allocation would remain the same in 2012–2013 as in the current biennium and support was expressed for the statement made by the Delegate of Panama on behalf of the Region.

177. Mr. Guillermo Birmingham (Director of Administration, PASB) expressed gratitude for Member States' support of the Region during the Health Assembly.

178. The Committee took note of the report.

**Update on the Modernization of the PASB Management Information System (PMIS)
(Document CE148/INF/2)**

179. Mr. Tim Brown (Advisor, Corporate Management System, PASB) explained that the modernization project was in a pre-implementation phase during which the appropriate software would be selected, and after which it would be implemented in two phases, each of one year's duration. Thus, the overall project completion date would be mid-2014. The relevant departments were building a solid foundation for what was a very complex project. This involved staffing decisions, detailed definition of project scope, and other details. The Bureau was in the process of acquiring the services of an independent consultant whose role would be to ensure that the Organization identified all of the software products that might be appropriate to its needs, and that it obtained the best terms possible in its contract with the provider finally selected.

180. Although it had become evident that PAHO's program planning function would not be well served by the products used by some other United Nations entities, it had been verified that there were viable commercial alternatives, and the Bureau would therefore not have to write functional software in-house. His department was also discussing how it would measure the success of the project—"success" meaning that the modernized system was contributing effectively to the mission and strategic goals of the Organization.

181. The Executive Committee welcomed the update on the progress thus far. It was pointed out that the comparable experience of WHO in implementing its Global Management System, and the immense challenges it had had to overcome, should serve as a cautionary tale. A delegate inquired whether the original cost estimates for the project were still valid.

182. Mr. Brown, recalling that the estimate given to the Directing Council had been \$20.3 million, said that he had no information suggesting that the cost would exceed that amount. Although the upper-tier products such as Oracle were very expensive, there were more affordable middle-tier products that looked promising, one of which was used, for example, by the International Civil Aviation Organization.

183. The Director observed that with the project now formalized under the Holding Account (see paragraphs 154 to 159 above), a large portion of the funding had been secured.

184. The Executive Committee took note of the information provided.

Report on the Preparations for the Panel on Safe Motherhood and Universal Access to Sexual and Reproductive Health (Document CE148/INF/3)

185. Dr. Gina Tambini (Area Manager, Family and Community Health, PASB) outlined the objectives of and proposed program for the panel discussion on safe motherhood and universal access to sexual and reproductive services to take place during the 51st Directing Council.

186. The Committee made several suggestions regarding topics that should be addressed during the panel discussion. One was the issue of therapeutic abortion and the misconceptions and biases surrounding it, which might stand in the way of medical interventions that could save many lives. Another was the need for more flexible sexual and reproductive health indicators that would reveal disparities and inequities. It was pointed out that the indicators being used to measure progress towards the Millennium Development Goal target for maternal mortality were national averages, which masked disparities at the subnational level, and that consequently it would be possible for countries to meet the target by reducing maternal deaths in some groups or geographic areas, but the maternal mortality ratio could remain unacceptably high and might even increase in other groups or areas. It was also pointed out that it was difficult to achieve further reductions where maternal mortality was already relatively low, and that without more flexible indicators some countries might therefore fail to achieve the MDG target, even though they had succeeded in bringing down maternal death rates.

187. Dr. Tambini agreed that the panel discussion would afford a valuable opportunity to explore a number of issues relating to safe motherhood and sexual and reproductive health, including that of unsafe abortion, which would be the topic of one of the panel presentations. With regard to indicators, she noted that the second recommendation of the Commission on Information and Accountability for Women's and Children's Health called for countries to begin monitoring 11 common indicators on reproductive, maternal, and child health that were disaggregated for gender and other equity considerations. PAHO had set up a team involving staff from various technical areas to formulate a workplan for supporting countries in implementing the Commission's recommendations. The Organization was also documenting and disseminating best practices with a view to enabling Member States to enhance their plans of action for the reduction of maternal mortality and strengthen their sexual and reproductive health services.

188. The Director said that it was hoped that the panel would heighten awareness of various issues relating to availability of and access to sexual and reproductive health

services, including access to the most modern contraceptive options, especially at the primary health care level. She underscored the importance of standardizing indicators across countries and international agencies and acknowledged the need for more flexible indicators in order to better reflect the true situation with regard to maternal health and maternal mortality.

189. The Executive Committee took note of the report.

Report on Preparations for the Roundtable on Antimicrobial Resistance (Document CE148/INF/4)

190. Dr. Pilar Ramón-Pardo (Advisor, Antimicrobial Resistance, PASB) reported on preparations for the roundtable discussion to take place during the 51st Directing Council, the topic of which would be antimicrobial resistance, which had also been the theme of World Health Day 2011. The roundtable would have three objectives (listed in paragraph 8 of Document CE148/INF/4) and would involve a wide array of stakeholders. Participants would be divided into three discussion groups, which would discuss various facets of the problem of antimicrobial resistance. The outcome of the discussions would be summarized in a report to be presented in plenary.

191. The Committee welcomed the selection of antimicrobial resistance as the topic for the roundtable and suggested several issues that should be considered by the discussion groups, including current and future availability of antibiotics; quality control and rational use of antibiotics; strengthening of hospital pharmacy services and national laboratory networks; enhancement of surveillance, prevention, and control of hospital-acquired infections; and improvement of drug dispensing practices. It was suggested that consideration should be given to the organization of a multicenter study on antimicrobial resistance and inappropriate use of antibiotics. It was also suggested that representatives of the pharmaceutical industry and of drug regulatory agencies should be invited to participate in the roundtable. One delegate felt, however, that the involvement of pharmaceutical industry representatives in the deliberations of an intergovernmental body would be inappropriate and could create serious conflicts of interest.

192. The Director pointed out that the roundtables held during the Directing Council were intended to provide an opportunity for Member States to discuss an issue in greater depth than would be possible during the plenary meetings, and therefore only Member States could take part in the discussions. Representatives of the private sector could be invited to observe, but not to take part as speakers or discussants. However, Member States could include representatives of the private sector in their delegations if they so wished.

193. The Executive Committee took note of the report.

Progress Reports on Technical Matters (Documents CE148/INF/5–A, B, C, D, E, and F)

Immunization: Challenges and Outlook (Document CE148/INF/5–A)

194. Dr. Alba María Ropero (Regional Advisor on Immunization, PASB) gave a presentation on Vaccination Week in the Americas and on progress towards a World Vaccination Week. She noted that Vaccination Week afforded the opportunity not only to vaccinate many people across the Region, promote family immunization, and strengthen immunization programs, but also to advance other initiatives, such as delivery of other health services and registration of unregistered births in remote communities. She highlighted the importance of cross-border coordination in the success of Vaccination Week in the Americas, which had been emulated by four other WHO regions: Africa, the Eastern Mediterranean, Europe, and the Western Pacific. The South-East Asia Region planned to introduce its own vaccination week in 2012, and it was expected that a proposal to establish a World Vaccination Week would be presented to the WHO Executive Board at its next regular session.

195. In the ensuing discussion, the progress outlined in the document was welcomed and PAHO's efforts to ensure the availability of traditional and new vaccines were applauded. Support was expressed for the four next steps put forward in the progress report, and attention was drawn to the link between those steps and the recommendations on immunization of the Commission on Information and Accountability for Women's and Children's Health.

196. The Committee took note of the report.

Implementation of the Global Strategy and Plan of Action on Public Health, Innovation, and Intellectual Property (Document CE148/INF/5–B)

197. Dr. James Fitzgerald (Senior Advisor, Essential Medicines and Biologicals, PASB) introduced the item and invited comments from the Committee on the progress report.

198. Several delegates described work being pursued by their country in furtherance of the Global Strategy and Plan of Action. It was suggested that countries might work more closely together in areas such as standard-setting for the quality of drugs, or the rational use of drugs to avoid problems of drug resistance. Some delegates proposed improvements to the wording of the progress report in its references to their country's activities. More information was sought on the technology transfer component of the Strategy and Plan of Action.

199. Concern was expressed about the refusal by certain drug manufacturers to make their products available at affordable prices through the PAHO procurement mechanisms. While it was recognized that the Organization could not apply legal or economic sanctions against such companies, it was suggested that it could exert ethical and moral pressure.

200. Dr. Fitzgerald thanked the delegates for their input. He concurred that there could be difficulties in obtaining low prices for the most complex drugs, which tended to be offered by a single supplier. As part of its technical cooperation mandate, PAHO would work with countries to explore what options there might be for overcoming the problem. An important factor was transparency of prices, and PAHO did have a process for the exchange of price information among countries. In order to assist in the area of rational use, PAHO would shortly be launching the Pan American Network for Health Technology Assessment (REDE TSA) in Rio de Janeiro. The network was designed to permit comparative evaluations of safety and effectiveness, as well as of economic factors, and would be of assistance to countries in health authorities' decision-making on the drugs to be included in their public health programs.

201. PAHO recognized that technology transfer was a crucial aspect of ensuring access to drugs and vaccines and, following some regional meetings, was in the process of establishing a regional network for technology transfer. Priority areas for technology transfer were the production of vaccines for influenza and of drugs and vaccines for neglected diseases.

202. The Director said that the Organization was working with countries to enhance their capacity for the production of drugs and vaccines at the national level. At the same time, it was working to find incentives that would persuade companies to produce more drugs for neglected diseases and to supply their products at competitive prices through PAHO's procurement funds. One powerful element was price transparency, and in order to ensure such transparency it was crucial for countries to share price information. Also important was coordination between countries and between sectors to standardize the particular drugs they wished to incorporate in their public health programs, and thereby to increase the volume to be purchased, which would help to reduce prices.

203. The Committee took note of the report.

Advances in the Implementation of the WHO Framework Convention on Tobacco Control (Document CE148/INF/5-C)

204. Dr. Adriana Blanco (Advisor on Tobacco Control, PASB) introduced the progress report. She observed that although a large number of countries had ratified the Convention, the number of countries that had implemented laws to put its provisions into effect remained small, and no country had enacted implementing laws covering all of the provisions of the Convention.

205. She drew attention to two recent advances that were not mentioned in the report: Argentina, although not a party to the Convention, had recently enacted a law prohibiting tobacco use in many places and placing restrictions on advertising; in addition, Ecuador had passed a law that was currently awaiting signature by the President, stipulating

significant areas to be free of tobacco smoke, placing limitations on advertising, and requiring that tobacco products carry health warnings, including pictures.

206. She also pointed out that the tobacco industry was attempting to undermine tobacco control laws in many countries, both during their legislative approval process and subsequently. Peru, for example, was facing a series of legal challenges to its tobacco control laws. The industry was also making financial contributions in areas that had nothing to do with tobacco, in a bid to buy support, and was stimulating the production of tobacco in countries that in the past had not been major producers.

207. In the ensuing discussion, several delegates reported on tobacco control activities in their countries, including both positive experiences, such as new laws regulating tobacco use in public places and restricting advertising, and negative ones, such as constitutional challenges to their tobacco control laws by the tobacco industry. The importance of sharing tobacco control information among countries was stressed, and the linkage between tobacco use and chronic disease was highlighted. It was suggested that that link should also be raised at the forthcoming high-level meeting of the United Nations General Assembly on noncommunicable diseases.

208. It was felt that work against the consumption of tobacco should incorporate, to a greater degree than in the past, a gender perspective, a human rights approach, and emphasis on protecting people's health in the workplace. With regard to the gender aspect, the need for research on the factors that led women to smoke was underlined.

209. Dr. Blanco thanked the Executive Committee for its comments and recommendations, particularly those relating to the link between tobacco use and chronic disease.

210. The Director urged countries that had not yet ratified the Framework Convention to do so, noting that the Region of the Americas was the WHO region with the lowest proportion of ratifications. The Bureau stood ready to support health authorities in their efforts to achieve ratification, and she was sure that the countries of the Region that had already ratified the Convention would also offer support, advice, and encouragement.

211. The Committee took note of the report.

Implementation of the International Health Regulations (2005) (Document CE148/INF/5-D)

212. Dr. Sylvain Aldighieri (Senior Advisor, IHR, Alert and Response, and Epidemic Diseases, PASB) stressed four points from the report: the implementation of national action plans under the International Health Regulations (IHR) (2005) at the various levels of national administration, the possibility that the deadline for preparation of national action plans might be extended beyond June 2012, the report of the IHR (2005) Review

Committee which had been presented to the World Health Assembly in May 2011, and the strengthening of regional alert and response systems.

213. The Executive Committee noted that it appeared, based on the information in the report, that the required core capacities would not be in place worldwide by the 2012 deadline, and urged the countries of the Region to accelerate their efforts in that regard. It was considered critical to ensure that all national focal points had the necessary authority and resources.

214. Countries expressed appreciation for the support provided by PASB for the implementation of the IHR, in particular the development of the core capacities. It was pointed out that while surveillance and response were undeniably important, other core capacities also needed to be developed, including the capacity to apply public health measures with respect to points of entry, international modes of transportation, passengers, cargo and mail, and vectors. Much also remained to be done to develop effective mechanisms for verification of compliance with the IHR. Information was sought on how many countries of the Region had thus far established their core capacities.

