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WORLD HEALTH ORGANIZATION



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**FINAL REPORT**

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## FINAL REPORT

### Opening of the Session

1. The 146th 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 21 to 25 June 2010.
2. The Session was attended by delegates of the following nine members of the Executive Committee elected by the Directing Council: Argentina, Bolivia, Colombia, Guatemala, Haiti, Mexico, Saint Vincent and the Grenadines, Suriname, and Venezuela. Representatives of the following other Member States, Participating States, and Observer States attended in an observer capacity: Brazil, Canada, Costa Rica, Netherlands, Spain, and United States of America. In addition, two intergovernmental organizations, one United Nations agency and two nongovernmental organizations were represented.
3. Dr. Fernando Meneses González (Mexico, President of the Executive Committee) formally opened the Session. Dr. José Ángel Córdova Villalobos, Secretary of Health of Mexico welcomed members, observers, and PAHO staff. He observed that several unfortunate events had had a major impact on the health and lives of numerous people in the Region in recent: the earthquakes in Haiti and Chile and, more recently, flooding in Guatemala. In all cases, PAHO and the countries of the Region had acted in solidarity with the affected populations, striving to mitigate the impact of the disasters and reduce the associated health risks. Those events had pointed up the need to continue working to strengthen response capacity at both the national and regional levels. He was confident that the work to be undertaken by the Committee during its 146th Session would help in that regard. He affirmed his Government's readiness to continue cooperating with PAHO and with other Member States on a variety of health issues, notably through the Mesoamerican Public Health System, a public-private initiative in which PAHO played an important role.
4. The Committee had before it a very full agenda of technical and administrative items, and its members had a key role to play in providing guidance on the path that the Organization should take in order to surmount the health challenges confronting the Region. He was confident that the Committee's deliberations would provide a valuable opportunity to exchange views and experiences and to strengthen the Organization as a whole.
5. Dr. Mirta Roses (Director, Pan American Sanitary Bureau (PASB)) also welcomed participants, expressing satisfaction at the presence of numerous ministers of health, which was indicative of their commitment to the Organization. She welcomed the

guidance they would be providing on the various topics on the Committee's agenda and looked forward to a very fruitful week of discussions.

## **Procedural Matters**

### **Officers**

6. The following Members elected to office at the Committee's 145th Session continued to serve in their respective capacities at the 146th Session:

*President:* Mexico (Dr. Fernando Meneses González)

*Vice President:* Haiti (Dr. Alex Larsen)

*Rapporteur:* Suriname (Dr. Celsius Waterberg)

7. 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 CE146/1, Rev. 2 and Rev. 3, and CE146/WP/1, Rev. 1)**

8. The Technical Secretary introduced the provisional agenda contained in Document CE146/1, Rev. 2, and proposed that item 7.6.8 (progress report on achievement of the health-related Millennium Development Goals in the Region of the Americas) should be removed from the agenda and its consideration postponed until 2011, at which time the results of the discussions to be held on the topic during the sixty-fifth session of the United Nations General Assembly would be available.

9. The Committee adopted the provisional agenda, as amended (Document CE146/1, Rev. 3), and also adopted a program of meetings (CE146/WP/1, Rev. 1) (Decision CE146[D1]).

### **Representation of the Executive Committee at the 50th Directing Council of PAHO, 62nd Session of the Regional Committee of WHO for the Americas (Document CE146/2)**

10. In accordance with Rule 54 of its Rules of Procedure, the Executive Committee appointed the delegates of Mexico and Suriname to represent the Committee at the 50th Directing Council, 62nd Session of the Regional Committee of WHO for the Americas (Decision CE146[D2]).

**Provisional Agenda of the 50th Directing Council of PAHO, 62nd Session of the Regional Committee of WHO for the Americas (Document CE146/3, Rev. 1 and Rev. 2)**

11. Ms. Piedad Huerta (Advisor, Governing Bodies Office, PASB) presented the provisional agenda of the 50th Directing Council, 62nd Session of the Regional Committee of WHO for the Americas, as contained in Annex A to Document CE146/3, Rev. 2. She pointed out that item 2.3, Establishment of a Working Party to Study the Application of Article 6.B of the PAHO Constitution, could be eliminated since no Member State was currently subject to the provisions of Article 6. She noted that the program policy matters were almost identical to those that had been examined during the present session of the Executive Committee, with the addition of the roundtable on urbanism and healthy living. The matters for information, too, were virtually the same.

12. In the ensuing discussion, one delegate commented that the agenda was very ambitious, but expressed confidence in the Bureau's ability to manage it. At the same time, he asked whether there was any constitutional or other stipulation that the Directing Council had to meet for a full week. Observing that the World Health Assembly was trying to reduce the length of its sessions, he suggested that the Bureau might at some time give consideration to whether the Member States needed to come together at the Directing Council for a whole week. However, he was aware that if the Directing Council were to be shortened, the time would need to be managed very carefully.

13. Ms. Huerta said that her office would indeed work to ensure that the session progressed efficiently and that sufficient time was available for each item.

14. The Director pointed out that in the past the Directing Council had been three weeks long and had been shortened first to two weeks and then to four and a half days. Similarly, the World Health Assembly had originally met for two months. It was now much shorter, but also it was now complemented by numerous intergovernmental meetings, which cost millions of dollars, to try to reach consensus on items that proved too complex to deal with in one short week.

15. The Bureau had made progress in lightening the load of the various Governing Body meetings, by using technology to conduct virtual meetings and by transferring budgetary and administrative topics largely to the Subcommittee on Program, Budget, and Administration, leaving the Executive Committee more time to consider health policy matters. Trying to cover all the topics on the agenda too fast entailed a danger that not all views would be heard and that the outcomes would not represent true consensus.

16. In addition to consideration of the items on the agenda, the week of the Directing Council would include a number of ancillary activities, such as the celebration of the 30th anniversary of smallpox eradication and the establishment of the Revolving Fund for

Vaccine Procurement and an evening reception, organized jointly with the Pan American Health and Education Foundation, which would be not only the setting for the presentation of the various awards but also an opportunity to interact with many of the Organization's partners and associates, as well as relevant agencies of the host country. It would thus be a very busy week.

17. The Executive Committee adopted Resolution CE146.R10, approving the provisional agenda of the 50th Directing Council, 62nd Session of the Regional Committee of WHO for the Americas.

### **Committee Matters**

#### **Report on the Fourth Session of the Subcommittee on Program, Budget, and Administration (Document CE146/4)**

18. Dr. Douglas Slater (Saint Vincent and the Grenadines, President of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee on Program, Budget, and Administration (SPBA) had held its Fourth Session on 17 and 18 March 2010. The session had been attended by representatives of the following Members of the Subcommittee elected by the Executive Committee or designated by the Director: Barbados, Bolivia, Cuba, Guatemala, Mexico, Saint Vincent and the Grenadines, and the United States of America. Representatives of Brazil, Canada, Honduras, and Suriname had attended in an observer capacity. Saint Vincent and the Grenadines had been elected to serve as President of the Subcommittee. Bolivia had been elected as Vice President and Mexico as Rapporteur.

19. The Subcommittee had engaged in a very productive exchange of views on a number of important financial, administrative and other issues, all of which were also on the agenda for the 146th Session of the Executive Committee. He would therefore report on the Subcommittee's discussions and recommendations on those items as they were taken up by the Committee.

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

#### **PAHO Award for Administration 2010 (Documents CE146/5 and CE146/5, Add. I)**

21. Dr. Celsius Waterberg (Suriname) reported that the Award Committee of the PAHO Award for Administration 2010, consisting of Colombia, Guatemala, and Suriname, had met on 23 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 2010 on Dr. Elsa Yolanda Palou, for the national and subregional impact of her administrative, medical, teaching, and research activities on the

quality of care provided to patients with communicable diseases, especially people living with HIV/AIDS.

22. The Executive Committee extended congratulations to Dr. Palou and adopted Resolution CE146/R.11, noting the decision of the Award Committee, amending paragraph 11 of the procedures for conferring the Award, and transmitting the report to the 50th Directing Council.

**Nongovernmental Organizations in Official Relations with PAHO (Document CE146/6)**

23. Dr. Douglas Slater (Representative 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 fourth session to review the status of two NGOs in official relations with PAHO and to consider the application of one NGO seeking to enter into official relations with it. Following the closed meeting, the Subcommittee had decided to recommend that the Executive Committee approve the continuation of official relations between PAHO and the Latin American Confederation of Clinical Biochemistry and the National Alliance for Hispanic Health, and that it admit the World Resource Institute Center for Sustainable Transport into official relations.

24. Dr. Ana Leticia Cáceres de Maselli (Latin American Confederation of Clinical Biochemistry) recalled that her organization had had an excellent working relationship with PAHO for 20 years, through which it had helped to bring about numerous improvements in the regulation and in the quality of work of laboratories.

25. The Director said that PAHO's linkages with nongovernmental organizations were of great value to the work of the Organization, as the NGOs served as centers of excellence in their various spheres. PAHO's relations with nongovernmental organizations were guided by plans of work, drawn up by the NGOs, that contributed to the activities of the Organization and to the achievement of its objectives. NGOs also provided assistance in the event of unforeseen occurrences such as the recent earthquakes in Haiti and Chile.

26. The Executive Committee adopted Resolution CE146/R4, confirming the recommendations made by the Subcommittee on Program, Budget, and Administration.

**Annual Report of the Ethics Office 2009-2010 (Document CE146/7)**

27. Mr. Philip MacMillan (Manager, Ethics Office, PASB), introducing Document CE146/7), noted that the four principal functions of the Ethics Office were to provide

advice and guidance to personnel regarding the promotion of ethical conduct; to provide training and education on ethical issues and PAHO's Code of Ethical Principles and Conduct; to conduct investigations into alleged misconduct and ethical violations; and to develop new policies and initiatives in the ethics and compliance areas. He gave a brief overview of the work in those areas, summarizing the more detailed information found in the document, and also provided a short update on future actions envisaged to promote an ethical culture in the Organization.

28. In the area of advice and guidance, staff were encouraged to ask questions in order to avoid situations that might give rise to a conflict of interest or create a problem for the Organization or themselves. The Ethics Office had responded to 66 such inquiries in 2009-2010, a slight increase from the preceding period. About one third of the inquiries had related to participation in outside activities, including membership on boards or committees. Others had related to conflicts of interest, receipt of gifts or awards, and employment of relatives.

29. The cornerstone of the training function remained the online case-based course, which was mandatory for all personnel already working in or joining the Organization. To supplement that core activity, the Ethics Office intended to procure off-the-shelf training programs, and bids submitted by vendors were currently being evaluated.

30. In investigations, the Ethics Office's role was limited to fact-finding; it did not make any recommendations regarding action following an investigation, which was a decision to be taken by Human Resources Management. Such a separation of functions ensured that the same office was not both the finder of fact and the decision-maker.

31. During the 2009-2010 reporting period, the Ethics Office had received 17 reports about behavior that raised ethical concerns. That compared with 27 and 30 reports, respectively, in the preceding two reporting periods. Of those 17 cases, disciplinary action had been taken in two, employees had been counseled in three, no ethical violations had been found in three, and decisions were pending in two. The disposition of the remaining cases was still pending. Although the Ethics Office did not recommend any specific actions against the people involved in an investigation, it made general suggestions to help improve organizational practices, strengthen internal controls, and mitigate risks.

32. Future activities aimed at promoting an ethical culture in the Organization would include updating of the Code of Ethical Principles and Conduct, a survey to assess the ethical climate within the Organization, and additional training activities. In addition, the Ethics Office planned to change its reporting period from May–April to the calendar year. The latter innovation would facilitate reporting and comparison with other international organizations and would also enable the Office to present more detailed reports to the

Executive Committee in June, with more profound analysis on the ethical issues that had arisen during the year and their possible implications for the work of the Organization.

33. The Executive Committee welcomed the report and presentation. It applauded the work done during the year, the new measures introduced, and those envisaged for the future. It was suggested that future reports should more thoroughly differentiate and categorize the types of actions taken in response to ethical violations, since they could be very different in nature. One delegate, observing that the number of reports of possible violations had dropped to 17 from 30 two years previously, wondered whether the decline had occurred because the ethical climate was improving or because personnel had lost the incentive to report such cases. Another delegate wondered whether a policy was in place to provide recourse to anyone who had suffered retaliation because they had reported wrongdoing or cooperated in an investigation. She suggested that information on the policy against retaliation should be provided on the Ethics Office's website so that staff would have easy access to it.

34. Mr. MacMillan acknowledged that the Ethics Office had seen a decrease in the number of reports in the past year. In his view, that trend reflected a need to launch a new awareness campaign within the Organization. He recalled that the last campaign had been in 2007 and that in the following years a considerable number of reports had been received. He added that more detail about the types of ethical violations uncovered, and the disciplinary actions imposed, could be given once the report of the Ethics Office had gone over to a calendar year format. He was happy to report that a website about the prohibition on retaliation was under development and was expected to be ready within a few weeks.

35. The Director affirmed that the Bureau's main emphasis in the area of ethics was on prevention. The hope was that all personnel, as well as outside partners, would raise issues and ask questions when they encountered situations where there might be a conflict of interest or an uncertainty as to whether undertaking a certain activity would be appropriate or not. It was thus important to make staff aware of the courses of action open to them and of the Organization's policies. In ethics as in public health, prevention was better than cure.

36. The Executive Committee took note of the report.

**Appointment of Three Members to the PAHO Audit Committee (Document CE146/8)**

37. Dr. Douglas Slater (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had considered a list of candidates drawn up by the Director in accordance with the Terms of Reference for the Audit Committee established by the Directing Council in 2009. The Subcommittee had formed a Working

Group consisting of the representatives of Barbados, Bolivia, and Guatemala to review the candidates' qualifications and draw up a ranked list. The Subcommittee had emphasized that, in the interests of gender equity, at least one of the top three candidates on the list should be a woman.

38. The Working Group had held two meetings during the Subcommittee's Fourth Session and had established a ranked list of four candidates. It had recommended that the first three candidates on the list be appointed, but had included four candidates in order to give the Executive Committee a choice, namely, in order of preference: (1) Mr. Alain Gillette, (2) Mr. Peter Maertens, (3) Mrs. Carman LaPointe, and (4) Mrs. Amalia Lo Faso.

39. Dr. Heidi Jiménez (Legal Counsel, PASB) pointed out that in addition to Document CE146/8, which described the background and terms of reference of the selection process, a folder containing the curricula vitae of the four potential candidates had also been distributed to the members of the Executive Committee, which was asked to select three out of the four candidates.

40. Several delegates acknowledged the efforts of the Working Group that had studied the candidates in detail, and voiced support for the selection that it had proposed. One delegate, however, proposed that, on the basis of the candidates' qualifications and background, they should be re-ranked as follows: Mrs. Carman LaPointe, Mrs. Amalia Lo Faso, Mr. Peter Maertens, and Mr. Alain Gillette. Another delegate, stressing that the Audit Committee should be absolutely impartial and independent of PASB, suggested that the Executive Committee should choose the three members of the Audit Committee from the full list of candidates who had met all the requirements for the position.

41. Dr. Slater urged the Committee to follow the process that had been initiated at the Fourth Session of the Subcommittee on Program, Budget, and Administration.

42. The Director said that the identification for candidates for the Audit Committee had been undertaken by an outside company, and the positions were unremunerated. She was confident that the whole process had been impartial. She also noted that the establishment of the Audit Committee formed part of an entire package of measures being taken to ensure a culture of ethics and transparency in the Organization. That included the Ethics Office, the system of whistleblower protection, and other measures.

43. After further discussion, the Executive Committee agreed to follow the Subcommittee's recommendation and select the first three candidates proposed. It was subsequently determined by drawing of lots that Mr. Alain Gillette would serve on the Audit Committee for four years, Mrs. Carman LaPointe for three years, and Mr. Peter Maertens for two years.

44. The Executive Committee adopted Resolution CE146.R5, confirming the above-mentioned selections.

## **Program Policy Matters**

### **Program and Budget 2008-2009 End-of-biennium Assessment/Interim PAHO Strategic Plan 2008-2012 Progress Report (Draft) (Document CE146/9, Rev. 1)**

45. Dr. Douglas Slater (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had examined the methodology for assessing the implementation of the 2008-2009 Program and Budget and the Strategic Plan for the period 2008-2012, and had welcomed the proposal for a full and transparent assessment of the end-of-biennium results, emphasizing the importance of such assessments for results-based management. Members had made a number of suggestions regarding the content and format of the assessment report. With respect to content, several delegates had suggested that the report should include information on challenges encountered in the implementation of the program budget and on lessons learned, measures taken to improve effectiveness and efficiency in program implementation, and improvements achieved in health status in Member States as a result of the activities carried out during the biennium. It had also been suggested that the objectives of the end-of-biennium assessment should be clarified and that the report should indicate how the Bureau would use the results for future budget and program planning. Additionally, it had been suggested that more detailed information should be provided on the impact of the global financial crisis and pandemic (H1N1) 2009 on the achievement of the various strategic objectives.

46. Dr. Isaías Daniel Gutiérrez (Area Manager, Planning, Budget, and Resource Coordination, PASB) summarized the content of Document CE146/9, Rev. 1, highlighting the changes introduced in response to the comments and recommendations of the Subcommittee on Program, Budget, and Administration (SPBA), in particular the inclusion of an analysis of progress with respect to the eight areas of action of the Health Agenda for the Americas 2008-2017, an analysis of progress on the basis of the priority assigned to each strategic objective, and an analysis of the health impact of the global economic crisis, the influenza pandemic, and the various disasters and emergencies that had occurred in the Region during the biennium.

47. He reported that of the 16 strategic objectives (SOs), only four were considered to be “at risk” as of the end of the biennium (i.e., 75%–89% implementation rate, with action needed to overcome delays, impediments, and risks that might hinder their achievement by the end of 2012). Of the 88 region-wide expected results (RERs), 21 (24%) were at risk. He emphasized that those figures reflected the results of the quantitative component of the end-of-biennium assessment, which was quite rigorous: if,

for example, a target had been set for 36 countries, and all but one had achieved it by the end of 2009, that target would be considered unmet. The quantitative assessment was complemented by a qualitative assessment, which revealed more about the specific circumstances that accounted for unmet targets and also more about the progress that had been made.

48. Referring to Figure 8 and Table 6 in the document, which showed, respectively, funds available by strategic objective as a percentage of their approved budget and the alignment of the allocation of available funds with the programmatic priority ranking of the various strategic objectives, he pointed out that the funding gaps in some areas reflected a lack of flexible funding, which in turn reflected the fact that the majority (65%) of the regular budget was allocated to posts. That made it difficult to transfer funds from one strategic objective to another in order to cover gaps. In addition, the vast majority of voluntary contributions were earmarked for specific purposes. In the current biennium, the Bureau would work hard to mobilize flexible voluntary contributions in order to ensure that the highest-priority strategic objectives received adequate funding.

49. The Executive Committee welcomed the modifications made to the document in response to the comments of the SPBA, in particular the identification of progress made and of lessons learned during the biennium in respect of each strategic objective. The Bureau was urged to redouble its efforts with regard to the strategic objectives and region-wide expected results that were rated “at risk” and to work to address the obstacles identified in the “comments on progress” for the RERs that were considered to be at risk. The Bureau was also encouraged to apply the lessons learned in 2008-2009 to its work in the current and future bienniums and to continue to integrate gender and intercultural perspectives into all its programs and activities. The Bureau’s progress in implementing results-based management was applauded.

50. Several delegates remarked that Table 6 in the report seemed to reflect some incongruities. It was pointed out, for example, that SO5 and SO9 ranked last in terms of programmatic priority but were both overfunded, whereas the strategic objectives that ranked first, second, and third were all underfunded. Questions were asked regarding what criteria had been applied in the prioritization, and it was suggested that, in light of the funding problems shown in Table 6, it might be advisable to review the ranking scheme. Clarification was sought of a statement in paragraph 91 of the report that identified “increased competition amongst a growing group of organizations focused upon health” as one of the main reasons behind the funding gap, and support was expressed for the Bureau’s efforts to obtain more unearmarked voluntary contributions.

51. Dr. Gutiérrez replied that, in the version of the report to be submitted to the Directing Council, the Bureau would include more information on the organizations alluded to in paragraph 91. With regard to the region-wide expected results rated “at risk”, he explained that most of them involved targets that required some action on the

part of Member States, such as a target for immunization coverage. The fact that they were rated “at risk” did not mean, however, that no progress had been made or that the targets were likely not to be met by the end of 2012, the last year of the period covered by the current Strategic Plan. In fact, the rating “at risk” indicated that at least 75% of the indicators for the at-risk RERs had been met. No RERs were rated “in trouble”, meaning that the implementation rate was under 75% and there was a serious risk that the targets might not be met. Work still needed to be done on the at-risk RERs, but it was expected that in the time remaining before December 2012 they would be accomplished.

52. As indicated in the report, the prioritization of the strategic objectives had been established by means of a modified Delphi methodology, taking into account numerous variables. The methodology and the resulting prioritization of the strategic objectives had been presented to and approved by Member States. With regard to the resources allocated to each strategic objective, the figures in Table 6 reflected the extent to which the funding gap between regular budget resources and voluntary contributions had been met. He reiterated that the Organization’s ability to fill that gap was limited by the fact that most voluntary contributions were earmarked for specific purposes and that 65% of the regular budget was devoted to covering the cost of staff. There was thus little flexibility for transferring funds or staff posts from one strategic objective to another.

53. Dr. Gina Tambini (Area Manager, Family and Community Health, PASB), speaking as facilitator for Strategic Objective 9 (nutrition, food safety, and food security), noted that the at-risk rating for SO9 was based on the initial indicators established under the Strategic Plan 2008-2012, several of which had been compound indicators, which had made it difficult to monitor and measure them. Those indicators had been modified in the amended version of the Strategic Plan approved by the Governing Bodies in 2009. In order to ensure that SO9 was achieved by 2012, the Bureau was working to strengthen plans, programs, and strategies in Member States to improve nutrition, food safety, and food security. In addition, a cross-organizational team for nutrition and development had been formed within the Bureau to promote an integrated approach to the issue, and PAHO was collaborating with other United Nations agencies in the Pan American Alliance for Nutrition and Development for the Achievement of the Millennium Development Goals.

54. Dr. Jacobo Finkelman (Acting Area Manager, Health Surveillance and Disease Prevention and Control, PASB), speaking as facilitator for Strategic Objective 3 (chronic noncommunicable diseases), said that SO3 was at risk for two basic reasons: the first related to the need to strengthen policy-making processes at country level and the second to the need for mobilization of more external resources. While the majority of the indicator targets under SO3 had been met, political and financial commitment needed to be strengthened in order to ensure that the objective was fully achieved by 2012. The Bureau was working to accomplish that.

55. Dr. Jean-Luc Poncelet (Area Manager, Emergency Preparedness and Disaster Relief, PASB), speaking as facilitator for Strategic Objective 5 (emergencies and disasters), said that, although SO5 appeared to be overfunded, that was not the case. The information in Table 6 reflected the mixing of funding for two areas under the 2008-2009 budget: emergency response and emergency preparedness.

56. Dr. Gutiérrez added that, under the budget for 2010-2011, information on SO5 would be reported separately from information on the other strategic objectives, as it fell under the area of “outbreak and crisis response,” one of the three segments into which the budget was divided (the other two being PAHO/WHO base programs and government-financed internal projects).

57. The Director pointed out that the monetary figures in the report did not necessarily reflect the priority assigned to a particular strategic objective or the level of support being provided for its achievement, as often that support took the form of advisory services or advocacy activities. It was difficult to account for such support functions and for the staff time devoted to the various strategic objectives. It was also more difficult to fill the funding gap in some areas. Generally speaking, donors were more willing to provide support to address health problems that were perceived to be a collective threat, as was the case with communicable diseases. Problems such as obesity and heart disease, on the other hand, were seen as a threat to individuals. It was to be hoped that the United Nations General Assembly summit on noncommunicable diseases in 2011 would lead to greater awareness of the importance of noncommunicable diseases as a public health problem and thus to increased support for their prevention and control.

58. Replying to the questions concerning competition for international resources in the area of health, she explained that in the previous decade almost a hundred new mechanisms and initiatives had been created to mobilize resources for health. They included the Global Fund to Fight AIDS, Tuberculosis and Malaria, the GAVI Alliance, the Global Aid Network (GAIN), and many others. As a result, funding for health activities had grown, but it was not necessarily being channeled through PAHO/WHO, although the Organization was increasingly being asked to assist countries in developing project proposals and negotiating funding for them from the various new mechanisms. However, such funding was often not available to the countries of the Americas, the majority of which were middle-income countries and so were not eligible for support from many of the new sources.

59. The Committee took note of the report.

**Modernization of the PASB Management Information System (Document CE146/10)**

60. Dr. Douglas Slater (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed that the Director had created a committee to steer a project on modernization of the PASB Corporate Management System (subsequently renamed the PASB Management Information System, or PMIS) and to present recommendations to the Governing Bodies in 2010. That committee had identified three basic options, with differing features, benefits, and drawbacks. The Subcommittee had been assured that all options presented would respond to the requirements of WHO's Global Management System (GSM).

61. The Subcommittee had welcomed the update on the project, although some members had felt that more information was needed on the investment that would be required to implement each of the options and on the implications for the Organization in terms of execution of its programs. It had been suggested that the document to be presented to the Executive Committee should include a matrix summarizing the features of the various options for ease of comparison. Some delegates had been concerned that PAHO might not be aligning itself closely enough with the GSM, since maintaining a separate system would eventually entail maintenance and upgrade costs, which would have to be borne solely by PAHO. The Subcommittee had encouraged the Bureau to consider implementing any new management system one module at a time in order to avoid the problems that WHO had experienced as a result of introducing the GSM all at once.

62. Dr. Mohamed Abdi Jama (Assistant Director-General, General Management, WHO) gave a presentation on the Global Management System, explaining that until relatively recently, the six WHO Regional Offices had been using different systems that could not communicate with one another. In 2000 a study had been carried out to examine the cost of improving the situation, and in 2003 the World Health Assembly had decided that \$55 million<sup>1</sup> would be allocated for the development of a new system for the Organization as a whole. The result was the Global Management System, WHO's corporate management information system. The GSM was based on an Oracle enterprise resource planning (ERP) software package, with the addition of modules for program planning and results-based management.

63. The GSM had began operating on 1 July 2008 at WHO headquarters, in the Western Pacific Regional Office, and in a number of related entities. Consideration had been given to implementing it module by module, but it had been decided to start up the whole system at once. While the first six or seven months had seen immense difficulties, the system was now stable. The Global Service Center, a centralized processing center

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<sup>1</sup> Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

for the entire Organization, had been established in Kuala Lumpur, Malaysia. Various locations had been considered, and Kuala Lumpur had been selected as the site for because it was the lowest-cost option. The Center employed mainly locally recruited staff, and was headed by a D1 official, the post having been recently reclassified from D2. It now handled all of the processing for functions such as payroll, travel, and human resource management.

64. The introduction of the GSM had been expected to bring not only enhanced efficiency but also cost savings. The latter had not been realized yet, but the situation was expected to improve when the system was in use in all WHO regions. Other expected benefits included transparency, achieved by making information visible to all personnel with the right access authorization; accountability, enhanced by linking resources to program elements and by empowering managers to make decisions and then holding them to account; decentralization of responsibility and authority; clearly defined and standardized roles for authorizing and certifying actions; efficiencies and timeliness resulting from entering data only once and storing it in a central database; accuracy from having a single source of data and built-in validations and controls; real-time and reliable management information; and increased staff autonomy and self-service capability.

65. The year 2009 had been devoted to fixing shortcomings encountered in the system, and in January 2010 it had been extended to the Eastern Mediterranean, European, and South-East Asia Regions. Preparations were now in hand for its extension to the African Region, which would entail particular difficulties arising from that Region's size, its generally deficient communications infrastructure, and the need for the GSM to operate in French. The extension would use up the remaining \$5 million of the amount originally allocated to the project. He stressed that the \$55 million had been earmarked only for the design and creation of the system: the figure did not include training, travel related to the project, necessary infrastructure enhancements, or recurrent costs, budgeted for 2010-2011 at almost \$31 million.

66. Dr. Isaías Daniel Gutierrez (Area Manager, Planning, Budget, and Resource Coordination, PASB) gave a presentation on the PASB Management Information System (PMIS), and on how it related to the GSM. He explained that PASB was committed to meeting GSM requirements and was in fact already doing so through programmatic alignment and sharing of information. He recalled that the PMIS Committee had been tasked with producing three deliverables for the Governing Bodies: a description of the PMIS guiding principles; an analysis of the PASB business processes; and a study of options for the modernization of the PMIS to enable a decision to be made by the Governing Bodies.

67. The guiding principles, which were set out in Annex A of Document CE146/10, would guide the efforts to modernize the PMIS. They were derived from the WHO principles, together with an assessment of PAHO's needs and uniqueness. They had been

developed by the PMIS Committee with the participation of PASB staff at all levels and also incorporated recommendations made by the Subcommittee on Program, Budget, and Administration.

