128th Session of the Executive Committee

RESOLUTIONS

CE128.R1 The Executive Committee,

Having considered the progress report on the International Health Regulations: (Document CE128/14);

Recognizing the permanent threat of the transboundary spread of infectious diseases; and

Regarding in the International Health Regulations as the legal framework for global epidemic alert and response,

RESOLVES:

To recommend to the Directing Council the adoption of a resolution along the following lines:

THE 43rd DIRECTING COUNCIL,

Recalling resolutions WHA48.7 on the International Health Regulations and CD41.R14 on emerging and reemerging infectious diseases and antimicrobial resistance;

Having seen the progress report on the revision of the International Health Regulations (Document CD43/__) and recognizing the need to adjust the current version of the International Health Regulations so that it takes into account the increased volume of international travel and trade and current trends in the epidemiology of communicable diseases, including emerging disease threats;
Considering the need to protect public health and control disease and, at the same time, avoid unnecessary measures that could have unanticipated social or economic consequences; and

Recognizing that the opportunity to intervene with prevention and control measures is limited by the speed with goods, food, and people are mobilized, and by the emergence of pathogens resistant to the available antimicrobials,

RESOLVES:

1. To urge the Member States to:

   (a) participate actively in the process of revising the International Health Regulations, both nationally and in the regional integration systems' agenda;

   (b) review the criteria to define a public health event of potential international importance as proposed for the revised International Health Regulations.

2. To request that the Director:

   (a) provide technical cooperation to support countries in their efforts to test the implications of the proposed revision of the International Health Regulations;

   (b) promote the organization of subregional meetings among partners with expertise in the area of epidemic alert and response to facilitate the exchange of evidence gathered on the testing of specific components of the revised International Health Regulations.

   (c) organize the participation of the Region of the Americas in meetings convened by WHO to address matters related to the revision of the International Health Regulations.

(Fifth meeting, 27 June 2001)

CE128.R2 The Executive Committee,

Having considered the final report of the XII Inter-American Meeting, at the Ministerial Level, on Health and Agriculture (Document CE128/11),
RESOLVES:

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

THE 43rd DIRECTING COUNCIL,

Having considered the final report of the XII Inter-American Meeting, at the Ministerial Level, on Health and Agriculture (Document CD43/ _);

Taking into account Resolution CD17.R19, which authorized the Director to convene these meetings, and Resolution RIMSA11.R3, ratified by the 41st Directing Council, which approved changing the name of the Meeting to "Inter-American Meeting, at the Ministerial Level, on Health and Agriculture," retaining the acronym RIMSA;

Considering that RIMSA has been constituted as the intersectoral forum at the highest political level in order to establish, orient, and monitor matters of mutual interest to the agriculture and health sectors; and

Aware of the broad response to the call by the Director of PAHO for the ministers of health and agriculture of the Member States to participate for the first time in RIMSA,

RESOLVES:

1. To endorse the resolutions of RIMSA 12.

2. To urge the Member States to continue to bolster intersectoral action for the organization and execution of regional strategic plans for the eradication of foot-and-mouth disease, the control and elimination of zoonoses, and the monitoring of food safety.

3. To thank the Government of the Federative Republic of Brazil for serving as the venue for RIMSA 12.

4. To request the Director to:

a) continue to convene the ministers of agriculture and health every two years to participate in RIMSA with the object of evaluating technical cooperation in veterinary public health and the performance of its specialized centers, the Pan
American Foot-and-Mouth Disease Center (PANAFTOSA) and the Pan American Institute for Food Protection and Zoonoses (INPPAZ);

b) continue to include food safety, zoonoses, the eradication of foot-and-mouth disease and other matters related to animal and human health as standing agenda items for RIMSA meetings

c) support the development and implementation of the plan of action of the Pan American Commission for Food Safety.

(Fifth meeting, 27 June 2001)

CE128.R3  The Executive Committee,

Having considered Document CE128/12, which argues in favor of according higher priority to human resources policies in the health sector and to promoting major conceptual, policy, and operational changes to develop and strengthen human resources management in health systems and services,

RESOLVES:

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

THE 43rd DIRECTING COUNCIL,

Having considered Document CD43/ _on the development and strengthening human resources management in the health sector;

Considering the need for health systems to accord higher priority to human resources policies and to the development and strengthening of human resources management within the framework of the current sectoral reforms; and

Bearing in mind that the Pan American Health Organization is promoting the initiative known as the Observatory of Human Resources in health sector reform in a large group of countries, with a view to increasing the availability and improving the quality of information and knowledge for decision-making in the area of human resources development,
RESOLVES:

1. To urge the Member States to:

(a) accord higher priority to human resources development policies in their sectoral reform processes in general and to human resources management in the health services in particular, mobilizing mechanisms to sensitize and commit sectoral leaders and other relevant actors to the achievement of this goal and integrating personnel management into the general management of the health services;

(b) actively participate in the Observatory of Human Resources initiative, facilitating the creation of intersectoral and interinstitutional groups in each country to analyze the situation, generate essential information, and formulate proposals on human resources policy, regulation, and management.