215. It was suggested that the report should have included information on the meetings that PAHO had held with the countries of the Southern Common Market (MERCOSUR) and the Union of South American Nations (UNASUR), at which the countries of the subregion had produced initiatives to improve on the reporting tool that had been proposed by WHO. One delegate recalled the commitment of PAHO to assist with migrating data between the WHO and the MERCOSUR tools.

216. Dr. Aldighieri said that strengthening of national focal points was one of the most important focuses of the Organization's direct technical cooperation with countries. To that end, it had implemented a residency system, under which for a period of at least three weeks the professionals from a country's national focal point took part in the work of the alert and response group at PAHO Headquarters. A significant number of the countries of the Region had already taken part in the program. At the same time PAHO was working to strengthen each country office so as to ensure an ongoing dialogue between the office and the national focal point, which would enable them to undertake a joint risk evaluation. With regard to strengthening surveillance at points of entry, he reported that PAHO was receiving strong support from the Government of Spain, which had made available an expert on the subject to respond to countries' concerns. Under that agreement PAHO had organized several training events.

217. He explained that the lack of reference to the important MERCOSUR–UNASUR meeting was merely a result of the timeline for the production of the progress report; that oversight would be corrected in a revised version of the report. With regard to the question on the state of progress towards implementation, he noted that countries were required to report annually on their level of progress, and until those reports were submitted, it would not be known how many countries would have the core capacities fully in place by June

2012. Meanwhile, the IHR Secretariat was taking steps to enable countries to request an extension of the deadline.

218. The Committee took note of the report.

Progress toward Achievement of the Health-related Millennium Development Goals in the Region of the Americas (Document CE148/INF/5–E)

219. Dr. Sofia Leticia Morales (Senior Advisor for the Millennium Development Goals, PASB) introduced the progress report and drew attention to the five strategic lines of action proposed in paragraph 83, which were aimed at ensuring that all countries of the Region would achieve the Millennium Development Goals (MDGs) by 2015.

220. Several Committee members reported on their countries' progress towards the Goals, all of them noting the existence of disparities in progress at the subnational level and underscoring the need to focus on vulnerable and underserved areas and communities and to tailor MDG-related activities to the needs of such communities. The need to take into consideration cultural, social, economic, geographic, and other factors that influenced health conditions was highlighted, as was the need to strengthen health systems and services, especially at the primary care level. Committee members also emphasized the need to enhance vital statistics and health information systems in order to track progress towards the Goals and identify areas and populations requiring greater attention. The Bureau was encouraged to continue prioritizing technical cooperation aimed at supporting Member States' efforts to achieve the Goals by 2015.

221. Dr. José Antonio Escamilla (Advisor, Health Information and Analysis, PASB) affirmed the Bureau's commitment to continue helping Member States to strengthen their health statistics systems and information analysis capabilities and to make available all the information technology tools and methods that PAHO had developed over the years.

222. Dr. Morales acknowledged the need to prioritize vulnerable communities and to target efforts to achieve the Goals to those communities. The Bureau would continue to support countries in identifying such communities and working to bridge health gaps and eliminate inequities.

223. The Committee took note of the report.

Review of the Pan American Centers (Document CE148/INF/5–F)

224. Dr. Carlos Samayoa (Senior Advisor, Institutional Development, PASB), introducing the progress report, noting that the aim of the periodic reviews of the Pan American centers was to ensure that in an ever-changing political, economic, technical, and epidemiological environment the centers remained efficient and effective vehicles for the delivery of technical cooperation to Member States. He recalled that in the previous 60 years PAHO had created or administered 13 Pan American centers, six of which had either

been closed or become autonomous or semi-autonomous entities under the responsibility of a government or group of governments. The most recent example was the Institute of Nutrition of Central America and Panama (INCAP), responsibility for the administration of which had been turned over to the Institute's Directing Council in 2009.⁸

225. In the ensuing discussion, the Delegate of Peru affirmed his country's ongoing support for the Regional Technical Team on Water and Sanitation (ETRAS), formerly the Pan American Center for Sanitary Engineering (CEPIS), located in Peru. Under the new agreement signed by his Government and PAHO in September 2010, ETRAS would continue the work of CEPIS, but would be a more streamlined and sustainable mechanism for the provision of technical cooperation in the area of environmental sanitation. Noting that the 51st Directing Council would be electing two members to the Advisory Committee of the Latin American and Caribbean Center on Health Sciences Information (BIREME), he said that his Government, through its Ministry of Health, would be pleased to sit on that body and considered that it could make a useful contribution to BIREME's work, as the Ministry was currently serving as coordinator of the UNASUR network of national institutes of health and had played an important role in coordinating the work of those institutions with regard to health research and health sciences information.

226. The President, speaking as a representative of the Caribbean subregion, said that the Caribbean countries continued to rely heavily on the Caribbean Epidemiology Center (CAREC) and the Caribbean Food and Nutrition Institute (CFNI) for laboratory and other support and urged PAHO to continue to play a management and oversight role in respect of those two institutions.

227. Dr. Samayoa observed that, as the Director had pointed out in the discussion of the proposed program and budget for 2012–2013 (see paragraph 52 above), the periodic reviews of the Pan American centers was a means of controlling costs, as well as a means of ensuring the quality of the services provided by the centers.

228. The Director said that the Bureau was working closely with both CAREC and CFNI and with the Caribbean Community (CARICOM) to support the development of the Caribbean Public Health Agency (CARPHA) and was committed to ensuring that the services currently provided by the two Pan American centers would continue without interruption.

229. The Committee took note of the report.

⁸ See [Document CD49/18](#) and [Resolution CD49.R16](#).

Progress Reports on Administrative and Financial Matters (Document CE148/INF/6-A, B, and C)

Status of Implementation of the International Public Sector Accounting Standards (IPSAS) (Document CE148/INF/6-A)

230. Ms. Ana María Sánchez (President of the Subcommittee on Program, Budget, and Administration) reported on the Subcommittee's examination of this item (see paragraphs 38–47 of the Subcommittee's final report, Document SPBA5/FR).

231. Ms. Sharon Frahler (Area Manager, Financial Resources Management), introducing the final progress report on the IPSAS, reviewed the history of PAHO's implementation of the standards, which had been successfully completed on 1 January 2010. She noted that two particularly challenging phases had been the creation of improvisations to enable the Organization's financial information system to work with the new standards, and the determination of the value of all of the Organization's assets as at the implementation date.

232. The Executive Committee congratulated PAHO on its successful and timely implementation of the IPSAS, acknowledging how important the transition to the new standards was for PAHO and the entire United Nations system, and welcoming the availability of financial information that it had not been possible to provide in the past. The high level of unfunded liabilities for staff entitlements was noted, and the Bureau was requested to inform the Committee periodically of progress in funding those liabilities. It was suggested that the opinion of the Office of Internal Oversight and Evaluation Services should be sought as to which of the funding options proposed in paragraph 16 of the report would be the most appropriate and would have the least impact on the Organization's technical cooperation activities. Information was sought on how the new timeframes for recognizing revenue and expenditure had impacted the preparation of the financial reports.

233. Ms. Frahler said that, while implementation of the IPSAS was complete, additional work would be required as new standards were issued. She welcomed the suggestion of consulting the Office of Internal Oversight and Evaluation Services on the matter of the unfunded liabilities. As to the preparation of the financial reports, one of the hardest changes vis-à-vis the earlier accounting method had been distinguishing between "exchange transactions," such as the receipt of funds for procurement activities, in which there was a direct correlation between the amount of money the Organization received and the quantity of supplies it was supposed to buy with it, and "non-exchange transactions," such as the receipt of assessed quota contributions, in which there was no such numerical correlation.

234. The Executive Committee took note of the report.

Update on the Appointment of the External Auditor of PAHO for 2012–2013 and 2014–2015 (Document CE148/INF/6–B)

235. Ms. Linda Kintzios (Treasurer and Senior Advisor, Financial Services and Systems, PASB) reported that, in addition to the three nominations for the position of External Auditor mentioned in the report on this item, a nomination of PricewaterhouseCoopers had been received from the Government of Jamaica, but as it had arrived after the deadline it was not eligible for consideration. All of the documentation available had been forwarded to the Audit Committee, and, together with any comments from that Committee, would be submitted to the 51st Directing Council. During the Council's session in September, representatives of the nominated entities would be invited to make a summary presentation of their proposals. The External Auditor would be selected by simple majority, determined in a secret ballot.

236. The Director suggested that Member States that had been closely involved in the recent nomination and selection of the External Auditor for WHO might provide input or suggestions for improvements to the process.

237. The Executive Committee took note of the report.

Master Capital Investment Plan (Document CE148/INF/6–C)

238. Ms. Ana María Sánchez (President of the Subcommittee on Program, Budget, and Administration) reported on the Subcommittee's examination of this item (see paragraphs 48–56 of the Subcommittee's final report, Document SPBA5/FR).

239. Mr. Edward Harkness (Manager, General Services Operations, PASB) presented an overview of the work that had been carried out under the Master Capital Investment Plan. He also gave a slide presentation showing some of the renovations and rebuilding projects undertaken, notably in Haiti and Chile following their respective earthquakes. He noted that in some countries, rather than repairing a badly damaged building or renovating an old one, the Bureau had chosen to relocate the country office to a different facility, in several cases one owned by the host Government and provided rent-free, resulting in considerable savings to the Organization.

240. He added that the contract for construction of the Emergency Operations Center was expected to be signed shortly and that work on the rehabilitation of the elevators in the Headquarters building had commenced. In the case of the renovation of the PAHO/WHO Representative Office in Haiti, the Bureau would be seeking financial assistance from WHO, as had been suggested by the Subcommittee on Program, Budget, and Administration.

241. The Executive Committee welcomed the revisions made to the report in response to the comments of the Subcommittee. It was noted that there would be substantial expenditures in the current biennium and that the Information Technology Subfund would

thus be almost totally depleted, which would represent a challenge for the future. Clarification was sought of the fact that Annex A to Document SPBA5/6 had listed 2010 expenditures from the Holding Account for real estate projects totaling approximately \$3 million, whereas Annex C-2 to Document CE148/INF/6 showed the amount as less than \$600,000.

242. Mr. Harkness explained that for the most part the discrepancy was because the signing of certain contracts had slipped from 2010 to 2011.

243. The Director said that it was important to note that no additional regular budget resources had been used to deal with the damage caused to PAHO facilities by natural disasters such as the earthquakes in Chile and Haiti. The necessary repair and reconstruction work had been covered out of the Master Capital Investment Fund. Significant support had also been received from host governments.

244. The Bureau was making every effort to preserve existing infrastructure and plan effectively for future capital expenditures, prioritizing those that were needed most urgently. To that end, for example, a 10-year master investment plan was being prepared for each of the entities of the Organization, which would include a strong preventive maintenance component aimed at prolonging the useful life of buildings and equipment. It had to be recognized, however, that there was no provision for replenishing the Master Capital Investment Fund, other than from any surpluses that might occur at the end of a biennium. Some help might be forthcoming from the WHO Capital Master Plan, but it remained an ongoing concern that there was no secure source of funding to replenish and maintain the Fund. In her view, it was time to begin exploring ways of ensuring regular infusions of capital into the Fund.

245. The Executive Committee took note of the report.

Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO: Sixty-fourth World Health Assembly (Document CE148/INF/7)

246. Dr. Juan Manuel Sotelo (Area Manager, External Relations, Resource Mobilization, and Partnerships, PASB) reported on the resolutions and other actions of the Sixty-fourth World Health Assembly and the 129th Session of the WHO Executive Board considered to be of particular interest to the PAHO Governing Bodies, drawing attention in particular to the resolutions on strengthening of nursing and midwifery (WHA64.7), prevention and control of cholera (WHA64.15), the health-related Millennium Development Goals (WHA64.12), and preparations for the high-level meeting of the United Nations General Assembly on the prevention and control of noncommunicable diseases (WHA64.11).

247. The 129th Session of the WHO Executive Board had established a consultative mechanism on the reform of WHO and had asked the Director-General to prepare by the

end of July 2011 three concept papers on the following topics: the governance of WHO, an independent evaluation of WHO, and the World Health Forum, as outlined in resolution WHA64.2.⁹ The regional committees had been asked to discuss those papers and the WHO reform process in general prior to the special session of the Executive Board to be held in November 2011. Accordingly, the matter of WHO reform would be discussed by the PAHO Directing Council in September.

248. The Committee took note of the report.

Other Matters

249. A video showing several examples of co-seismic luminescence, or earthquake lights, during a 2007 earthquake near the city of Pisco, Peru, was projected. Dr. Oscar Ugarte Ubilluz, Minister of Health of Peru, explained that similar lights had been observed both before and during other earthquakes, and scientists were therefore hopeful that research on the phenomenon would yield a method for predicting earthquakes.