68. Annex B contained a detailed study of the differences between the guiding principles of the two organizations, which would need to be taken into account in any enhancement or replacement of the PMIS. While some of the differences were minor, others were significant, such as the fact that PAHO had a subregional level and received contributions directly from its Member States.

69. Annex C examined the differences in the business models of PAHO and WHO. Such differences arose from their being separate legal institutions, with separate constitutions; from PAHO's having its own Governing Bodies but at the same time being subject to mandates from the WHO Governing Bodies; and from their having differing agendas for their work. Those differences, too, would have implications for the management information system.

70. The PMIS Committee had produced three options for enhancing the current system. They were described in detail in Annex D of the document. Option 1 would entail adopting the WHO GSM, in one of three variants: 1(a) – using the same database instance and the same operating unit as other WHO Regional Offices; 1(b) – using the same database instance but a different operating unit; or 1(c) using the GSM as a separate instance, essentially by installing a blank copy of the GSM separately for PASB use. Option 2 would involve modernizing the current PASB systems, and option 3 would be a hybrid comprising SAP<sup>®</sup> enterprise resource planning software with some added PAHO-specific functionality features. Detailed information on the pros and cons and on the costs of the various options also appeared in Annex D.

71. The Executive Committee expressed appreciation to the Bureau for the comprehensive report. It particularly appreciated the inclusion of the considerations raised by the Subcommittee on Program, Budget, and Administration and the detailed comparison of the advantages and disadvantages of the various options, which made it clear that the fundamental question was whether PAHO should adopt the GSM or a different information system to be integrated with it, and that the two aspects of that choice were risk and cost.

72. The Committee also appreciated the effort that had gone into preparing the detailed comparison of PAHO's and WHO's guiding principles. While in some cases the differences were minor, there were many instances where the comparison indicated that PAHO had unique requirements, typically relating to its structure (including regional, subregional, and country entities) and to how it performed its mission through activities such as procurement. As the report pointed out, those differences meant that the GSM would not meet all of PAHO's requirements, and although the report also indicated that

full integration with the GSM was a key requirement for PAHO, the Committee felt that, given the differences between PAHO and the other WHO regions, it was clear that implementation of the GSM without some modifications would not be feasible.

73. The consensus of Committee members was that options 1(c) and 3 would both avoid the disadvantages associated with outright adoption of the GSM without modification. The Committee was of the view that option 1(c) would enable PAHO to maintain its autonomy while also facilitating information-sharing with WHO. However, the Committee was concerned about the high costs of that option, as well as the costs of the necessary upgrade to Oracle E-Business Suite release 12, particularly in light of a recent announcement that there would be no subsequent versions of the E-Business Suite, which was to be superseded by a new product, Oracle Fusion. The Committee considered that further information was needed in that regard.

74. The Committee felt that option 3 would also maintain PAHO's autonomy in governance, be relatively low in cost, and entail the use of up-to-date and uniform commercial software that had been selected by the United Nations as its platform of choice. On the other hand, under option 3, PAHO would be implementing an ERP system for which it had no institutional knowledge or experience. The Committee therefore sought more information about the associated risks, specifically with regard to the areas where modifications both to the GSM and to the SAP software would be necessary to support PAHO's business needs; the experience of organizations that had already implemented SAP software in the United Nations system, especially pertaining to whether modifications were costly or difficult; and any other known risks associated with implementing that system.

75. Concerns were expressed about how the modernization process would be financed, together with a reluctance to envisage increases in assessed contributions to do so. The Committee asked the Bureau to provide regular updates on the cost of the process.

76. Responding to the observations about future upgrades to the Oracle system, Dr. Jama agreed that there would be a cost in moving from release 11 to release 12, but said that he understood that the future Oracle Fusion would meet the needs of existing users of the E-Business Suite. Also, it was his understanding that the release of Oracle Fusion was several years away.

77. The Director observed that, by narrowing the number of options under consideration to two, the Committee had made considerable headway towards a final decision on the course of action to be taken with respect to the PMIS, which was critical to the Bureau's ability to deliver the technical cooperation and other services that Member States expected of it.

***Line of Action Approved by the Executive Committee Members***

78. Following the discussion, the Executive Committee endorsed the modernization of the PASB Management Information System and approved its guiding principles. Bearing in mind the separate legal status of PAHO and other factors, the Committee recommended options 1(c) and 3 as the most advantageous for the modernization of the PMIS and requested a more detailed analysis of those two options, including the risks and costs involved in their implementation. The Executive Committee also called for a detailed dialogue with WHO and other entities involved with the GSM, as well as with other United Nations agencies using the SAP software, in order to obtain improved information on its operation.

79. The Executive Committee requested that Member States stay engaged as the new document was prepared for the Directing Council and the results of the aforementioned dialogues were incorporated. It also called on the Director to present a financing plan that would include proposed sources of financing and resource mobilization efforts.

**Evaluation of the Regional Program Budget Policy (Document CE146/11)**

80. Dr. Douglas Slater (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had examined the proposed terms of reference and procedure for evaluating the Regional Program Budget Policy adopted in 2004 and had welcomed the plans for evaluation of the policy, which members had felt would enhance transparency and results-based management. A number of questions had been asked regarding the content and intended outcome of the evaluation—for example, whether it would examine the use of the country variable allocation and the use of funds for technical cooperation among countries; whether the resource allocation methodology would be assessed; how the criteria for achieving a more equitable allocation of resources among countries would be updated; whether the evaluation would be linked to the end-of-biennium assessment of the 2008-2009 program budget; and whether new policy recommendations and proposals would be made on the basis of the evaluation findings. The Subcommittee had emphasized that the Secretariat should seek the views of national authorities on the policy.

81. Mr. Román Sotela (Senior Advisor, Program Budget Management, PASB) reviewed the history and the features of the Regional Program Budget Policy (described in detail in Documents CD45/7 and CE134/FR, paragraphs 46 to 74).

82. Mr. David O'Regan (Auditor General, Internal Oversight and Evaluation Services, PASB) then summarized the preliminary findings of the evaluation, noting that the evaluation was still under way, but would be completed before the 50th Directing Council in September, at which time much more detailed information would be presented. He explained that one of the main purposes of the evaluation was to provide

recommendations to guide the formulation of the next regional program budget policy. The principal finding of the evaluation was that the development and implementation of the policy had been, overall, a success for the Bureau and Member States. The policy had provided a transparent, systematic, and consistent methodology for allocating PAHO's biennial regular budgets among the regional, subregional, and country levels.

83. Research by the Internal Oversight and Evaluation Services indicated that the policy appeared to be unique among international organizations in terms of its strictly formula-driven allocation method. Some other international organizations also had formulaic models, but they were more open to flexibility and discretion. IES had reviewed and re-performed the calculations of the policy budget allocation formula, and had found that the policy had been correctly implemented. Nevertheless, IES had several recommendations regarding some aspects of the methodology.

84. In particular, the policy's core funding threshold should be reviewed, as in some cases there was evidence that the funding floor might be too low to ensure a minimum level of operations. The needs-based index of the variable element of the allocation should also be reviewed and alternative methods of smoothing the impact of countries' population sizes should be assessed in order to ensure that population size did not unduly impact the needs-based allocation. In order to meet the acute needs of the five key countries identified under the policy, consideration should be given to increasing their proportional shares of the regular budget. Consideration should also be given to increasing the proportional level of the country variable allocation—which was currently only 2% of the total regular budget—while maintaining strict criteria for its use. IES had found that implementation of the budget at the subregional level had been lower than at the regional and country levels and recommended that consideration should be given to bringing greater transparency to that element of the policy—for example, by establishing clear criteria for the distribution of resources within subregions.

85. Lastly, although the strict, formulaic nature of the policy gave the policy great transparency and was one of its strengths, that rigidity might also be considered a limiting factor. Some additional, more discretionary elements should perhaps be introduced into the policy.

86. The Executive Committee welcomed the evaluation, which was seen as evidence of the Organization's commitment to results-based management, and looked forward to receiving the recommendations of the Internal Oversight and Evaluation Services on the regional budget policy. Delegates stressed that the evaluation should examine the resource allocation formula in the light of new challenges and changing circumstances and that resources should be allocated with an eye to ensuring sufficient funding for the strategic objectives that had been determined to be underfunded and/or at risk (see paragraphs 45 to 59 above).

87. Delegates also emphasized the importance of ensuring that the allocations to Member States were sufficient to enable them to meet the indicator targets under the Strategic Plan and, more generally, to participate effectively in the work of the Organization. The Delegate of Canada noted that his country used its allocation from the Organization mainly to provide expertise and support to other countries of the Region, and the 40% decrease that it had experienced as a result of the application of the current budget policy had made that increasingly difficult to do. It was pointed out that the document on this item indicated that the subregional component of the program budget was 7%, but that the end-of-biennium assessment of the 2008-2009 program and budget (Document CE146/9, Rev. 1) put the figure at 5%, and clarification of the discrepancy was sought.

88. Mr. O'Regan said that, although the Regional Program Budget Policy certainly fit together with the programmatic and strategic aspects of the budget, it was not, in and of itself, programmatic in nature. Rather, it was a method for dividing up the regular budget resources among the regional, subregional, and country levels. The allocation formula, while very transparent, did not allow for any corrections or discretionary changes to be made in response to new challenges or changing circumstances. That was precisely why IES was recommending that it should be made more flexible. Responding to the question concerning the subregional component, he explained that the figure of 7% given in Document CE146/11 related only to the regular budget, whereas the figure of 5% reported in Document CE146/9, Rev. 1, related to the total budget, which comprised the regular budget, voluntary contributions, and all other sources of funding.

89. The Director pointed out that the 7% figure reflected an increase in the subregional component in the current biennium. The subregional component in 2008-2009 had indeed been 5%. As Mr. O'Regan had noted, PAHO was unique in having a budget policy with transparent criteria for setting budget ceilings and allocations, and it was also unique in having a subregional allocation. However, that uniqueness created challenges, the principal one being that there were no models to be followed or lessons to be learned from the experience of other organizations, which made it difficult to know how to improve the policy. Advice from experts in Member States—particularly those from federal states, who had experience in apportioning their national budgets among various levels of government—had proved very valuable in the formulation of the current policy and would doubtless also help to refine and enhance it.

90. An important consideration that should be borne in mind in the evaluation, and in the process of formulating a new policy, was the considerable cost of maintaining a PAHO country presence in almost every Member State. Moreover, some costs—such as investments made in security and in connectivity in order to comply with standards established by the United Nations—were outside PAHO's direct control, which made budgeting for them difficult. Wherever possible, the Bureau sought to ensure that such

investments would be of long-term benefit to the countries and would enhance their ability to communicate and cooperate with one another. Aware of the need to continue reducing the regional component of the regular budget while increasing the country component, the Bureau was also striving to find the most strategic ways of utilizing PAHO's limited resources and to increase the efficiency of its work. To that end, it was continually reassessing the role of the Pan American Centers (see paragraphs 180 to 186 below), which received a significant portion of the resources allocated to the regional level, and seeking to identify new technical cooperation partners, such as the national institutions alluded to in Document CE146/12 (see paragraphs 92 to 100 below).

91. The Committee took note of the report.

**National Institutions Associated with PAHO in Technical Cooperation (Document CE146/12)**

92. The President drew attention to Document CE146/12, and opened the floor for discussion.

93. The Executive Committee welcomed the proposal of a standardized procedure for formalizing relations between PAHO and national institutions through their designation as national institutions associated with PAHO in technical cooperation. Delegates felt that the procedure would provide a means of both utilizing the expertise available at the national level and strengthening the capacity of the national institutions involved, thereby enhancing PAHO's technical cooperation with countries and helping them to better address their health needs and priorities and to achieve their health goals, including the health-related Millennium Development Goals. One delegate inquired whether other WHO regional offices had adopted a similar strategy for identifying and designating national institutions involved in supporting the Organization's work at country level.

94. Several delegates were of the view that the definition of "national institution associated with PAHO in technical cooperation" in paragraph 34 of Document CE146/12 could not apply to some of the institutions mentioned in paragraph 35, as private institutions, professional and academic associations, and civil society organizations were autonomous entities, and while such institutions might well work in coordination with ministries of health, they could not be subject to their guidance. Other delegates disagreed, stressing that all activities relating to public health should come under the guidance of the national health authority, which in most cases was the ministry of health. Several delegates also emphasized that, as stated in the policy and procedure, ministries of health should identify national institutions for designation as national institutions associated with PAHO in technical cooperation and that such institutions should not be allowed to nominate themselves.

95. It was suggested that the concept of monitoring should be incorporated into both the title and content of the proposed procedure for identifying and designating national institutions associated with PAHO in technical cooperation, since monitoring was an important component of the biennial work plans to be prepared by the PAHO/WHO country offices with the institutions involved. It was emphasized that ministries of health should play a lead role in monitoring the activities of the national institutions recognized under the proposed policy and procedure. Attention was drawn to the importance of setting up an online network of national institutions in order to facilitate the sharing of expertise and to support technical cooperation among countries. It was emphasized that the information on the institutions included in the network should be updated regularly.

96. Several delegates asked for clarification of the differences between WHO Collaborating Centers and national institutions associated with PAHO in technical cooperation. In particular, clarification was requested of the geographic scope of action of such national institutions and of how the two technical support mechanisms would be complementary and not redundant.

97. The Delegate of Mexico suggested a number of editorial changes and additions to the procedure presented in Annex A of the document, and subsequently submitted those suggestions to the Bureau in writing. Several other delegates voiced support for the changes proposed by the Mexican delegation.

98. Dr. Juan Manuel Sotelo (Area Manager, External Relations, Resource Mobilization, and Partnerships, PASB) thanked delegates for their comments and suggestions, which would help to enrich the proposed policy and procedure. He stressed that the proposal was aimed at contributing to the mobilization of resources, especially technical resources, at the country level and to strengthening national capacities. Ministries of health would play a key role in identifying organizations and associations to be designated as national institutions associated with PAHO in technical cooperation. They would also play an important part in monitoring the work of such institutions. Regarding the scope of the institutions that might be recognized as national institutions associated with PAHO, he said that some engaged in international activities, but most worked only at the country level. Indeed, that was one of the main differences between such institutions and the WHO Collaborating Centers, which were generally much more international in scope, and the procedure for their designation was much more complex than the procedure proposed in Document CE146/12, which, he emphasized, was very country-focused.

99. The Director affirmed that the process of identifying national institutions would be led by ministries of health. Responding to the comments on the definition set out in paragraph 34 of the document, she said that the reference to the guidance of ministries of health related mainly to their role in setting health policy and priorities at the national

level and to their leadership in identifying potential institutions to be designated as national institutions in association with PAHO. The document would be revised to make that clear. Reviewing the history of the WHO Collaborating Centers, she pointed out that the philosophy underlying the designation of the two types of institutions was somewhat different. The idea behind the WHO Collaborating Centers had been to draw on the expertise of existing research institutions, the vast majority of which were located in developed countries, in order to avoid establishing international research institutions under the auspices of WHO. The purpose of the Bureau's proposal was to identify and strengthen the capacity of national institutions in the countries of the Region that were collaborating with PAHO in the field of public health. As a result of that designation, those same institutions might eventually become candidates for designation as WHO Collaborating Centers, although that was not the primary aim of the proposal. To her knowledge, no other WHO region had put in place a similar procedure for identifying national institutions as technical cooperation partners, but there was a growing trend worldwide towards increased collaboration between such institutions and ministries of health at the country level, so the other regions might well follow the Americas in establishing a procedure.

100. The Committee adopted Resolution CE146/R.17, recommending that the 50th Directing Council approve a new category of relationship with institutions to be known as National Institutions Associated with the Pan American Health Organization in Technical Cooperation (INACO). During the discussion of the resolution, the Committee decided to substitute the Spanish acronym INACO for the English abbreviation NIAPTC for ease of pronunciation.

### **Strategy for Substance Abuse Reduction (Document CE146/13, Rev. 1)**

101. The Committee welcomed PAHO's efforts to address the problem of substance abuse from a public health perspective. However, several delegates expressed reservations about some aspects of the proposed strategy. It was suggested that, rather than focusing on substance abuse, which was only part of the problem, the strategy should take a broader and more integrated approach and address the larger issue of harmful use of psychoactive substances, following the model of the WHO Global Strategy to Reduce Harmful Use of Alcohol. Accordingly, it was proposed that the title of the strategy should be changed to "Comprehensive Strategy for Reducing Dependence and Harmful Use of Psychoactive Substances".

102. Several delegates felt that some conceptual clarification was needed in order to precisely identify the sphere of action of public health and the role of PAHO in relation to the problem. One delegate, noting that under the drug strategy of the Inter-American Drug Abuse Control Commission (CICAD), "demand reduction" meant preventing initial use of drugs and treating the negative social and health consequences of drug abuse, pointed out that some of the activities envisaged under the proposed PAHO strategy fell

well outside the realm of demand reduction, which, together with treatment, should be PAHO's focus. Examples included the identification of alternatives to drug production and distribution, research on supply control, drug diversion, decriminalization measures and criminal sanctions, and drug control policies. Another delegate, noting that the proposal called for work in the areas of poverty reduction and alternative livelihoods, pointed out that both those areas, too, were beyond the remit and expertise of PAHO. It was also felt that editing was needed in order to clarify some of the language in the document. Paragraph 20 was cited as an example.

103. It was suggested that the strategy should place much more emphasis on treatment of substance abuse from a public health perspective. It was pointed out, for example, that the strategy did not address problems such as lack of access to appropriate treatment for persons with substance abuse problems and stigmatization and social exclusion of such persons, nor did it deal with non-medical approaches to treatment, such as support groups. The need for an intersectoral approach in order to address both the social determinants and the social consequences of substance abuse was underscored. Community-based approaches to prevention, treatment, and rehabilitation were also considered essential. One delegate stressed that the issue of substance abuse should be dealt with in conjunction with the problem of harmful use of alcohol, bearing in mind that alcohol was the most widely used psychoactive substance.

104. The Committee highlighted the importance of ensuring consistency and complementarity between the proposed PAHO strategy and related initiatives of other organizations in the United Nations and inter-American systems, especially the hemispheric drug strategy adopted by the Inter-American Drug Abuse Control Commission (CICAD) in May 2010. In particular, it was pointed out that the language for Strategic Area 2, on universal prevention, should be harmonized with similar language from documents issued by CICAD and the United Nations Commission on Narcotic Drugs. The references to "harm reduction", if included, should be consistent with internationally agreed texts, including those of the World Health Assembly and the Program Coordinating Board of the United Nations Joint Programme on HIV/AIDS (UNAIDS).

105. In view of the reservations expressed, the Committee did not feel that it was in a position to endorse the proposed strategy and therefore decided to form a working group to undertake a more rigorous examination of the proposal and facilitate consensus on a revised proposal to be submitted to the 50th Directing Council.

106. Dr. Luiz A. Galvão (Area Manager, Sustainable Development and Environmental Health, PASB) was pleased that there appeared to be consensus on the importance of the issue and on the need for a public health approach to it. Both he and the Director assured the Committee that the Bureau intended to coordinate its work closely with that of other

agencies in the United Nations and inter-American systems and that the strategy on substance abuse reduction was fully aligned with the global and regional strategies on harmful use of alcohol, mental health, and other related strategies.

107. It was agreed that the working group would begin its work as soon as possible, would conduct consultations by electronic means, and would submit its recommendations on the strategy by mid-July so that a revised version of the document could be drafted by 23 July 2010.

**Strategy and Plan of Action for Chagas Disease Prevention, Control, and Care (Document CE146/14, Rev. 1)**

108. The President drew attention to Document CE146/14, Rev. 1, and opened the floor for discussion.

109. The Executive Committee expressed strong support for the strategy and plan of action and commended PAHO's leadership of regional efforts to prevent and control Chagas disease. The Committee welcomed the progress made in combating the disease in the Region, but stressed the need for ongoing joint effort in order to achieve the goal of eliminating Chagas as a public health problem by 2015. To that end, the importance of continued vigilance in non-endemic and formerly endemic areas was underscored. Delegates noted that like other neglected tropical diseases, Chagas disease was linked to poverty and marginalization, and highlighted the consequent need for attention to the social and environmental determinants that had contributed to its persistence. Delegates also emphasized the need to step up efforts to prevent transmission of *Trypanosoma cruzi* through modes other than the vector-borne mode. Several delegates commented that food-borne transmission was a concern in their countries.

110. Various delegates reported on their countries' efforts to combat Chagas disease, stressing the importance of community participation, primary health care approaches, and intersectoral and interinstitutional action. The need for research—particularly on insecticide resistance and on rapid and affordable diagnostic methods—and for human resources training was emphasized. It was suggested that a third goal relating to strengthening of human resources training and development programs and to communication strategies should be added to the plan of action. Training and research promotion were identified as important roles for PAHO, as was support and cooperation to improve the availability of and access to the drugs used to treat Chagas disease. It was emphasized, however, that PAHO should ensure that its technical cooperation augmented existing efforts and did not duplicate activities or resources.

111. With respect specifically to the strategy and plan of action, one delegate suggested that the meaning of “elimination” should be clarified and pointed out that eliminating Chagas disease would require not only interrupting transmission of the

parasite, but also diagnosing and treating all infected persons. He also stressed the need for sustainable financing in order to achieve the goal of elimination. Another delegate sought clarification of the level of funding needed to implement the strategy and plan of action, noting that the estimate given in Annex C of the document (\$2.5 million to \$6 million) was very broad.

112. Dr. Rodolfo Rodríguez (Acting Senior Advisor, Prevention and Control of Communicable Diseases, PASB), responding to the Committee's comments, said that the strategy and plan of action were part of the overall effort to combat all neglected diseases, in keeping with Resolution CE49.R19 (2009). Chagas disease remained a serious public health problem in the Region (approximately 41,000 cases and 12,000 deaths continued to be reported in the Americas each year), and a specific strategy and plan of action on the disease were therefore considered necessary. The proposed resolution on the item offered the opportunity to heighten awareness of the disease and to mobilize support for its elimination as a public health problem. The Bureau believed that, with concerted action by and in support of the 21 endemic countries, that goal could be achieved within five years. Regarding the level of funding needed, the figures appearing in Annex C were estimates of the amount needed for PAHO's technical cooperation over a five-year period: 2010 to 2015.

113. He welcomed the information provided on countries' Chagas disease control efforts, which would be useful for the work of both the Bureau and other countries. In particular, the setting of intermediate targets for a consolidation phase leading up to elimination, as had been the case in Argentina, seemed a very logical approach. He had listened carefully to delegates' comments regarding the role of PAHO and assured the Committee that the Organization would support countries in strengthening their diagnostic capabilities, training personnel, and ensuring timely access to drugs for the treatment of Chagas disease.

114. The Director said that one of the chief aims of the strategy and plan of action was to raise the priority of Chagas disease on political agendas in the countries of the Region. The disease had originated in the Americas and the Region thus had a responsibility to control and eliminate it in order to stop its spread to other regions. A recent meeting on neglected diseases had highlighted the need for innovative approaches and for increased funding and incentives for research and development in relation to Chagas disease. New diagnostic and treatment tools were needed because, despite years of work, it had not been possible to eliminate the disease with the tools currently available. The Organization was therefore preparing to launch an award for innovation with the aim of promoting the development of new tools and technologies for combating neglected diseases. The first award would be given for innovations relating specifically to the control of Chagas disease. In addition, the Organization had held meetings with partners to agree on a

profile of the diagnostic and treatment tools required, and that profile was now ready to be presented to potential participants in research and development.

115. The Executive Committee adopted Resolution CE146.R14, recommending that the 50th Directing Council endorse the Strategy and Plan of Action for Chagas Disease Prevention, Control, and Care.

**Strategy and Plan of Action for the Elimination of Mother-to-child Transmission of HIV and Congenital Syphilis (Document CE146/15)**

116. The President drew attention to Document CE146/15 and opened the floor for discussion.

117. The Committee welcomed the proposed strategy and plan of action and commended PAHO for its leadership of efforts to achieve the elimination of mother-to-child transmission of HIV and congenital syphilis. Committee members endorsed the elimination goal and expressed the hope that the adoption of the proposed resolution on this item would help to mobilize action and support for its achievement by 2015, which would also contribute to the achievement of Millennium Development Goals 4 (reduce child mortality), 5 (improve maternal health) and 6 (combat HIV/AIDS, malaria, and other diseases). It was pointed out that while it was difficult to prevent other modes of HIV and syphilis transmission—because doing so required behavioral change—preventing mother-to-child transmission could be easily accomplished with existing tools and methods. Public health professionals therefore had an obligation to commit themselves to the goal of elimination in order to ensure that no child in the Region was born with HIV infection or syphilis. Several delegates described what their countries were doing to combat mother-to-child transmission of HIV and congenital syphilis, with several remarking that their activities were consistent with the lines of action proposed under the strategy and plan of action.

118. The Delegate of Suriname noted that the chief medical officers of the Caribbean had met recently to discuss the topic of congenital HIV and syphilis prevention and had identified several areas that needed strengthening in order to achieve the goal of elimination, including testing and treatment algorithms, validation of rapid tests, identification of a regional reference laboratory, strengthening of monitoring and evaluation systems, regulatory strengthening to ensure proper and humane reporting and treatment of infected persons, community involvement and client-friendly strategies at the primary and secondary health care levels, and in-country leadership of elimination efforts by chief medical officers.

119. Most of the delegates who spoke on the item expressed support for an integrated approach, but one delegate questioned whether the integration of antenatal care services with sexual and reproductive health services and programs for the prevention and control

of sexually transmitted infections (STIs) was appropriate in countries in which HIV and syphilis infection were not generalized, but rather were concentrated in specific geographic areas or population groups. She suggested that a better approach would be to ensure that all pregnant women were tested for syphilis and offered the opportunity to be screened voluntarily for HIV. Primary responsibility for preventing congenital HIV and syphilis infection should rest with antenatal care programs, although such programs should coordinate their efforts with those of other health programs and services. Accordingly, she proposed that the term “integration” should be replaced with “coordination” in the strategy and plan of action and in the proposed resolution on the item.

120. The Delegate of Brazil pointed out an error in the data presented in Document CE146/15 concerning levels of syphilis seropositivity in her country, and several delegates submitted suggested improvements to the proposed lines of action and monitoring indicators. One delegate suggested substituting the term “vertical transmission” for “mother-to-child transmission” in the title of the strategy and plan of action, but others pointed out that the two terms meant the same thing, and the Committee ultimately decided to retain the term “mother-to-child transmission.”

121. Dr. Gina Tambini (Area Manager, Family and Community Health, PASB) observed that the Committee’s comments evidenced a strong commitment to end the scourge of mother-to-child transmission of HIV and congenital syphilis, which was part of the unfinished agenda of health problems that could be prevented with currently available tools and interventions. She welcomed the Committee’s suggestions regarding the document and proposed resolution, which would help to strengthen both.

122. Dr. Kathleen Israel (Acting Coordinator of the Project on Prevention, Treatment, and Care of HIV/STI, PASB) explained that the Bureau had chosen deliberately to refer to “integration” in the strategy and plan of action, rather than to “coordination,” because it was felt that it was through integration that programs would be sustainable in contexts of limited human and financial resources. However, the Bureau would examine the merits of the two concepts.

123. The Director clarified that what was proposed was the integration of activities for the prevention and control of HIV/AIDS/STIs into antenatal care, sexual and reproductive health, and related services and not necessarily the integration of health services, which was a more complex undertaking. The Bureau would clarify what was meant by “integration” in the document and proposed resolution.

124. The foregoing clarification was subsequently incorporated into the proposed resolution, which was adopted by the Committee as Resolution CE146.R15, in which the Committee recommended that the 50th Directing Council endorse the strategy and plan of action.

### **Health Workers Competency Development in Primary Care-based Health Systems (Document CE146/16)**

125. The President drew attention to Document CE146/16 and opened the floor for discussion.

126. The Committee praised the strategy described in the document, observing that the renewal of primary health care necessarily entailed a renewed focus on adapting and expanding the competencies of health care personnel. It was felt that the strategy would assist countries in aligning their health professionals' training with population health needs. The strategy's focus on the use of new teaching methods and technologies was also welcomed. Several delegates stressed the need for training of health personnel at all levels in the management of chronic noncommunicable diseases, since studies and experience indicated that health workers at the primary health care level were currently not fully competent to deliver the care needed.

127. Several delegates described what their countries were doing to enhance the competency of their health care workers. Initiatives included agreements between the ministry of health and universities, sometimes in other countries, to support public health competencies. However, it was pointed out that such an approach was quite expensive, and delegations therefore welcomed the strategy's focus on creating learning networks throughout the Region, which would enable countries to share online courses and programs at little or no cost, although it was also pointed out that language might be a barrier to the use of such networks. One delegate, referring to paragraph 20 of Document CE146/16, sought clarification of how "competency frameworks" and "learning networks" were defined by PAHO and requested more information on the idea of incentives systems. He also expressed concern at the reference in paragraph 20 to "global public goods" and to the sharing of open educational resources, and emphasized the need to respect copyrights and other aspects of intellectual property protection. He suggested that the reference to public goods should be deleted from paragraph 1 of the proposed resolution.