2. To request that the Director:

(a) engage the interest and will of political authorities in the sector to accord higher priority to human resources policies and, specifically, to the development and strengthening of human resources management in the health sector;

(b) advance the Observatory of Human Resources initiative, encourage the participation of all the Member States, further the development of methodologies and instruments for human resources management, and actively promote the training of public health leaders and the personnel responsible for this function to strengthen institutional capacity in this area;

(c) encourage the use of a broad mix of health professionals in order to promote broad public health goals.

(Fifth meeting, 27 June 2001)

CE128.R4 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 CE128/23 and its corrigendum;
Taking into account the actions of the Fifth-fourth World Health Assembly related to the remuneration of the Regional Director, Senior Advisors, and the Director-General;

Bearing in mind the provisions of Staff Rule 020 and Staff Regulation 3.1 of the Pan American Sanitary Bureau, and Resolutions CD20.R20 of the 20th Directing Council; and

Recognizing the need for uniformity of conditions of employment of PASB and WHO staff,

RESOLVES:

1. To confirm the amendments to the Staff Rules of the Pan American Sanitary Bureau submitted by the Director in the Annex to Document CE128/23 and its corrigendum:

   (a) with effect from 1 January 2001, concerning dependency allowances for the professional and higher categories;

   (b) with effect from 1 March 2011, concerning the salary scale for use in conjunction with gross base salaries applicable to professional category and Director’s posts.

2. To establish, effective 1 March 2011:

   (a) the net annual salary of the Deputy Director at $104,341 at dependency rate and $94,484 at single rate;

   (b) the annual net salary of the Assistant Director at $103,341 at dependency rate and $93,484 at single rate

3. To recommend to the 43rd Directing Council that it establish the annual salary of the Director at $113,762 at dependency rate and $102,379 at single rate effective 1 March 2001.


(Sixth meeting, 27 June 2001)
CE128.R5  The Executive Committee,

Having examined the report of the Award Committee of the PAHO Award for Administration, 2001 (Document CE128/7, Add. I); and

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) and the 124th Session of the Executive Committee (1999),

RESOLVES:

1. To note the decision of the Award Committee to confer the PAHO Award for Administration, 2001 on Dr. Carlos Gehlert Mata, of Guatemala, for his pioneering contribution to the extension of primary health care in the rural areas of Guatemala during difficult times and circumstances, through the strategy of preparation of mid-level technicians selected from the same local communities.

2. To transmit the report of the Award Committee of the PAHO Award for Administration, 2001 (Document CE128/7, Add. I) for the consideration of the 43rd Directing Council.

(Eighth meeting, 28 June 2001)

CE128.R6  The Executive Committee,

Having studied the report (Document CE128/8, Add. I) of the Standing Committee on Nongovernmental Organizations; and

Mindful of the provisions of the Principles Governing Relations Between the Pan American Health Organization and Nongovernmental Organizations (1995, revised 2000),

RESOLVES:

1. To admit the American Society of Microbiology, the March of Dimes, and the World Association of Sexology into official relations with the Pan American Health Organization.
2. To continue official relations with the Inter-American Association of Sanitary and Environmental Engineering (AIDS), the International Diabetes Federation (IDF), the Latin American and Caribbean Association of Public Health Education (ALAESP), the Latin American Federation of the Pharmaceutical Industry (FIFARMA), and the US Pharmacopeia (USP) for a period of four years.

3. To continue official relations between PAHO and the International Organization of Consumers Unions (CI-ROLAC) and the National Alliance for Hispanic Health for a period of one year, on the understanding that the status of their activities will be reviewed again by the Standing Committee at its meeting in 2002.

4. To request the Director to:
   (a) advise the respective NGOs 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 the Pan American Sanitary Bureau;
   (c) assess the relevance of the relationship with inter-American NGOs working officially with PAHO, encouraging more participation and collaboration;
   (d) continue fostering relationships between Member States and CGOs working in the field of health.