250. A video on Vaccination Week in the Americas 2011¹⁰ was also shown.

Closure of the Session

251. Following the customary exchange of courtesies, the President declared the 148th Session of the Executive Committee closed.

Resolutions and Decisions

252. The following are the resolutions and decisions adopted by the Executive Committee at its 148th Session:

Resolutions

CE148.R1: Collection of Quota Contributions

THE 148th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report of the Director on the collection of quota contributions (Documents CE148/18 and Add. I), including a report on the status of the trust fund entitled *Voluntary Contributions for the Priority Programs: Surveillance,*

⁹ See [Decision EB129\(8\)](#).

¹⁰ Available at http://www.youtube.com/watch?v=ccPVGyULYwQ&feature=channel_video_title.

Prevention, and Management of Chronic Diseases; Mental Health and Substance Abuse; Tobacco; Making Pregnancy Safer; HIV/AIDS; and Direction;

Noting that there are two Member States in arrears in the payment of their quota contributions to the extent that they can be subject to the application of Article 6.B of the Constitution of the Pan American Health Organization;

Noting that there has been a significant reduction in arrears of contributions such that there are no outstanding amounts due prior to the 2008-2009 biennium; and

Noting that there are 20 Member States that have not made any payments towards their 2011 quota assessments,

RESOLVES:

1. To take note of the report of the Director on the collection of quota contributions, including a report on the status of the trust fund entitled *Voluntary Contributions for the Priority Programs: Surveillance, Prevention, and Management of Chronic Diseases; Mental Health and Substance Abuse; Tobacco; Making Pregnancy Safer; HIV/AIDS; and Direction* (Documents CE148/18 and Add. I).
2. To commend the Member States for their commitment in meeting their financial obligations to the Organization by making significant efforts to pay their outstanding arrears of contributions.
3. To thank the Member States that have already made payments for 2011 and to urge the other Member States to pay all their outstanding contributions as soon as possible.
4. To request the Director to continue to inform the Member States of any balances due and to report to the 51st Directing Council on the status of the collection of quota contributions.

(First meeting, 20 June 2011)

CE148.R2: Strategy and Plan of Action on Climate Change

THE 148th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the Director's report *Strategy and Plan of Action on Climate Change* (Document CE148/9),

RESOLVES:

To recommend that the Directing Council adopt a resolution along the following lines:

STRATEGY AND PLAN OF ACTION ON CLIMATE CHANGE

THE 51st DIRECTING COUNCIL,

Having considered the report of the Director *Strategy and Plan of Action on Climate Change* (Document CD51/__);

Recognizing that climate change is one of the greatest threats to health and that it will affect achieving and sustaining the Millennium Development Goals;

Acknowledging that climate change poses a threat to public health in the Region of the Americas, and that the impacts of this change will be most strongly felt by vulnerable populations living in low-lying and coastal areas, small islands, mountain regions, water stressed regions, and by the rural and urban poor;

Noting that the United Nations Framework Convention on Climate Change (UNFCCC) has recognized and documented the adverse impacts of climate change on health;

Recalling the 2008 “Roundtable on Climate Change and its Impacts on Public Health: a Regional Perspective” (Document CD48/16) and its final report (Document CD48/16, Add. I) and proposed Regional Plan of Action to protect health from the effects of climate change in the Region of the Americas;

Recalling resolution WHA61.19 (2008) on climate change and health, and the WHO workplan on climate change and health submitted to the 62nd World Health Assembly in 2009 (Document A62/11);

Realizing that there is an urgent need for the health sector in the Americas to protect health from the consequences of climate change,

RESOLVES:

1. To endorse the Strategy and approve the Plan of Action on Climate Change and Health.

2. To urge Member States to:
 - (a) strengthen their capacity to measure the impacts of climate change on health at the national and local levels, focusing on socioeconomic, ethnic, and gender inequities;
 - (b) strengthen the capacity of health systems for monitoring and analyzing climate and health information to implement timely and effective prevention measures;
 - (c) build capacity and awareness among public health leaders to provide technical guidance in developing and implementing strategies to address the health effects of climate change;
 - (d) support the development of training materials, methods, and tools to build capacity within and outside the health sector to address adaptation and mitigation measures to cope with climate change;
 - (e) promote the engagement of the health sector with all related sectors, agencies, and key national and international partners to implement interventions that reduce current and projected health risks from climate change;
 - (f) gradually implement the activities proposed in the Plan of Action, in order to empower and strengthen national and local health systems so they can effectively protect human health from risks related to climate change.
3. To request the Director to:
 - (a) continue to cooperate closely with Member States to establish networks that facilitate the gathering and dissemination of information, and to promote research and surveillance systems related to climate and health;
 - (b) support the countries' efforts to launch campaigns for raising awareness about climate change, to reduce the health sector's carbon footprint, and to prepare health professionals to implement effective adaptation interventions;
 - (c) work with countries to mobilize resources for activities aimed at reducing the health impacts of climate change;
 - (d) work with countries, subregional integration mechanisms, international agencies, networks of experts, civil society, and the private sector to create partnerships that promote environmentally sustainable actions that take into account the impact on health at all levels;

- (e) support Member States in assessing their population's vulnerability to climate change and in developing adaptation options based on these assessments;
- (f) assist Member States in implementing the Plan of Action, in developing national plans tailored to local needs, and in informing of their progress in this regard in relevant high-level venues such as the 2012 Earth Summit.

(First meeting, 20 June 2011)

CE148.R3: Strategy and Plan of Action on Epilepsy

THE 148th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the Bureau report *Strategy and Plan of Action on Epilepsy* (Document CE148/13),

RESOLVES:

To recommend that the Directing Council adopt a resolution written in the following terms:

STRATEGY AND PLAN OF ACTION ON EPILEPSY

THE 51st DIRECTING COUNCIL,

Having reviewed the Bureau report *Strategy and Plan of Action on Epilepsy* (Document CD51/___)

Recognizing the burden that epilepsy represents globally and particularly in the Region of the Americas in terms of morbidity, mortality, and disability, as well as the gap between the number of people with this disorder and those who receive no treatment;

Understanding that this is an important public health problem whose prevention, treatment, and rehabilitation are feasible through specific evidence-based measures;

Considering the context and justification for action offered by the Health Agenda for the Americas, the PAHO Strategic Plan 2008-2012, the WHO Program of Action (mhGAP), and the Global Campaign against Epilepsy: Out of the Shadows;

Observing that the *Strategy and Plan of Action on Epilepsy* addresses the principal work areas and defines technical cooperation lines to meet the different needs of the countries,

RESOLVES:

1. To endorse the provisions of the Strategy and Approve the Plan of Action on Epilepsy and their implementation under the particular conditions of each country to provide an appropriate response to current and future needs.
2. To urge the Member States to:
 - a) make epilepsy a priority in national health policy by executing specific national programs suited to the conditions of each country to sustain achievements and make progress toward meeting new goals, especially in relation to reducing the existing treatment gaps;
 - b) strengthen legal frameworks as appropriate in order to protect the human rights of people with epilepsy and ensure effective enforcement of the laws;
 - c) promote universal equitable access to medical care for all people with epilepsy by strengthening health services in systems based on primary health care and integrated service networks;
 - d) ensure the availability of the four antiepileptic drugs considered essential for treating people with epilepsy, especially at the primary care level;
 - e) strengthen neurology services as support for case detection and management at the primary care level, ensuring adequate distribution of the necessary auxiliary diagnostic media;
 - f) support effective participation by the community and associations of users and family members in activities designed to secure better care for people with epilepsy;
 - g) consider strengthening human resources as key to improving national epilepsy programs, through systematic training geared especially to the personnel in primary health care;
 - h) promote intersectoral and educational initiatives directed to the population to combat the stigma and discrimination suffered by people with epilepsy;

- i) close the information gap in the field on epilepsy by improving the production, analysis, and use of information, including research;
 - j) strengthen partnerships between the health sector, other sectors, and nongovernmental organizations, academic institutions, and key social actors.
3. To request the Director to:
- a) assist the Member States in the preparation and execution of national epilepsy programs within the framework of their health policies, taking this strategy and plan of action into account, with a view to correcting inequities and giving priority to the care of vulnerable and special needs groups, including indigenous populations;
 - b) collaborate in the evaluation and restructuring of the countries' neurology and mental health services;
 - c) facilitate the dissemination of information and the sharing of positive innovative experiences, and promote technical cooperation among the Member States;
 - d) promote partnerships with the International League against Epilepsy (ILAE) and the International Bureau for Epilepsy (IBE), as well as international agencies, governmental and nongovernmental organizations, and other regional actors in support of the broad multisectoral response needed for the execution of this strategy and plan of action;
 - e) evaluate the implementation of this strategy and plan of action and report to the Directing Council in five years.

(Second meeting, 20 June 2011)

CE148.R4: Strategy and Plan of Action on eHealth

THE 148th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the report of the Director, *Strategy and Plan of Action on eHealth* (Document CE148/17),

RESOLVES:

To recommend that the Directing Council to adopt a resolution written as follows:

STRATEGY AND PLAN OF ACTION ON *eHEALTH*

THE 51st DIRECTING COUNCIL,

Having reviewed the report of the Director, *Strategy and Plan of Action on eHealth* (Document CD51/___),

Recognizing that the review of the current situation indicates that the implementation of *eHealth* in the countries of the Americas hinges on two basic conditions: the existence of efficient means for formulating and implementing *eHealth* strategies and policies (technical viability); as well as the existence of practical procedures and simple, affordable, and sustainable instruments (programming and financing viability);

Understanding that the objective is to improve the coordination and delivery of services in the health sector, with a view to increasing efficiency, availability, access, and affordability, thus making it possible for the sector to make adjustments and anticipate new contexts in the field of health;

Bearing in mind that the document “*Health-for-all policy for the twenty-first century*” (1998), prepared by WHO, recommended the appropriate use of health technology within the general health-for-all policy and strategy; World Health Assembly resolution WHA51.9 (1998) on cross-border advertising, promotion, and sale of medical products through the Internet; the Agenda for Connectivity in the Americas and Plan of Action of Quito (2003); the United Nations World Summits on the Information Society (Geneva, 2003; and Tunis, 2005); WHO Executive Board resolution EB115.R20 (2005) on the need to formulate *eHealth* strategies; resolution WHA58.28, adopted at the 58th World Health Assembly, which established the linchpins of the WHO *eHealth* strategy; and the eLAC Strategy 2007-2010 of the Economic Commission for Latin America and the Caribbean;

Considering the ample experience of the Region of the Americas in veterinary public health programs;

Noting that PAHO has collaborated with the countries of the Region to establish the conceptual underpinnings, techniques, and infrastructure necessary for developing national *eHealth* programs and policies;

Recognizing the cross-cutting nature of this strategy and its complementarity with the objectives of the PAHO Strategic Plan 2008-2012 (*Official Document No. 328*);

Considering the importance of having an *eHealth* strategy and plan of action in place to enable the Member States to effectively and efficiently improve public health in the Region, through the use of innovative information and communication technology tools and methodologies,

RESOLVES:

1. To endorse the Strategy, approve the *eHealth* Plan of Action, and support its consideration in development policies, plans, and programs, as well as in the proposals and discussions on the national budget, thereby creating the conditions to respond to the challenge of improving public health in the Region through the use of innovative information and communication technology tools and methodologies in their respective countries.
2. To urge the Member States to:
 - (a) give priority to the use of innovative information and communication technology tools and methodologies, with a view to improving human and veterinary public health in the Region, including public health administration;
 - (b) prepare and implement interministerial policies, plans, programs, and interventions based on the Strategy and Plan of Action, making the necessary resources and legal framework available and focusing on the needs of at-risk populations in vulnerable situations;
 - (c) execute the Strategy and Plan of Action, as appropriate, within a framework made up of the health system and information and communication technology services, emphasizing interprogrammatic collaboration and intersectoral action, while monitoring and evaluating program effectiveness and the allocation of resources;
 - (d) promote greater competencies among policymakers, program managers, and health care and information and communication technology service providers, with a view to formulating policies and programs that facilitate the development of efficient, quality, and people-centered health services;
 - (e) promote internal dialogue within and coordination between ministries and other public-sector institutions and encourage the forging of partnerships among government, the private sector, and civil society as a means of building national consensus and facilitating the sharing of experience on cost-effective models; moreover, ensure the availability of standards for quality, safety, interoperability, and ethics, while respecting the principles of information confidentiality, equity, and equality;

- (f) support the capacity to generate information and research for the development of strategies and the implementation of evidence-based models;
- (g) establish an integrated system to monitor, evaluate, and ensure accountability for policies, plans, programs, and interventions, making it possible to increase the surveillance and rapid response capacity for diseases, as well as human and veterinary public health emergencies;
- (h) undertake reviews and internal analyses of the relevance and viability of this Strategy and Plan of Action, based on priorities, needs, and national capacity.