128. Some delegates reported that their countries were already using a permanent education approach, and a few were setting up their own virtual campuses, similar to, but more modest in scope, than the one described in the strategy. One delegate, noting that his country lacked the necessary resources to start a virtual campus, said that, instead, it was training health care professionals in central locations and then sending them out to remote areas, where alongside their medical duties they would also train additional personnel. It was suggested that PAHO should examine further how to strengthen capacity-building activities in Member States in the areas of e-learning and other distance learning techniques. One delegate, noting that the strategy called for the use of e-learning methods aimed at all entities in the health system, pointed out that it might be difficult to implement such an approach in countries with federal systems, since the curricula of

medical, nursing, and public health schools, and their requirements and standards, were established by subnational authorities.

129. It was also suggested that the proposed strategy should stress the importance of including evidence-based educational and training methods, especially in the case of methods utilizing new information and communications technologies. When new technologies were introduced, appropriate evaluations should be conducted to determine their effectiveness. In addition, the strategy should recognize that different competencies might require different learning methods. It was pointed out that national standards often required some health care workers to perform tasks that could be carried out by other workers of a lower level of competency, and it was suggested that strategies to develop health worker competency should also ensure that competency levels were aligned to the complexity of tasks to be performed. It was also suggested that different distributions of some categories of health care workers and the development of new categories should perhaps be strategic goals.

130. Several delegates noted that the policy document lacked any mention of the need to strengthen cultural and social sensitivities among primary health care personnel working, for example, with indigenous communities.

131. Dr. Charles Godue (Senior Advisor, Human Resources for Health Development, PASB) explained that the proposed strategy was part of a process of strengthening health systems, in particular through the renewal of primary health care, with a view to creating generalized access to quality health services. The strategy was also intended to make a contribution towards the necessary improvement in human resources planning, which had three main objectives: to enable health authorities to base their human resource planning on actual needs as demonstrated by countries' epidemiological profiles, to improve the productivity of human resources, and to promote the development of open educational resources that could be exchanged between countries, thus allowing for economies of scale and increased coverage of learning programs. One important benefit of the strategy was that it would enable health care workers to learn and improve their competencies without the need to leave the places where they lived and worked.

132. Responding to the comment about the language barrier, he reported that while most of the materials already available were in Spanish, there were plans to develop a virtual campus in English as well. The first step would be to identify the institutions in the various countries that could make the best contributions to a critical mass of teaching materials. In response to the concern expressed regarding the use of open resources, he explained that the virtual campus used open platforms. The goal was to link both proprietary and open platforms so as to enable them to operate as a system in which countries could share their experiences. Protection of intellectual property was provided under a Creative Commons license, which allowed for shared resources to be reused and

modified as long as credit was given to the authors and the materials were not used for profit. Countries with limited resources could thus access materials and knowledge developed in wealthier countries.

133. On the question about incentives, he said that the idea was to encourage workers to enhance their competencies by allowing them time off from work to participate in educational initiatives and granting them continuing education credits when they did so. The fundamental idea was to encourage permanent education and generate links between the academic and the health services sectors in order to seek common solutions to the problems faced by the health services sector.

134. The Committee adopted resolution CE146/R.8, recommending that the 50th Directing Council adopt the Strategy for Health Personnel Competency Development in Primary Health Care-based Health Systems.

#### **Health, Human Security and Well-being (Document CE146/17)**

135. The Committee welcomed the opportunity to discuss the subject of health, human security, and well-being, but raised some questions and concerns with regard to some of the ideas and proposals put forward in the concept paper and the proposed resolution on the item. Members agreed on the importance and topicality of the issue of human security, but felt that more work was needed in order to elucidate the concept and its relationship to health and in order to clarify what PAHO's role should be with regard to the matter. One delegate expressed the view that it was inappropriate to refer to "the relationship between health and human security," as in paragraph 13 and elsewhere in the paper, given that health was an integral part of human security. Accordingly, the Organization's focus should be on identifying the health-related conditions or factors that contributed to human security. Another delegate cautioned against expanding the concept of health and human security to the point where it would become difficult to translate it into concrete policy orientations and other practical applications.

136. Several delegates noted that some of the issues and actions mentioned in the paper went beyond the sphere of action of public health and pointed out that many of the public health issues discussed in the document were already being addressed under the Strategic Plan 2008-2012 and under resolutions, strategies, and plans of action adopted by the Governing Bodies in recent years, such as those on climate change, violence, gender equality, mental health, neglected diseases, nutrition, immunization, disaster preparedness, HIV/AIDS, and the International Health Regulations. The development of a policy strategy and plan of action as proposed in the resolution might therefore be redundant and duplicate existing efforts. It was suggested that, instead, the concept of human security should be integrated into the various areas of work of the Organization, and it was pointed out that such an approach would be in keeping with the multidimensional and multisectoral nature of the issue. Nevertheless, some delegates felt

that it might be appropriate to develop a policy on health and human security with a view to fostering greater understanding of the concept and facilitating its incorporation into existing frameworks, resolutions, strategies, and plans of action.

137. One delegate said that any changes resulting from the adoption of the proposed resolution should be applied to a future budget and strategic plan in order to avoid the need to amend the current budget and the Strategic Plan 2008-2012, as well as the need also to align any changes with the WHO program and budget and the Global Program of Work.

138. The Delegate of Mexico, referring to paragraph 21, requested that some background information be incorporated into the paper so as to enable a better understanding of the situation in Ciudad Juárez.

139. Dr. Luiz A. Galvão (Area Manager, Sustainable Development and Environmental Health, PASB) thanked delegates for their comments and suggestions and said that the Bureau would, in consultation with Member States, work on clarifying the concept of human security and how it related to the work of PAHO. In that connection, he believed that it was necessary to differentiate between health security and human security, which was a broader concept. He assured the Committee that the Bureau had no intention of setting up a new program on human security, but rather that it wanted to strengthen existing programs and initiatives that dealt with matters relating to human security.

140. The Director said that the Bureau's main objective had been to seek policy guidance from the Governing Bodies on the approach that the Organization should take with respect to the issue of human security, which, as the Committee had pointed out, had been discussed by the Governing Bodies in the context of various resolutions, but had not been the subject of an in-depth analysis in its own right. She confirmed that it was not the Bureau's intention to develop a new structure or program, but to integrate human security as a cross-cutting policy orientation in existing ones.

141. The proposed resolution on this item was amended in the light of the Committee's comments and recommendations and adopted as Resolution CE146.R18, in which the Committee recommended that the 50th Directing Council adopt a resolution calling on the Director, inter alia, to explore the possibility of developing policy guidelines and methodological tools for integrating the approach of human security and its relationship with health into the Organization's programs and activities.

### **Strategy and Plan of Action for the Reduction of Chronic Malnutrition (Document CE146/18)**

142. The President drew attention to Document CE146/18 and opened the floor for discussion.

143. The Committee applauded PAHO's efforts to reduce chronic malnutrition and supported the evidence-based multisectoral approach set forth in the document. It was felt that the strategy would address both the determinants and the effects of chronic malnutrition and help to eliminate a health problem that remained disturbingly prevalent in some parts of the Region. However, the Committee suggested a number of ways in which the strategy and plan of action might be enhanced. For example, it was suggested that the concept of chronic malnutrition as being synonymous with stunting should be revisited, as the latter might be the result of an infection or other health problem suffered during the perinatal period or in early childhood. In addition, it was suggested that the reference standard being used to define low height-for-age should be specified.

144. A number of suggestions were also made with respect to the goals, objectives, and indicators in the plan of action, which, in the opinion of some delegates, needed revising in order to make it possible to assess the impact of technical cooperation and country-level interventions in reducing chronic malnutrition. One delegate, noting that childhood obesity was rising at an alarming rate, suggested that the strategy and plan of action should address both overnutrition and undernutrition and that the proposed resolution on this item should be modified accordingly. Another suggested that the Bureau should reconsider the use of the extreme poverty rate as the sole criterion for defining "vulnerable municipalities" and that prevalence of stunting should also be taken into account. The same delegate questioned whether the financial estimates in Annex A of the document would be sufficient to achieve the goals and targets set out in the plan of action. A third delegate proposed that in Objective 1 of the plan of action, it should be borne in mind that some countries already had policies, plans, and programs for nutrition, health, and development, and reference should therefore be made to strengthening of existing initiatives. Under Objective 2, she suggested that some activities aimed at addressing weaknesses in surveillance systems should be added, and under Objective 6, a reference to the formation of strategic partnerships with existing regional initiatives should be incorporated.

145. The importance of monitoring and evaluation of progress under the plan of action and of national programs and initiatives was stressed, and it was suggested that evaluation processes should involve several institutions so as to ensure an objective and independent assessment. The Bureau was encouraged to form an internal technical team to support countries in their planning, implementation, monitoring, and evaluation processes. Several delegates reported on their countries' programs and experiences for improving nutrition and offered to share their expertise with the Bureau and with other countries of the Region.

146. Dr. Gina Tambini (Area Manager, Family and Community Health, PASB) pointed out that chronic malnutrition was, like several of the other issues discussed by the Committee, part of the unfinished public health agenda. She had taken careful note of the

Committee's comments and suggestions and would incorporate them into the revised version of the strategy and plan of action to be submitted to the 50th Directing Council. She noted that the document did identify prevention and reduction of overweight and obesity as one of the goals of the strategy, but said that more emphasis would be placed on that aspect of malnutrition in the revised version of the document and in the proposed resolution.

147. Responding to the suggestion concerning the formation of an internal group to support planning, implementation, monitoring, and evaluation, she said that the cross-organizational team for nutrition and development to which she had alluded earlier (see paragraph 53 above) was working to support countries in applying an integrated life-course approach that addressed the social determinants of malnutrition. The Pan American Alliance for Nutrition and Development for the Achievement of the Millennium Development Goals was also supporting countries in that effort. Strengthening of information and surveillance systems and of monitoring and evaluation was part of that work. Regarding the budget for implementation of the plan of action, she clarified that the figure of \$4.6 million mentioned in Annex A of the document was intended to finance only the work of the Bureau and only in the initial stages. The Bureau intended to make maximum use of resources existing at country level, and PAHO's collaboration with partners in the framework of the Pan American Alliance and similar interagency initiatives would also help to ensure that the work envisaged could be accomplished with the proposed level of funding.

148. With regard to stunting, she explained that low-height-for-age was considered the marker par excellence for malnutrition as it reflected the influence of numerous factors on nutritional status, including maternal nutrition and education level, antenatal care, diet, and parenting practices.

149. Dr. Chessa Lutter (Regional Advisor on Food and Nutrition, PASB) said that the reference standard for height-for-age was the standard published by WHO in 2006. That information would be added to the document.

150. The Director assured the Committee that the Organization was working to prevent and reduce both undernutrition and overnutrition. She recalled that when the Governing Bodies had discussed the issue of overweight and obesity in the context of chronic diseases, attention had been called to the need not to neglect the issue of chronic malnutrition, which remained a serious problem among the rural poor in the Region, especially among indigenous populations. Indeed, chronic malnutrition was the most shameful problem on the unfinished health agenda in the Americas. The Region was the top food exporter in the world, and yet it had not been able to end the problems of hunger and chronic malnutrition. And it was urgent to do so because malnutrition had consequences that went far beyond its impact on the health of the individuals concerned.

It was a problem that was passed from generation to generation: malnourished mothers gave birth to malnourished children, who had diminished capacity to learn and find productive employment and therefore had lower income-generating capacity, which had far-reaching social repercussions and hindered their countries' capacity for development.

151. The lack of success in overcoming the problem was due in part to fragmentation of the efforts of the many organizations involved in battling malnutrition. The sheer number of programs and projects carried out over the years had limited their impact. That was why the Organization was seeking, through the Pan American Alliance for Nutrition and Development, to articulate a common strategy and coordinate the financial, technical, and human resources needed to support countries in establishing policies and mechanisms that would have real impact.

152. The lessons learned from past experience suggested that several elements were important in order to achieve success. First and foremost was high-level political will and a commitment on the part of all sectors and stakeholders to end chronic malnutrition. Social protection instruments, such as conditional cash transfers and food aid to low-income families, could be useful interim measures, but more important were local development initiatives aimed at empowering families and communities and enabling them to achieve food self-sufficiency.

153. Several amendments, including references to the problems of overweight and obesity, were introduced into the proposed resolution on this item, which the Executive Committee adopted as Resolution CE146.R12, recommending that the 50th Directing Council endorse the strategy and approve the plan of action.

### **Strengthening Immunization Programs (Document CE146/19, Rev. 1)**

154. The President drew attention to Document CE146/19, Rev. 1, and opened the floor for discussion.

155. The Committee affirmed the importance and the effectiveness of immunization as an essential public health tool and expressed strong support for the Expanded Program on Immunization and the PAHO Revolving Fund for Vaccine Procurement, which had helped to ensure equitable access to vaccines at affordable cost. It also supported PAHO's efforts to strengthen national immunization programs with a view to achieving vaccination coverage levels of 95% or above and maintaining past gains with respect to the control of vaccine-preventable diseases, while also working to achieve new successes. The need for increased surveillance of events supposedly attributable to vaccination or immunization (ESAVI)—in order to allay public concerns about vaccines and maintain confidence in immunization programs—was highlighted.

156. One delegate inquired whether the vaccine against human papillomavirus was currently available through the Revolving Fund. Another urged PAHO to support eligible countries in accessing the benefits available through the GAVI Alliance. The Delegate of Mexico reported that, thanks to enhanced domestic vaccine production capacity, her country expected to reach self-sufficiency in vaccine supply by 2012 and expressed the hope that that achievement might contribute to the attainment of regional immunization goals. The Delegate of Argentina said that his country was also working to strengthen its vaccine production capacity.

157. One delegate suggested that the reference to immunization as a public good should be removed from the proposed resolution on this item, as there was no internationally agreed definition of the term “public good”. Others, citing the Region’s stunning successes in eradicating, eliminating, and controlling vaccine-preventable diseases, argued that immunization was unquestionably a public good. The Committee ultimately agreed to maintain the reference to immunization as a public good, but qualified it by changing the wording of the third preambular paragraph to read: “Recognizing that some Member States have determined that immunization is a public good....”

158. Dr. Gina Tambini (Area Manager, Family and Community Health, PASB) said that, as the Committee had noted, immunization had led to the eradication and elimination of a number of diseases, which had in turn brought about significant reductions in child mortality. It was for that reason that it was seen as a public good. The Region’s successes in controlling vaccine-preventable diseases were attributable primarily to Member States. The commitment of the Region’s governments to the achievement of high immunization coverage, and the translation of that commitment into investment in national immunization programs, had made the Americas a model for the world. The support of numerous multilateral and bilateral partners had also been crucial.

159. The Organization had been working closely with the GAVI Alliance since its inception and would continue to do so. It was a source of great satisfaction that the countries of Latin America and the Caribbean now had an advocate—in the person of Dr. Guillermo González, former Minister of Health of Nicaragua—on the GAVI Alliance Board. PAHO stood ready to support Dr. González in any way it could.

160. The Director noted that Member States would have an opportunity in September to celebrate the Region’s accomplishments in the area of immunization during the observation of the 30th anniversary of the eradication of smallpox and of the establishment of the Revolving Fund (see paragraphs 285 to 287 below). She acknowledged the critical role that numerous partners had played in those accomplishments, including the Governments of Spain, United States of America, and others; the March of Dimes and the Bill & Melinda Gates Foundation; the partners in the

ProVac Initiative; the members of the Regional Technical Advisory Group on Vaccine-preventable Disease; and vaccine producers. She highlighted the importance for the Organization, individual Member States, and vaccine producers of working together in order to maintain public confidence in immunization programs and in the safety and efficacy of vaccines.

161. The Committee adopted Resolution CE146.R7, recommending that the 50th Directing Council adopt a resolution endorsing national immunization programs as a public good and supporting the Regional Strategy for Immunization and its vision and objectives.

#### **Plan of Action on Safe Hospitals (Document CE146/20)**

162. The President drew attention to Document CE146/20 and opened the floor for discussion.

163. The Executive Committee expressed strong support for the plan of action and commended PAHO for its efforts to improve the disaster resilience of the Region's hospitals. Several delegates described work in progress in their countries to enhance the safety of hospital buildings and facilities, including training and awareness-raising on the need for safe hospitals, the creation of networks for evaluating the safety of national hospitals, and strategies to increase the use of the Hospital Safety Index. Others described exercises involving the evaluation of hospitals on the basis of the Safety Index, with several noting that it had provided the credibility needed to persuade politicians and financial officials that changes and improvements were required. It was also reported that in some countries with plans to build hospitals in the coming years, the Index would be applied to ensure the safety of the design and construction. It was noted that even in countries not subject to hurricanes or earthquakes, the effects of climate change were still jeopardizing the integrity of hospital buildings.

164. Delegates stressed the need for technical cooperation to enable the countries of the Region to implement the plan of action and share their experiences and best practices, and emphasized that training would be a key element in such technical assistance. The Delegate of the United States of America suggested that PAHO should engage the assistance of technical experts and should encourage information-sharing and training on the construction of safe hospitals, and said that his country would be happy to provide technical support in that regard. The Delegate of Haiti, welcoming the plan of action, noted that Haitian hospitals had usually been built with an eye to preventing damage from hurricanes, but not from earthquakes, which before January 2010 had not been a major problem: the last earthquake to damage Port-au-Prince had been 200 years ago. He called for more in-depth studies on how to build hospitals that would withstand both hurricanes and earthquakes.

165. Dr. Jean-Luc Poncelet (Area Manager, Emergency Preparedness and Disaster Relief, PASB) thanked the Committee for its support of the safe hospitals initiative. He noted with satisfaction that the situation was changing: in the past, there had been great readiness to assist with situations that caused deaths and injuries, but little interest in preventing them in the first place. Thanks to the safe hospitals initiative, governments were now more willing to invest in prevention in order to ensure that hospitals would continue to provide their vital functions in the aftermath of a disaster. In order to provide further encouragement to Member States, the Bureau was considering the possibility of establishing an award to recognize countries that had made progress in implementing best practices in the area of hospital safety. The award would serve as an incentive to countries to share their experience and expertise in improving hospital safety.

166. The Director added that a quarter of a century after the earthquake in Mexico that had destroyed so many of its hospitals, it was surprising that a need so obvious as that of making hospitals disaster-proof should still be under discussion. The proposed annual award, as well as other incentives, would help raise the profile of the issue.

167. She pointed out that it was critical that health authorities negotiate more intensively with banks and financial institutions in order to obtain adequate financing for hospital construction, because there were still too many plans to build hospitals that did not meet the necessary minimum standards. Improvements were needed in regard to countries' building codes and in the area of insurance for public infrastructure, which currently was available only in the United States and Canada. There was also a need for closer coordination with architects, designers, and builders, to ensure the safety of hospital buildings, and for partnerships with academia, where important work had been done on hospital safety.

168. The Committee adopted resolution CE146.R6, recommending that the 50th Directing Council approve the Plan of Action on Safe Hospitals.

### **Health and Human Rights (Document CE146/21, Rev. 1)**

169. The President drew attention to Document CE146/21, Rev. 1, and opened the floor for discussion.

170. The Committee welcomed the concept paper, which made a valuable contribution to analysis of the complex relationship between health and human rights and to the protection of health-related rights. It was felt that the paper would also be valuable in guiding PAHO's response to the growing demand for technical cooperation with Member States on matters relating to health and human rights. Delegates affirmed their governments' commitment to the principle, enshrined in the WHO Constitution, that everyone has the right to the highest attainable standard of health. However, it was pointed out that while some countries recognized that right in their constitutions and

legislation, it was not a legally enforceable right under the domestic law of all countries, particularly those in which responsibility for health came under the jurisdiction of subnational levels of government.

171. The Committee expressed general agreement with the content of the concept paper and support for the proposed resolution on the item. However, a number of refinements and amendments to both were suggested. Several delegates felt that the definition of “vulnerable group” should be revised. It was pointed out that, rather than referring to “vulnerable groups”, the concept paper should use the term preferred among international human rights bodies: groups in a situation of vulnerability. It was also felt that the paper should not refer specifically to “most vulnerable groups”, since all such groups faced some disadvantage with regard to the exercise of their health-related rights. A number of delegates thought that the list of such groups contained in paragraph 13 of the concept paper should be expanded to include children, including newborns, and migrants, including undocumented migrants. One delegate suggested that the poor, ethnic and racial minorities, victims of violence, refugees, prisoners and detainees, men who have sex with men, bisexual and transgender individuals, and sex workers should also be included.

172. It was felt that the descriptions of the basic relationships between health and human rights in paragraphs 8 to 10 of the concept paper were overly general, since they could apply to anyone, not just to vulnerable groups. It was also suggested that the background section of the paper should provide more information on previous PAHO documents and on other documents linked to the proposal put forward in the paper. One delegate, noting that the concept paper contained various references to a “human-rights based approach” in PAHO’s programs and normative work, emphasized that PAHO’s work should be, first and foremost, evidence-based.

173. It was suggested that, in addition to the binding provisions of human rights instruments referred to in the concept paper, account should be taken of the interpretation of those provisions provided, for example, in the general comments issued by the Committee on Economic, Social, and Cultural Rights and in the reports of the Inter-American Commission on Human Rights. It was also pointed out that the human rights instruments mentioned in the paper did not apply uniformly to all Member States.

174. Numerous amendments to the proposed resolution were submitted, reflecting the suggestions made in relation to the concept paper and to PAHO’s work with respect to health and human rights.

175. Mr. Javier Vásquez (Advisor, Office of Gender, Diversity, and Human Rights, PASB) observed that the topic of health and human rights had been a subject of discussion by the Governing Bodies, and a focus of work for both the Bureau and national health authorities, for about a decade. It had been a challenge for the Bureau to

try to reflect all that work in a brief concept paper, and he was grateful for the Committee's suggestions regarding needed refinements. He pointed out that the mandate for PAHO's work in this area was provided by the Strategic Plan 2008-2012, specifically SO7 (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) and RER 7.4 (Ethics- and human rights-based approaches to health promoted within PAHO/WHO and at national, regional, and global levels). Regarding the inclusion of vulnerable groups other than those listed in the concept paper, he explained that the groups mentioned in the paper had been included because they had been the subject of previous resolutions of the Governing Bodies relating to health and human rights. Thus, the Organization already had a mandate with respect to those groups.

176. The Director felt that it would not be wise to try to include a comprehensive list of all groups in situations of vulnerability because some groups were bound to be left off the list. For that reason, the Bureau had decided to include only those groups that had been the subject of previous PAHO resolutions. The Bureau would endeavor to clarify the rationale for that decision in the revised version of the concept paper to be submitted to the Directing Council.

177. In her view, a particular issue that had to be addressed in the context of the Organization's work on health and human rights was that of patients' rights. A number of countries of the Region had developed, or were planning to develop, patients' codes of rights, and PAHO was receiving an increasing number of requests for technical cooperation in that area.

178. Responding to the comment concerning the evidence-based nature of PAHO's work, she pointed out that a human-rights approach was sometimes more effective than purely epidemiological evidence in communicating health information to non-health professionals and to the general public. For example, PAHO had spent many years trying, by means of scientific evidence, to dispel the myth that dead bodies could cause epidemics in the wake of a disaster, and still the media and, sometimes, public officials had continued to insist that dead bodies posed a grave threat to public health. When the Organization had decided to approach the issue from a human rights perspective—calling attention to the importance of identifying the dead and to the cultural and religious rights of both the deceased and their surviving family members—it had been much more successful. Hence, a human-rights approach could sometimes enhance evidence-based public health policies and interventions.

179. In view of the many suggested amendments to the proposed resolution, the Committee decided to form a drafting group under the leadership of the Delegation of Mexico in order to reach consensus on a revised version of the resolution. The revised

text produced by the drafting group was adopted by the Committee as Resolution CE146.R16.

**Review of the Pan American Centers (Document CE146/22)**

180. The President drew attention to Document CE146/22, and opened the floor for discussion.

181. The Delegate of Suriname noted that the document stated that the Caribbean Epidemiology Center (CAREC) would be strengthened to meet the needs of Member States; however, it also stated that the CAREC laboratory would primarily support surveillance activities, which, she pointed out, was not in harmony with the needs of Member States. The Member States in the Caribbean subregion had clearly and repeatedly indicated that one of the roles of CAREC should be to serve as an accredited reference laboratory for the subregion, as there was no other reference laboratory in the Caribbean.

182. The Delegate of Canada said that her Government was collaborating with PAHO to strengthen both CAREC and the Caribbean Food and Nutrition Institute (CFNI) during the transition to the Caribbean Public Health Agency (CARPHA). As part of that effort, the Public Health Agency of Canada was working closely with the Organization to strengthen CAREC's laboratory capacity.

183. Dr. Carlos Samayoa-Castillo (Senior Advisor, Institutional Development, PASB) said that one of the main aims of the creation of CARPHA was to optimize the use of the resources of the various centers in the Caribbean, including the PAHO-administered centers, CAREC and CFNI, in order to meet the needs of the countries of the subregion, such as laboratory support, and to enhance their financial viability.

184. Dr. Socorro Gross-Galiano (Assistant Director, PASB), noting that the creation of CARPHA was an initiative of the countries of the Caribbean Community, said that all the functions of CAREC would be transferred to CARPHA. She assured the Committee that PAHO was providing all needed supported to facilitate the transition to CARPHA.

185. The Director pointed out that under the agreement establishing CAREC, the principal focus of its laboratory was epidemiological surveillance, not clinical laboratory services. As a public health institution, CAREC had never had the capacity to meet all the clinical and reference laboratory needs of its Member States and had therefore always worked as part of a network, collaborating with other laboratories—primarily the United States Centers for Disease Control and Prevention, but also with the laboratories of the Institut Pasteur network and laboratories in Canada, Cuba, and other countries. The Bureau had recommended to the group overseeing the establishment of CARPHA that it consider putting in place a mechanism to assist the smallest States in the Caribbean and

those with the least capacity at national level in, for example, covering the cost of transporting laboratory specimens. In the Bureau's view, such a mechanism was necessary in order to ensure that all States had equal access to CARPHA's services.

186. The Committee adopted Resolution CE146.R9, recommending that the 50th Directing Council adopt a resolution taking note of the successful transfer of the administration of the Institute of Nutrition of Central America and Panama (INCAP) to the Institute's Directing Council, and urging Member States to continue to collaborate with the Bureau in assessing whether the Pan American Centers continued to offer the most appropriate and effective modality of technical cooperation and in identifying other modalities of operation and, where appropriate, transferring their administration and operations to Member States or subregional organizations.

## **Administrative and Financial Matters**

### **Report on the Collection of Quota Contributions (Document CE146/23 and CE146/23, Add. I)**

187. Ms. Linda Kintzios (Treasurer and Senior Advisor, Financial Services and Systems, PASB), noting that Document CE146/23, Add. I, provided information on quota contributions as of 14 June 2010, reported that since that date the Organization had received further payments, of \$12,850,242 from Canada, \$12,197 from Costa Rica, and \$38,463 from Paraguay. The collection of current assessments amounted to \$24.1 million, or 24% of the total due for 2010, an increase as compared with 2009 and 2008, when only 14% and 19% of current-year assessments had been received by the opening of the Executive Committee. However, only 16 Member States thus far had made payments towards their 2010 assessments. Eleven of those 16 had already paid in full.

188. As a result of the Director's strategy for increasing the rate of receipt of assessed contributions and the demonstrated commitment of Member States, over 78% of arrears had been paid, leaving an outstanding balance of only \$7.1 million. The combined collection of arrears and current year's assessments to date totaled \$49.3 million, as compared with \$38 million at the same point in 2009. Member States had taken advantage of the various options available for meeting their financial commitments to the Organization, including payment in local currency, payment in installments, and deferred payment plans. All Member States with such deferred plans were in compliance with their terms and no State was potentially subject to Article 6.B of the PAHO Constitution.

189. The Director observed that the strategy of permitting Member States in arrears to adopt a deferred payment plan, which had been initiated in the Region some 10 years earlier, had proved very positive, making it possible for the Member States to comply with their obligations even in times of financial constraint. She wished to salute in particular the efforts made by the governments of Argentina, Cuba, and Peru, all of which

were close to concluding their payment plans. Their compliance with the plans had reduced financial uncertainty for the Organization, which had had a very positive effect on its work and planning. It was noteworthy that, despite the financial difficulties of the past two years, Member States had kept up with their obligations to the Organization.

190. The Executive Committee adopted Resolution CE146.R1, thanking the Member States that had already made payments for 2010 and urging other Member States to pay their outstanding contributions as soon as possible.

**Financial Report of the Director and Report of the External Auditor of PAHO for 2008-2009 (Official Document 337 and Document CE146/24, Rev. 1)**

191. Dr. Douglas Slater (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had not discussed the actual Financial Report of the Director for 2008-2009 because in March the External Auditor had not yet completed his examination of the Organization's accounts. However, the Subcommittee had received an overview and had been informed that the Organization's regular program budget for the biennium was fully funded, thanks in part to the fact that miscellaneous income for the biennium had been higher than anticipated, and that the Working Capital Fund was fully funded at \$20 million, its authorized ceiling. The Subcommittee had expressed satisfaction that the Organization had ended the biennium with a fully funded regular program budget, despite the global economic and financial difficulties of recent years. It had been pointed out that if the level of surplus income for the biennium was expected to be small or non-existent, the Organization would need to be as prudent as possible in the use of funds from the Holding Account.