3. To request to the Director to:

- (a) support coordination and implementation of the Strategy and Plan of Action on *eHealth* at the national, subregional, regional, and inter-institutional levels and facilitate technical cooperation both to and among countries for the preparation and implementation of their national plans of action;
- (b) collaborate with the Member States on the implementation and coordination of this Strategy and Plan of Action, furthering its cross-cutting nature through the program areas and different regional and subregional contexts of the Organization;
- (c) facilitate the dissemination of studies, reports, and solutions to serve as models for *eHealth*, so that, with the appropriate modifications, they can be used by the Member States;
- (d) promote the formation of national, municipal, and local partnerships with other international organizations, scientific and technical institutes, nongovernmental organizations, organized civil society, the private sector, and other entities to facilitate the sharing of capacities and resources and thus increase compatibility between different administrative, technology, and legal solutions in the area of *eHealth*;
- (e) promote coordination between the Strategy and Plan of Action and similar initiatives of other international technical cooperation and financing agencies;
- (f) report periodically to the Governing Bodies on the progress and difficulties encountered in the implementation of this Strategy and Plan of Action, as well as its adaptation to specific contexts and needs.

(Second meeting, 20 June 2011)

CE148.R5: Strategy and Plan of Action for Malaria

THE 148th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the *Strategy and Plan of Action for Malaria* (Document CE148/15),

RESOLVES:

To recommend that the 51st Directing Council adopt a resolution along the following lines:

STRATEGY AND PLAN OF ACTION FOR MALARIA

THE 51st DIRECTING COUNCIL,

Having reviewed the *Strategy and Plan of Action for Malaria* (Document CD51/____);

Recalling Resolution CD46.R13 (2005) of the 46th Directing Council on Malaria and the Internationally Agreed-upon Development Goals, including those contained in the Millennium Declaration;

Noting the existence of other relevant mandates and resolutions of the Pan American Health Organization, such as Document CD49/9 (2009), *Elimination of Neglected Diseases and other Poverty-related Infections*, which included malaria among the diseases that may be eliminated in some areas, and Document CD48/13 (2008), *Integrated Vector Management: A Comprehensive Response to Vector-borne Diseases*, which promotes integrated vector management as an integral part of vector-borne disease management in the Region;

Aware that the continuing decline in malaria cases and deaths affirms the Region's progress in combating malaria but also ushers in a unique set of important and evolving challenges for the Region;

Acknowledging that the diversity of the malaria context and challenges faced by the countries of the Region necessitates engagement in a comprehensive program with various combinations of components, together with evidence-based and innovative interventions;

Appreciating the efforts of Member States in recent years to address their respective challenges with malaria, but mindful of the need for further action,

RESOLVES:

1. To endorse the Strategy and approve the Plan of Action for Malaria.
2. To urge the Member States to:
 - (a) review national plans or establish new ones for the prevention, control, and potential elimination of malaria, employing an integrated approach that addresses the social determinants of health and provides for inter-programmatic collaboration and intersectoral action;
 - (b) support efforts to consolidate and implement activities to further reduce endemicity and progress toward meeting the targets indicated in the Strategy and Plan of Action for Malaria, including the elimination of malaria where this is considered feasible;
 - (c) strengthen engagement in efforts to address malaria, including coordination with other countries and relevant sub-regional initiatives in epidemiological surveillance of malaria, surveillance of resistance to antimalarial medicines and insecticides, and monitoring and evaluation;
 - (d) strengthen commitment by both malaria-endemic and non-endemic countries and by various sectors to fight the disease, particularly in terms of sustained or increased investments and provision of necessary resources;
 - (e) establish integrated strategies for prevention, surveillance, diagnosis, treatment, and vector control with broad community participation, so that the process helps to strengthen national health systems, including primary health care, surveillance, and alert and response systems, with attention to factors related to gender and ethnicity;
 - (f) strengthen focus on highly susceptible populations and occupational groups;
 - (g) support engagement in the development and implementation of a research agenda that addresses important knowledge and technology gaps in various contexts of malaria work in the Region; for example, the relationship between malaria and agriculture.

3. To request the Director to:
 - (a) support execution of the Strategy and Plan of Action for Malaria and provide such technical cooperation as the countries may require to develop and execute national plans of action;
 - (b) continue advocating for the active mobilization of resources and encouraging close collaboration to forge partnerships that support the implementation of this resolution;
 - (c) promote and strengthen technical cooperation among the countries, subregional entities and institutions, and form strategic partnerships to carry out activities designed to overcome barriers to malaria efforts in border areas and hard-to-reach populations;
 - (d) promote cooperation among countries for the production of and access to malaria drugs that meet internationally recognized quality assurance standards, and which are consistent with PAHO/WHO recommendations.

(Fourth meeting, 21 June 2011)

CE148.R6: Nongovernmental Organizations in Official Relations with PAHO

THE 148th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report of the Subcommittee on Program, Budget, and Administration (Document CE148/6);

Mindful of the provisions of the *Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations* (Resolution CESS.R1, January 2007),

RESOLVES:

1. To renew official relations between PAHO and the Inter-American Heart Foundation for a period of four years.
2. To admit the Albert B. Sabin Vaccine Institute into official relations with PAHO for a period of four years.

3. To take note of the Progress Report on the status of relations between PAHO and non governmental organization in official relations.
4. To request the Director to:
 - (a) advise the respective non governmental organizations of the decisions taken by the Executive Committee;
 - (b) continue developing dynamic working relations with inter-American NGOs of interest to the Organization in areas which fall within the program priorities that the Governing Bodies have adopted for PAHO;
 - (c) continue fostering relationships between Member States and NGOs working in the field of health.

(Fourth meeting, 21 June 2011)

CE148.R7: Amendment of the Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations

THE 148th SESSION OF THE EXECUTIVE COMMITTEE,

Taking into account Resolution CE138.R12 (2006) that establishes the Subcommittee on Program, Budget, and Administration, which includes among its functions the responsibility for the process of admittance and assessment of nongovernmental organizations in official relations with PAHO, undertaken annually;

Mindful of Resolution CESS.R1 *Revision of the Principles Governing Relations Between the Pan American Health Organization and Nongovernmental Organizations*, approved by the Special Session of the Executive Committee in 2007;

Considering that the Subcommittee on Program, Budget, and Administration is held in March and in view of the time required to review the nongovernmental organizations in official relations with PAHO and to analyze the requests from those applying to be admitted into official relations with PAHO,

RESOLVES:

To approve the following amendment to Section 4.3 of the *Principles* to establish December 31 as the deadline for the submission of the relevant documentation from the nongovernmental organizations.

**PRINCIPLES GOVERNING THE RELATIONS BETWEEN
THE PAN AMERICAN HEALTH ORGANIZATION AND
NONGOVERNMENTAL ORGANIZATIONS***

Suggested modification of Section 4.3:

FORMER TEXT	NEW TEXT
<p>4.3 Procedure for Admittance of Inter-American or National NGOs into Official Working Relations with PAHO</p> <p>Applications from NGOs, made voluntarily or by invitation, should reach PAHO headquarters not later than the end of January in order to be considered by the Subcommittee on Program, Budget, and Administration in March and approved by the Executive Committee in June of the same year.</p>	<p>4.3 Procedure for Admittance of Inter-American or National NGOs into Official Working Relations with PAHO</p> <p>Applications from NGOs, made voluntarily or by invitation, should reach PAHO headquarters not later than the end of January 31 December in order to be considered by the Subcommittee on Program, Budget, and Administration in March and approved by the Executive Committee in June of the same next year.</p>

(Fourth meeting, 21 June 2011)

CE148.R8: Plan of Action to Reduce the Harmful Use of Alcohol

THE 148th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the *Plan of Action to Reduce the Harmful Use of Alcohol* (Document CE148/11),

RESOLVES:

To recommend that the 51st Directing Council adopt a resolution along the following lines:

* Principles adopted by Resolution CESS.R1 (2007).

PLAN OF ACTION TO REDUCE THE HARMFUL USE OF ALCOHOL

THE 51st DIRECTING COUNCIL,

Having reviewed the *Plan of Action to Reduce the Harmful Use of Alcohol* (Document CD51/____);

Recognizing the burden of morbidity, mortality, and disability associated with the harmful use of alcohol in the world and in the Region of the Americas, as well as the existing gap in treatment and care for persons affected by harmful alcohol consumption;

Considering the context and framework for action offered by the Health Agenda for the Americas, the PAHO Strategic Plan 2008–2012, and the World Health Assembly's Resolution WHA63.13 (2010) on a global strategy to reduce the harmful use of alcohol, which reflect the importance of the issue of harmful alcohol use and establish objectives for addressing it;

Observing that the *WHO Global Strategy to Reduce the Harmful Use of Alcohol* sets out the principal areas of work to be addressed and identifies areas for technical cooperation to address the varying needs of Member States with regard to harmful alcohol consumption;

Considering the recommendations from the WHO meeting of national counterparts for the implementation of the global strategy for reducing harmful alcohol consumption and the consultation meeting on the draft regional plan of action;

Recognizing the need for regional coordination and leadership in support of national efforts to reduce the harmful use of alcohol,

RESOLVES:

1. To implement the *WHO Global Strategy for Reducing the Harmful Use of Alcohol* through the proposed regional plan of action, within the context of each country's specific conditions, in order to respond appropriately to current and future needs in relation to underage and harmful use of alcohol.
2. To urge Member States to:
 - (a) identify underage and harmful alcohol consumption as a public health priority and develop plans and/or introduce measures to reduce its public health impact;

- (b) recognize that harmful alcohol consumption occurs among non-dependent and dependent individuals alike, and that reducing alcohol-related problems requires a mix of population-wide policies, and targeted interventions, as well as access to quality health services;
- (c) promote public policies that protect and preserve public health interests;
- (d) promote policies and interventions that are evidence-based, equitable, and supported by sustainable implementation mechanisms involving different stakeholders;
- (e) promote programs that educate children, young people, and those who choose not to drink alcohol about how to resist social pressure to drink, protect them from such pressure, and support their choice not to drink;
- (f) ensure that effective prevention, treatment, and care services are available, accessible, and affordable to those affected by the harmful use of alcohol;
- (g) allocate financial, technical, and human resources towards the implementation of national activities outlined in the plan of action.

3. To request the Director to:

- (a) monitor and evaluate the implementation of the regional plan of action at year five and at the end of the implementation period;
- (b) support Member States in the implementation of national and subnational plans and/or interventions to reduce the harmful use of alcohol, within the framework of their public health and social policies, taking into account the *WHO Global Strategy for Reducing the Harmful Use of Alcohol*;
- (c) collaborate in the assessment of alcohol policies and services in the countries, with a view to ensuring that appropriate, evidence-based, corrective measures are adopted;
- (d) facilitate the dissemination of information and the sharing of positive, innovative experiences, and promote technical cooperation among Member States;
- (e) promote partnerships with international organizations and WHO, governmental and nongovernmental organizations, and civil society, taking into consideration any conflicts of interest that some nongovernmental organizations may have;

- (f) establish a dialogue with the private sector on how it can best contribute to the reduction of alcohol-related harm; due consideration will be given to the commercial interests involved and their potential conflict with public health objectives.

(Fifth meeting, 22 June 2011)

CE148.R9: Plan of Action on Psychoactive Substance Use and Public Health

THE 148th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the *Plan of Action on Psychoactive Substance Use and Public Health* (Document CE148/12, Rev.1),

RESOLVES:

To recommend that the 51st Directing Council adopt a resolution along the following lines:

**PLAN OF ACTION ON PSYCHOACTIVE SUBSTANCE USE
AND PUBLIC HEALTH**

THE 51st DIRECTING COUNCIL,

Having reviewed the *Plan of Action on Psychoactive Substance Use and Public Health* (Document CD51/___);

Recognizing the burden of morbidity, mortality, and disability associated with substance use disorders in the world and in the Region of the Americas, specifically, as well as the existing gap in treatment and care for persons affected by such disorders;

Understanding that approaches related to prevention, screening, early intervention, treatment, rehabilitation, social reintegration, and support services are necessary actions to reduce the adverse consequences of psychoactive substance use;

Recognizing that these approaches require improving access to health care services, promoting the health and social well-being of individuals, families, and communities, while protecting and promoting the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;

Considering the context and framework for action offered by the Health Agenda for the Americas 2008-2017, the PAHO Strategic Plan 2008–2012, the Hemispheric Drug Strategy and the Hemispheric Plan of Action of the Inter-American Drug Abuse Control Commission of the Organization of American States (OAS/CICAD), the regional *Strategy and Plan of Action on Mental Health* (Document CD49/11 [2009]), and the *World Health Organization (WHO) Mental Health Gap Action Program: Scaling up care for mental, neurological, and substance use disorders (mhGAP)*, which reflect the importance of the issue of substance use and establish strategic objectives for addressing it;

Observing that the *Strategy on Substance Use and Public Health* adopted in 2010 sets out the principal areas of work to be addressed and identifies areas for technical cooperation to address the varying needs of Member States with regard to substance use,

RESOLVES:

1. To endorse the *Plan of Action on Psychoactive Substance Use and Public Health* and support its implementation within the context of each country's specific conditions, in order to respond appropriately to current and future needs in relation to substance use.
2. To urge Member States to:
 - (a) identify psychoactive substance use as a public health priority and implement national and subnational plans to tackle psychoactive substance use problems that are consonant with their public health impact, especially with regard to reducing existing treatment gaps;
 - (b) contribute to and participate in the implementation of the Plan of Action.
3. To request the Director to:
 - (a) monitor and evaluate the implementation of the regional Plan of Action at five years and at the end of the implementation period;
 - (b) support the Member States, furthermore, in the preparation and implementation of national and subnational plans on psychoactive substance use within the framework of their specific conditions and public health policies that take into account the provisions of the *Strategy on Psychoactive Substance Use and Public Health*;
 - (c) promote partnerships with governmental and nongovernmental organizations, as well as with international organizations and other regional stakeholders in support of the multisectoral response required to implement this Plan of Action.

(Fifth meeting, 22 June 2011)

CE148.R10: Strategy and Plan of Action on Urban Health

THE 148th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the *Strategy and Plan of Action on Urban Health* (Document CE148/8),

RESOLVES:

To recommend that the 51st Directing Council adopt a resolution along the following lines:

STRATEGY AND PLAN OF ACTION ON URBAN HEALTH

THE 51st DIRECTING COUNCIL,

Having reviewed the *Strategy and Plan of Action on Urban Health* (Document CD51/__);

Recognizing that there are numerous Governing Body mandates dating back to 1992 that highlight the need to address urban health issues and the inequities in health caused by urbanization in the Region, in addition to the opportunity offered by the Health Agenda for the Americas 2008-2017 and the PAHO Strategic Plan 2008-2012;

Recognizing that the urbanization megatrend has rapidly accelerated in the Region and countries have not been able to react and adjust their programs to the wide diversity of cultural, community, family, migration, and socioeconomic challenges posed by this urbanization process;

Having studied the opportunity presented to address many of the most challenging public health problems now confronting our countries in the areas of noncommunicable diseases, injuries, vector-borne and other communicable diseases, and the challenge of tackling the diverse population needs in urban settings;

Considering that the lack of adequate, systematic consideration of public health criteria in the largely unplanned growth of cities in the Region has resulted in an increase in morbidity and mortality and a widening of the equity gap within cities;

Understanding that to succeed in advancing public health in the Region, the ministries of health will have to include information in their health surveillance systems that differentiates the gradient of health inequities and their causes and implications for national and city health policies, programs, and services;

Recognizing that achieving urban health is a multisectoral endeavor that involves concerted action to promote physical activity; design safe, effective and accessible public transport options; prevent and reduce injuries; and address the particular access and wellness needs of the most vulnerable groups, including children, older persons, and people with special needs; and further recognizing that countries that adopt this holistic approach are not only improving the health of their citizens but achieving important environmental and sustainability gains;

Bearing in mind that the implementation of this Strategy and Plan of Action means marshalling a unique combination of stewardship over the health system and with the other social actors in urban settings to advocate for and adjust all manner of urban health services that can address the special needs of the social gradient and the heterogeneity of urban populations;

Having requested during the 50th Directing Council that the Pan American Sanitary Bureau prepare a preliminary strategy and plan of action to be presented to the 51st Directing Council,

RESOLVES:

1. To endorse the Strategy and approve the Plan of Action on Urban Health and support its implementation within the context of the specific conditions of each country in order to respond appropriately to the current and future needs and trends in urban health in the Region.
2. To urge the Member States to:
 - (a) adopt the guidelines, tools, and methods developed by PASB and Centers of Excellence to support their intersectoral stewardship role and health services reorientation;
 - (b) support national, subnational, and local health promotion policies and programs, including the strengthening of social participation, with appropriate legal frameworks and financing mechanisms;
 - (c) adjust surveillance systems to include determinants and indicators related to urban health, indigenous populations, gender, and migration conditions, and documentation of urban health processes and experiences;

- (d) further the commitment of city and metropolitan authorities to healthy urban planning and development, with consideration of urban health and health equity in national and subnational health policies and plans;
 - (e) collaborate with city and metropolitan authorities in the development of transport policies and systems that prioritize safe walking, cycling, and public transport; and in urban design regulations and infrastructure that provide for equitable and safe access to recreational physical activity throughout the life course;
 - (f) assist city and metropolitan authorities with the use of assessment and action tools to address healthy and equitable urban planning and programs more effectively;
 - (g) raise awareness among key stakeholders and develop social marketing plans and programs;
 - (h) report back every two years on the progress made, with data for a mid-term evaluation at five years and a final evaluation at 10 years.
3. To request the Director to:
- (a) produce and disseminate public health criteria, guidelines, model policies, and legal frameworks for urban health planning, urban health services, and methods for achieving multisectoral action, including health impact assessment, health equity impact assessment, and cross-sector data collection and analysis;
 - (b) collect and disseminate new information about experiences, lessons learned, and best practices obtained through regional forums, research, observatories, documentation, and the sharing of promising experiences and processes;
 - (c) further develop health promotion and health determinants approaches into technical cooperation in urban health and Country Cooperation Strategy implementation in the Member States;
 - (d) promote capacity building for urban health planning and implementation, surveillance, and information systems across the Region;
 - (e) support ministry of health engagement with city and metropolitan authorities and other relevant sectors, along the lines of the issues itemized in the final report of the roundtable discussions in the 50th Directing Council, the final report of the Urban Health and Health Promotion Forums, and the Global Call to Action on Urbanization and Health.

(Sixth meeting, 22 June 2011)

CE148.R11: Plan of Action on Road Safety

THE 148th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the *Plan of Action on Road Safety* (Document CE148/10),

RESOLVES:

To recommend that the 51st Directing Council adopt a resolution written as follows:

PLAN OF ACTION ON ROAD SAFETY

THE 51st DIRECTING COUNCIL,

Having examined the *Plan of Action on Road Safety* (Document CD51/__);

Recognizing the burden that road traffic injuries represent in the Region of the Americas as the leading cause of death in children aged 5 to 14 and the second leading cause of death in people aged 15 to 44, as well as the urgent need to adopt public health measures and promote public policies in coordination with other sectors to reduce the burden of lost lives and suffering caused by traffic accidents;

Recalling World Health Assembly Resolution WHA57.10 (2004) on road safety and health and the resolution of the United Nations General Assembly, A/RES/58/289 (2004) on improving global road safety, the celebration of World Health Day 2004, with its emphasis on road safety, and the release of the *World Report on Road Traffic Injury Prevention*, the *Global Status Report on Road Safety*, and the status report on road safety in the Region of the Americas;

Recalling also Resolution CD48.R11 (2008) of the Directing Council of the Pan American Health Organization, *Preventing Violence and Injuries and Promoting Safety: A Call for Action in the Region*;

Recalling further that in March 2010, the United Nations General Assembly proclaimed the Decade of Action for Road Safety 2011-2020 (A/RES/64/255);

Recognizing the opportunities offered by the adoption of a public health approach that promotes multisectoral action in which the health sector plays a coordinating role in tackling the urgent need to effectively protect the poor, marginalized, and most vulnerable population, the people who are most affected by traffic accidents in the Region,

RESOLVES:

1. To adopt the *Plan of Action on Road Safety*.
2. To urge the Member States to adopt intersectoral public policies that include, among other measures, the following:
 - (a) prioritize road safety through the development of national, subnational, and local plans for the Decade of Action for Road Safety;
 - (b) improve the urban road and highway infrastructure;
 - (c) improve mass transportation policies and laws by adopting the principles of safety, equity, and accessibility to promote safety and protect the human rights of all persons;
 - (d) reduce the incidence of risk factors (speed and alcohol consumption) in traffic-related injuries and increase the use of protective equipment (helmets, seat belts, and child restraint systems in automobiles);
 - (e) set urban speed limits at up to 50 km/h; promote decentralization so that local governments can adjust speed limits; promote public awareness about the need for setting speed limits;
 - (f) adopt a maximum blood alcohol level for drivers that is equal to or less than 0.05 g/dl;
 - (g) enforce the laws on compulsory helmet use, taking quality and safety standards into account;
 - (h) enforce the laws on compulsory seat belt use, taking quality and safety standards into account, and promote seat belt use;
 - (i) enforce the laws on the compulsory use of child restraint systems in automobiles taking quality and safety standards into account, and promote the use of these systems;
 - (j) establish or improve a technical vehicle inspection and testing system;

- (k) strengthen the technical and institutional capacity for providing care to victims of road traffic injuries, particularly in the prehospitalization phase, hospital care, and rehabilitation;
 - (l) improve data on traffic accidents by designing surveillance services to increase understanding and awareness of the burden, causes, and consequences of road traffic injuries, so that victim prevention, care, and rehabilitation programs and investments can be better targeted, monitored, and evaluated;
 - (m) promote studies that yield scientific and technical information on the risks associated with distractions, both inside and outside the vehicle, that can cause traffic accidents (for example, the use of electronic devices, such as cellular phones and navigation systems; eating, drinking, or smoking while driving, and highway billboards).
3. To request the Director to:
- (a) support the Member States in their efforts to improve road safety and in the preparation of national and subnational plans for the Decade of Action for Road Safety;
 - (b) facilitate the identification and sharing of good practices for the prevention of road traffic injuries;
 - (c) encourage and support the national focal points network and foster collaboration with other networks of experts, professionals, and nongovernmental organizations;
 - (d) provide cooperation for the creation of technical and policy-making capacity to facilitate data collection and dissemination, and promote research and surveillance systems related to the prevention of road traffic injuries;
 - (e) provide technical assistance to improve prehospital treatment and care for victims of traffic accidents;
 - (f) promote associations and collaboration with international agencies, networks of experts, civil society, foundations, the private sector, and other social actors in order to further an intersectoral approach.

(Sixth meeting, 22 June 2011)

CE148.R12: Amendments to the PASB Staff Rules and Regulations

THE 148th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the amendments to the Staff Rules of the Pan American Sanitary Bureau submitted by the Director in Annex A to Document CE148/22, Rev. 1;

Taking into account the actions of the Sixty-fourth World Health Assembly regarding the remuneration of the Regional Directors, Assistant Directors-General, and the Director-General;

Bearing in mind the provisions of Staff Rule 020 and Staff Regulation 3.1 of the Pan American Sanitary Bureau; and

Recognizing the need for uniformity in the conditions of employment of staff of the Pan American Sanitary Bureau and the World Health Organization,

RESOLVES:

1. To confirm, in accordance with Staff Rule 020, the Staff Rule amendments that have been made by the Director, effective 1 July 2011, concerning: classification, education grant, recruitment policies, medical certification and inoculations, within-grade increase, promotion, annual leave, sick leave, sick leave under insurance cover, abolition of post, disciplinary measures, and appeals.
2. To revise the remuneration of professional and higher categories, as of 1 January 2011.
3. To establish the annual salary of the Deputy Director of the Pan American Sanitary Bureau, beginning 1 January 2011, at \$ 185,809¹¹ before staff assessment, resulting in a modified net salary of \$133,776 (dependency rate) or \$121,140 (single rate).
4. To establish the annual salary of the Assistant Director of the Pan American Sanitary Bureau, beginning 1 January 2011, at \$184,271 before staff assessment, resulting in a modified net salary of \$132,776 (dependency rate) or \$120,140 (single rate).
5. To recommend to the 51st Directing Council that it adjust the annual salary of the Director of the Pan American Sanitary Bureau by adopting the following resolution:

¹¹ Unless otherwise specified, all monetary values are expressed in U.S. dollars.

AMENDMENTS TO THE PASB STAFF RULES AND REGULATIONS

THE 51st DIRECTING COUNCIL,

Considering the revision to the base, or floor, salary scale for the professional and higher-graded categories of staff, effective 1 January 2011,

Taking into account the decision by the 148th Session of the Executive Committee to adjust the salaries of the Deputy Director and Assistant Director of the Pan American Sanitary Bureau,

RESOLVES:

1. To establish the annual salary of the Director of the Pan American Sanitary Bureau, beginning 1 January 2011, at \$204,391 before staff assessment, resulting in a modified net salary of \$145,854 (dependency rate) or \$131,261 (single rate).

(Seventh meeting, 23 June 2011)

CE148.R13: PAHO Award for Administration, 2011

THE 148th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the *Report of the Award Committee of the PAHO Award for Administration, 2011* (Document CE148/5, Add. I);

Bearing in mind the provisions of the Procedures and Guidelines for conferring the PAHO Award for Administration, as approved by the 18th Pan American Sanitary Conference (1970) and amended by the 24th Pan American Sanitary Conference (1994), the 124th Session of the Executive Committee (1999), the 135th Session of the Executive Committee (2004), the 140th Session of the Executive Committee (2007), and the 146th Session of the Executive Committee (2010),

RESOLVES:

1. To congratulate the candidates for the PAHO Award for Administration, 2011, for their professionalism and outstanding work on behalf of the countries of the Region.