192. Mr. Esteban Alzamora (Chief Accountant, PASB) presented an overview of the Organization's financial situation, which was described in much greater detail in Official Document 337. He reported that the Organization had ended the 2008-2009 biennium with an excess of regular budget income over expenditure of \$4.2 million. Sixty-five percent of the total biennial regular budget had been utilized for staff salaries and entitlements. Total expenditures from the regular budget had been \$195.4 million. Expenditures from the regular budget, trust funds and other funds had totaled \$547 million; expenditures from the WHO allocation to the Region and WHO other funds had reached \$145 million; and procurement activities on behalf of Member States had amounted to \$689 million.

193. As to income, quota assessments had been budgeted at \$191.3 million for 2008-2009. The Organization had in fact received \$158.9 million in current biennium payments and \$35.4 million for prior years. After transfer of \$11.2 million to the Tax Equalization Fund, net quota contributions had been \$183.1 million. The level of miscellaneous income had reached \$23.5 million in 2008-2009, exceeding the budgeted figure of \$17.5 million. The Organization had received \$50.5 million for the purchase of strategic public

health supplies via the Regional Revolving Fund for Strategic Public Health Supplies (the Strategic Fund), \$29.2 million for purchases via the Reimbursable Procurement Fund, and \$666 million for the purchases of vaccines and syringes via the Revolving Fund for Vaccine Procurement. Trust funds for multi-year public health programs had reached a total of \$325 million in the biennium. The level of resources from PAHO Other Funds had remained stable at \$60 million. Total funding from WHO had risen to \$144.4 million, an increase of 20% over the previous biennium. The Working Capital Fund was fully funded at \$20 million.

194. The Caribbean Epidemiology Center (CAREC) and the Caribbean Food and Nutrition Institute (CFNI) had ended the biennium with an excess of income over expenditure of \$667,000 and \$336,000, respectively. The Institute of Nutrition of Central America and Panama's financial position for 2008-2009 and the first 21 days of January showed regular budget income of \$1.47 million, and expenditures of \$1.61 million, resulting in a shortfall of \$140,000. The Institute had ceased to be administered by PAHO on 21 January 2010.

195. Mr. Damian Brewitt (Representative of the External Auditor) presented the Report of the External Auditor on behalf of the National Audit Office of the United Kingdom of Great Britain and Northern Ireland. He was pleased to confirm that the audit of the financial statements had revealed no weaknesses or errors which were considered material to their accuracy or completeness. Accordingly the External Auditor had issued an unqualified audit opinion. In addition, PASB had responded appropriately to the most significant of the previous audit recommendations. The overall financial results showed that PAHO had been able to respond well to the turbulence in financial markets and to safeguard surplus capital held for investment.

196. In 2010 PAHO would produce fully IPSAS-compliant annual financial statements, which would provide Member States with much improved financial information, clearly setting out performance for the year and a true picture of assets and liabilities. PAHO was making good progress towards the implementation of the IPSAS, but such a significant change represented a risk to the Organization, and the External Auditor would work closely with management to review preparations. That support would include an audit of the format and content of an interim statement in order to provide feedback prior to the preparation of the annual accounts.

197. The current deadline for certification of the financial statements was 14 April, which would be a challenging target. PAHO should not underestimate the impact on the workload of finance staff and must ensure that sufficient resources were available to support the transition. In addition, needed upgrades to the Organization's financial systems should be made.

198. The provision of after-service health insurance coverage represented a significant future liability. Under current accounting policies that liability was not disclosed on the balance sheet, but once the IPSAS were implemented it would have to be included in full. PAHO had obtained an actuarial estimate of \$181 million for the potential liability, which highlighted the importance of having a long-term plan for meeting those obligations when they fell due in future years.

199. In the area of governance, PAHO had established an Audit Committee (see paragraphs 37 to 44 above), which would have a key role to play in overseeing the preparation of financial statements and the transition to the IPSAS, and should also have a role in the selection of a new External Auditor at the end of the present term of office. The United Kingdom Audit Office would not seek reappointment, since best practice would suggest that there should be a rotation of external audit providers. However, if PAHO was unsuccessful in finding a replacement auditor, then his office would be willing to continue serving.

200. In the External Auditor's view, good governance required effective risk management, an important component of which was development of a register to identify and monitor risks. PAHO should establish an Organization-wide risk register, focusing on a small and manageable number of high-level strategic risks that might affect the delivery of the agreed program of activity. The Organization should also produce a "statement on internal control"—i.e., a statement made by the head of an organization taking personal responsibility for the maintenance of internal controls throughout the year. The statement should include an assessment of the overall control environment, complemented by an annual opinion by the internal oversight function. It should highlight any control weaknesses and the actions undertaken to mitigate them, thereby enhancing the accountability of management and transparency of operations.

201. The audit had included 10 country visits and visits to both subregional centers. It had been noted that PAHO had strengthened oversight of country offices and improved financial controls at local level. However, documentation and retention of evidence could still be improved in the area of procurement. The audit visits to the subregional offices had identified risks associated with the delay in the planned separation of CAREC and CFNI from PAHO and the need to set out a clear timetable. The report also highlighted the need to ensure that quota contributions to both CAREC and CFNI were collected promptly; the amounts currently overdue were significant to the financial health of those institutions.

202. The External Auditor had conducted a separate audit of the financial statements of the Institute of Nutrition for Central America and Panama (INCAP) and had found no weaknesses or errors that were considered to be material to their accuracy. The shortfall of \$140,000 had been due primarily to additional costs from the extension of the accounting period until 21 January 2010 and had been financed from the Working Capital

Fund, which had since been replenished with funds received in 2010. The External Auditor had identified some risks to the financial health of the Institute, notably a decline in voluntary contributions and in project income, trends which probably reflected the uncertainty of the pre-separation period. Overall, however, the External Auditor had concluded that the transition had been managed successfully and fund balances transferred correctly.

203. The Executive Committee welcomed the report of the good financial health of the Organization and in particular the unqualified audit opinion, which demonstrated that careful administration of resources had enabled the Organization to weather the financial crisis without suffering major financial losses. It was considered clear that PAHO's image as a reliable financial partner was a key reason for the major voluntary contributions to the Organization, notably the strong increase in funding for the procurement of vaccines and other supplies on behalf of Member States.

204. One delegate expressed concern over the very large amount that would need to be set aside to fund staff members' future entitlements and inquired whether PAHO envisaged creating a reserve fund for that purpose as other bodies in the United Nations system were doing. She also fully endorsed the comment of the External Auditor concerning the impact on the workload of finance staff. The provisional audit in November would be a major step towards identifying risks and adopting remedies. In addition, since the implementation of the IPSAS was a responsibility not only of the Bureau but also of the Member States, and in light of the External Auditor's recommendation on keeping the Member States informed, she suggested that a workshop for countries on the implications of the IPSAS be held. She also supported all of the External Auditor's recommendations on the management of risk.

205. Another delegate expressed support for the External Auditor's recommendations with regard to updating financial reporting systems and the implementation of the IPSAS. A third delegate drew particular attention to the External Auditor's recommendation on continued attention to effective oversight and internal controls, especially in the field offices.

206. Mr. Alzamora welcomed the suggestion regarding the establishment of a reserve fund for future staff entitlements. PASB was examining the feasibility of that concept; the first step would be to calculate how large a reserve would be needed. He also welcomed the suggestion of a workshop on the IPSAS, which would be a way to familiarize Member States with how the Organization's financial statements would appear in the future.

207. The Director welcomed the Committee's positive comments on the Organization's success in emerging unscathed from the financial crisis. She felt that PASB's engagement of an investment professional to support and guide the work of the

Investment Committee had proved to be a prudent decision. She noted that the regional distribution of WHO resources had improved to the benefit of the Region of the Americas, and urged those PAHO Member States that were on the WHO Executive Board to continue to press for a fair distribution of the resources.

208. PAHO was very pleased to have received an unqualified audit opinion at the end of a very challenging period, including the transfer of responsibility for INCAP's administration to its own Directing Council. She assured the Committee that the Bureau would pay careful attention to all of the External Auditor's recommendations, especially in the areas of risk management and internal controls. The Bureau was monitoring the situation of the three Pan American Centers very closely. Steady progress was being made in reducing the deficit at CFNI, and in the case of the two Caribbean centers, PAHO had succeeded in retaining the confidence of its partners, who continued to make contributions for projects. Voluntary contributions had also continued to be made to INCAP during the period of transition, which augured well for the Institute's future financial sustainability.

209. The Executive Committee adopted resolution CE146.R2, authorizing, in light of the excess of income over expenditure, a transfer from the Holding Account of an additional \$2.0 million for the replenishment of the Master Capital Investment Fund, in accordance with Resolution CSP27.R19 (see paragraphs 215 to 221 below for further discussion of this matter).

**Process for the Appointment of the External Auditor of PAHO for 2012-2013 and 2014-2015 (Document CE146/25)**

210. Ms. Linda Kintzios (Treasurer and Senior Advisor, Financial Services and Systems, PASB) recalled that the process for the appointment of the External Auditor had first been presented to the Governing Bodies and approved by the Directing Council in 2006. When the process had been followed for the bienniums 2008-2009 and 2010-2011, only one nomination had been received. Consequently she wished to encourage all Member States to make nominations, from among auditors of international repute—a concept defined in the document—with experience of audits in a multicultural and multilingual environment.

211. In the Executive Committee's discussion of this item, it was proposed that PASB might consider adopting a single non-renewable six-year term of office for the External Auditor, which would offer a balance between continuity and a reasonable degree of rotation and would be conducive to maintaining independence.

212. Ms. Kintzios, noting that some United Nations bodies had adopted such arrangements, said that the Organization would look into the feasibility of the proposal, but would need to be sure, if the term was to be non-renewable, that it would receive

suitable nominations for the following one. Otherwise, the Organization might find itself without an external auditor.

213. The Director observed that the practice of the Organization had been to appoint its External Auditor for two bienniums, but that it would give consideration to the new proposal before publishing the call for nominations.

214. The Committee took note of the item.

### **Master Capital Investment Plan (Document CE146/26)**

215. Dr. Douglas Slater (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had examined a report on projects funded under the Master Capital Investment Fund at the regional and country levels and reviewed a request from the Director for the transfer of an additional \$2 million of excess income over expenditure from the Regular Program Budget for 2008-2009 to the Master Capital Investment Fund. In the ensuing discussion, Subcommittee members had affirmed that the Master Capital Investment Fund constituted a sound means of financing needed investments in infrastructure and had recommended that the Executive Committee approve the Director's request.

216. However, some delegates had suggested that a more detailed analysis of the work on some of the projects under the Fund was needed. It had been pointed out, for example, that in several cases there was no clear indication of how much money had been spent, as compared with what had been budgeted. It had also been suggested that it would be helpful to have a comprehensive view of the information technology projects funded from the Master Capital Investment Fund, those funded from the Holding Account, and the work being proposed to update the PASB Corporate Management System, rather than looking at those projects under three separate headings. The Subcommittee had also requested additional information on the damage to PAHO facilities caused by the earthquakes in Haiti and Chile and on plans for upgrading physical security in all of PAHO's premises

217. Mr. Edward Harkness (Area Manager, General Services Operations, PASB) summarized the revisions that had been made to the report in response to the Subcommittee's comments. Notably, it now referred to a Master Capital Investment Plan, which encompassed both the projects under the Master Capital Investment Fund and those to be funded from the Holding Account. Also, in the annex showing the projects for the biennium 2010-2011, the projects under the Real Estate and Equipment Sub-fund and those under the Information Technology Sub-fund project had been combined to show their complementarity, as had been requested by several Member States.

218. One delegate said that while the document had been improved, there were still some areas where the information was not clear. Mr. Harkness replied that improvements would be made in the next version of the document.

219. Responding to the request for information about damage to PAHO properties in the recent major earthquakes, he said that in Chile, arrangements had been made to relocate the office of the PAHO/WHO Representative to a building located adjacent to the property of the United Nations Economic Commission for Latin America and the Caribbean (ECLAC), which had also had the benefit of a lower rent. The PAHO office in Haiti comprised two parts, and the present focus was on strengthening the newer part, an extension built about 10 years earlier. It was hoped that the staff would be able to move back to that part of the building in about three months from their present temporary offices in portable buildings. After that, a study would be performed of the relative costs and benefits of repairing and enhancing the older part, a building dating back to 1910, or demolishing it. Much of the work would be funded from the Master Capital Investment Fund.

220. The Director recalled that in the case of Chile, there was a budget reserve to design a new building on property allocated by the Government, near the ECLAC property. As Chile now had a new Government, PAHO was reviewing the proposal prior to seeking confirmation of the commitment to provide the resources for the new building. She also reported that within two months, work would start on the renovation of a building allocated by the Government of Uruguay, which would include one floor designated for the PAHO/WHO country office and for the Latin American Center for Perinatology (CLAP), and in August, the Government of Suriname would inaugurate new PAHO offices.

221. The Executive Committee took note of the report.

#### **Status of Projects Funded from the PAHO Holding Account (Document CE146/27)**

222. Dr. Douglas Slater (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed of the status of projects approved by the 48th Directing Council for funding from the Holding Account and had reviewed proposed changes to the funding levels authorized for 2010-2011. However, the Subcommittee members had generally felt that there was insufficient information on the projects to enable them to make any recommendation to the Executive Committee. For example, while the project profiles for several projects showed that a portion of the original approved budget had been spent, no information was provided on what, concretely, had been done. In other cases, additional funding was being requested, but there was no indication of where it might come from. The Subcommittee had also felt that, since there had been a rather low rate of project execution, more explanation of the delays or lack of progress was needed. It had been pointed out that in some cases projects

under the Master Capital Investment Fund were identified as needing extra financing from the Holding Account, but the figures given in the reports on the Fund and the Account did not match. The Subcommittee had suggested that the types of projects to be funded from each of those two sources should be clarified.

223. It had been agreed that, in order to enable the Subcommittee to make recommendations to the Executive Committee, the Bureau would provide the necessary information on the reasons for the additional sums being requested, resolve any financial discrepancies between the various documents, and compile any other information that the Subcommittee required. The Subcommittee would then hold another discussion by electronic means. The Bureau had subsequently set up a website for that purpose, and the outcome of the electronic consultation process was reflected in Document CE146/27.

224. Mr. Román Sotela (Senior Advisor, Program Budget Management, PASB) reported that, following the SPBA session, an internal meeting had been held with all the authors of the project profiles to address the issues raised by the Subcommittee. As a result, the document had been reworked: the project profiles now incorporated linkages to the Strategic Plan, and the comments had been expanded to explain the reasons for slow implementation of the first tranche and expected activities for the second one. In addition, discrepancies in the funding figures had been eliminated.

225. The Executive Committee expressed appreciation for the improvements to the document, which it found much more informative than the version submitted to the Subcommittee. One delegate, observing that the Bureau had so far made very prudent use of the funds in the account, asked whether there was a longer-term view on the use of Holding Account resources.

226. Mr. Sotela surmised that, depending on the outcome of the discussion of the Organization's information systems (see paragraphs 60 to 79 above), one possible course of action might be to earmark some of the funds in the Holding Account to finance that effort, which would be very costly.

227. The Director added that the availability of funds in the Holding Account might be a unique occurrence, resulting from the unusual financial circumstances of one particular biennium. Consequently, the Bureau was keenly aware that the funds should not be used to start projects that would generate recurrent costs, but should finance projects that would make the work of the Organization more efficient and enable it to do more with the same level of resources. Project 3(a) under the Holding Account, for \$1 million, had been to undertake preliminary studies on the modernization of the PASB management information system. As a result of that project, some definite options could now be presented to the Directing Council. Once the Council had selected an option, the Bureau would then submit to the SPBA a new proposal for the way forward. The funds in the Holding Account would be one possible way of funding the undertaking. They might not

be sufficient to cover the entire cost, but at least they would allow the Organization to take the next step in the process.

228. Another area where it might be prudent to make investment would be in securing the continuity of the Organization's operations. She recalled a time at the beginning of the year when severe weather had caused power outages, water-pipe breakages, and computer breakdowns, just when the Organization was working intensively to improve the post-earthquake situation in Haiti. That had served as a warning that the Organization needed backups and reserve systems to ensure continuity in situations of crisis.

229. The Executive Committee took note of the report and approved the proposed changes in the levels of financing authorized for the period 2010-2011.

**Review of the Charge Assessed on the Procurement of Public Health Supplies for Member States (Document CE146/28, Rev. 1)**

230. Ms. Sharon Frahler (Area Manager, Financial Resource Management, PASB) summarized the information presented in Document CE146/28, Rev. 1, on the Organization's procurement mechanisms, drawing attention to the major increases in the amount of resources passing through those funds. She explained that since the inception of the Reimbursable Procurement mechanism in 1951, a 3% charge had been assessed on the net cost of the items purchased. In accordance with Resolution CD28.R36 (1981), that charge was credited to the Special Account for Program Support Costs to defray a portion of the costs related to the administration of the procurement mechanism. By contrast, since the inception of the Revolving Fund for Vaccine Procurement, the 3% charge collected from Member States had been designated for the Fund's capitalization account, thereby increasing the amount of funding available to Member States for the procurement of vaccines and related supplies. Similarly, the 3% charge assessed on the net cost of items purchased through the Strategic Fund was used for the Fund's capitalization account. As with the Revolving Fund for the Procurement of Vaccines, no portion of the 3% charge was used to defray the costs, including for staff, related to procurement.

231. In light of the dramatic growth in the Organization's procurement activities, PASB proposed that the fee of 3% be increased to 3.5%, with the additional 0.5% being credited to the Special Account for Program Support Costs. The additional revenues could fund additional posts to support the procurement activities. Other United Nations agencies that facilitated procurement on behalf of their Member States and partners levied charges of between 4% and 5%. Thus, even with the proposed 0.5% increase, PAHO would still be levying one of the lowest charges in the United Nations system.

232. The Executive Committee acknowledged the value of PAHO's procurement services and generally supported the proposed increase in the charge for those services, although some delegates wondered whether a 0.5% increase would be sufficient. Several

delegates noted that the funds in the Special Account for Program Support Costs covered only a small portion of the salaries of the staff working directly in procurement and supplies management, and emphasized that activities such as procurement on behalf of Member States, which were funded with voluntary and other extrabudgetary sources of income, should not be disproportionately subsidized out of the regular budget. Clarification was sought as to why none of the assessed charge in the case of the Revolving Fund for Vaccine Procurement and the Strategic Fund had so far been retained for program support, but rather had all been put into fund capitalization. It was pointed out that the Reimbursable Procurement mechanism had not grown significantly over the past decades, whereas the other two mechanisms had increased substantially, and it was suggested that the oldest mechanism might be merged with one of the other two.

233. One delegate suggested that the proposed 0.5% increase might be accepted provisionally and that the Committee might revisit the issue in the near future, following a study by the Bureau to determine the true overhead costs of procurement activities and projections of future cost increases. Another delegate proposed that the charge should be increased to 4%, with the second 0.5% of increase being used to help fund the modernization of the PASB management information system (see paragraphs 60 to 79 above). A third delegate suggested combining the two proposals: both agreeing to an increase of 1% and requesting the Bureau to examine the actual costs more closely. It was pointed out that the proposed resolution on this item did not indicate when any increase in the assessed charge would go into effect, and the resolution was subsequently amended accordingly.

234. Ms. Frahler confirmed that the funds in the Special Account for Program Support Costs did not cover all the cost of administering the Organization's procurement activities. However, she explained that PAHO viewed its procurement activities as part of the technical cooperation that it offered its Member States. While it sought to obtain the best possible price for the medical supplies if procured on behalf of Member States, it was not the Organization's aim to insist on reimbursement of all the costs of doing so. However, the Bureau would be prepared to undertake a study to determine the real costs of such activities, which included not only costs associated with the departments directly involved in procurement and supplies management, but also costs for staff working on the program budget, financial resources management, legal matters, and other areas.

235. Turning to the reasons for the differing treatment of the assessed charge for the three procurement mechanisms, she explained that when the Revolving Fund for Vaccine Procurement had been created in 1977 the principle had been established that the assessed charge would be credited in its entirety to the capitalization account, because the regulations of some governments of the Region did not allow prepayment for goods or services. PASB was thus able to loan the funding to such governments from the capitalization account, make the purchases from the Fund itself, and then recoup the

monies loaned within 60 days. Some Member States thus had access to vaccines and syringes which they might otherwise have been unable to obtain. When the Strategic Fund had been set up in 1999, it had had a different and very complicated structure, which had soon proved unworkable. There had been requests from the Member States for a structure similar to that of the vaccine fund, and in 2005 the Director had decided that the simplest approach was to make the two structures the same.

236. With regard to the question about the continued independent existence of the Reimbursable Procurement mechanism, she explained that it had originally been established in 1951 to purchase all types of medical equipment. When the two revolving funds had later been set up, procurement of vaccines and strategic public health supplies respectively had moved to those funds, leading to a decrease in the use of the original one. PASB could certainly consider merging it with one of the other two funds, but the Reimbursable Procurement mechanism was still used extensively for the purchase of ambulances, laboratory equipment, and other medical supplies that did not really fit under the two revolving funds.

237. The Director added that the procurement market in the 1950s had been very different from the present. Some countries had not even had suppliers of certain medical goods, and had found it difficult or exorbitantly costly to import them. Thus the mechanism had certainly played an important role. Now it tended to be used less, although it had assisted, for example, in a large purchase of ambulances in 2009. She pointed out that that the Revolving Fund for Vaccine Procurement, in particular, had also benefited the pharmaceutical industry, as the placing of large, guaranteed orders enabled it to plan for the future and to make accurate market predictions.

238. In addition, the two revolving funds had yielded benefits for all the Member States beyond reducing the costs of their public health procurements. When not being used to pre-finance purchases of supplies, the approximately \$60 million in the capitalization accounts had been added to the Organization's investment portfolio, thereby contributing to the great increase in miscellaneous income in the previous biennium. Although interest rates had dropped in the present biennium, having a greater volume of funds to invest had enabled the Organization to survive the period of financial difficulty relatively undamaged.

239. She agreed that it was important to avoid subsidizing extrabudgetary activities from regular budget income. With that in mind, the Bureau was trying as far as possible to sustain the procurement growth without making a commensurate increase in human resources. But a study of the Bureau's procurement departments carried out by an outside consultant had indicated clearly that there was a need to increase the number of posts in some of those areas. The proposal of a 0.5% increase in the assessed charge had been made with a view to keeping any rise in costs modest in the present difficult financial climate.

240. While welcoming the readiness of some Member States to envisage a larger increase, she wished to sound a note of caution. The idea of using an additional 0.5% of increase to finance enhancements to the management information system, while appealing, might also be seen as creating a new subsidy. Not all Member States used all of the procurement mechanisms. Thus, the Organization might be using resources contributed by only some of the Member States to fund an enhancement that would be of benefit to all of them, raising issues of equity. She suggested that the 0.5% increase might be approved in the current biennium, the Bureau would conduct a study of the real costs, and an incremental increase might be proposed in the following biennium.

241. While expressing appreciation for the explanation of the historical reasons for the assignment of the assessed charge to the capitalization accounts, some delegates wondered whether it was still the case that the entire 3% needed to be so assigned, given that both revolving funds had now been in existence for considerable time.

242. The Director referred to another study by an outside consultant on the financial workings of the Revolving Fund for Vaccine Procurement. That study had indicated that, given the projected costs of new developments such as human papillomavirus vaccine or pneumococcal vaccine, the Fund had not yet reached its optimum level of capitalization.

243. The Executive Committee adopted Resolution CE146.R3, as amended, recommending that the Directing Council approve an increase in the charge assessed on the procurement of public health supplies to 3.5%, with effect from 1 January 2011.

## **Personnel Matters**

### **Amendments to the PASB Staff Rules and Regulations (Documents CE146/29 and CE146/29, Corr.)**

244. Dr. Douglas Slater (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had considered several proposed amendments to the Staff Rules and Regulations during its fourth session. It had been informed that the amendments fell into two broad categories: first, changes considered necessary in order to maintain consistency with human resources policies and practices in the United Nations common system, and second, changes considered necessary in the light of experience and in the interests of good human resources management. The Subcommittee had taken note of the proposed amendments to the Staff Rules and Regulations and the proposed Executive Committee resolution contained in Document CE146/29.

245. Ms. Dianne Arnold (Area Manager, Human Resources Management, PASB) added that in addition to the substantive changes being proposed, some editorial revisions

were also included, in the interests of clarity in the Staff Rules and Staff Regulations. She highlighted the proposed changes to Staff Rules 310.4, 410.1, 763, 1230, and to Staff Regulation 4.3 and reviewed the reasons for those changes. She also noted that, pursuant to a recommendation by the International Civil Service Commission to the United Nations General Assembly, the salary scale for the professional and higher categories had been increased by 3.04%. Consequently, the Executive Committee was asked to approve the corresponding adjustments to the salaries for the posts of Deputy Director and Assistant Director, on a no loss/no gain basis, and to recommend to the 50th Directing Council a corresponding revision to the salary for the post of Director.

246. The Director expressed the view that the Governing Bodies' review of the proposed changes to the Staff Rules and Regulations ensured both that the Organization was in compliance with its obligations as part of the United Nations system and that it was acting as a good employer.

247. The Executive Committee adopted Resolution CE146.R13, approving all the Staff Rule changes proposed, and recommending that the 50th Directing Council establish the annual salary of the Director at the level proposed and approve the amendment to Staff Regulation 4.3, clarifying that the principles of diversity and inclusion were to be considered in the hiring of personnel.

### **Contract Reform in PAHO (Document CE146/30)**

248. Dr. Douglas Slater (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed that while two of the contract types approved by the United Nations General Assembly in 2008—temporary and fixed-term contracts—had been implemented in 2009, the United Nations General Assembly had asked United Nations organizations to delay implementing continuing contracts until a number of issues had been resolved. The Subcommittee had pointed out that the report contained no information on PAHO's progress in implementing the other two types of contract and had asked for such information to be included in the report to be submitted to the Executive Committee.

249. Ms. Dianne Arnold (Area Manager, Human Resources Management, PASB) explained that there had been no change in the case of fixed-term appointments: many of the Organization's staff were on such contracts, which lasted a set period of time, generally two years, and were renewable. With regard to temporary appointments, the 144th Session of the Executive Committee had approved the implementation of two revisions: namely, the extension of their possible duration to two years—rather than the previous 11-month maximum duration, which had been very disruptive to work under way—and some improvements in benefits for temporary personnel, including entitlement to home leave and hardship allowances in appropriate cases. Those revisions had been implemented, increasing the Organization's flexibility in utilizing temporary staff and

facilitating workforce planning. There had been minimal financial implications, as the enhanced benefits had applied only to four staff.

250. As to continuing appointments, the General Assembly had requested the various agencies and organization to postpone implementation at least until January 2010, pending a review of performance management and other factors. However, no consensus on the matter had been reached at the 2009 General Assembly, and the United Nations Secretariat had been asked to develop a new model for continuing contracts for submission to the next General Assembly in the last quarter of 2010. PAHO would therefore continue postponing the implementation of continuing contracts.

251. There had also been changes in the arrangements for consultants. In the past, personnel hired under a short-term consultant contract had been considered, for the duration of their contract, staff of the Organization. From January 2009 onwards, that type of contract had been replaced by the PAHO consultant contract, under which contractors were no longer considered staff. All other forms of non-staff contract were also being consolidated under the new contract type, allowing for greater consistency and equity in pay and benefits.

252. The Director observed that while PAHO, pursuant both to the request from the General Assembly and to the decision of the Executive Committee, had not yet implemented continuing contracts, some other United Nations agencies, including WHO, had done so. PASB was looking carefully at the experience of those agencies. At a time of reduced financial resources, implementing continuing contracts was, in some cases, proving a burden. Some organizations had even chosen to lay off staff rather than give them a continuing contract. The Bureau would continue to monitor the situation.

253. While the adoption of the new type of consultancy contract would yield benefits in terms of flexibility and equity, it too had brought its share of difficulties. The Bureau was working in cooperation with the PAHO/WHO Staff Association and, in cases involving local labor law, with the government concerned in order to ensure that all such personnel were treated fairly.

254. The Executive Committee took note of the report.

**Statement by the Representative of the PAHO/WHO Staff Association (Document CE146/31)**

255. Ms. Pilar Vidal (Representative of the PAHO/WHO Staff Association) highlighted the matters that the Staff Association wished to bring to the Committee's attention. She emphasized that, while progress had been made in improving the working conditions within the Organization, the PASB management and the Staff Association needed to maintain a proactive working relationship in order to advance their agendas.

The Association considered that the participation of the staff in processes having to do with human resources was essential and should in no way be seen as infringing the authority of management, which retained ultimate responsibility for personnel-related decisions.