2. To note the decision of the Award Committee to confer the PAHO Award for Administration 2011 to Dr. John Edward Greene (Guyana) for his contribution to the development of the health sector and human resources in the Caribbean Community (CARICOM), and for his mobilization of political commitment to achieve meaningful outcomes on a broad range of priority public health issues, including the establishment of

the Pan Caribbean Partnership against HIV/AIDS (PANCAP), the Caribbean strategy on climate change, the Caribbean Cooperation in Health Initiative (CCH2 and CCH3), the Caribbean Commission on Health and Development (CCHD), the First Summit of CARICOM Heads of Government on Chronic Noncommunicable Diseases, and the establishment of a new Caribbean Public Health Agency (CARPHA).

3 To transmit the *Report of the Award Committee of the PAHO Award for Administration, 2011* (Document CE148/5, Add. I), to the 51st Directing Council.

(Seventh meeting, 23 June 2011)

CE148.R14: Plan of Action to Accelerate the Reduction of Maternal Mortality and Severe Maternal Morbidity

THE 148th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the Director's report, *Plan of Action to Accelerate the Reduction of Maternal Mortality and Severe Maternal Morbidity* (Document CE148/16, Rev. 1),

RESOLVES:

To recommend that the Directing Council adopt a resolution written in the following terms:

PLAN OF ACTION TO ACCELERATE THE REDUCTION IN MATERNAL MORTALITY AND SEVERE MATERNAL MORBIDITY

THE 51st DIRECTING COUNCIL,

Having reviewed the Director's report, *Plan of Action to Accelerate the Reduction of Maternal Mortality and Severe Maternal Morbidity* (Document CD51/___);

Taking into account the proposed international mandates in the Regional Plan of Action to Reduce Maternal Mortality in the Americas (document CSP23/10 [1990]); the resolution "Population and Reproductive Health" (CSP25.R13 [1998]); the Regional Strategy for Maternal Mortality and Morbidity Reduction (CSP26/14 [2002]); Resolutions WHA55.19 (2002), WHA57.13 (2004), and EB113.R11 (2004) on reproductive health, adopted by the World Health Assembly and the WHO Executive Board, respectively; the forums of Nairobi, Kenya (1987), Cairo, Egypt (1994), Beijing, China (1995); the Millennium Declaration (2000), and the Health Agenda for the Americas 2008-2017;

Taking into account Resolution R11/8 of the Human Rights Council of the United Nations (2009), Resolution CD50.R8 of the 50th Directing Council of PAHO (2010), and the technical document “Health and Human Rights” (CD50/12), as well as the high degree of complementarity between this plan and other objectives established in the *PAHO Strategic Plan 2008-2012, Amended* (Official Document 328 [2009]);

Considering the Global Strategy for Women’s and Children’s Health, launched by the United Nations Secretary-General in 2010 and the recommendations of the Commission on Information and Accountability for Women’s and Children’s Health;

Emphasizing that maternal mortality is a manifestation of inequity that affects every country in the Region, that there are cost-effective interventions within the sector to effect the desired reduction that are capable of having a real impact within a short timeframe;

Considering the importance of having a plan of action that makes it possible for Member States to respond effectively and efficiently,

RESOLVES:

1. To endorse the present Plan of Action to Accelerate the Reduction of Maternal Mortality and Severe Maternal Morbidity and to further its consideration in policies, plans, and development programs, as well as in proposals and discussions of national budgets, allowing them to address the issue of improving maternal health.
2. To urge the Member States to:
 - (a) consider the Health Agenda for the Americas 2008-2017 and the call by the United Nations Secretary General in 2010 to implement a plan to help reduce maternal mortality;
 - (b) adopt national policies, strategies, plans, and programs that increase women’s access to culturally appropriate, quality health services adapted to their needs, including in particular promotion and prevention programs based on primary health care provided by skilled personnel, that integrate preconceptional (including family planning), pregnancy, delivery, and postpartum care, in which, moreover, all of these services are free for the most vulnerable populations;
 - (c) promote a dialogue between institutions in the public and private sector and civil society to prioritize women’s lives as a human rights and development issue;

- (d) promote the empowerment of women and the participation and co-responsibility of men in sexual and reproductive health;
- (e) adopt a human resources policy that addresses the issue of quantity and quality to respond to the needs of women and newborns, involving entities that train and credential human resources;
- (f) improve the capacity to generate information and research on sexual and reproductive health, maternal mortality, and severe maternal morbidity for the development of evidence-based strategies that permit monitoring and evaluation of their results, in keeping with the recommendations of the Commission on Information and Accountability for Women's and Children's Health;
- (g) undertake internal review and analysis of the relevance and viability of this plan in the national context, based on national priorities, needs, and capacities;
- (h) advocate for dedicated public budgets, where applicable, based on strategic results, aimed at improving the coverage and quality of care for women and children;
- (i) promote the development of social protection programs for women and children.

3. To request the Director to:

- (a) support the Member States in implementing the present Plan of Action, in keeping with their needs and their particular demographic and epidemiological characteristics;
- (b) promote implementation and coordination of this Plan of Action, ensuring its horizontal nature through programs, the Organization's various regional and subregional offices, and collaboration with and among the countries in the design of strategies and sharing of resources and capacities to implement their women's health plans;
- (c) promote and strengthen information systems and maternal health surveillance, including a regional repository available to all stakeholders, and encourage operations research to design relevant strategies and carry out interventions based on the Region's specific needs and contexts;
- (d) support the Member States in developing and creating capacities for training appropriately distributing of maternal and neonatal health personnel;

- (e) consolidate and strengthen technical cooperation with the committees, organs, and rapporteurships of the United Nations and Inter-American bodies, in addition to promoting partnerships with other international and regional organizations, scientific and technical institutions, organized civil society, the private sector and others, within the framework of the Regional Working Group for the Reduction of Maternal Mortality;
- (f) report periodically to the Governing Bodies on progress and constraints in implementing the Plan of Action, as well as on changes made in the Plan to adapt it, as necessary, to new circumstances and needs.

(Eighth meeting, 23 June 2011)

CE148.R15: Provisional Agenda of the 51st Directing Council of PAHO, 63rd Session of The Regional Committee of WHO for the Americas

THE 148th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the provisional agenda (Document CD51/1) prepared by the Director for the 51st Directing Council of PAHO, 63rd Session of the Regional Committee of WHO for the Americas, presented as Annex A to Document CE148/3, Rev. 1; and

Bearing in mind the provisions of Article 12.C of the Constitution of the Pan American Health Organization and Rule 7 of the Rules of Procedure of the Directing Council,

RESOLVES:

To approve the provisional agenda (Document CD51/1) prepared by the Director for the 51st Directing Council of PAHO, 63rd Session of the Regional Committee of WHO for the Americas.

(Eighth meeting, 23 June 2011)

CE148.R16: Proposed PAHO Program and Budget 2012-2013

THE 148th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the proposed PAHO Program and Budget 2012–2013 (*Official Document 338, Rev. 1*);

Having considered the report of the Subcommittee on Program, Budget and Administration (Document CE148/4);

Having examined the Addendum to the Program and Budget, *Justification for the Proposed Increase in the Assessed Contributions*, in which the Bureau outlines the justification for the increase in assessed contributions, based on the need to avoid a negative impact on the Expected Results of the PAHO Strategic Plan 2008-2012, and taking into consideration the efforts to improve efficiency, productivity, accountability and transparency, as well as incorporating the results of the performance monitoring and assessment process and program and budget execution;

Noting the efforts of the Director to propose a program and budget that takes into account both the economic concerns of Member States and the Organization's public health mandates; and

Bearing in mind Article 14.C of the Constitution of the Pan American Health Organization and Article III, paragraphs 3.5 and 3.6, of the PAHO Financial Regulations,

RESOLVES:

1. To thank the Subcommittee on Program, Budget and Administration for its preliminary review of and report on the proposed program and budget.
2. To express appreciation to the Director for the attention given, in the development of the program and budget, to programmatic prioritization and efficiency gains through the implementation of instruments to measure efficiency and productivity as well as performance monitoring and assessment and institutional program and budget execution.
3. To request the Director to incorporate the comments made by the Members of the Executive Committee in the revised *Official Document 338* that will be considered by the 51st Directing Council.
4. To recommend that the 51st Directing Council adopt a resolution as stated below, and further request the Director to present a new scenario reflecting an increase of 2.15%

to the assessed contributions of Member States, Participating States, and Associate Members for consideration by the Directing Council:

PROPOSED PAHO PROGRAM AND BUDGET 2012–2013

THE 51st DIRECTING COUNCIL,

Having examined the proposed PAHO Program and Budget 2012–2013 (*Official Document 338*);

Having considered the report of the Executive Committee (Document CD51/__);

Noting the efforts of the Director to propose a program and budget that takes into account both the economic concerns of Member States and the Organization's public health mandates; and

Bearing in mind Article 14.C of the Constitution of the Pan American Health Organization and Article III, paragraphs 3.5 and 3.6, of the PAHO Financial Regulations,

RESOLVES:

1. To approve the program of work for the Bureau as outlined in the PAHO Program and Budget 2012–2013 (*Official Document 338*).
2. To appropriate for the financial period 2012–2013 the sum of US\$312,637,902 in the following manner: (a) \$287,100,000 for the Effective Working Budget (sections 1-16) that requires an increase of 4.3% to the assessments of PAHO Member States, Participating States, and Associate Members with respect to the biennium 2010-2011; and (b) \$25,537,902 as a transfer to the Tax Equalization Fund (section 17), as indicated in the table that follows.

SECTION	TITLE	AMOUNT
1	To reduce the health, social and economic burden of communicable diseases	23,302,000
2	To combat HIV/AIDS, tuberculosis and malaria	6,524,000
3	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	11,700,000
4	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the	11,694,000

SECTION	TITLE	AMOUNT
	neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	
5	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	4,500,000
6	To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions	7,811,000
7	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	8,068,000
8	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	11,800,000
9	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	10,825,000
10	To improve the organization, management and delivery of health services	8,311,000
11	To strengthen leadership, governance and the evidence base of health systems	30,600,000
12	To ensure improved access, quality and use of medical products and technologies	7,165,000
13	To ensure an available, competent, responsive and productive health workforce to improve health outcomes	9,505,000
14	To extend social protection through fair, adequate and sustainable financing	5,207,000
15	To provide leadership, strengthen governance, and foster partnership and collaboration with Member States, the United Nations system and other stakeholders to fulfill the mandate of PAHO/WHO in advancing the global health agenda, as set out in WHO's Eleventh General Programme of Work, and the	65,885,000

SECTION	TITLE	AMOUNT
	Health Agenda for the Americas	
16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	64,203,000
	Effective Working Budget for 2012-2013 (Parts 1-16)	287,100,000
17	Staff Assessment (Transfer to Tax Equalization Fund)	25,537,902
	Total: All Sections	312,637,902

3. That the appropriation shall be financed from:

(a) Assessment in respect to:

Member Governments, Participating Governments, and
Associate Members assessed under the scale adopted 219,937,902

(b) Miscellaneous Income 12,000,000

(c) AMRO share approved at the 64th World Health Assembly 80,700,000

TOTAL 312,637,902

4. In establishing the contributions of Member States, Participating States, and Associate Members, assessments shall be 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 the Pan American Sanitary Bureau (PASB) by their nationals and residents shall be reduced by the amounts of such tax reimbursements by PASB.

5. That, in accordance with the Financial Regulations of PAHO, amounts not exceeding the appropriations noted under paragraph 2 shall be available for the payment of obligations incurred during the period from 1 January 2012 to 31 December 2013, inclusive; notwithstanding the provision of this paragraph, obligations during the financial period 2012–2013 shall be limited to the effective working budget, i.e., Sections 1–16 of the appropriations table in paragraph 2.

6. That the Director shall be authorized to make transfers between the appropriation sections of the effective working budget up to an amount not exceeding 10% of the amount appropriated for the section from which the transfer is made; transfers between sections of the budget in excess of 10% of the section from which the credit is transferred may be made with the concurrence of the Executive Committee, with all transfers of budget credits to be reported to the Directing Council or the Pan American Sanitary Conference.

7. That up to 5% of the budget assigned to the country level will be set aside as the "Variable Country Allocation," as stipulated in the Regional Program Budget Policy. Expenditure in the country variable allocation will be authorized by the Director in accordance with the criteria approved by the 2nd Session of the Subcommittee on Program, Budget and Administration, as presented to the 142nd Session of the Executive Committee in Document CE142/8. Expenditures made from the country variable allocation will be reflected in the corresponding appropriation sections 1–16 at the time of reporting.

8. To estimate the amount of expenditure in the program and budget for 2012–2013 to be financed by other sources at \$339,625,000, as reflected in *Official Document 338*.

(Virtual session, 22 July 2011)

CE148.R17: Assessments of the Member States, Participating States, and Associate Members of the Pan American Health Organization for 2012-2013

THE 148th SESSION OF THE EXECUTIVE COMMITTEE,

Whereas in Resolution CE148.R16 the Executive Committee has recommended that the 51st Directing Council approve the PAHO Program and Budget 2012-2013 (*Official Document 338, Rev. 1*); and

Taking into consideration that the PAHO Scale of Assessments incorporates the new scale of assessments of the Organization of American States for the period 2012-2014,

RESOLVES:

To recommend that the 51st Directing Council adopt a resolution along the following lines:

ASSESSED CONTRIBUTIONS OF THE MEMBER STATES, PARTICIPATING STATES, AND ASSOCIATE MEMBERS OF THE PAN AMERICAN HEALTH ORGANIZATION FOR 2012-2013

THE 51st DIRECTING COUNCIL,

Whereas in Resolution CD51.R__ the Directing Council approved the PAHO Program and Budget 2012-2013 (*Official Document 338*); 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 (OAS) for its membership, and that in Resolution CD51.R__ the Directing Council adopted the new scale of assessments for the PAHO membership for the biennium 2012-2013,

RESOLVES:

To establish the assessed contributions of the Member States, Participating States, and Associate Members of the Pan American Health Organization for the financial period 2012-2013 in accordance with the scale of assessments shown below and in the corresponding amounts, which represent an increase of 4.3% with respect to the biennium 2010-2011.

Membership	Scale Adjusted to PAHO Membership		Gross Assessment		Credit from Tax Equalization Fund		Adjustment for Taxes Imposed by Member States on Emoluments of PASB Staff		Net Assessment	
	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013
	%	%	US\$	US\$	US\$	US\$	US\$	US\$	US\$	US\$
Member Governments:										
Antigua and Barbuda	0.022	0.022	24,193	24,193	2,809	2,809			21,384	21,384
Argentina	2.408	2.408	2,648,052	2,648,052	307,476	307,476			2,340,576	2,340,576
Bahamas	0.062	0.062	68,181	68,181	7,917	7,917			60,264	60,264
Barbados	0.045	0.045	49,486	49,486	5,746	5,746			43,740	43,740
Belize	0.022	0.022	24,193	24,193	2,809	2,809			21,384	21,384
Bolivia	0.049	0.049	53,885	53,885	6,257	6,257			47,628	47,628
Brazil	9.941	9.941	10,932,013	10,932,013	1,269,361	1,269,361			9,662,652	9,662,652
Canada	11.972	11.972	13,165,483	13,165,483	1,528,699	1,528,699	45,000	45,000	11,681,784	11,681,784
Chile	1.189	1.189	1,307,531	1,307,531	151,823	151,823			1,155,708	1,155,708
Colombia	1.049	1.049	1,153,574	1,153,574	133,946	133,946			1,019,628	1,019,628

Membership	Scale Adjusted to PAHO Membership		Gross Assessment		Credit from Tax Equalization Fund		Adjustment for Taxes Imposed by Member States on Emoluments of PASB Staff		Net Assessment	
	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013
	%	%	US\$	US\$	US\$	US\$	US\$	US\$	US\$	US\$
Costa Rica	0.221	0.221	243,031	243,031	28,219	28,219			214,812	214,812
Cuba	0.183	0.183	201,243	201,243	23,367	23,367			177,876	177,876
Dominica	0.022	0.022	24,193	24,193	2,809	2,809			21,384	21,384
Dominican Republic	0.257	0.257	282,620	282,620	32,816	32,816			249,804	249,804
Ecuador	0.258	0.258	283,720	283,720	32,944	32,944			250,776	250,776
El Salvador	0.114	0.114	125,365	125,365	14,557	14,557			110,808	110,808
Grenada	0.022	0.022	24,193	24,193	2,809	2,809			21,384	21,384
Guatemala	0.168	0.168	184,748	184,748	21,452	21,452			163,296	163,296
Guyana	0.022	0.022	24,193	24,193	2,809	2,809			21,384	21,384
Haiti	0.034	0.034	37,389	37,389	4,341	4,341			33,048	33,048
Honduras	0.051	0.051	56,084	56,084	6,512	6,512			49,572	49,572
Jamaica	0.093	0.093	102,271	102,271	11,875	11,875			90,396	90,396
Mexico	8.281	8.281	9,106,529	9,106,529	1,057,397	1,057,397			8,049,132	8,049,132
Nicaragua	0.034	0.034	37,389	37,389	4,341	4,341			33,048	33,048
Panama	0.158	0.158	173,751	173,751	20,175	20,175			153,576	153,576
Paraguay	0.093	0.093	102,271	102,271	11,875	11,875			90,396	90,396
Peru	0.688	0.688	756,586	756,586	87,850	87,850			668,736	668,736
Saint Kitts and Nevis	0.022	0.022	24,193	24,193	2,809	2,809			21,384	21,384
Saint Lucia	0.022	0.022	24,193	24,193	2,809	2,809			21,384	21,384
Saint Vincent and the Grenadines	0.022	0.022	24,193	24,193	2,809	2,809			21,384	21,384
Suriname	0.034	0.034	37,389	37,389	4,341	4,341			33,048	33,048
Trinidad and Tobago	0.180	0.180	197,944	197,944	22,984	22,984			174,960	174,960
United States of America	59.445	59.445	65,371,043	65,371,043	7,590,503	7,590,503	10,000,000	10,000,000	67,780,540	67,780,540
Uruguay	0.214	0.214	235,334	235,334	27,326	27,326			208,008	208,008
Venezuela	<u>2.186</u>	<u>2.186</u>	<u>2,403,921</u>	<u>2,403,921</u>	<u>279,129</u>	<u>279,129</u>	<u>0</u>	<u>0</u>	<u>2,124,792</u>	<u>2,124,792</u>
Subtotal	<u>99.583</u>	<u>99.583</u>	<u>109,510,377</u>	<u>109,510,377</u>	<u>12,715,701</u>	<u>12,715,701</u>	<u>10,045,000</u>	<u>10,045,000</u>	<u>106,839,676</u>	<u>106,839,676</u>

Membership	Scale Adjusted to PAHO Membership		Gross Assessment		Credit from Tax Equalization Fund		Adjustment for Taxes Imposed by Member States on Emoluments of PASB Staff		Net Assessment	
	2012	2013	2012	2013	2012	2013	2012	2013	2012	2013
	%	%	US\$	US\$	US\$	US\$	US\$	US\$	US\$	US\$
Participating Governments:										
France	0.219	0.219	240,832	240,832	27,964	27,964			212,868	212,868
Kingdom of the Netherlands	0.068	0.068	74,779	74,779	8,683	8,683			66,096	66,096
United Kingdom	<u>0.046</u>	<u>0.046</u>	<u>50,586</u>	<u>50,586</u>	<u>5,874</u>	<u>5,874</u>			<u>44,712</u>	<u>44,712</u>
Subtotal	<u>0.333</u>	<u>0.333</u>	<u>366,197</u>	<u>366,197</u>	<u>42,521</u>	<u>42,521</u>			<u>323,676</u>	<u>323,676</u>
Associate Member:										
Puerto Rico	<u>0.084</u>	<u>0.084</u>	<u>92,374</u>	<u>92,374</u>	<u>10,726</u>	<u>10,726</u>			<u>81,648</u>	<u>81,648</u>
Subtotal	<u>0.084</u>	<u>0.084</u>	<u>92,374</u>	<u>92,374</u>	<u>10,726</u>	<u>10,726</u>			<u>81,648</u>	<u>81,648</u>
TOTAL	<u>100.000</u>	<u>100.000</u>	<u>109,968,948</u>	<u>109,968,948</u>	<u>12,768,948</u>	<u>12,768,948</u>	<u>10,045,000</u>	<u>10,045,000</u>	<u>107,245,000</u>	<u>107,245,000</u>

(Virtual Session, 22 July 2011)

Decisions

Decision CE148(D1) Adoption of the Agenda

Pursuant to Rule 9 of the Rules of Procedure of the Executive Committee, the Committee adopted the agenda submitted by the Director, as amended (Document CE148/1, Rev. 1).

(First meeting, 20 June 2011)

Decision CE148(D2) Representation of the Executive Committee at the 51st Directing Council of PAHO, 63rd Session of the Regional Committee of WHO for the Americas

Pursuant to Rule 54 of its Rules of Procedure, the Executive Committee decided to designate its President (Saint Vincent and the Grenadines) and Vice President (Argentina) to represent the Committee at the 51st Directing Council, 63rd Session of the Regional Committee of WHO for the Americas.

(Fourth meeting, 21 June 2011)

IN WITNESS WHEREOF, the President of the Executive Committee, Delegate of Saint Vincent and the Grenadines, and the Secretary ex officio, Director of the Pan American Sanitary Bureau, sign the present Final Report in the English language.

DONE in Washington, D.C., on this twenty-second day of July in the year two thousand eleven. The Secretary shall deposit the original texts in the archives of the Pan American Sanitary Bureau.

St. Clair Alphaeus Thomas
Delegate of
Saint Vincent and the Grenadines
President of the
148th Session of the Executive Committee

Mirta Roses Periago
Director of the
Pan American Sanitary Bureau
Secretary ex officio of the
148th Session of the Executive Committee

AGENDA

1. OPENING OF THE SESSION

2. PROCEDURAL MATTERS

- 2.1 Adoption of the Agenda and Program of Meetings

(Rule 9, Rules of Procedure of the Executive Committee)

- 2.2 Representation of the Executive Committee at the 51st Directing Council of PAHO, 63rd Session of the Regional Committee of WHO for the Americas

(Rule 54, Rules of Procedure of the Executive Committee)

- 2.3 Provisional Agenda of the 51st Directing Council of PAHO, 63rd Session of the Regional Committee of WHO for the Americas

(Article 12.C, PAHO Constitution)

(Rule 7, Rules of Procedure of the Directing Council)

3. COMMITTEE MATTERS

- 3.1 Report on the Fifth Session of the Subcommittee on Program, Budget, and Administration

- 3.2 PAHO Award for Administration, 2011

- 3.3 Nongovernmental Organizations in Official Relations with PAHO

- 3.4 Annual Report of the Ethics Office

4. PROGRAM POLICY MATTERS

- 4.1 Draft PAHO Program and Budget 2012-2013
- 4.2 Strategy and Plan of Action on Urban Health
- 4.3 Strategy and Plan of Action on Climate Change
- 4.4 Plan of Action on Road Safety
- 4.5 Plan of Action to Reduce the Harmful Use of Alcohol
- 4.6 Plan of Action on Psychoactive Substance Use and Public Health
- 4.7 Strategy and Plan of Action on Epilepsy
- 4.8 [Deleted]
- 4.9 Strategy and Plan of Action for Malaria
- 4.10 Plan of Action to Accelerate the Reduction of Maternal Mortality and Severe Maternal Morbidity
- 4.11 Strategy and Plan of Action on *eHealth*

5. ADMINISTRATIVE AND FINANCIAL MATTERS

- 5.1 Report on the Collection of Quota Contributions
- 5.2 Report of the Office of Internal Oversight and Evaluation Services
- 5.3 Financial Report of the Director and Report of the External Auditor for 2010
- 5.4 Report of the Audit Committee
- 5.5 Status of Projects Funded from the PAHO Holding Account

6. PERSONNEL MATTERS

- 6.1 Amendments to the PASB Staff Rules and Regulations
- 6.2 Statement by the Representative of the PAHO/WHO Staff Association

7. MATTERS FOR INFORMATION

- 7.1 WHO Medium-term Strategic Plan 2008-2013 and Proposed Programme Budget 2012-2013
- 7.2 Update on the Modernization of the PASB Management Information System (PMIS)
- 7.3 Report on the Preparations for the Panel on Safe Motherhood, and Universal Access to Sexual and Reproductive Health
- 7.4 Report on the Preparations for the Roundtable on Antimicrobial Resistance
- 7.5 Progress Reports on Technical Matters:
 - A. Immunization: Challenges and Outlook
 - B. Implementation of the Global Strategy and Plan of Action on Public Health, Innovation, and Intellectual Property
 - C. Advances in the Implementation of the WHO Framework Convention on Tobacco Control
 - D. Implementation of the International Health Regulations (2005)
 - E. Progress toward Achievement of the Health-related MDGs in the Region of the Americas
 - F. Review of the Pan American Centers

7. MATTERS FOR INFORMATION (*cont.*)

7.6 Progress Reports on Administrative and Financial Matters:

- A. Status of Implementation of the International Public Sector Accounting Standards (IPSAS)
- B. Update on the Appointment of the External Auditor of PAHO for 2012–2013 and 2014–2015
- C. Master Capital Investment Plan

7.7 Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO:
Sixty-fourth World Health Assembly