256. Over the past year, the Staff Association had been working jointly with management on various topics, including contractual arrangements, staff well-being, staff development and training, performance management, the Integrity and Conflict Management System, and others. Progress had been made, but some issues were not fully resolved. In particular, further work was needed on the Integrity and Conflict Management System in order to ensure the right to defense, the right to due process, prompt access to the internal justice system, and the reaching of decisions within a reasonable time.

257. In the area of contractual arrangements, the Staff Association considered that the Organization should fulfill the mandate issued by the 144th Session of the Executive Committee to implement continuing appointments and align PAHO's policy with that of WHO. The Staff Association urged the Organization to continue to provide professional development opportunities for staff. In that connection, the Staff Association was of the view that the practice of recalling retired staff members to serve temporarily in managerial positions robbed the Organization of an opportunity to develop the abilities of younger staff and discouraged personnel from striving to advance.

258. The Association appreciated the trust placed in the staff and renewed its commitment to work towards the goals of the Organization and of its Member States in the important field of international cooperation in health.

259. The Director thanked the Staff Association for its dedication to the work of the Organization and in particular its support of personnel in Chile and Haiti, where working conditions continued to be difficult. She was aware of staff concerns about progress in contract reform and was seeking the best way forward. As she had said earlier (see paragraph 254 above), the decisions taken on the matter taken at the United Nations and at WHO were causing difficulties, including financial ones, as the financial resources needed to implement contract reform were not always available. Above all, there was an impact on staff job security: many people were likely to lose their employment as a result of the reforms, and thus there was a balance to be struck in terms of the best options for ensuring that the Organization had the best quality of personnel and could continue fulfilling its technical cooperation role without resorting to types of contract that were not consistent with the principle of "decent work" as defined by the United Nations. It was an issue to which she would continue to give careful attention.

260. The Executive Committee took note of the presentation.

## **Matters for Information**

### **WHO Program Budget 2008-2009: Performance Assessment Report (Summary Report) (Document CE146/INF/1)**

261. Dr. Mohamed Abdi Jama (Assistant Director-General, General Management, WHO) introduced the report on the assessment of the WHO Program Budget 2008-2009, which evaluated the WHO Secretariat's performance in achieving the Organization-wide expected results as set out in the Program Budget 2008-2009. It also identified progress and main accomplishments in relation to the strategic objectives established in the Medium-term Strategic Plan 2008-2013. Additionally, it provided a summary of financial implementation, lessons learned and the key challenges relating to each strategic objective.

262. He noted that the report marked the first time that the performance assessment had been presented in the year immediately following the biennium to which it related: in the past such reports had customarily been presented a whole year later. Before publication, the report had been peer-reviewed by WHO staff who had not been involved in its initial drafting. It had also been reviewed by some Member States.

263. For each strategic objective, the assessment report provided key highlights of the progress made by, and achievements of, Member States, and identified the contribution of the WHO Secretariat to the achievement of those results. He stressed that the drivers for success were the Member States' own national plans and programs: WHO regarded itself as acting as a partner with those programs and did not seek to impose actions or requirements on them.

264. Each Organization-wide expected result was appraised as fully achieved, partly achieved or not achieved, depending on whether all, some, or none of the indicator targets had been met or surpassed. If a particular expected result had not been achieved in all regions, the Organization as a whole would be rated as having only partially achieved that result. However, it was intended that at the Regional Committee meetings in September and October, WHO would present the individualized results for each region. Of the 81 Organization-wide expected results, 42 had been fully achieved and 39 had been partly achieved. None had been rated "Not achieved."

265. The report also showed the degree to which the resources needed to achieve each strategic objective had in fact been mobilized. Distribution of funding among the strategic objectives, or alignment of resources with priorities, remained a major difficulty for WHO. Much of the funding raised was firmly earmarked for a specific research program or for specific disease control interventions, which did not allow the Organization to utilize the resources as it saw fit.

266. One of the lessons learned from the assessment had been that the establishment of ambitious time-bound targets such as the Millennium Development Goals and the creation of financing mechanisms such as the Global Fund to Fight AIDS, Tuberculosis and Malaria did generate considerable resources and focus attention on the achievement of targets. The assessment had also highlighted the need to strengthen health systems. Weaknesses in and lack of adequate resources for health systems and health governance had been largely responsible for the failure to achieve several of the targets. However, the 2008-2009 biennium had seen a strong recommitment to the values and principles of primary health care in all regions, which augured well for the future.

267. The Director observed that both PAHO and WHO were in the midst of a transition to results-based management and that there was a need to refine the methods for selecting and measuring the achievement of indicators and reporting results in order to provide proper accountability to Member States.

268. She concurred with the finding that donors' tying of resources to particular programs or areas was an obstacle to progress at both global and regional levels. It was a matter of particular concern that some of the strategic objectives identified as priorities by Member States had not been achieved because it had not been possible to mobilize the resources needed. That was notably the case in the areas of chronic diseases, environmental health, and climate change, and even in some of the strategic objectives relating to the Millennium Development Goals, such as those on maternal and infant health.

269. She saw a growing awareness of the need to strengthen health systems and a greater readiness on the part of funding bodies to recognize the importance of having strong systems and services that were capable of responding to the myriad public health challenges that arose. While heavy investment in control of communicable diseases had certainly been necessary in the light of pandemic (H1N1) 2009 and other recent events, it was clear that ensuring appropriate responses to public health emergencies would also require sustained investment in the development of health systems.

270. The Executive Committee took note of the report.

#### **PAHO Results-based Management Framework (Document CE146/INF/2)**

271. Dr. Douglas Slater (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed of the Secretariat's progress in implementing results-based management under the four components of PAHO's results-based management framework, which were: first, planning; second, implementation and performance monitoring and assessment; third, independent evaluation and learning; and fourth, accountability. The Subcommittee had commended the Secretariat on the progress made thus far in implementing results-based

management, especially planning, and had encouraged it to continue working to strengthen the other aspects of the framework, in particular accountability. The importance of ongoing monitoring and evaluation to strengthen both results-based management and overall organizational performance had been underscored, and the Director's decision to ask the Internal Oversight and Evaluation Services Office to carry out a review of the lessons learned to date in the results-based management process had been applauded. The importance of suitable indicators for measuring results had been stressed.

272. The Subcommittee had made a number of comments and suggestions about specific aspects of the framework and the report on this item. It had been suggested, for example, that definitions of several terms should be added to the glossary. Concerning the letters of agreement policy described in the report, delegates had inquired whether there were arrangements other than letters of agreement for cooperation with countries, whether there was a protocol for the negotiation of letters of agreement, and whether the policy responded to the recommendations of the External Auditor with respect to letters of agreement.

273. Dr. Isaías Daniel Gutiérrez (Area Manager, Planning, Budget, and Resource Coordination, PASB) then summarized the content of Document CE146/INF/2, noting that it incorporated the comments and suggestions received from members of the Subcommittee. He reviewed the basic elements of results-based management and the four components of PAHO's framework and outlined the work under way with regard to each component. He pointed out that the planning component was fully aligned with the Health Agenda for the Americas 2008-2017 and with the WHO Medium-term Strategic Plan 2008-2013. Regarding the last component, accountability, he noted that a policy on delegation of authority had been drawn up. That policy was set out in Annex D of the document. The Bureau would continue to update the Governing Bodies regularly on its progress in implementing results-based management.

274. In the discussion that followed, the Bureau was commended for its progress in implementing results-based management and for its efforts to ensure linkages between PAHO's framework and larger strategic frameworks, such as the Health Agenda for the Americas and the WHO Medium-term Strategic Plan. The Delegate of Canada, noting that her Government had contributed some \$18 million to support institutional strengthening within the Organization, encouraged the Bureau to ensure that PAHO's offices at the country and subregional levels acquired the same capacity as Headquarters to apply results-based management. She also urged the Bureau to ensure that it had the resources and the capacity to collect and analyze the data needed to establish baselines and measure change over time.

275. The policies presented in the annexes to the document were welcomed, in particular those on delegation of authority, which would empower managers, and on resource coordination, which would enable the transfer of resources between entities within the Organization and between the strategic objectives identified in the Strategic Plan 2008-2012. It was pointed out that implementing the policy on delegation of authority would require an element of cultural change within the Organization, and the Bureau was asked to provide information on how the policy was being applied and on how it was being received by managers. It was pointed out that the Strategic Plan identified numerous Region-wide expected results for which Member States shared responsibility with the Bureau, and it was suggested that an effort should be made over time to reduce those expected results to a more manageable number.

276. Dr. Gutiérrez noted that the Strategic Plan had already been amended once at the suggestion of the Governing Bodies, as a result of which the number of indicator targets had been greatly reduced. The Bureau would continue to adjust the indicators to reflect changing circumstances in Member States. The Bureau would also provide updates on the implementation of the policy on delegation of authority and the other policies and components of the results-based management framework. He reported that in order to ensure that staff at all levels of the Organization had equal knowledge of the principles of results-based management, the Bureau, with support from the Government of Canada, was developing an interactive training course.

277. The Director said that the implementation of results-based management had entailed the development and application of a number of instruments and conceptual frameworks, which, though of unquestionable value, had been very complex and time-consuming for staff. The Bureau was striving to ensure an appropriate balance in the use of staff time so that the time spent on tasks related to results-based management did not diminish the time devoted to the Organization's primary function: technical cooperation with Member States. The process of implementing results-based management, one aspect of which was the modernization of the PASB management information system (see paragraphs 60 to 79 above), had also proved very costly. She hoped that other countries might follow Canada's lead in providing financial support for the Organization's efforts to strengthen its systems and provide the training required to ensure effective results-based management.

278. The Executive Committee took note of the report.

### **PAHO's Integrity and Conflict Management System (Document CE146/INF/3)**

279. Dr. Douglas Slater (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had heard a progress report on the implementation of the PASB Integrity and Conflict Management System (ICMS), which comprised a Code of Ethical Principles and Conduct, a workplace harassment program, a

declaration of interests program, and a confidentiality and disclosure program. The Subcommittee had been informed that a dedicated website had been set up for the Integrity and Conflict Management System to provide guidance to staff. The Subcommittee had welcomed PASB's robust program for addressing issues relating to ethics, integrity, and conflict management and had asked whether other United Nations agencies had adopted a similar approach of bringing the various diverse but related issues into a single system. It had also asked whether any guidance was provided to staff members on choosing the best point of entry into the Integrity and Conflict Management System or whether it was left to staff to make that decision on their own.

280. In response to the Subcommittee's questions, Mr. Philip MacMillan (Manager, Ethics Office, PASB) had said that PAHO appeared to be somewhat unique in combining integrity and conflict management into a single system. He had been hopeful that a network of ethics offices could be established throughout the United Nations system to share information and best practices. He had explained that it was considered important for the staff to be able to access the System initially at whatever level made them feel most comfortable, and that the aim of the website was to help staff to understand each resource in the System, in terms of its confidentiality, authority, and decision-making ability.

281. Following Dr. Slater's introduction of the item, Mr. MacMillan informed the Committee that, in addition to the information provided to the Subcommittee, Document CE146/INF/3 also provided details on the work of the ICMS Coordinating Committee, whose role was to ensure that the System functioned effectively and also to propose new policies and procedures to enhance it. One recent initiative of the ICMS Coordinating Committee had been a review of PASB's system for the administration of justice, including the procedures staff members should follow to challenge an administrative or disciplinary decision taken against them. The review had been intended to ensure that the administration of justice system was independent, robust, and professional and that it operated in a timely manner. A report on the review was being examined by the ICMS Coordinating Committee and was expected to be ready for presentation to the Director in July. At recent meetings of ethics officials from all the United Nations agencies, he had sought input from his colleagues on whether PASB's approach was consistent with the practice in other organizations, which did appear to be the case.

282. The Director said that the Bureau was committed to enabling its managers in many different areas, not just in the areas of conflict resolution and administration of justice, to work in collaboration with their peers in other organizations, in both the United Nations and the inter-American systems. That collaboration took place mainly by means of electronic networks, but there were also face-to-face meetings. Such encounters were important because they facilitated the sharing of experiences and best practices and helped to ensure consistency of practice across the international system. They also

contributed to the professional development of the personnel involved and thus enhanced the services that the Organization provided to Member States.

283. The Executive Committee took note of the report.

**Preparations for the Roundtable on Urbanism and Healthy Living (Document CE146/INF/4)**

284. Dr. Luiz Galvão (Area Manager, Sustainable Development and Environmental Health, PASB) introducing the item, said that urbanism and healthy living had been the theme of World Health Day in 2010, as well as of a number of other activities in the United Nations system. The roundtable on urbanism and healthy living would be held during the 50th Directing Council. Participants would include representatives of other health-related agencies and of academia. Dr. Jacob Kumaresan, Director of the WHO Centre for Health Development (the WHO Kobe Centre), had also confirmed his attendance. The roundtable would follow the usual format, with one or two keynote speakers and four discussion panels, followed by a plenary meeting at which the panels' findings and conclusions would be presented. The Bureau was preparing a document to guide the discussions, which would be available in July.

285. The Executive Committee took note of the report.

**30th Anniversary of Smallpox Eradication and the Establishment of the PAHO Revolving Fund for Vaccine Procurement (Documents CE146/INF/5 and CE146/INF/5, Corr.)**

286. Dr. Cuauhtémoc Ruiz Matus (Senior Advisor, Comprehensive Family Immunization, PASB) informed the Committee that the Bureau proposed to hold a celebration during the 50th Directing Council in order to pay tribute to the thousands of health workers and community volunteers who had worked to achieve the eradication of smallpox and to recognize the contribution of the PAHO Revolving Fund for Vaccine Procurement to public health and to the successes of the Expanded Program on Immunization in the Region of the Americas. He noted that a similar commemoration of the eradication of smallpox had been held during the 63rd World Health Assembly in May 2010. Details of the planned activities were provided in Document CE146/INF/5.

287. The Director said that the celebration was planned for the Tuesday afternoon of the week of the Directing Council. It would feature the unveiling of a bust of Edward Jenner, who had pioneered the smallpox vaccine, on loan from the Jenner Foundation. The Bureau was also working in coordination with the United States National Library of Medicine and with the Smithsonian Institute to organize parallel activities in the Washington, D.C., area to commemorate the eradication of smallpox.

288. The Executive Committee endorsed the proposal for the celebration.

**Progress Reports on Technical Matters (Documents CE146/INF/6, Rev. 1–A, B, C, D, E, F, and G)**

***Implementation of the International Health Regulations (2005) (Document CE146/INF/6, Rev. 1-A)***

289. The President drew attention to the progress report contained in part A of Document CE146/INF/6, Rev. 1, and opened the floor for discussion.

290. The Committee commended PAHO for its work in helping Member States to implement the International Health Regulations (2005) and welcomed the progress made thus far. The Committee also noted, however, that the Regulations had not yet been fully implemented in all Member States and urged PAHO to continue its efforts to ensure that all countries of the Region would be able to meet their obligations under the Regulations by June 2012. Delegates highlighted the need for intersectoral coordination at the national level and for close collaboration and open and transparent sharing of information at the international level in order to respond effectively to public health risks that had the potential to become global health emergencies. One delegate called attention to the need for federal States to ensure good coordination between the national health authority and subnational authorities.

291. The need to address gaps in pandemic preparedness and response was also underscored. Several delegates noted that pandemic (H1N1) 2009 had put the Regulations to the test and had demonstrated their effectiveness; however, the pandemic had also brought to light some areas that needed strengthening, including communications with the media, training of human resources, and coordination between the health sector and other sectors involved in surveillance at points of entry and in emergency response. The Committee highlighted the need for ongoing PAHO support in those areas and in the review and modernization of national legislation in order to bring it into line with the requirements of the Regulations.

292. Delegates reaffirmed their Governments' commitment to full implementation of the Regulations and provided updates on their progress in that regard. Several delegates also mentioned training and other activities taking place at the subregional level with a view to accelerating implementation, notably within the framework of the Southern Common Market (MERCOSUR) and the Union of South American Nations (UNASUR).

293. Dr. Sylvain Aldighieri (Senior Advisor, Epidemic alert and Response, Area of Health Surveillance and Disease Prevention and Control, PASB) agreed that the Region's experience with pandemic (H1N1) 2009 had served as a field test for the International Health Regulations (2005), pointing out that that test had occurred at a time when the

evaluation of countries' core capacities had not yet been completed. The pandemic had also highlighted the importance of ongoing dialogue between national focal points and PAHO in its capacity as the regional contact point for WHO. Stressing the importance of national and subregional networks, he noted that MERCOSUR, in particular, had developed important tools for evaluating surveillance and response capacities, which had been adapted and used by other countries. Although there had been some delay in carrying out assessments of core capacities at points of entry, good progress had been made, and PASB continued to provide proactive support to countries to enable them to complete their assessments. Various Member States were also providing assistance in that area. An expert from Spain was working with PASB at the regional level, for example, and another expert was assisting the Eastern Caribbean countries. In addition, the experience gained in Brazil and the rest of Latin America was being used to train professionals from Portuguese-speaking African countries and Timor-Leste.

294. The Director expressed appreciation to those countries that had provided financial support for the implementation of the Regulations and for pandemic preparedness. That support had greatly enhanced the regional response to pandemic (H1N1) 2009 and was facilitating the current phase of implementation of the Regulations, in which the main focus was on ensuring that the core capacities were in place at all levels and in all parts of countries, including rural areas. With regard to the modernization of legislation, she announced that the framework for implementation of the Regulations mentioned in paragraph 16 of the progress report was now available.

295. The Committee took note of the report.

***Update on the Pandemic (H1N1) 2009 (Document CE146/INF/6, Rev.1-B)***

296. The President drew attention to the progress report contained in part B of Document CE146/INF/6, Rev. 1, and opened the floor for discussion.

297. The Committee commended PAHO on its leadership of the regional response to pandemic (H1N1) 2009 and expressed appreciation for the support they had received from the Organization in grappling with the pandemic. Delegates emphasized the need to utilize the experience and lessons learned from that experience to strengthen planning and enhance capacity to respond to future public health emergencies. It was suggested that the lessons learned from the pandemic in the Region should also be taken into account by the WHO International Health Regulations Review Committee. The importance of revising or expanding national influenza pandemic preparedness plans was underscored, as was the need to set up national influenza centers in all countries of the Region. One delegate highlighted the need for close coordination between ministries of health and ministries of agriculture in order to bridge the gap between human and animal disease surveillance, detection, and outbreak response activities.

298. The Delegate of Brazil said that paragraph 25 of the report should be revised to reflect the fact that Brazil—and possibly other countries—had operational plans for its main points of entry and had issued alerts as soon as it had received them from WHO and PAHO. With regard to the time lags referred to in paragraph 28, she pointed out that those delays had occurred because during the first month of the pandemic no guidelines for laboratory confirmation of cases had yet been issued. That was an important consideration to bear in mind, both in analyzing the response to pandemic (H1N1) 2009 and in planning for future emergencies. The Delegate of Spain announced that his Government planned to donate more than 4.1 million doses of pandemic (H1N1) 2009 vaccine for distribution by PAHO.

299. Dr. Otavio Oliva (Advisor, Viral Diseases, PASB) stressed that pandemic preparedness efforts were carried out under the umbrella of the International Health Regulations (2005) and served to strengthen the core capacities identified under the Regulations. Although countries' levels of preparedness had differed somewhat, the overall regional response to pandemic (H1N1) 2009 had been exemplary. The pandemic had yielded many lessons, which had been examined by representatives of all countries of the Region at a conference convened by PAHO in September 2009. The outcome of that conference had formed the basis for PAHO's plan for the current biennium, which aimed to enhance pandemic preparedness by strengthening surveillance and laboratory capacity. Efforts were also being made to strengthen coordination between human and animal health authorities.

300. The Director observed that the next Inter-American Meeting, at the Ministerial Level, on Health and Agriculture (RIMSAs), to be held in 2011, would offer a key opportunity to strengthen partnership between the two sectors, not only with regard to zoonotic diseases but also many other areas in which animal and human health overlapped. She expressed appreciation for the vaccine donation announced by the Delegate of Spain and commended all countries of the Region for their generosity and transparency in sharing information and resources during pandemic (H1N1) 2009. Noting that influenza would continue to be a serious problem, she stressed the need for all countries in the Region to remain alert and not let their guard down.

301. The Committee took note of the report.

***Plan of Action for Strengthening Vital and Health Statistics (Document CE146/INF/6, Rev. 1-C)***

302. The President drew attention to the progress report contained in part C of Document CE146/INF/6, Rev. 1, and opened the floor for discussion.

303. The usefulness of the plan of action as a tool for helping Member States improve the coverage and quality of their statistics was affirmed. The Delegate of Argentina

pointed out that, although, as indicated in the report, his country's situation analysis and strategic plan had been drawn up with a framework different from that of PAHO/WHO, its plan of action was aimed at improving the quality and coverage of statistics, as well as offering technical cooperation to neighboring countries.

304. Ms. Fátima Marinho (Project Coordinator, Health Information and Analysis, PASB) said that good progress was being made under the plan of action. She stressed the importance of ensuring the availability of timely and reliable statistics, without which it was difficult to evaluate and monitor progress under other plans of action being carried out in the Region. The plan of action would be reinforced by the recently created Latin American and Caribbean Network for Strengthening Health Information Systems, which would also help to promote horizontal cooperation among countries in the Region.

305. The Director, highlighting the importance of good data for monitoring progress towards the Millennium Development Goals, surmised that the difficulty of obtaining baseline statistics was an issue that would undoubtedly be brought up at the special review summit on the Goals, to be held during the sixty-fifth session of the United Nations General Assembly in September 2010.

306. The Committee took note of the report.

***Regional Core Health Data Initiative and Country Profiles (Document CE146/INF/6, Rev. 1-D)***

307. The President drew attention to the progress report contained in part D of Document CE146/INF/6, Rev. 1, and opened the floor for discussion.

308. The Delegate of Mexico affirmed her country's continued support for the Regional Core Health Data Initiative and said that she would submit detailed written comments on the progress report. She had several suggestions concerning the information presented in the progress report. For example, she suggested that the modifications to the Basic Indicators Health Information System referred to in paragraph 49 of the report should not be limited to technological aspects of data compilation and validation. It was also important to strengthen national capacities for the generation of health statistics, especially in those countries with a high level of underreporting or countries in which data were not being reported consistently. She also suggested that a direct link to the Regional Public Health Observatory should be included on the homepage of the PAHO website in order to facilitate access to the core health data. Noting that the most recent information on Mexico in the country health profiles section of the basic indicator database ([http://www.paho.org/english/dd/ais/cp\\_index.htm](http://www.paho.org/english/dd/ais/cp_index.htm)) was for the year 2000, she suggested that procedures for updating information might need to be reviewed and improved. Lastly, she said that the technical assistance referred to in paragraph 61 should include assistance relating to the improvement of national statistics, training of human

resources, strengthening of the technical and conceptual capacities of existing personnel, and modernization of processes relating to the generation and dissemination of health statistics. She emphasized that training of ministry of health personnel was an essential component of efforts to strengthen the core health data and noted that the PAHO/WHO Representatives had a key role to play in providing such support.

309. Ms. Fátima Marinho (Project Coordinator, Health Information and Analysis, PASB), expressing appreciation for the delegate's comments and suggestions, said that the core health data initiative was closely linked to the initiative for strengthening vital and health statistics. She pointed out that, although a great deal of data was being generated in the Region, those data were not always of good quality. The problem lay not in the collection of data, but in its subsequent treatment. Incorrect classification of causes of death was a particularly serious problem, which led to inaccuracies in the information contained in the health indicator database. There was obviously a need to train the personnel responsible for coding causes of death, but there was also a great need to train doctors, some of whom did not know how to fill out a death certificate properly.

310. In addition, it was critical to strengthen dialogue and coordination between the health sector and national statistics institutes in order to ensure that national statistics systems were collecting data, such as birth weight, that was important from an epidemiological standpoint. Similarly, it was necessary to strengthen coordination with other agencies and organizations that were working to address health problems. It was essential to persuade them of the need to invest in strengthening information systems, in particular through training of human resources, in order to improve the quality of health data, because without accurate data it was difficult to design effective interventions or to measure progress.

311. The Committee took note of the report.

***WHO Framework Convention on Tobacco Control: Opportunities and Challenges for its Implementation in the Region of the Americas (Document CE146/INF/6, Rev. 1-E)***

312. The President drew attention to the progress report contained in part E of Document CE146/INF/6, Rev. 1, and opened the floor for discussion.

313. The Committee commended PAHO's efforts to assist countries in implementing the Framework Convention. Several delegates provided updates on their countries' progress, highlighting, for example, measures taken to discourage tobacco use and reduce exposure to tobacco smoke, such as price and tax measures to reduce demand for tobacco products, prohibition of smoking in public buildings and other places, packaging and labeling of tobacco products, and prohibition of tobacco advertising, promotion and sponsorship. Attention was drawn to the need to address the gender aspects of the issue, given the worrying increase in tobacco use among girls. The Delegate of Suriname

reported that his country's National Assembly would be discussing tobacco legislation during the current year and was expected to enact it by the beginning of 2011. The Delegate of Saint Vincent and the Grenadines informed the Committee that his Government expected to ratify the Framework Convention on Tobacco Control very soon, hopefully by September 2010. The delegate of Canada said that her Government had been working with other countries on the drafting of guidelines on the implementation of articles 9 and 10 of the Convention, which related to tobacco product regulation and information disclosure. The draft guidelines, which would be tabled at the November 2010 session of the Conference of the Parties, would make recommendations concerning regulation of ingredients that made tobacco products attractive to consumers, particularly young people, and on related requirements for manufacturers and importers. Her Government would be pleased to share its knowledge and expertise on the guidelines and to address any misconceptions with a view to countering the increasingly vigorous efforts of the tobacco industry to prevent their adoption during the Conference of the Parties.

314. Dr. Luiz A. Galvão (Area Manager, Sustainable Development and Environmental Health, PASB) said he was encouraged to hear of the advances made by countries in regard to tobacco control. He welcomed the announcement of the expected ratification of the Framework Convention by Saint Vincent and the Grenadines, which would reduce the number of countries in the Region that had not ratified the Convention to seven. In addition to the progress reported in paragraph 67 of the report, he was pleased to note that the United States of America had recently enacted legislation relating to article 11 of the Framework Convention, which had entered into force in June 2010. The report would be updated to reflect that fact.

315. The Director stressed the importance of stepping up efforts to counter the increasing efforts of the tobacco industry to promote smoking among women and youth.

316. The Committee took note of the report.

***Implementation of the Regional Strategy and Plan of Action for an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity and Health (Document CE146/INF/6, Rev. 1-F)***

317. The President drew attention to the progress report contained in part F of Document CE146/INF/6, Rev. 1, and opened the floor for discussion.

318. The Executive Committee welcomed the progress made in implementing the strategy and plan of action, noting that ongoing effort and considerable resources that would be needed to manage chronic diseases. The Committee considered that PAHO had an important role to play as a coordinator for exchanges of experience and best practices. It was suggested that there had perhaps been a disproportionate attention to

communicable diseases, notably sexually transmitted ones, whereas epidemiology showed that chronic noncommunicable diseases accounted for the main burden of disease in the countries of the Region. It was also suggested that indicators and targets should be developed in the framework of the Millennium Development Goals to measure progress in combating chronic noncommunicable diseases, as a means of both increasing international recognition of such diseases as a public health priority and mobilizing resources for their prevention and control.

319. Delegates affirmed their support for the Regional Strategy's premise that disease prevention and early detection interventions were cost-effective and that targeting multiple risk factors was more likely to achieve success than narrowly focused strategies. It was pointed out that efforts to change lifestyles in a healthier direction could be initiated by government, but needed to be picked up and carried further at the community level, with input from community leaders, teachers, doctors, nurses, and parents. It was suggested that recommendations on the marketing of foods and non-alcoholic beverages to children adopted at the 63rd World Health Assembly should also be considered in the PAHO strategy.

320. Several members of the Executive Committee described projects being undertaken in their countries to implement the strategy and plan of action. Such projects included strengthening of epidemiological surveillance of chronic noncommunicable diseases; reorientation of health services towards prevention and control of chronic diseases; anti-smoking campaigns; anti-alcohol campaigns; promotion of healthy eating through community events; regulatory actions to eliminate excessive fats, sugar, and sodium in foods; promotion of exercise periods during the working day; weight-loss and fitness campaigns; construction of sports facilities and organization of sporting events; promotion of exclusive breastfeeding; school health programs and other measures aimed at reducing childhood obesity; and programs to reduce traffic accidents and prevent violence.

321. The Delegate of Aruba suggested that a Pan-American Forum on Obesity should be held in 2011 and said that his country would be pleased to serve as host for the event.