8. OTHER MATTERS

9. CLOSURE OF THE SESSION

LIST OF DOCUMENTS

Official Documents

<i>Off. Doc. 338, Rev. 1</i>	Proposed PAHO Program and Budget 20012-2013
<i>Off. Doc. 338, Add. I, Rev. 1</i>	Addendum to Proposed PAHO Program and Budget 2012-2013
<i>Off. Doc. 340</i>	Financial Report of the Director and Report of the External Auditor for 2010

Working Documents

CE148/1, Rev. 1, and CE148/WP/1, Rev. 1	Agenda and Program of Meetings
CE148/2	Representation of the Executive Committee at the 51st Directing Council of PAHO, 63rd Session of the Regional Committee of WHO for the Americas
CE148/3, Rev. 1	Provisional Agenda of the 51st Directing Council of PAHO, 63rd Session of the Regional Committee of WHO for the Americas
CE148/4	Report on the Fifth Session of the Subcommittee on Program, Budget, and Administration
CE148/5, and Add. I	PAHO Award for Administration, 2011
CE148/6	Nongovernmental Organizations in Official Relations with PAHO
CE148/7	Annual Report of the Ethics Office
CE148/8	Strategy and Plan of Action on Urban Health
CE148/9	Strategy and Plan of Action on Climate Change

Working Documents (*cont.*)

CE148/10	Plan of Action on Road Safety
CE148/11	Plan of Action to Reduce the Harmful Use of Alcohol
CE148/12, Rev. 1	Plan of Action on Psychoactive Substance Use and Public Health
CE148/13	Strategy and Plan of Action on Epilepsy
CE148/14	[Deleted]
CE148/15	Strategy and Plan of Action for Malaria
CE148/16, Rev. 1	Plan of Action to Accelerate the Reduction of Maternal Mortality and Severe Maternal Morbidity
CE148/17	Strategy and Plan of Action on <i>eHealth</i>
CE148/18, and Add. I	Report on the Collection of Quota Contributions
CE148/19	Report of the Office of Internal Oversight and Evaluation Services
CE148/20	Report of the Audit Committee
CE148/21	Status of Projects Funded from the PAHO Holding Account
CE148/22, Rev. 1	Amendments to the PASB Staff Rules and Regulations
CE148/23	Statement by the Representative of the PAHO/WHO Staff Association

Information Documents

CE148/INF/1, and Add. I	WHO Medium-term Strategic Plan 2008-2013 and Proposed Programme Budget 2012-2013
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Information Documents (*cont.*)

- CE148/INF/2 Update on the Modernization of the PASB Management Information System (PMIS)
- CE148/INF/3 Report on the Preparations for the Panel on Safe Motherhood, and Universal Access to Sexual and Reproductive Health
- CE148/INF/4 Report on the Preparations for the Roundtable on Antimicrobial Resistance
- CE148/INF/5 Progress Reports on Technical Matters:
- A. Immunization: Challenges and Outlook
 - B. Implementation of the Global Strategy and Plan of Action on Public Health, Innovation, and Intellectual Property
 - C. Advances in the Implementation of the WHO Framework Convention on Tobacco Control
 - D. Implementation of the International Health Regulations (2005)
 - E. Progress toward Achievement of the Health-related Millennium Development Goals in the Region of the Americas
 - F. Review of the Pan American Centers
- CE148/INF/6 Progress Reports on Administrative and Financial Matters:
- A. Status of Implementation of the International Public Sector Accounting Standards (IPSAS)
 - B. Update on the Appointment of the External Auditor of PAHO for 2012–2013 and 2014–2015

Information Documents (*cont.*)

C. Master Capital Investment Plan

CE148/INF/7

Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO: Sixty-fourth World Health Assembly

LIST OF PARTICIPANTS/LISTA DE PARTICIPANTES*

MEMBERS OF THE COMMITTEE/MIEMBROS DEL COMITÉ

ARGENTINA

Dr. Daniel Yedlin
Jefe de Gabinete
Ministerio de Salud de la Nación
Buenos Aires

Lic. Sebastián Tobar
Director Nacional de Relaciones
Internacionales
Ministerio de Salud de la Nación
Buenos Aires

Dra. Susana Gallo
Asesora
Secretaría de Determinantes y Relaciones
Sanitarias
Ministerio de Salud de la Nación
Buenos Aires

Sr. Luciano Escobar
Secretario, Representante Alterno de
Argentina ante la Organización de los
Estados Americanos
Washington, D.C.

COLOMBIA

Dra. Carmen Angulo
Asesora Despacho Viceministra
Ministerio de la Protección Social
Santa Fe de Bogotá

Sra. Sandra Mikan
Segunda Secretaria, Representante
Alternativa de Colombia ante la
Organización de los Estados
Americanos
Washington, D.C.

GRENADA/GRANADA

Ms. Patricia D.M. Clarke
Counselor, Alternate Representative
of Grenada to the Organization of
American States
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GUATEMALA

Sr. José Miguel Valladares
Consejero
Misión Permanente de Guatemala ante la
Organización de los Estados Americanos
Washington, D.C.

PERU/PERÚ

Dr. Oscar Ugarte Ubilluz
Ministro de Salud
Ministerio de Salud
Lima

Excelentísimo Sr. Hugo De Zela Martínez
Embajador, Representante Permanente
del Perú ante la Organización de los
Estados Americanos
Washington, D.C.

Ministro Raúl Salazar Cosío
Representante Alternativo del Perú ante la
Organización de los Estados
Americanos
Washington, D.C.

Sr. Giancarlo Gálvez
Segundo Secretario, Representante Alternativo
del Perú ante la Organización de los
Estados Americanos
Washington, D.C.

* Annex C includes Appendix I, List of Participants in the Virtual Session of 22 July 2011.

MEMBERS OF THE COMMITTEE/MIEMBROS DEL COMITÉ (cont.)

ST. VINCENT AND THE GRENADINES/ SAN VICENTE Y LAS GRANADINAS

Dr. St. Clair Alphaeus Thomas
Chief Medical Officer
Ministry of Health, Wellness and the Environment
Kingstown

UNITED STATES OF AMERICA/ESTADOS UNIDOS DE AMÉRICA

Dr. Nils Daulaire
Director
Office of Global Health Affairs
Department of Health and Human Services
Washington, D.C.

Ms. Ann Blackwood
Director of Health Programs
Office of Technical and Specialized Agencies Bureau of International Organization Affairs
Department of State
Washington, D.C.

Mr. Edward Faris
Program Analyst/Senior Advisor
Office of Management Policy and Resources
Bureau of International Organization Affairs
Department of State
Washington, D.C.

Mr. David Hohman
Deputy Director
Office of Global Affairs
Department of Health and Human Services
Washington, D.C.

Mr. Peter Mamacos
Multilateral Branch Chief
Office of Global Affairs
Department of Health and Human Services
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UNITED STATES OF AMERICA/ESTADOS UNIDOS DE AMÉRICA (cont.)

Ms. Peg Marshall
Senior Advisor for Maternal and Child Health
US Agency for International Development
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Dr. Lawrence Slutsker
Associate Director for Science
Center for Global Health
Centers for Disease Control and Prevention
Department of Health and Human Services
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Ms. Susan Thollaug
Team Leader
Health, Population and Nutrition Team
Bureau for Latin America and the Caribbean
US Agency for International Development
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Ms. Leah Hsu
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Office of Global Health Affairs
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Ms. Natalia Machuca
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Bureau for Latin America and the Caribbean
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Ms. Stephanie McFadden
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22 JULY 2011/22 DE JULIO DEL 2011

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PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



148th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 20-24 June 2011

CE148/FR (Eng.)
Annex D
22 July 2011
ORIGINAL: ENGLISH

ANNEX TO THE FINAL REPORT

Views Expressed by Members of the Executive Committee on the Proposed Program and Budget 2012-2013 of the Pan American Health Organization

1. During the virtual meeting held on 22 July 2011 members of the Executive Committee expressed the following views on the proposed program and budget of PAHO for 2012–2013:
2. The Delegate of **Argentina** recalled that Member States of PAHO had supported the adoption of the Strategic Plan 2008-2012 and the Health Agenda for the Americas 2008-2017, and that they therefore now had the responsibility to ensure that the Organization had the resources needed to carry out those two strategic plans, which provided a road map for the work of the Bureau and Member States. Argentina strongly supported the revised version of scenario D, which was the scenario currently under consideration that would have the least detrimental effect on the Organization's ability to achieve the strategic objectives established under the Strategic Plan. He appealed to other members of the Committee to support scenario D as a demonstration of their commitment to the achievement of the strategic objectives and their support for the work of PAHO.
3. The Delegate of **Colombia** commended the Bureau's efforts to reduce expenditures and agreed on the importance of implementing all the activities envisaged under the Strategic Plan. However, she pointed out that some countries, including her own, would experience significant increases in their assessed contributions as a result of the revision of the OAS scale of assessments. Her country also faced significant budget constraints and therefore continued to favor scenario C. She also suggested that more time—preferably two years in advance—should be allowed for consideration of the

Organization's budgets in order to provide ample time for discussion and accommodate Member States' differing budget cycles.

4. The Delegate of **Grenada** affirmed her country's continued commitment to the collective work of PAHO and expressed support for revised scenario D.

5. The Delegate of **Guatemala** also expressed support for revised scenario D, which in his view balanced financial concerns against the need to achieve the strategic objectives of the Strategic Plan. While some strategic objectives would not be met under scenario D, he considered it to be the best alternative under the circumstances.

6. The Delegate of **Haiti** also voiced support for scenario D as revised, which would make it possible to achieve a larger proportion of the strategic objectives than scenario C.

7. The Delegate of **Peru**, endorsing the comments made by the Delegate of **Argentina**, underscored the need to ensure the necessary funding for the Strategic Plan and said that his Government supported revised scenario D, even though its assessed contribution would rise as a result of both the proposed 4.3% increase and the revision of the OAS scale of assessments.

8. The Delegate of **Saint Vincent and the Grenadines** commended the Bureau's efforts to devise a scenario that would be satisfactory to all in the current context of global financial crisis. He expressed the hope that the Committee would be able to achieve consensus on scenario D, which his delegation supported.

9. The Delegate of the **United States of America**, emphasizing his Government's strong support for the work of PAHO throughout the hemisphere, acknowledged the difficulties that the Organization faced in trying to make ends meet in the current situation of financial constraint and expressed appreciation for the Bureau's efforts to reduce costs and improve the Organization's performance by, inter alia, eliminating posts, moving some posts to the field, and consolidating several Pan American Centers. He recognized that the 4.3% rise in assessments proposed under scenario D was needed in order to offset the \$8 million decline in miscellaneous income and maintain the regular budget at the same nominal level as in 2010-2011. He also recognized that, although the regular budget would remain the same, PAHO's costs would continue to rise, and therefore the budget would not provide adequate funding to support the Organization's program of work in the coming two years. Nevertheless, his Government could not support a 4.3% increase in its assessment. The budgets of government agencies were being cut across the board in his country and questions were being raised as to whether it would be able to meet its current obligations to international organizations. His Government might, however, be willing to adopt a resolution under this scenario and proposed to include a paragraph requesting the Bureau to prepare another scenario with a budget proposal calling for an increase of 2.15% in Member States' assessed

contributions—i.e., half the increase proposed under revised scenario D—for discussion during the Directing Council.

10. The Delegate of **Venezuela (Bolivarian Republic of)** recalled that during the June session of the Executive Committee her delegation had requested that the Bureau draw up a scenario that would not include an increase of 14% in the FTP portion of the budget and that would change the distribution of funds between the post and the non-post components, allocating a larger share of the total funding to the latter. She expressed disappointment that greater effort had not been made to devise such a scenario and reiterated her request that the Bureau should prepare a scenario in which the increase in the budget for fixed-term posts would be no more than 5%. She suggested that post-related costs might be reduced by appealing to PAHO staff to voluntarily give up cost-of-living adjustments, increases in health insurance benefits, and other statutory increases, which would augment the availability of funding for the Organization's substantive programs without necessarily requiring a rise in Member States' assessed contributions.

11. With regard to the views expressed by representatives of Member States participating in the meeting as observers, the delegates of **Brazil, Costa Rica, and Paraguay** voiced support for the revised version of scenario D, while the delegates of **Bolivia (Plurinational State of), Canada, and Mexico** favored scenario C. The Delegate of **Canada** said that her Government continued to favor zero nominal growth in Member States' assessed contributions but was willing to consider a proposal calling for a 2.15% increase in assessments. The Delegate of **Mexico** pointed out that her country's assessment had increased over the previous two bienniums, while at the same time the budget of its Secretariat of Health had declined; her Government was therefore unable to support any further increase in its assessed contribution to PAHO or to any other international organization. The Delegate of **Chile**, noting that his country's assessment had risen significantly as a result of the revision of the OAS scale of assessments, suggested that more time was needed to analyze the budget proposal. The Delegate of **Ecuador** said that his Government was still studying the various proposed scenarios and would express its views during the 51st Directing Council.