322. Dr. James Hospedales (Senior Advisor, Prevention and Control of Chronic Diseases, PASB) thanked the members of the Committee for sharing their experiences, some of which PASB had not known about and which should be showcased. It was clear that the solution to the problem of chronic diseases lay largely outside the health sector, although the latter had an important role in data-gathering, advocacy, monitoring, and evaluating. As the report pointed out, the prevalence of obesity was projected to go on rising, which would result in more diabetes, more cardiovascular disease, and more cancer. Thus, it was a real public health priority for the countries of the Region. In some countries obesity had even been declared to be a national security problem, as so many

young people were unfit for military service because they were overweight. Chronic diseases affected developed and developing countries alike, but surveys had clearly shown that in all countries tobacco and alcohol abuse and problems associated with overweight and obesity were more prevalent among the poor and undereducated portion of the population. Chronic disease was therefore also an issue of equity.

323. He expressed the hope that all delegates would urge their high-level leaders to attend the high-level meeting on prevention and control of noncommunicable diseases to be hosted by the United Nations in September 2011.

324. The Director said that the Organization had made progress in putting the topic on the international agenda and bringing it to the attention of governments, the private sector, NGOs and professional associations, and associations of patients and families. Thus, a solid support network for continued work on the issue was in place. Indeed, in tackling the problem of chronic disease, the health sector might find that it had some unexpected partners, such as the armed forces, as mentioned by Dr. Hospedales, and the aviation industry, which was faced with redesigning aircraft seats for larger passengers. Those were examples of how the problems of chronic disease affected every aspect of society.

325. With regard to the comment about indicators, the Organization was already lobbying to have an indicator on chronic diseases added to Millennium Development Goal 6: “Combat HIV/AIDS, malaria, and other diseases.” As to the proposal of the Minister of Health of Aruba, the Bureau would examine the possibilities for holding such a forum.

326. The Committee noted the progress report.

***Elimination of Rubella and Congenital Rubella Syndrome (Document CE146/INF/6, Rev. 1-G)***

327. The President drew attention to the progress report contained in part G of Document CE146/INF/6, Rev. 1, and opened the floor for discussion.

328. The Committee welcomed the Region’s progress towards eliminating rubella and congenital rubella syndrome, but expressed concern about the threat posed by imported cases of the disease, particularly in view of the increase in travel to Africa during the World Cup soccer championship. The importance of continued surveillance was underscored. In that connection, it was pointed out that the occurrence of undetected subclinical cases could result in an underestimation of the true incidence of rubella. Some delegates reported that anti-vaccination campaigns had been mounted in their countries by groups claiming that the measles-mumps-rubella vaccine was linked to autism, a myth that had been conclusively disproved. They stressed the need for health officials to take

swift action to counter such efforts in order to ensure that high levels of vaccination coverage were maintained.

329. Dr. Cuauhtémoc Ruiz Matus (Senior Advisor, Comprehensive Family Immunization, PASB) pointed out that it was essential to achieve and maintain vaccination coverage levels of 95% or above at all levels, not just at the national level. It was also critical to maintain epidemiological surveillance, investigate all suspected cases, and ensure timely diagnosis. He paid tribute to the many anonymous heroes who had contributed to the success of rubella elimination efforts in the Region.

330. The Director, expressing satisfaction at the Region's success, said that the challenge now was to encourage political leaders in other regions to address the problems that were hindering progress towards global disease elimination and eradication goals. Europe, in particular, appeared to be the source of most imported cases of rubella in the Americas and was also the source of most of the anti-vaccination rumors. It was also important to stem the spread of misinformation in the news media. She pointed out, for example, that the rumors of the link between vaccines and autism had been widely reported in the news media, but there had been little coverage of the British Medical Council's decision to revoke the medical license of Andrew Wakefield, the doctor responsible for those rumors.

331. The Committee took note of the report.

**Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO: 63rd World Health Assembly (Document CE146/INF/7)**

332. Dr. Juan Manuel Sotelo (Manager, External Relations, Resource Mobilization, and Partnerships, PASB) reported on the resolutions and other actions of the 63rd World Health Assembly and the 127th Session of the WHO Executive Board considered to be of particular interest to the PAHO Governing Bodies. He pointed out that the respective document contained tables indicating the PAHO activities to which each resolution or action was related.

333. In the ensuing discussion, it was pointed out that the report made no mention of the Health Assembly's decision with regard to the matter of counterfeit medicines (Decision WHA63(10)), and it was suggested that that information should be included in the report to be prepared for the 50th Directing Council.

334. The Delegate of Argentina, recalling that during the 63rd World Health Assembly, many representatives of the countries of the Americas had stressed the need to discuss procedures for evaluating the safety and efficacy of existing medicines, proposed that an item on the need to strengthen the capacity of regulatory authorities to ensure the

quality, safety, and efficacy of medicines should be included on the agenda of the 50th Directing Council.

335. Several delegates expressed support for that proposal, with one suggesting that the working document to be prepared on the item should also take into account the issues of efficiency, accountability, transparency, and principles of good governance. Other delegates pointed out, however, that the Committee had already approved the provisional agenda for the 50th Directing Council and expressed the view that it would be preferable to introduce the item through the Executive Committee in 2011, in order to allow time for the preparation of a well-researched document.

336. The Director suggested that the Bureau might prepare a background document for the proposed new item—for which the report of the fifth Conference of the Pan American Network for Drug Regulatory Harmonization might be used as a basis—and let the Council decide whether or not to include it on its final agenda. She asked the Delegate of Argentina to submit to the Bureau a concise summary of the content he wished to see covered in the document and to suggest a title for the agenda item.

337. Dr. José Luis Di Fabio (Acting Area Manager, Health Systems based on Primary Health Care, PASB) said that a document could be made available via SharePoint, but cautioned that it would probably not be possible for the Bureau to have the document ready for editing and translation before the end of July.

338. The Committee asked the Bureau to proceed with the preparation of a background document as suggested by the Director.

**Progress Reports on Administrative and Financial Matters: Status of Implementation of the International Public Sector Accounting Standards (IPSAS) (Document CE146/INF/8)**

339. Dr. Douglas Slater (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed of the progress that had been made in implementing the IPSAS during 2009 and of the work to be completed in 2010. The Subcommittee had welcomed the progress made to date, but had sought clarification of why it had not been possible to complete all of the required activities by the deadline for PAHO's transition to the IPSAS, namely 1 January 2010. Delegates had also asked for more information on how the accounts of the Pan American Centers CAREC and CFNI would be handled, how recurrent costs associated with the transition to the IPSAS might impact the Organization's financial position, and whether additional resources beyond the original \$300,000 budget for IPSAS implementation would be required to cover the cost of the work still to be done in 2010.

340. In response, Ms. Sharon Frahler (Area Manager, Financial Resources Management, PASB) had explained that some of the requisite tasks could not be completed until after 1 January 2010 – for example, a 2010 valuation of property and investment holdings. With regard to CAREC and CFNI, if they were found to be IPSAS-compliant, then their accounts would be consolidated with those of PAHO. If not, they would be kept separate, but would still be prepared in IPSAS format.

341. She had explained that some of the recurrent costs had related only to the transition period, but others would continue. She had estimated that changing from biennial to annual audits, for example, would cost an additional \$50,000 a year, and an in-depth analysis of the value of PAHO's property, to be carried out every three years, would cost about \$20,000. She had reported that a little under \$200,000 of the original budget for IPSAS implementation had been used and that additional resources of around \$20,000 might be needed.

342. Following Dr. Slater's report, the Director noted that the plan for implementation of the IPSAS was on track for completion, although the transition had been a considerable challenge, in part because there had been a major increase in the Organization's resources, especially for its procurement activities, which had meant that the staff involved had had to contend with a larger workload while also complying with all of the new accounting requirements. However, the results of all that work had been very satisfactory, as was confirmed in the External Auditor's report (see paragraphs 190-208 above). She noted, too, that several Member States were going through the same transition in accounting standards, and that PASB was actively exchanging information and experiences with them.

343. The Executive Committee took note of the progress report.

## **Other Matters**

344. Mr. David Hatch (Assistant Deputy Director General, Inter-American Institute for Cooperation on Agriculture) conveyed to the Committee the best wishes of Dr. Victor Villalobos, Director General of the Inter-American Institute for Cooperation on Agriculture (IICA), and reviewed the history of IICA's collaboration with PAHO on issues relating to public health, animal health, and food safety. An excellent example of that collaboration was the work undertaken by the two organizations in response to the outbreak of avian influenza in 2006. Currently, the Institute's collaboration with PAHO was focusing on modernizing food safety services and strengthening the capacity of leaders of food safety programs. Its plan of work for 2010-2014 included a number of issues of interest to PAHO, including enhancing food security and nutrition, strengthening national health and food safety systems, and harmonizing sanitary and phytosanitary standards at national and international levels with a view to reducing the

risk of transboundary spread of disease. IICA looked forward to continued collaboration with PAHO in those and other areas of common concern.

## **Closure of the Session**

345. Following the customary exchange of courtesies, the President declared the 146th Session of the Executive Committee closed.

## **Resolutions and Decisions**

346. The following are the resolutions and decisions adopted by the Executive Committee at its 146th Session:

### ***Resolutions***

#### ***CE146.R1: Collection of Quota Contributions***

#### ***THE 146th SESSION OF THE EXECUTIVE COMMITTEE,***

Having considered the report of the Director on the collection of quota contributions (Document CE146/23 and Add. I), 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;*

Noting that there are no 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;

In view of the significant reduction in arrears of contributions such that there are no outstanding amounts due prior to the 2008-2009 biennium;

Noting that there are 22 Member States that have not made any payments towards their 2010 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.*

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 2010 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 50th Directing Council on the status of the collection of quota contributions.

*(First meeting, 21 June 2010)*

***CE146.R2: Master Capital Investment Fund***

***THE 146th SESSION OF THE EXECUTIVE COMMITTEE,***

Having considered the presentation on the Financial Report of the Director and Report of the External Auditor for the period 1 January 2008-31 December 2009 (Official Document 337 and Document CE146/24, Rev. 1);

Noting that, in accordance with Financial Regulation 4.4, US\$ 4,216,656 was transferred to the PAHO Holding Account as a result of the excess of net income over expenditure for the 2008-2009 financial period;

Informed that \$2.0 million of the above-mentioned amount was transferred from the Holding Account to the Master Capital Investment Fund in 2010 in accordance with Resolution CSP27.R19 (paragraph 3(b));

Taking into consideration the need to plan adequately and provide for the funding for the maintenance and repair of PAHO office buildings and the systematic replacement of computer and telecommunications equipment, software, and systems to support the information technology infrastructure of the Organization,

***RESOLVES:***

To authorize a transfer from the Holding Account of an additional \$2.0 million for the replenishment of the Master Capital Investment Fund, in accordance with paragraph 3 (b) of Resolution CSP27.R19.

*(First meeting, 21 June 2010)*

***CE146.R3: Charge Assessed on the Procurement of Public Health Supplies for Member States***

***THE 146th SESSION OF THE EXECUTIVE COMMITTEE,***

Having considered the report of the Director, *Charge Assessed on the Procurement of Public Health Supplies for Member States* (Document CE146/28, Rev. 1),

***RESOLVES:***

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

**CHARGE ASSESSED ON THE PROCUREMENT OF  
PUBLIC HEALTH SUPPLIES FOR MEMBER STATES**

***THE 50th DIRECTING COUNCIL,***

Having considered Document CD50/ \_\_\_\_, *Charge Assessed on the Procurement of Public Health Supplies for Member States*;

Noting the significant increase in the procurement of public health supplies through the Pan American Sanitary Bureau's three procurement mechanisms on behalf of the Member States of the Pan American Health Organization, and the progressive insufficiency of the financial resources for the administrative services which support the procurement activities,

***RESOLVES:***

1. To increase the current three percent (3%) charge assessed on the procurement of all public health supplies for PAHO Member States by the Pan American Sanitary Bureau by one-half of one per cent (0.5%) to a total of three and one-half per cent (3.5%), effective 1 January 2011.
2. To credit the additional 0.5% of this charge to the Special Fund for Program Support Costs to defray the administrative costs of procurement activities throughout the Organization for the following three procurement mechanisms:
  - Reimbursable Procurement on Behalf of Member States,
  - The Revolving Fund for Vaccine Procurement,
  - The Regional Revolving Fund for Strategic Public Health Supplies.

*(Second meeting, 21 June 2010)*

***CE146.R4: Nongovernmental Organizations in Official Relations with PAHO***

***THE 146th SESSION OF THE EXECUTIVE COMMITTEE,***

Having considered the report of the Subcommittee on Program, Budget, and Administration (Document CE146/6);

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 continue official relations between PAHO and the Latin American Confederation of Clinical Biochemistry (COLABIOCLI) and the National Alliance for Hispanic Health.
2. To admit EMBARQ, the World Resources Institute's Center for Sustainable Transport, into official relations with PAHO for a period of four years.
3. To request the Director to:
  - (a) advise the respective nongovernmental 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.

*(Second meeting, 21 June 2010)*

***CE146.R5: Appointment of Three Members to Serve on the PAHO Audit Committee***

***THE 146th SESSION OF THE EXECUTIVE COMMITTEE,***

Considering that the 49th Directing Council through Resolution CD49.R2 (2009) established the Audit Committee of the Pan American Health Organization (PAHO) to function as an independent expert advisory body to the Director of the Pan American Sanitary Bureau (PASB) and PAHO Member States;

Guided by the Terms of Reference of the Audit Committee which establish the process to be followed in the assessment and appointment by the Executive Committee of the members of the PAHO Audit Committee;

Noting that the Terms of Reference of the Audit Committee stipulate that members shall serve no more than two full terms of three years each, except for the initial three members of the Committee, whose first term shall be for two, three and four years, respectively,

***RESOLVES:***

1. To thank the Director of the PASB and the Subcommittee on Program, Budget, and Administration for their thorough work in identifying and nominating highly qualified candidates to serve on the PAHO Audit Committee.
2. To appoint the following candidates to serve as members of the PAHO Audit Committee:

Mr. Alain Gillette, for an initial term of four years,

Mrs. Carman L. LaPointe, for an initial term of three years,

Mr. Peter Maertens, for an initial term of two years.

*(Third meeting, 22 June 2010)*

***CE146.R6: Plan of Action on Safe Hospitals***

***THE 146th SESSION OF THE EXECUTIVE COMMITTEE,***

Having reviewed the report of the Director, *Plan of Action on Safe Hospitals* (Document CE146/20), based on the PAHO Strategic Plan 2008-2012,

***RESOLVES:***

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

## **PLAN OF ACTION ON SAFE HOSPITALS**

### ***THE 50th DIRECTING COUNCIL,***

Having considered the report of the Director, *Plan of Action on Safe Hospitals* (Document CD50/\_\_), based on the PAHO Strategic Plan 2008-2012;

Taking into account that the Governing Bodies of PAHO have firmly supported the adoption of a regional initiative on safe hospitals;

Considering that Resolution CD45.R8 of the 45th Directing Council (2004) resolves “to urge Member States to adopt 'Hospitals Safe from Disaster' as a national risk reduction policy, set the goal that all new hospitals are built with a level of protection that better guarantees their remaining functional in disaster situations, and implement appropriate mitigation measures to reinforce existing health facilities, particularly those providing primary care”;

Stressing that the United Nations World Conference on Disaster Reduction (2005) approved the Hyogo Framework for Action 2005-2015, in which the 169 participating countries adopted the goal that by 2015 all of the countries should “integrate disaster risk reduction planning into the health sector; promote the objective of hospitals safe from disaster...”;

Recalling that the 27th Pan American Sanitary Conference (2007) adopted Resolution CSP27.R14, *Safe Hospitals: Regional Initiative on Disaster-Resilient Health Facilities*;

Considering that the final report of the Roundtable, *Safe Hospitals: A Goal within Our Reach*, presented at the 49th Directing Council, recommends that the countries prepare work plans to reach the goal of safe hospitals;

Recognizing that to reach the goal of hospitals safe from disaster by 2015, a regional plan of action with extensive participation by the Member States of the Organization and the support of the Secretariat needs to be implemented,

### ***RESOLVES:***

1. To approve the Plan of Action on Safe Hospitals.
2. To urge the Member States to:
  - (a) prioritize adoption of a national safe hospitals policy;

- (b) improve coordination inside and outside the health sector to coordinate efforts at the national and subnational levels to make better use of all available resources;
- (c) gradually implement the activities included in the Plan of Action to achieve the goal of constructing all new hospitals with a level of protection that guarantees their operations in the event of a disaster;
- (d) institute appropriate mitigation measures to reinforce existing health facilities;
- (e) coordinate the sharing, with other countries of the Region, of experiences and tools, joint advocacy, monitoring, and evaluation of progress in implementing the Plan of Action.

3. To request the Director to:

- (a) promote coordination and implementation of the Plan of Action through the integration of actions by the program areas of PAHO at the national, subregional, regional, and interagency level;
- (b) continue to strengthen the Organization's capacity to provide technical cooperation to the Member States in the implementation of the Plan of Action, in keeping with their specific national priorities and needs;
- (c) support the development of common technical instruments and guidelines such as the Hospital Safety Index and checklist to facilitate the monitoring of progress in the implementation of the Plan of Action;
- (d) promote the strengthening of partnerships with specialized agencies and centers of excellence in the field of disaster risk reduction in order to mobilize the human and financial resources and technology required to improve the safety of the health services in disasters;
- (e) submit periodic progress reports to the Governing Bodies on the implementation of the Plan of Action.

*(Third meeting, 22 June 2010)*

***CE146.R7: Strengthening Immunization Programs***

***THE 146th SESSION OF THE EXECUTIVE COMMITTEE,***

Having reviewed the concept paper, *Strengthening Immunization Programs* (Document CE146/19, Rev. 1), and considering the significant progress made by the countries in the field of immunization;

Considering that the protection of national and regional immunization programs is essential to sustaining the achievements of all the Member States and tackling the new challenges that lie ahead,

***RESOLVES:***

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

**STRENGTHENING IMMUNIZATION PROGRAMS**

***THE 50th DIRECTING COUNCIL,***

Having reviewed concept paper, *Strengthening Immunization Programs* (Document CD50/\_\_), as well as the significant progress made by the countries in the field of immunization;

Recognizing the effective efforts of the Member States and the Pan American Health Organization to harmonize vaccination policies and strategies, promoting the training of national teams in the effective management and implementation of national programs and including the adoption of the Revolving Fund for Vaccine Procurement as the cooperation mechanism that facilitates access to biologicals and other supplies by all Member States;

Recognizing that some Member States have determined that immunization is a public good that has made a significant contribution to the reduction of infant mortality, the eradication of polio, the elimination of measles, rubella, and congenital rubella syndrome, and the epidemiological control of other vaccine-preventable diseases in the Region;

Reiterating that the Revolving Fund has been a key factor in the Member States' timely and equitable access to vaccines and that, as part of technical cooperation, it has permitted the standardization of vaccination programs in the countries of the Americas, the achievement of high vaccination coverage, a timely response to outbreaks and other

health emergencies, and the rapid introduction of “new vaccines” against rotavirus, pneumococcus, human papillomavirus, and, recently, influenza A(H1N1) virus;

Recognizing that protecting national and regional immunization programs is essential to sustaining the achievements of all the Member States and that reducing vaccination levels in any country directly affects the others,

***RESOLVES:***

1. To urge the Member States to:
  - (a) endorse national immunization programs as a public good;
  - (b) support the Regional Strategy for Immunization and its vision and meet the following objectives:
    - sustain the achievements: a Region free of polio, measles, rubella, and congenital rubella syndrome, with control of diphtheria, whooping cough, and Hib;
    - complete the unfinished agenda: elimination of neonatal tetanus; epidemiological control of hepatitis B, seasonal influenza, and yellow fever; ensure that all municipios have coverage of over 95% (using DPT3 as the tracer); and complete the transition from an immunization approach geared to children to one focused on comprehensive family immunization;
    - tackle new challenges: introduce new vaccines that contribute to the achievement of the MDGs; improve national decision-making capacity; promote the financial sustainability of the EPI; and strengthen vaccination and immunization services within the framework of systems and services based on primary health care;
    - support the PAHO Revolving Fund for Vaccine Procurement as the strategic cooperation mechanism that enables the Member States to have timely and equitable access to the supplies of the Immunization Program.
2. To request the Director to:
  - (a) continue providing technical support to the Member States to strengthen the operating capacity of national immunization programs within the framework of primary health care, using strategies that ensure action in municipios with low coverage as well as among disadvantaged and hard-to-reach populations;

- (b) provide technical assistance to the Member States for evidence-based decision-making through the ProVac Network of Centers of Excellence;
- (c) strengthen and maintain the Revolving Fund as an active, efficient mechanism based on the principles and procedures that have yielded successful results over its 30 years of operation.

*(Fourth meeting, 22 June 2010)*

***CE146.R8: Health Personnel Competency Development in Primary Health Care-based Health Systems***

***THE 146th SESSION OF THE EXECUTIVE COMMITTEE,***

Having reviewed the report of the Director on the strategy *Health Workers Competency Development in Primary Care-based Health Systems* (Document CE146/16), based on the PAHO Strategic Plan 2008-2012,

***RESOLVES:***

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

**STRATEGY FOR HEALTH PERSONNEL COMPETENCY DEVELOPMENT  
IN PRIMARY HEALTH CARE-BASED HEALTH SYSTEMS**

***THE 50th DIRECTING COUNCIL,***

Having reviewed the report of the Director, *Strategy for Health Personnel Competency Development in Primary Health Care-based Health Systems* (Document CD50/\_\_\_), based on the PAHO Strategic Plan 2008-2012,

***RESOLVES:***

1. To urge Member States to:
  - (a) reiterate their commitment to achieving the Regional Goals for Human Resources for Health 2007-2015 and developing national human resource plans in concert with the relevant social sectors and actors;

- (b) establish mechanisms and modalities for coordination and cooperation with national education authorities, academic institutions, and other relevant stakeholders to promote greater convergence between the profiles and competencies of future professionals and the orientations and needs of the health sector;
- (c) formulate a learning policy that includes virtual learning aimed at all levels and entities in the health system and develop competency frameworks for family and community health teams, with special emphasis on the intercultural approach;
- (d) adopt the networked learning strategy (*eLearning*) with a permanent education approach, making use of information and communication technologies geared to the transformation of current health practices and institutional behavior;
- (e) promote the production and sharing of open sources of learning and experiences among countries and territories of the Region.

2. To request the Director to:

- (a) develop the Organization's technical cooperation with the Member States for the formulation of learning and *eLearning* policies and plans targeting health workers in the services;
- (b) assist the countries of the Region and subregional initiatives in developing strategies and mechanisms for coordination and cooperation between the national health authority and educational institutions, within the framework of a shared commitment and social responsibility for renewing primary health care;
- (c) promote the creation of learning networks linked at the regional level and the production of learning resources to strengthen the leadership and management capabilities of the health sector in priority issues for the Region;
- (d) help strengthen, through the Virtual Public Health Campus, the countries' capacity to develop the competencies of their health personnel and utilize information and communication technologies.

*(Fifth meeting, 23 June 2010)*

***CE146.R9: Pan American Centers***

***THE 146th SESSION OF THE EXECUTIVE COMMITTEE,***

Having reviewed the report of the Director, *Review of the Pan American Centers* (Document CE146/22),

***RESOLVES:***

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

**PAN AMERICAN CENTERS**

***THE 50<sup>th</sup> DIRECTING COUNCIL,***

Having reviewed the report of the Director, *Review of the Pan American Centers* (Document CD50/\_\_);

Considering the mandate of the Pan American Sanitary Conference (Resolution CSP20.R31, 1978) to conduct a periodic evaluation of each Pan American Center;

Noting that the ever-changing political, technological, and economic environment of the PAHO Member States makes it necessary to reexamine the Organization's technical cooperation modalities and bring them up to date to optimize their effectiveness;

Recognizing the Bureau's efforts to align the Pan American Centers with the regional policies approved by the PAHO Governing Bodies,

***RESOLVES:***

1. To take note of the successful transfer of the administration of the Institute of Nutrition of Central America and Panama (INCAP) to the Institute's Directing Council, and to thank the Director of the Bureau for having conducted this transfer process in an effective, transparent, and participatory manner, achieving the consensus needed for the Institute to be viable in this new stage of administrative autonomy.

2. To urge Member States:
  - (a) to continue to collaborate with the Bureau in the periodic evaluation of the Pan American Centers, for the purpose of determining if they continue to offer the most appropriate and effective modality of technical cooperation;
  - (b) to continue working closely with the Bureau on the institutional development of the Pan American Centers, their redefinition toward other modalities of operation that permit them to optimize their operating expenses, and, when appropriate, the transfer of the administration and operations of the same to the Member States or to subregional organizations formed by these.
3. To request the Director:
  - (a) to continue working in consultation with the Government of Brazil in developing a project for the institutional development of the Pan American Foot-and-Mouth Disease Center (PANAFTOSA) for submission to the Governing Bodies of PAHO in 2011;
  - (b) to support the establishment of a trust fund that will pool the financial resources mobilized for the elimination of foot-and-mouth disease in the Region of the Americas;
  - (c) to continue negotiations with the Government of Brazil to finalize the new institutional framework for the Latin American and Caribbean Center on Health Sciences Information (BIREME), including a new basic agreement for BIREME in Brazil and a new agreement on BIREME facilities and operations on the campus of the Federal University of São Paulo (UNIFESP);
  - (d) to continue negotiations with the Government of Peru to transform the Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS) into a Regional Technical Team on Water and Sanitation (ETRAS);
  - (e) to continue evaluating the agreement on the Regional Program on Bioethics with the Government of Chile and the University of Chile and assessing the different modalities available to continue the Organization's work in bioethics in the Region;
  - (f) to continue working with the Secretariat of the Caribbean Community (CARICOM) to implement the third stage of the Caribbean Cooperation in Health Initiative (CCH 3) and transfer the relevant functions and resources of the Caribbean Epidemiology Center (CAREC) and Caribbean Food and Nutrition

Institute (CFNI) to the Caribbean Public Health Agency (CARPHA), pursuant to terms and conditions agreed upon with the Member States at the appropriate time.

*(Fifth meeting, 23 June 2010)*

***CE146.R10: Provisional Agenda of the 50th Directing Council of PAHO, 62nd Session of the Regional Committee of WHO for the Americas***

**THE 146th SESSION OF THE EXECUTIVE COMMITTEE,**

Having examined the provisional agenda (Document CD50/1) prepared by the Director for the 50th Directing Council of PAHO, 62nd Session of the Regional Committee of WHO for the Americas, presented as Annex to Document CE146/3, Rev. 2;

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 CD50/1) prepared by the Director for the 50th Directing Council of PAHO, 62nd Session of the Regional Committee of WHO for the Americas.

*(Sixth meeting, 23 June 2010)*

***CE146.R11: PAHO Award for Administration 2010***

**THE 146th SESSION OF THE EXECUTIVE COMMITTEE,**

Having examined the report of the Award Committee of the PAHO Award for Administration 2010 (Document CE146/5, 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), and the 140th Session of the Executive Committee (2007);

Noting the recommendation of the Award Committee to introduce a modification into the Procedures,

***RESOLVES:***

1. To congratulate the candidates for the 2010 PAHO Award for Administration 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 2010 on Dr. Elsa Yolanda Palou, of Honduras, for the national and subregional impact of her administrative, medical, teaching, and research activities on the quality of care to patients with communicable diseases, especially people living with HIV/AIDS.
3. To amend paragraph 11 of the Procedures to read as follows: “A candidate not elected may be renominated. For such renomination, a simple communication incorporating any additional pertinent data shall suffice” (modified Procedures and Guidelines annexed).
4. To transmit the report of the Award Committee of the PAHO Award for Administration 2010 (Document CE146/5, Add. I), together with the amended Procedures and Guidelines, to the 50th Directing Council.

Annex

*(Sixth meeting, 23 June 2010)*

**Annex**

**PROCEDURES AND GUIDELINES OF THE PAHO AWARD FOR  
ADMINISTRATION**

Every year the Governments of the countries of the Americas, acting through their representatives in the meetings of the Governing Bodies of the Pan American Health Organization, confer the PAHO Award for Administration in recognition of an outstanding contribution in the field of administration within the framework of national health services.

### **Procedures**

1. To contribute to the improvement of the management of health systems and services the Pan American Health Organization has established the PAHO Award for Administration, which will be competed for annually and will consist of a diploma and the sum of US\$ 5,000. This sum will be reviewed as appropriate by the Executive Committee on the recommendation of the Director of the Pan American Sanitary Bureau.
2. The Award shall be conferred on a candidate who has made a significant contribution in his home country and in the Region of the Americas to improving health development, through the management or execution of services and programs, teaching, and research.
3. The Chairman of the Executive Committee shall appoint an Award Committee consisting of three representatives from Member Governments of the Executive Committee, who will discharge their duties for the period of their term of office on the Executive Committee. The Chairman shall fill any vacancies that occur on the Award Committee. When there are candidates from countries represented on this Committee, those members shall be replaced by representatives of other Member Governments of the Executive Committee to serve on the Award Committee for that occasion only. The Chairman of the Executive Committee will designate these representatives.
4. The Director of the Pan American Sanitary Bureau shall invite the Member Governments to submit one nomination for the Award. Only one nomination per country will be accepted.
5. The names of candidates shall be submitted by the Member Governments of PAHO through their ministries of health.
6. The names of proposed candidates shall be submitted to reach the Director of the Pan American Sanitary Bureau before 31 March, together with their curriculum vitae and the documentation supporting the nature and quality of the work done. This documentation shall include a brief narrative describing the impact that the candidate's work has had on the management of health systems and services in the person's home country and in the Region of the Americas. In order to facilitate the work of the Award Committee, the required data from each candidate should be presented on the standardized form provided by PAHO. This form and the documentation supporting the merits of the candidate should be completed in full as exhaustively as possible, responding explicitly and objectively to each of the questions. All documentation shall be submitted in an original and three copies.

7. The Director of the Pan American Sanitary Bureau shall forward to the members of the Award Committee copies of the documentation submitted, 45 days before the date of the opening of the first meeting of the Executive Committee for the calendar year. In this way, the Award Committee can meet and decide on the Award recipient during the sessions of the Executive Committee and report its decision to the latter. The Executive Committee shall transmit the decision to the Directing Council or the Pan American Sanitary Conference.

8. Nominations received by the Director of the Pan American Sanitary Bureau after 31 March shall be held in abeyance for consideration by the Award Committee the following year.

9. The Award Committee shall have the authority to declare the Award void in the event that no candidate meets the approved criteria.

10. When in any year only one nomination is received within the time limit prescribed, the Award Committee shall have the authority to refer that candidacy for consideration with others received in the ensuing year.

11. A candidate not elected may be renominated. For such renomination, a simple communication incorporating any additional pertinent data shall suffice.

12. The announcement of the winner of the Award shall be made during the meeting of the Directing Council or the Pan American Sanitary Conference.

13. Whenever practicable, the Award shall be presented during the appropriate meeting of the Directing Council or the Pan American Sanitary Conference, the cost of the travel involved being borne by the government concerned.

14. When such presentation is not practicable, alternatives shall include:

- a) Receipt of the Award at the meeting of the Directing Council or the Pan American Sanitary Conference by a member of the delegation of the recipient's country, on his/her behalf.
- b) Presentation made in the home country by the PAHO/WHO Representative on behalf of the Director of the Pan American Sanitary Bureau.

15. Whatever the method of presentation of the Award may be, it shall be accompanied by appropriate publicity issued to the news media, both by the Pan American Sanitary Bureau and the government concerned.

16. The Director of the Pan American Sanitary Bureau shall request Member Governments to give more active consideration to the possibility of making use of the Award to foster the improvement in the management of health systems and services within the framework of the national health services.

17. In order to underscore the importance of the Award and emphasize its contribution to improving administration, education, and research, it shall be associated with a theme related to the Organization's strategic priorities. Furthermore, the Representative Offices and the regional programs shall play a greater role in disseminating information about the Award and encouraging the nomination of excellent candidates in the respective area.

18. These general rules and guidelines shall be reviewed at any time, as deemed appropriate in light of the experience gained. The amendments approved by the Executive Committee shall be submitted to the Directing Council or the Pan American Sanitary Conference.

### **Guidelines**

1. The Award Committee shall judge the relative merits of the candidates with regards to the following:

- a) Excellence in administration, at the national or local level, identifying and documenting substantial changes in terms of improvements in the management of health systems and services and health conditions at the national and in the Region of the Americas.
- b) Experience in teaching and research with a positive impact on public health activities at the national and/or international level, according to the testimony of peers, professional associations, academic and research institutions that confirm the importance of the candidate's contribution to the development of leadership in health, will also be an asset. This information should be included in the supporting documentation.

***CE146.R12: Strategy and Plan of Action for the Reduction of Chronic Malnutrition***

***THE 146th SESSION OF THE EXECUTIVE COMMITTEE,***

Having reviewed the Director's report, *Strategy and Plan of Action for the Reduction of Chronic Malnutrition* (Document CE146/18),

***RESOLVES:***

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

**STRATEGY AND PLAN OF ACTION FOR THE REDUCTION  
OF CHRONIC MALNUTRITION**

***THE 50th DIRECTING COUNCIL,***

Having reviewed the Director's report, *Strategy and Plan of Action for the Reduction of Chronic Malnutrition* (Document CD50/\_\_);

Mindful of the international mandates emerging from the World Health Assembly, in particular Resolutions WHA55.23 (2002) and WHA56.23 (2003), as well as the commitments by the Member States of the Region of the Americas to meeting the Millennium Development Goals (MDG);

Recognizing the consequences of child undernutrition for physical and cognitive development, immune response, and the risk of illness or premature death, as well as for educational performance and functional capacity, human capital formation, productivity, and individual and collective well-being;

Recognizing the right of children to develop physically, mentally, morally, spiritually, and socially in a healthy and normal manner and with freedom and dignity;

Recognizing that living conditions and undernutrition early in life contribute to the development of overweight, obesity, and chronic diseases (including diabetes, hypertension, and atherosclerosis, and others), with serious consequences for the well-being of the population, the social burden of resulting disability, and the years of productive life lost;

Underscoring that, in the Region of the Americas, the height-for-age indicator is a better reflection of both prolonged lack of access to an adequate diet and the effect of other social factors associated with poverty, and that, with the current trend in this indicator, several countries may not be able to meet target 2 of MDG 1 by the year 2015 and are unlikely to achieve MDGs 4 and 5;

Reiterating that nutrition is a determinant of human development and, at the same time, is affected by a series of social and economic determinants;

Recognizing the high degree of complementarity between this and other strategies, such as the Regional Strategy and Plan of Action on Nutrition in Health and Development, 2006-2015, and OAS General Assembly resolution “Support for Efforts to Eradicate Child Malnutrition in the Americas” (AG/RES. 2346 [XXXVII-O/07]);

Welcoming the conceptual and operational framework for addressing malnutrition (acute and chronic malnutrition, overweight, obesity, and specific micronutrient deficiencies) reached by interagency consensus in the Pan American Alliance for Nutrition and Development (APND),

***RESOLVES:***

1. To endorse the Strategy and approve the Plan of Action for the Reduction of Chronic Malnutrition and its consideration in development policies, plans and programs, proposals, and the discussion of national budgets to enable the creation of the conditions for preventing chronic malnutrition.
2. To urge Member States to:
  - (a) give priority to intersectoral actions for the prevention of chronic malnutrition;
  - (b) promote dialogue and coordination between ministries and other public institutions, as well as between the public and private sectors and civil society, in order to achieve national consensus on the social determinants and life course approaches to the prevention of chronic malnutrition;
  - (c) propose and implement interministerial policies, plans, programs, and interventions with a view to preventing chronic malnutrition at all levels of government of the Member States;
  - (d) set up an integrated monitoring, evaluation, and accountability system for policies, plans, programs, and interventions that will make it possible not only to determine their impact in terms of reducing chronic malnutrition but the situation of their social determinants and guide timely decision-making;
  - (e) put processes in place for internal review and analysis of the relevance and viability of the Strategy and Plan of Action based on national priorities, needs, and capabilities.

3. To request the Director to:
- (a) provide support to the Member States, in collaboration with other international agencies, for an internal analysis of the applicability of the Strategy and Plan of Action and the implementation of activities for its execution;
  - (b) promote the implementation and coordination of the Strategy and Plan of Action, ensuring that it cuts across the Organization's various program areas and different regional and subregional contexts;
  - (c) promote and consolidate cooperation with and among countries, as well as the sharing of experiences and lessons learned;
  - (d) promote the inclusion of independent external evaluations in measuring the reduction of chronic malnutrition;
  - (e) support human resources development and capacity building and the delivery of quality services;
  - (f) promote the establishment of national, municipal, and local partnerships with other international agencies, scientific and technical institutions, nongovernmental organizations, organized civil society, the private sector, and others, employing the integrated interventions agreed upon by the Alliance;
  - (g) report periodically to the Governing Bodies on progress and constraints in the execution of the Strategy and Plan of Action, as well as its adaptation to new contexts and needs.

*(Sixth meeting, 23 June 2010)*

***CE146.R13: Amendments to the PASB Staff Rules and Regulations***

***THE 146th SESSION OF THE EXECUTIVE COMMITTEE,***

Having considered the amendments to the Staff Rules of the Pan American Sanitary Bureau submitted by the Director in the Annex to Document CE146/29;

Taking into account the actions of the 63rd World Health Assembly regarding the remuneration of 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;

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<sup>1</sup> that have been made by the Director effective 1 July 2010 concerning: definitions, recruitment policies, appointment policies, annual leave, accident and illness insurance, sick leave, paternity leave, and appeals.
2. To establish the annual salary of the Deputy Director of the Pan American Sanitary Bureau, beginning on 1 January 2010, at US\$ 183,022 before staff assessment, resulting in a modified net salary of \$131,964 (dependency rate) or \$119,499 (single rate).
3. To establish the annual salary of the Assistant Director of the Pan American Sanitary Bureau, beginning on 1 January 2010, at US\$ 181,483 before staff assessment, resulting in a modified net salary of \$130,964 (dependency rate) or \$118,499 (single rate).
4. To recommend to the 50th Directing Council that it adjust the annual salary of the Director of the Pan American Sanitary Bureau and amend Staff Regulation 4.3 by adopting the following resolution:

**SALARY OF THE DIRECTOR AND AMENDMENTS  
TO PASB STAFF REGULATIONS**

***THE 50th DIRECTING COUNCIL,***

Having reviewed Document CD50/\_\_\_;

Considering the revision to the base/floor salary scale for the professional and higher-graded categories of staff of the Pan American Sanitary Bureau, effective 1 January 2010;

Taking into account the decision by the Executive Committee at its 146th Session to adjust the salaries of the Deputy Director and Assistant Director of the Pan American Sanitary Bureau,

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<sup>1</sup> See Annex A.

***RESOLVES:***

1. To establish the annual salary of the Director of the Pan American Sanitary Bureau, beginning on 1 January 2010, at US\$ 201,351 before staff assessment, resulting in a modified net salary of \$143,878 (dependency rate) or \$129,483 (single rate).
2. To approve the amendment to Staff Regulation 4.3,<sup>2</sup> which clarifies that the principles of diversity and inclusion are to be considered in the hiring of personnel.

Annexes

*(Seventh meeting, 24 June 2010)*

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<sup>2</sup> See Annex B.

**STAFF RULES**

FORMER TEXT	NEW TEXT
<p><b>310. DEFINITIONS</b></p> <p>...</p> <p>310.4. “Terminal remuneration” is the figure used in the calculation of separation payments set out in Rule 380.2. For staff in the general service category, “terminal remuneration” is equivalent to gross base salary (less staff assessment) and language allowance. For staff in the professional and higher categories “terminal remuneration” is the net base salary</p> <p>...</p>	<p><b>310. DEFINITIONS</b></p> <p>...</p> <p>310.4. “Terminal remuneration” is the figure used in the calculation of separation payments set out in Rule 380.2. For staff in the general service category <b>and the national professional officer category</b>, “terminal remuneration” is equivalent to gross base salary (less staff assessment) and language allowance. For staff in the professional and higher categories “terminal remuneration” is the net base salary</p> <p>...</p>
<p><b>410. RECRUITMENT POLICIES</b></p> <p>410.1. The paramount considerations in the selection of staff shall be competence and integrity. For posts in the professional category and above, geographical representation shall also be given full consideration. Such representation is not a consideration in appointments to posts subject to local recruitment.</p> <p>...</p>	<p><b>410. RECRUITMENT POLICIES</b></p> <p>410.1. The paramount considerations in the selection of staff shall be competence and integrity <b>with due regard for the principles of diversity and inclusion</b>. For posts in the professional category and above, geographical representation shall also be given full consideration. Such representation is not a consideration in appointments to posts subject to local recruitment.</p> <p>...</p>

FORMER TEXT	NEW TEXT
<p><b>420. APPOINTMENT POLICIES <u>1</u></b></p> <p>...</p> <p>420.5. Appointments may be on a full-time, part-time or when-actually-employed basis.</p> <p>...</p>	<p><b>420. APPOINTMENT POLICIES <u>1</u></b></p> <p>...</p> <p>420.5. Appointments may be on a full-time <b>or</b> part-time basis. <del>or when-actually-employed basis.</del></p> <p>...</p>
<p><b>630. ANNUAL LEAVE</b></p> <p>...</p> <p>630.3. Annual leave accrues to all staff members except:</p> <p>630.3.1. to those appointed on a “when actually employed” basis;</p> <p>630.3.2. to holders of temporary appointments, as defined in Rule 420.4, engaged on a daily basis;</p> <p>630.3.3. to those on leave without pay under Rule 655.1 in excess of 30 days;</p> <p>630.3.4. to those on special leave under insurance coverage in excess of 30 days;</p> <p>630.3.5. when otherwise specified in the Rules.</p>	<p><b>630. ANNUAL LEAVE</b></p> <p>...</p> <p>630.3. Annual leave accrues to all staff members except:</p> <p><del>630.3.1. to those appointed on a “when actually employed” basis;</del></p> <p>630.3.2 <b>1.</b> to holders of temporary appointments, as defined in Rule 420.4, engaged on a daily basis</p> <p>630.3.3 <b>2.</b> to those on leave without pay under Rule 655.1 in excess of 30 days;</p> <p>630.3.4 <b>3.</b> to those on special leave under insurance coverage in excess of 30 days;</p> <p>630.3.5 <b>4.</b> when otherwise specified in the Rules.</p>

FORMER TEXT	NEW TEXT
<p><b>720. ACCIDENT AND ILLNESS INSURANCE</b></p> <p>...</p> <p>720.2.2. Staff members appointed for periods of less than one year and those engaged on a “when actually employed” basis shall be insured against medical and hospital expenses, death and disability in accordance with the provisions of the insurance policy relating to them. Participants shall contribute to the cost.</p>	<p><b>720. ACCIDENT AND ILLNESS INSURANCE</b></p> <p>...</p> <p>720.2.2. Staff members appointed for periods of less than one year <del>and those engaged on a “when actually employed” basis</del> shall be insured against medical and hospital expenses, death and disability in accordance with the provisions of the insurance policy relating to them. Participants shall contribute to the cost.</p>
<p><b>740. SICK LEAVE</b></p> <p>740.1. Staff members, except those engaged on a “when actually employed” basis and those excluded under Rule 1320, who are unable to perform their duties because of illness or injury, or whose attendance is prevented by public health requirements, may be granted sick leave with pay in the following amounts:</p> <p>...</p>	<p><b>740. SICK LEAVE</b></p> <p>740.1. Staff members, except <del>those engaged on a “when actually employed” basis</del> and those excluded under Rule 1320, who are unable to perform their duties because of illness or injury, or whose attendance is prevented by public health requirements, may be granted sick leave with pay in the following amounts:</p> <p>...</p>

FORMER TEXT	NEW TEXT
<p><b>763. PATERNITY LEAVE</b></p> <p>Upon presentation of satisfactory evidence of the birth of his child, a staff member, except those holding temporary appointments as defined in Rule 420.4, shall be entitled to four weeks of paternity leave or, in exceptional circumstances, to eight weeks of such leave. Internationally-recruited staff members serving at a non-family duty station are entitled to eight weeks of paternity leave. Paternity leave must be exhausted within 12 months from the date of the child's birth.</p>	<p><b>763. PATERNITY LEAVE</b></p> <p><del>Upon presentation of satisfactory evidence of the birth of his child, a staff member, except those holding temporary appointments as defined in Rule 420.4, shall be entitled to four weeks of paternity leave or, in exceptional circumstances, to eight weeks of such leave. Internationally-recruited staff members serving at a non-family duty station are entitled to eight weeks of paternity leave. Paternity leave must be exhausted within 12 months from the date of the child's birth.</del></p> <p><b>763.1. Upon presentation of satisfactory evidence of the birth of his child, a staff member shall be entitled to paternity leave. Paternity leave must be exhausted within 12 months from the date of the child's birth.</b></p> <p><b>763.2. Staff members holding fixed-term appointment, as defined in Staff Rule 420.3, or service appointments as defined in Staff Rule 420.2, shall be entitled to:</b></p> <p><b>763.2.1. Four weeks of paternity leave or, in exceptional circumstances, to eight weeks of such leave.</b></p> <p><b>763.2.2. Internationally-recruited staff members serving at a non-family duty station are entitled to eight weeks of paternity leave.</b></p> <p><b>763.3. Staff members holding temporary appointments, as defined in Rule 420.4, shall be entitled to two weeks of paternity leave.</b></p>

FORMER TEXT	NEW TEXT
<p><b>1230 BOARD OF APPEAL</b></p> <p>...</p> <p>1230.4. The following provisions shall govern the conditions of appeal:</p> <p>1230.4.1. No staff member shall bring an appeal before the Board until all the existing administrative channels have been tried and the action complained of has become final. An action is final when it has been taken by a duly authorized official and the staff member has received written notification of the action.</p> <p>...</p>	<p><b>1230 BOARD OF APPEAL</b></p> <p>...</p> <p>1230.4. The following provisions shall govern the conditions of appeal:</p> <p>1230.4.1. No staff member shall bring an appeal before the Board until all the existing administrative channels have been tried and the action complained of has become final. An action is final when it has been taken by <del>a duly authorized official</del> <b>the Organization's senior human resources management official</b> and the staff member has received written notification of the action.</p> <p>...</p>

**Salary scale for the Professional and higher categories showing annual gross salaries  
and net equivalents after application of staff assessment  
(in United States dollars)**

Effective 1 January 2010

Level		Effective 1 January 2010														
		S	T	E	P	S										
		I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII	XIV	XV
D-2	Gross	149,903	153,214	156,529	159,846	163,160	166,475									
	Net D	110,434	112,589	114,744	116,900	119,054	121,209									
	Net S	101,454	103,273	105,085	106,891	108,693	110,485									
D-1	Gross	137,021	139,804	142,581	145,365	148,149	150,972	153,885	156,794	159,703						
	Net D	101,674	103,567	105,455	107,348	109,241	111,132	113,025	114,916	116,807						
	Net S	93,979	95,623	97,264	98,900	100,534	102,164	103,787	105,410	107,028						
P-5	Gross	113,404	115,771	118,140	120,504	122,874	125,238	127,607	129,974	132,341	134,707	137,075	139,441	141,810		
	Net D	85,615	87,224	88,835	90,443	92,054	93,662	95,273	96,882	98,492	100,101	101,711	103,320	104,931		
	Net S	79,537	80,967	82,393	83,818	85,241	86,659	88,077	89,491	90,904	92,314	93,721	95,124	96,528		
P-4	Gross	92,907	95,064	97,221	99,378	101,626	103,909	106,196	108,478	110,763	113,044	115,331	117,612	119,897	122,182	124,468
	Net D	71,393	72,946	74,499	76,052	77,606	79,158	80,713	82,265	83,819	85,370	86,925	88,476	90,030	91,584	93,138
	Net S	66,482	67,897	69,311	70,720	72,130	73,539	74,946	76,351	77,754	79,157	80,558	81,958	83,357	84,755	86,151
P-3	Gross	75,972	77,968	79,967	81,961	83,960	85,956	87,951	89,951	91,947	93,943	95,943	97,936	99,936	102,044	104,157
	Net D	59,200	60,637	62,076	63,512	64,951	66,388	67,825	69,265	70,702	72,139	73,579	75,014	76,454	77,890	79,327
	Net S	55,259	56,581	57,906	59,227	60,551	61,871	63,192	64,517	65,837	67,159	68,477	69,796	71,112	72,431	73,749
P-2	Gross	61,919	63,707	65,492	67,279	69,065	70,850	72,638	74,419	76,208	77,996	79,779	81,568			
	Net D	49,082	50,369	51,654	52,941	54,227	55,512	56,799	58,082	59,370	60,657	61,941	63,229			
	Net S	46,037	47,205	48,368	49,534	50,698	51,864	53,049	54,230	55,417	56,600	57,781	58,967			
P-1	Gross	47,968	49,496	51,146	52,867	54,579	56,296	58,014	59,732	61,444	63,161					
	Net D	38,854	40,092	41,325	42,564	43,797	45,033	46,270	47,507	48,740	49,976					
	Net S	36,651	37,790	38,930	40,068	41,207	42,344	43,484	44,609	45,728	46,848					

D = Rate applicable to staff members with a dependent spouse or child.

S = Rate applicable to staff members with no dependent spouse or child.

\* = The normal qualifying period for in-grade movement between consecutive steps is one year, except at those steps marked with an asterisk for which a two-year period at the preceding step is required.

**STAFF REGULATIONS**

<b>FORMER TEXT</b>	<b>NEW TEXT</b>
<p style="text-align: center;"><b>ARTICLE IV</b> <b>Appointment and Promotion</b></p> <p>...</p> <p>4.3. Selection of staff members shall be made without regard to race, creed or sex; shall be based on a full assessment of an individual’s relevant skills and experience; and shall normally be made on a competitive basis. A competitive selection process shall not be required where it is in the interest of the Bureau to fill a vacant post by reassignment of a staff member without promotion.</p> <p>...</p>	<p style="text-align: center;"><b>ARTICLE IV</b> <b>Appointment and Promotion</b></p> <p>...</p> <p>4.3. Selection of staff members shall <b>take into consideration the principles of diversity and inclusion</b> and be made without regard to race, creed or sex or <b>disability</b>; shall be based on a full assessment of an individual’s relevant skills and experience; and shall normally be made on a competitive basis. A competitive selection process shall not be required where it is in the interest of the Bureau to fill a vacant post by reassignment of a staff member without promotion.</p> <p>...</p>

***CE146.R14: Strategy and Plan of Action for Chagas Disease Prevention, Control, and Care***

***THE 146th SESSION OF THE EXECUTIVE COMMITTEE,***

Having reviewed Document CE146/14, Rev. 1, *Strategy and Plan of Action for Chagas Disease Prevention, Control and Care*,

***RESOLVES:***

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

**STRATEGY AND PLAN OF ACTION FOR  
CHAGAS DISEASE PREVENTION, CONTROL, AND CARE**

***THE 50<sup>th</sup> DIRECTING COUNCIL,***

Having reviewed Document CD50/\_\_\_, *Strategy and Plan of Action for Chagas Disease Prevention, Control and Care*, and in view of:

- (a) the existence of previous mandates and resolutions of the Pan American Health Organization, such as Resolution CD49.R19 of the 49th Directing Council (2009), *Elimination of Neglected Diseases and Other Poverty-related Infections*, and World Health Assembly Resolution WHA63.20 (2010), *Chagas Disease: control and elimination*;
- (b) the need to complete work on the “unfinished agenda,” since the proportion of the population affected remains high among the poorest and most marginalized populations of the Americas, and the need to address health determinants in order to reduce the health, social, and economic burden of Chagas disease;
- (c) the vast experience of the Region of the Americas in the implementation of strategies to eliminate communicable diseases and the progress made in reducing the burden of Chagas disease, for whose prevention and control there are efficacious and cost-effective public health interventions;
- (d) the success achieved by the Member States through subregional initiatives for the prevention and control of Chagas disease, but aware of the need to expand existing activities,

***RESOLVES:***

1. To endorse the Strategy and approve the Plan of Action for Chagas Disease Prevention, Control, and Care.
2. To urge the Member States to:
  - (a) review national plans or establish new ones for the prevention, control, and optimization of access to medical care of Chagas disease, employing an integrated approach that addresses the social determinants of health and provides for interprogrammatic collaboration and intersectoral action;
  - (b) strengthen and emphasize the subregional initiatives for the prevention and control of Chagas disease, incorporating a medical care component for the people affected, in order to continue progress toward meeting the proposed objectives through technical cooperation among the countries;
  - (c) provide the necessary resources and implement the Strategy and Plan of Action for the Prevention, Control, and Care of Chagas Disease;
  - (d) redouble efforts to reach the established goal of eliminating vector-borne transmission of *T. cruzi* by 2015, in addition to fighting transmission via transfusion, placenta, organ transplants, and others;
  - (e) establish integrated strategies for prevention, diagnosis, medical care and 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) support research to obtain appropriate scientific evidence on the control, surveillance, diagnosis, and medical care of Chagas disease, in order to meet the goals of the present Strategy and Plan of Action, with emphasis on the development of affordable and early diagnostic tests, including a test for its cure, and safer medications.
3. To request the Director to:
  - (a) support execution of the Strategy and Plan of Action for Chagas Disease Prevention, Control, and Care and provide the technical cooperation that the countries need 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, as, for example, in the case of the trust fund designed to support the elimination of neglected diseases and other poverty-related infectious diseases mentioned in Resolution CD49.R19 (2009);
- (c) strengthen regional mechanisms to improve access to and the distribution of the etiologic treatment for Chagas disease, and promote new advances in this area to overcome barriers and problems in access to treatment;
- (d) promote and strengthen technical cooperation among the countries, and form strategic partnerships to carry out activities designed to eliminate Chagas disease as a public health problem;
- (e) provide support to improve primary health care services and the surveillance and evaluation of national plans of action.

*(Eighth meeting, 24 June 2010)*

***CE146.R15: Strategy and Plan of Action for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis***

***THE 146th SESSION OF THE EXECUTIVE COMMITTEE,***

Having reviewed the Director's report, *Strategy and Plan of Action for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis* (Document CE146/15), based on the PAHO Strategic Plan 2008-2012,

***RESOLVES:***

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

**STRATEGY AND PLAN OF ACTION FOR THE ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION OF HIV AND CONGENITAL SYPHILIS**

***THE 50th DIRECTING COUNCIL,***

Having reviewed the report of the Director, *Strategy and Plan of Action for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis* (Document CD50/\_\_), based on the PAHO Strategic Plan 2008-2012;

Considering that review of the current situation indicates that the two basic conditions for eliminating the two diseases are within the reach of the countries of the Americas: the availability of effective means for interrupting mother-to-child transmission of HIV and congenital syphilis (biological viability) and the availability of practical treatment measures and simple, accessible, and sustainable diagnostic tools (programmatic and financial viability);

Noting that although many countries have successfully expanded the response to HIV through the wide distribution of guidelines for preventing mother-to-child transmission of HIV, access to diagnosis and treatment of congenital syphilis has not simultaneously improved, and organizational and managerial problems, such as fragmented services, inequity in service delivery, and a lack of human resources, capacity, and supplies, persist in the Region's health systems;

Recognizing the goal of moving beyond the outdated notion of tackling the two diseases (HIV and congenital syphilis) and their risk of mother-to-child transmission through separate efforts (i.e., a disease-focused, instead of a patient-focused, approach), that the two infections occur, or can occur, in a single woman, and that the services provided have an impact on the entire family;

Bearing in mind the commitments of resolutions: *Plan of Action for the Elimination of Congenital Syphilis* (Resolution CE116.R3 [1995]); *Scaling-up of Treatment within a Comprehensive Response to HIV/AIDS* (Resolution CD45.R10 [2004]); *Regional Strategic Plan for HIV/AIDS/STI, 2006-2015, of the Pan American Health Organization* (Resolution CD46.R15 [2005]); and *Elimination of Neglected Diseases and Other Poverty-Related Infections* (Resolution CD49.R19 [2009]);

Recognizing that PAHO has collaborated with the countries of the Region to establish the conceptual underpinnings, techniques, and infrastructure for the preparation of national programs and policies on sexual and reproductive health, with a focus on eliminating mother-to-child transmission of HIV and congenital syphilis;

Considering the importance of a plan of action for implementing the Strategy for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis, which will offer guidance, as appropriate, for the preparation of future national plans and the strategic plans of all organizations interested in cooperating for health with this goal in the countries of the Americas,

***RESOLVES:***

1. To endorse the Strategy and approve the Plan of Action for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis by 2015, in order to

respond effectively and efficiently to current and emerging needs, with specific consideration of the prevailing inequalities in health status, to strengthen the health system's response in order to develop and implement policies, laws, plans, programs, and services to address this public health problem.

2. To urge Member States to:

- (a) give priority to the elimination of mother-to-child transmission of HIV and congenital syphilis and the reduction of risk factors by integrating HIV/STI prevention and control interventions in the health services for prenatal care, sexual and reproductive health, and other related areas;
- (b) design and execute national plans and promote the establishment of public policies guided by the Strategy and Plan of Action, focusing on the needs of most at risk and vulnerable populations;
- (c) coordinate with other countries in the Region to share experiences and tools and engage in joint advocacy, monitoring, and evaluation of the progress of the elimination initiative;
- (d) implement the Strategy and Plan of Action, as appropriate, as part of an integrated approach based on primary health care, emphasizing intersectoral action and monitoring and evaluating the program's effectiveness and allocation of resources;
- (e) promote the collection and use of data on mother-to-child transmission of HIV and congenital syphilis, disaggregated by age, sex, and ethnicity, as well as the use of gender analysis, new technologies (for example, geographic information systems), and forecasting models to strengthen the planning, execution, and surveillance of national plans, policies, programs, laws, and interventions related to sexual and reproductive health;
- (f) increase the coverage of quality health services and access to such services—including health promotion, prevention, early diagnosis, effective treatment, and continuing care—to foster greater demand and use by women of childbearing age, pregnant women, and their partners;
- (g) promote greater capacity among policymakers, program directors, and health care providers to draft and implement policies and programs that promote community development and provide quality, effective health services which address sexual and reproductive health needs and their related health determinants;

- (h) improve coordination in the health sector and with partners from other sectors to help put health measures and initiatives for the development of sexual and reproductive health into practice, and at the same time minimize the duplication of functions and heighten the impact of the limited resources to the fullest;
  - (i) promote vigorous community participation in the health sector.
3. Request the Director to:
- (a) promote coordination and implementation of the Strategy and Plan of Action by integrating the activities of PAHO's program areas into the national, subregional, regional, and interagency spheres;
  - (b) collaborate with the Member States in implementing the Strategy and Plan of Action in accordance with their own national situation and priorities, and promote the dissemination and interagency utilization of the resulting products at the national, subregional and regional levels;
  - (c) promote the development of collaborative research initiatives that can furnish the evidence needed to establish and disseminate effective, appropriate programs and interventions for the elimination of mother-to-child transmission of HIV and congenital syphilis and the improvement of sexual and reproductive health;
  - (d) forge new partnerships and strengthen existing ones in the international community to mobilize the human, financial, and technological resources needed to implement the Strategy and Plan of Action;
  - (e) promote technical cooperation among countries, subregions, international and regional organizations, public entities, private organizations, universities, the media, civil society, and communities, in activities to promote sexual and reproductive health;
  - (f) promote coordination between the Strategy and Plan of Action and similar initiatives of other international technical cooperation and financing agencies;
  - (g) report periodically to the Governing Bodies on the progress and obstacles identified during the execution of the Strategy and Plan of Action, and consider adapting the Plan to respond to the varied contexts and new challenges in the Region.

*(Eighth meeting, 24 June 2010)*

***CE146.R16: Health and Human Rights***

***THE 146th SESSION OF THE EXECUTIVE COMMITTEE,***

Having considered the concept paper, *Health and Human Rights* (Document CE146/21, Rev. 1),

***RESOLVES:***

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

**HEALTH AND HUMAN RIGHTS**

***THE 50th DIRECTING COUNCIL,***

Having considered the concept paper, *Health and Human Rights* (Document CD50/\_\_\_);

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

Recognizing that in the Health Agenda for the Americas (2008-2017) the ministers and secretaries of health: (a) declared their renewed commitment to the above-mentioned principle established in the WHO Constitution; (b) recognized that human rights are part of the principles and values inherent to the Health Agenda; and (c) declared that, to make the right to the enjoyment of the highest attainable standard of health a reality, the countries should work toward universality, access, integrity, quality, and inclusion in health systems that are available for individuals, families, and communities;

Aware that the PAHO Strategic Plan 2008-2012 Amended states that “...Human rights law, as enshrined in international and regional human rights conventions and standards, offers a unifying conceptual and legal framework for these strategies, as well as measures by which to evaluate success and clarify the accountability and responsibilities of the different stakeholders involved”;

Recognizing that the human rights instruments of the United Nations and Inter-American systems are useful for the progress of the Member States towards the achievement of the Millennium Development Goals (MDGs), especially those related to

eradicate extreme poverty and hunger (MDG 1), reduce child mortality (MDG 4), improve maternal health (MDG 5), and combat HIV/AIDS, malaria and other diseases (MDG 6);

Observing that the Pan American Sanitary Conference and the Directing Council have recommended that the Member States formulate and adopt policies, plans, and legislation in health consistent with the applicable international human rights instruments in the context of mental health (Document CD49/11), active and healthy aging (Document CD49/8), adolescent and youth health (Document CD49/12), gender equality (Document CD49/13), the reduction of maternal mortality and morbidity (Document CSP26/14), access to care for people living with HIV (Document CD46/20), the health of indigenous peoples (Document CD47/13), and disability, prevention, and rehabilitation (Document CD47/15), among others;

Recognizing that in some PAHO Member States matters related to health may be under different jurisdictional levels,

***RESOLVES:***

1. To urge Member States, taking into account their national context, financial and budgetary resources, and legislation currently in force, to:
  - (a) strengthen the technical capacity of their health authority to work with the corresponding government human rights entities, such as ombudspersons' offices and human rights secretariats to evaluate and oversee implementation of the applicable international human rights instruments related to health;
  - (b) strengthen the technical capacity of the health authority to provide support for the formulation of health policies and plans consistent with the applicable international human rights instruments related to health;
  - (c) consider utilizing PAHO's technical cooperation in the formulation, review and, if necessary, reform of national health plans and legislation, incorporating the applicable international human rights instruments, especially those related to the protection of groups in vulnerable situations;
  - (d) promote and strengthen training programs for health workers on the applicable international human rights instruments;
  - (e) formulate and, if possible, adopt legislative, administrative, educational, and other measures to disseminate the applicable international human rights instruments on protection of the right to the enjoyment of the highest attainable standard of health

and other related human rights among the appropriate personnel in the legislative and judicial branches and other governmental authorities;

- (f) as appropriate, promote the dissemination of information among civil society organizations and other social actors on the applicable international human rights instruments related to health, to address stigmatization, discrimination and exclusion of groups in vulnerable situations.
2. To request the Director, as the financial resources of the Organization permit, to:
- (a) continue facilitating PAHO technical cooperation with the human rights committees, organs, and rapporteurships of the United Nations and Inter-American systems;
  - (b) continue training Organization staff so that the technical areas, especially those most closely involved in protecting the health of groups in vulnerable situations, gradually incorporate the international human rights instruments related to health into their programs;
  - (c) promote and stimulate collaboration and research with academic institutions, the private sector, civil society organizations, and other social actors, when appropriate, to promote and protect human rights, in keeping with the international human rights instruments related to health;
  - (d) promote the sharing of good practices and successful experiences among the Member States of PAHO so as to prevent the stigmatization, discrimination and exclusion of groups in vulnerable situations.

*(Eighth meeting, 24 June 2010)*

***CE146.R17: National Institutions Associated with PAHO in Technical Cooperation***

***THE 146th SESSION OF THE EXECUTIVE COMMITTEE,***

Having reviewed Document CE146/12, *National Institutions Associated with PAHO in Technical Cooperation*,

***RESOLVES:***

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

**NATIONAL INSTITUTIONS ASSOCIATED WITH PAHO  
IN TECHNICAL COOPERATION**

***THE 50th DIRECTING COUNCIL,***

Having reviewed Document CD50/\_\_\_, *National Institutions Associated with PAHO in Technical Cooperation*;

Considering Article 71 of the Constitution of the World Health Organization (WHO) and Article 26 of the Constitution of the Pan American Health Organization (PAHO), as well as the governance frameworks and mandates handed down by the PAHO Executive Committee, Directing Council, and Pan American Sanitary Conference (Resolution CD19.R37 [1969]; Resolution CE61.R12 [1969]; Resolution CE64.R19 [1970]; Resolution CSP18.R33 [1970]; Resolution CD25.R31 [1977]; Document CD25/29 [1977]; Resolution CSP20.R31 [1978]; Document CSP20/3 [1978]; Document CE99/9 [1987]; Resolution CE126.R15 [2000]; Document CE126/7 and Add. I [2000]; Document CE136/12 [2005], and Document CE139/7 [2006]);

Recognizing that one of the fundamental objectives of PAHO/WHO is to strengthen national capacities for the sustainable achievement of national and global public health goals, and that these capacities must be based on broad approaches capable of affecting health determinants, ensuring intersectoral collaboration and promoting public-private initiatives and with civil society;

Noting that, over the years, PAHO/WHO technical cooperation with Member States has been significantly supported by the participation of national institutions and that formal institutional working relationships are needed for PAHO to function as a catalyst in mobilizing and strengthening these capacities;

Emphasizing that the present proposal complements the work that PAHO/WHO conducts with the WHO Collaborating Centers and Nongovernmental Organizations that are in Official Relations with PAHO/WHO,

***RESOLVES:***

1. To approve a new category of relationship with institutions to be known as *National Institutions Associated with the Pan American Health Organization in Technical Cooperation (INACO)*\* and the procedures for their identification, designation, and monitoring.

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\* As designated by its Spanish acronym

2. To urge the Member States to:
  - (a) make efforts to mobilize, utilize, and strengthen the capacities of INACOs to support health development at the national and subnational levels through strategic partnership with PAHO/WHO;
  - (b) collaborate with PAHO/WHO in implementing a formal process for the selection of national institutions that participate in technical cooperation in health, as well as collaborating to create mechanisms to oversee and monitor the quality and effectiveness of cooperation activities;
  - (c) analyze the existing capacities of institutions with potential to be designated as INACO.
3. Request the Director to:
  - (a) consolidate working relationships between PAHO/WHO and the national institutions of Member States by selecting and designating INACOs, thus promoting more efficient and effective coordination of national efforts aimed at achieving the goals and expected results of national and subnational health agendas and plans;
  - (b) provide technical support to Member States in identifying national institutions that might be designated as INACO, and in identifying mechanisms for overseeing and monitoring such institutions;
  - (c) promote and progressively develop networks of INACOs;
  - (d) work to mobilize additional national and international resources to support the work plans agreed upon between PAHO/WHO and INACOs.

*(Eighth meeting, 24 June 2010)*

***CE146.R18: Health, Human Security and Well-being***

***THE 146th SESSION OF THE EXECUTIVE COMMITTEE,***

Having studied the report of the Director, *Health, Human Security, and Well-being* (Document CE146/17),

***RESOLVES:***

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

**HEALTH, HUMAN SECURITY, AND WELL-BEING**

***THE 50th DIRECTING COUNCIL,***

Having studied the report of the Director, *Health, Human Security, and Well-being* (Document CD50/\_\_);

Recognizing the multiple and complex components of human security and the critical contribution of public health to its full achievement;

Recognizing that diverse economic, social, and environmental factors influence health, human security, and the quality of life of populations;

Understanding that inequity in health poses a threat to human security and limits development, especially among groups in situations of vulnerability;

Considering the importance of human security and its relationship with health for the advancement of the health determinants approach and the Millennium Development Goals (MDGs);

Recognizing the importance of the International Health Regulations for health and human security;

Bearing in mind the United Nations Millennium Declaration, the Final Document of the 2005 World Summit, and the Final Report of the Commission on Social Determinants of Health, among other instruments,

***RESOLVES:***

1. To urge the Member States to continue to promote analysis of the concept of human security and its relationship with health, with a view to its incorporation into country health plans, emphasizing coordination and multisectoral interagency participation to reflect the multidimensional aspects of such an approach.

2. To request the Director to:
  - (a) monitor the progress of discussions on the concept of human security and its relationship with health in relevant multilateral forums;
  - (b) explore the possibility of developing policy guidelines and methodological tools for integrating the approach of human security and its relationship with health in the Organization's programs and activities;
  - (c) promote training for personnel in PAHO and the Member States, as appropriate, on the topic of human security and its relationship with health.

*(Eighth meeting, 24 June 2010)*

### ***Decisions***

#### ***Decision CE146(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 CE146/1, Rev. 3).

*(First meeting, 21 June 2010)*

#### ***Decision CE146(D2) Representation of the Executive Committee at the 50th Directing Council, 62nd 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 (Mexico) and Rapporteur (Suriname) to represent the Committee at the 50th Directing Council, 62nd Session of the Regional Committee of WHO for the Americas.

*(Sixth meeting, 23 June 2010)*

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

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

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Fernando Meneses González  
Delegate of Mexico  
President of the  
146th Session of the Executive Committee

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Mirta Roses Periago  
Director of the  
Pan American Sanitary Bureau  
Secretary ex officio of the  
146th 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 50th Directing Council, 62nd 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 50th Directing Council of PAHO, 62nd 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 Fourth Session of the Subcommittee on Program, Budget, and Administration

3.2 PAHO Award for Administration 2010

3.3 Nongovernmental Organizations (NGOs) in Official Relations with PAHO

3.4 Annual Report of the Ethics Office 2009-2010

3.5 Appointment of Three Members to the PAHO Audit Committee

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

- 4.1 Program and Budget 2008-2009 End-of-biennium Assessment/  
Interim PAHO Strategic Plan 2008-2012 Progress Report (Draft)
- 4.2 Modernization of the PASB Management Information  
System (PMIS)
- 4.3 Evaluation of the Regional Program Budget Policy
- 4.4 National Institutions Associated with PAHO in Technical  
Cooperation
- 4.5 Strategy for Substance Abuse Reduction
- 4.6 Strategy and Plan of Action for Chagas Disease Prevention,  
Control and Care
- 4.7 Strategy and Plan of Action for the Elimination of Mother-to-  
child Transmission of HIV and Congenital Syphilis
- 4.8 Health Workers Competency Development in Primary Care-  
based Health Systems
- 4.9 Health, Human Security and Well-being
- 4.10 Strategy and Plan of Action for the Reduction of Chronic  
Malnutrition
- 4.11 Strengthening Immunization Programs
- 4.12 Plan of Action on Safe Hospitals
- 4.13 Health and Human Rights
- 4.14 Review of the Pan American Centers

#### **5. ADMINISTRATIVE AND FINANCIAL MATTERS**

- 5.1 Report on the Collection of Quota Contributions

**5. ADMINISTRATIVE AND FINANCIAL MATTERS** (*cont.*)

- 5.2 Financial Report of the Director and Report of the External Auditor for 2008-2009
- 5.3 Process for the Appointment of the External Auditor of PAHO for 2012-2013 and 2014-2015
- 5.4 Master Capital Investment Plan
- 5.5 Status of Projects Funded from the PAHO Holding Account
- 5.6 Review of the Charge Assessed on the Procurement of Public Health Supplies for Member States

**6. PERSONNEL MATTERS**

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

**7. MATTERS FOR INFORMATION**

- 7.1 WHO Programme Budget 2008-2009: Performance Assessment Report (Summary Report)
- 7.2 PAHO Results-based Management Framework
- 7.3 PAHO's Integrity and Conflict Management System
- 7.4 Preparations for the Roundtable on Urbanism and Healthy Living
- 7.5 30th Anniversary of Smallpox Eradication and the Establishment of the PAHO Revolving Fund for Vaccine Procurement

**7. MATTERS FOR INFORMATION** (*cont.*)

7.6 Progress Reports on Technical Matters:

- A Implementation of the International Health Regulations (2005)
- B Update on the Pandemic (H1N1) 2009
- C Plan of Action for Strengthening Vital and Health Statistics
- D Regional Core Health Data Initiative and Country Profiles
- E WHO Framework Convention on Tobacco Control:  
Opportunities and Challenges for its Implementation in the  
Region of the Americas
- F Implementation of the Regional Strategy and Plan of Action  
for an Integrated Approach to the Prevention and Control of  
Chronic Diseases, including Diet, Physical Activity and Health
- G Elimination of Rubella and Congenital Rubella Syndrome

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

7.8 Progress Reports on Administrative and Financial Matters:  
Status of Implementation of the International Public Sector  
Accounting Standards (IPSAS)

**8. OTHER MATTERS**

**9. CLOSURE OF THE SESSION**

## LIST OF DOCUMENTS

### Official Documents

*Off. Doc. 337* Financial Report of the Director and Report  
of the External Auditor for 2008-2009

### Working Documents

CE146/1, Rev. 3, and  
CE146/WP/1, Rev. 1 Agenda and Program of Meetings

CE146/2 Representation of the Executive Committee at the  
50th Directing Council, 62nd Session of the Regional  
Committee of WHO for the Americas

CE146/3, Rev. 2 Provisional Agenda of the 50th Directing Council  
of PAHO, 62nd Session of the Regional Committee  
of WHO for the Americas

CE146/4 Report on the Fourth Session of the Subcommittee on  
Program, Budget, and Administration

CE146/5, and  
CE146/5, Add. I PAHO Award for Administration 2010

CE146/6 Nongovernmental Organizations (NGOs) in Official  
Relations with PAHO

CE146/7 Annual Report of the Ethics Office 2009-2010

CE146/8 Appointment of Three Members to the PAHO Audit  
Committee

CE146/9, Rev. 1 Program and Budget 2008-2009 End-of-biennium  
Assessment/Interim PAHO Strategic Plan 2008-2012  
Progress Report (Draft)

CE146/10 Modernization of the PASB Management Information  
System (PMIS)

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

CE146/11	Evaluation of the Regional Program Budget Policy
CE146/12	National Institutions Associated with PAHO in Technical Cooperation
CE146/13, Rev. 1	Strategy for Substance Abuse Reduction
CE146/14, Rev. 1	Strategy and Plan of Action for Chagas Disease Prevention, Control and Care
CE146/15	Strategy and Plan of Action for the Elimination of Mother-to-child Transmission of HIV and Congenital Syphilis
CE146/16	Health Workers Competency Development in Primary Care-based Health Systems
CE146/17	Health, Human Security and Well-being
CE146/18	Strategy and Plan of Action for the Reduction of Chronic Malnutrition
CE146/19, Rev. 1	Strengthening Immunization Programs
CE146/20	Plan of Action on Safe Hospitals
CE146/21, Rev. 1	Health and Human Rights
CE146/22	Review of the Pan American Centers
CE146/23	Report on the Collection of Quota Contributions
CE146/23, Add. I	Report on the Collection of Quota Contributions
CE146/24, Rev. 1	Financial Report of the Director and Report of the External Auditor for 2008-2009
CE146/25	Process for the Appointment of the External Auditor of PAHO for 2012-2013 and 2014-2015

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

CE146/26	Master Capital Investment Plan
CE146/27	Status of Projects Funded from the PAHO Holding Account
CE146/28, Rev. 1	Review of the Charge Assessed on the Procurement of Public Health Supplies for Member States
CE146/29	Amendments to the PASB Staff Rules and Regulations
CE146/29, Corr.	Amendments to the PASB Staff Rules and Regulations
CE146/30	Contract Reform in PAHO
CE146/31	Statement by the Representative of the PAHO/WHO Staff Association

**Information Documents**

CE146/INF/1	WHO Programme Budget 2008-2009: Performance Assessment Report (Summary Report)
CE146/INF/2	PAHO Results-based Management Framework
CE146/INF/3	PAHO's Integrity and Conflict Management System
CE146/INF/4	Preparations for the Roundtable on Urbanism and Healthy Living
CE146/INF/5	30th Anniversary of Smallpox Eradication and the Establishment of the PAHO Revolving Fund for Vaccine Procurement
CE146/INF/6, Rev. 1	Progress Reports on Technical Matters
	A Implementation of the International Health Regulations (2005)
	B Update on the Pandemic (H1N1) 2009

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

- C Plan of Action for Strengthening Vital and Health Statistics
- D Regional Core Health Data Initiative and Country Profiles
- E WHO Framework Convention on Tobacco Control: Opportunities and Challenges for its Implementation in the Region of the Americas
- F Implementation of the Regional Strategy and Plan of Action for an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity and Health
- G Elimination of Rubella and Congenital Rubella Syndrome

CE146/INF/7 Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO:  
Sixty-third World Health Assembly

CE146/INF/8 Progress Reports on Administrative and Financial Matters: Status of Implementation of the International Public Sector Accounting Standards (IPSAS)

## LIST OF PARTICIPANTS

### MEMBERS OF THE COMMITTEE/MIEMBROS DEL COMITÉ

#### ARGENTINA

Dr. Eduardo Bustos Villar  
Secretario de Determinantes de la  
Salud y Relaciones Sanitarias  
Ministerio de Salud de la Nación  
Buenos Aires

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

Lic. Andrea Polach  
Asesora técnica profesional  
Dirección Nacional de Relaciones  
Internacionales  
Ministerio de Salud de la Nación  
Buenos Aires

Sra. Ana Marcela Pastorino  
Consejera  
Misión Permanente de Argentina ante la  
Organización de los Estados Americanos  
Washington, D.C.

#### BOLIVIA

Dr. Martín Maturano  
Viceministro de Salud y Promoción  
Ministerio de Salud y Deportes  
Plaza del Estudiante  
La Paz

Sr. Aylin Oropeza  
Primer Secretario, Representante Alterno  
de Bolivia ante la Organización de los  
Estados Americanos  
Washington, D.C.

#### COLOMBIA

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

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Embajador, Representante Permanente de  
Guatemala ante la Organización de los  
Estados Americanos  
Washington, D.C.

Sr. Lionel Maza  
Representante Alterno de Guatemala ante la  
Organización de los Estados  
Americanos  
Washington, D.C.

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

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Dr Alex Larsen  
Ministre de la Santé publique  
et de la Population  
Ministère de la Santé publique  
et de la Population  
Port-au-Prince

Dr Ariel Henry  
Chef de Cabinet  
Ministère de la Santé publique  
et de la Population  
Port-au-Prince

#### MEXICO/MÉXICO

Dr. José Ángel Córdova Villalobos  
Secretario de Salud  
Secretaría de Salud  
México, D. F.

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Directora de Cooperación Bilateral y  
Regional  
Dirección General de Relaciones  
Internacionales  
Secretaría de Salud  
México, D.F.

Dra. María de los Ángeles Fromow  
Titular de la Unidad Coordinadora de  
Participación y Vinculación Social  
Secretaría de Salud  
México, D.F.

Dr. Fernando Meneses González  
Coordinador de Asesores  
Subsecretaría de Prevención y Promoción  
de la Salud  
Secretaría de Salud  
México, D.F.

Lic. Blanca Estela Fernández  
Coordinadora del Programa de Diabetes  
Centro Nacional de Prevención y Control  
de Enfermedades  
México, D.F.

Lic. Karen Aspuru Juárez  
Subdirectora de Gestión Interamericana  
Secretaría de Salud  
México, D.F.

Sr. Gustavo Albin  
Embajador, Representante Permanente  
de México ante la Organización de l  
os Estados Americanos  
Washington, D.C.

Sr. Alberto Del Castillo  
Representante Alterno de México ante  
la Organización de los Estados  
Americanos  
Washington, D.C.

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Representante Alternante de México ante  
la Organización de los Estados  
Americanos  
Washington, D.C.

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SAN VICENTE Y LAS GRANADINAS**

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Minister of Health and the Environment  
Ministry of Health and the Environment  
Kingstown

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Dr. Celsius Waterberg  
Minister of Health  
Ministry of Health  
Paramaribo

Dr. Marthelise Eersel  
Director of Health  
Ministry of Health  
Paramaribo

Ms. Saskia Bleau  
Protocol Officer  
Assistant UN Coordinator  
Ministry of Health  
Paramaribo

**REPÚBLICA BOLIVARIANA DE  
VENEZUELA/BOLIVARIAN REPUBLIC OF  
VENEZUELA**

Dr. Alexis Guilarte  
Director General de Programas de Salud  
Ministerio del Poder Popular para la Salud  
Caracas

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**REPÚBLICA BOLIVARIANA DE  
VENEZUELA/BOLIVARIAN REPUBLIC OF  
VENEZUELA (cont.)**

Dr. Julio Colmenares  
Internacionalista  
Ministerio del Poder Popular para la Salud  
Oficina de Cooperación Técnica y  
Relaciones Internacionales  
Caracas

Su Excelencia Roy Chaderton Matos  
Embajador, Representante Permanente  
de Venezuela ante la Organización de  
los Estados Americanos  
Washington, D.C.

Dra. Carmen Velásquez de Visbal  
Ministra Consejera  
Misión Permanente de la República  
Bolivariana de Venezuela ante  
la Organización de los Estados  
Americanos  
Washington, D.C.

Sra. Liz Torres  
Segunda Secretaria  
Misión Permanente de la República  
Bolivariana de Venezuela ante la  
Organización de los Estados  
Americanos  
Washington, D.C.

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OTROS MIEMBROS QUE NO FORMAN PARTE DEL COMITÉ**

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Diretor-Geral da Agência de Vigilância  
Sanitária  
Ministério da Saúde  
Brasília

Dra. Renata Carvalho  
Chefe da Unidade de Cooperação  
Internacional  
Agência Nacional de Vigilância Sanitária  
Ministério da Saúde  
Brasília

Sr. Leandro Luiz Viegas  
Chefe da Divisão de Temas Multilaterais  
Ministério da Saúde  
Brasília

Sra. Juliana Vieira Borges Vallini  
Assessora Jurídica do Programa Nacional  
DST/AIDS  
Ministério da Saúde  
Brasília

Sra. Viviane Rios Balbino  
Primeira Secretária  
Missão Permanente do Brasil junto à  
Organização dos Estados Americanos  
Washington, D.C.

**CANADA/CANADÁ**

Mr. Martin Methot  
Director  
International Affairs Directorate  
Health Canada  
Ottawa

Ms. Kate Dickson  
Senior Policy Advisor  
PAHO/Americas  
International Affairs Directorate  
Health Canada  
Ottawa

**CANADA/CANADA (cont.)**

Mr. Jamie Baker  
Manager, Bilateral Relations  
International Public Health Division  
Public Health Agency of Canada  
Ottawa

Ms. Ranu Sharma  
Policy Analyst  
International Public Health Division  
Public Health Agency of Canada  
Ottawa

Ms. Annick Amyot  
Strategic Partnerships  
Senior Development Officer  
Inter-American Program  
Canadian International Development Agency  
Quebec

Mr. Darren Rogers  
Counselor, Alternate Representative of  
Canada to the Organization of American  
States  
Washington, D.C.

**COSTA RICA**

Mr. David Li Fang  
Minister Counselor, Alternate Representative  
of Costa Rica to the Organization of  
American States  
Washington, D.C.

Ms. Cinthia Solis  
Minister Counselor, Alternate Representative  
of Costa Rica to the Organization of  
American States  
Washington, D.C.

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M. Gérard Guillet  
Observateur Permanent Adjointe de  
la France près de l'Organisation des  
États Américains  
Washington, D.C.

**GRENADA/GRANADA**

Ms. Ingrid Jackson  
Attaché, Alternate Representative of  
Grenada to the Organization of  
American States  
Washington, D.C.

**NETHERLANDS/PAÍSES BAJOS**

Mrs. Ann Groot-Philipps  
Minister Plenipotentiary  
The Royal Netherlands Embassy  
Washington, D.C.

Ms. Jocelyne Croes  
Minister Plenipotentiary of Aruba  
The Royal Netherlands Embassy  
Washington, D.C.

Hon. Richard Wayne Milton Visser  
Minister of Health and Sport  
Ministry of Health and Sport  
Oranjestad, Aruba

**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.

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

Mr. Guillermo Aviles Mendoza  
International Health Analyst  
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.

Ms. Nerissa Cook  
Deputy Assistant Secretary  
Office of Global and Economic Affairs  
Bureau of International Organization  
Affairs  
Department of State  
Washington, D.C.

Mr. Javier Cordova  
Analyst for Demand Reduction  
Office of Anti-Crime Programs and  
Demand Reduction  
Bureau of International Narcotics and  
Law Enforcement  
Department of State  
Washington, D.C.

Mr. Mathew Glockner  
Program Analyst  
Office of Management Policy and  
Resources  
Bureau of International Organization  
Affairs  
Department of State  
Washington, D.C.

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**OTROS MIEMBROS QUE NO FORMAN PARTE DEL COMITÉ (cont.)**

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

Ms. Elizabeth Griffith  
Program Analyst  
Office of Human Security  
Bureau of International Organization  
Affairs  
Department of State  
Washington, D.C.

Dr. James E. Herrington  
Director, Office of International Relations  
Fogarty International Center  
National Institute of Health  
Department of Health and Human  
Services  
Bethesda, MD

Ms. Leah Hsu  
International Health Analyst  
Office of Global Health Affairs  
Department of Health and Human  
Services  
Washington, D.C.

Ms. Peg Marshall  
Senior Advisor for Maternal and Child Health  
US Agency for International Development  
Washington, D.C.

Ms. Kelly Saldana  
Senior Public Health Advisor  
Bureau for Latin America and the  
Caribbean  
US Agency for International Development  
Washington, D.C.

Dr. Craig Shapiro  
Interim Director for the Americas  
Office of Global Health Affairs  
Department of Health and Human  
Services  
Washington, D.C.

**UNITED STATES OF AMERICA/ESTADOS  
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Mr. David B. Sullivan  
Attorney-Advisor  
Office of the Legal Adviser  
Department of State  
Washington, D.C.

**OBSERVER STATES  
ESTADOS OBSERVADORES**

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Embajador, Observador Permanente  
de España ante la Organización de los  
Estados Americanos  
Washington, D.C.

Sr. José María de la Torre  
Observador Permanente Adjunto de  
España ante la Organización de los  
Estados Americanos  
Washington, D.C.

**PORTUGAL**

Mr. Duarte Cunha De Eça Valente  
Attaché, Permanent Observer of Portugal  
to the Organization of American States  
Washington, D.C.

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**Organization of American States  
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**U.S. Pharmacopeia**

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Latin America and the Caribbean  
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Latina de las Naciones Unidas**

Sr. Rex García

**WORLD HEALTH ORGANIZATION**

Dr. Mohamed Abdi Jama  
Assistant Director-General – General Management  
Subdirector General – Administración General

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Director  
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Asesores de la Directora**

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Deputy Director  
Director Adjunto

Dr. Socorro Gross-Galiano  
Assistant Director  
Subdirectora

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Asesores de la Directora (cont.)**

Mr. Guillermo Birmingham  
Director of Administration  
Director de Administración

Dr. Heidi Jiménez  
Legal Counsel, Office of Legal Counsel  
Asesora Jurídica, Oficina de la Asesora  
Jurídica