   (Eighth meeting, 28 June 2001)

CE128.R7 The Executive Committee,

Having examined the provisional agenda (Document CD43/1) prepared by the Director for the 43rd Directing Council of PAHO, 53rd Session of the Regional Committee of WHO for the Americas, presented as Annex to Document CE128/4; and


RESOLVES:
To approve the provisional agenda (Document CD43/1) prepared by the Director for the 43rd Directing Council of PAHO, 53rd Session of the regional Committee of WHO for the Americas.

*(Eighth meeting, 28 June 2001)*

**CE128.R8** The Executive Committee,

Having considered the progress report of the Director on vaccines and immunization (Document CE128/10);

Taking into account the progress achieved by all Member States in the control of vaccine-preventable diseases and in the introduction of new vaccines, and the need for sustained commitment to successfully complete the goal of measles eradication and expand the use of vaccine technologies; and

Taking into account the comments made by the Executive Committee Members,

**RESOLVES:**

To recommend to the Directing Council the adoption of a resolution along the following lines::

**THE 43rd DIRECTING COUNCIL,**

Having considered the report of the Director on vaccines and immunization (Document CD43/ _) and taking note of the progress being made by all countries in the control of vaccine-preventable diseases;

Acknowledging the commitment shown by all Member States to reaching the goal of stopping indigenous measles transmission in the Americas;

Cognizant of the implications brought about by the recent Sabin type 1 vaccine-derived poliomyelitis outbreak on the island of Hispaniola;

Considering the high activity in yellow fever transmission in the Region in the last two years in the enzootic areas, causing extensive outbreaks in several countries;

Recognizing the significant progress made by the Region of the Americas in sustainable vaccine introduction,
RESOLVES:

1. To urge Member States to:

(a) keep a high-level commitment to maintaining polio eradication and achieving measles eradication by means of maintaining vaccination coverage at 95% or higher for polio and a measles-containing vaccine in each municipality and local community;

(b) allocate sufficient resources to sustain national immunization programs and to undertake the advance planning for the provision of vaccines and to ensure safe injections by putting in place mechanisms to prevent the re-use of syringes and needles or by the use of auto-destruct syringes;

(c) maintain high vaccination coverage with yellow fever vaccine in enzootic areas and all areas infected by Aedes aegypti and at risk of urban transmission, enforcing vaccination of travelers to enzootic areas, and implementing highly sensitive surveillance in enzootic areas;

(d) strengthen efforts to reduce the number of rubella-susceptible women of childbearing age and prevent cases of congenital rubella syndrome (CRS) through the implementation of accelerated rubella vaccination strategies and enhanced surveillance for rubella and CRS;

(e) target special vaccination services and surveillance efforts in those areas and population groups at highest risk within municipalities and underserved pockets that still report isolated neonatal tetanus cases;

(f) support the development of an epidemiological infrastructure to generate information for evaluating the introduction and potential of new vaccines

(g) strengthen national regulatory authorities and national control laboratories to ensure that only vaccines of quality, either imported or locally produced and approved by the competent authorities, are used in national immunization programs and the private sector.

2. To request the Director:

(a) maintain a constant dialogue with vaccine suppliers to minimize the impact of the global vaccine shortages on the Region of the Americas;
b) stress the importance that national governments prioritize resources for vaccines in their national budgets and promote the coordination of all partners that support national immunization programs to make maximum use of the flow of resources from the international level to complement national resources as appropriate;

(c) promote the periodic national review and evaluation of national immunization programs to monitor progress and sustainability and adjust the strategies for the control and/or eradication of vaccine-preventable diseases;

d) promote greater cooperation among researchers for the development of vaccines and related products;

e) work in close collaboration with all partners of the Global Alliance for Vaccines and Immunization (GA VI) to maximize the support to the design, implementation, and evaluation of national immunization programs.

*(Eighth meeting, 28 June 2001)*

**CE128.R9**  The Executive Committee,

Having considered the report on the Framework Convention on Tobacco Control (Document CE128/16),

**RESOLVES:**

To recommend to the Directing Council the adoption of a resolution along the following lines:

**THE 43rd DIRECTING COUNCIL,**

Having considered the report on the Framework Convention on Tobacco Control (FCTC) (Document CD43/__);

Recognizing the massive burden of tobacco use and exposure to second-hand tobacco smoke on the health populations of the Americas and on their health care systems.

Cognizant that clear evidence now exists regarding cost-effective measures to reduce tobacco use are likely to benefit the economics of most Member States; and
Recognizing that the FCTC provides a unique opportunity to mobilize and globally coordinate action to reduce tobacco use,

**RESOLVES:**

1. To urge Member States to:

   (a) actively participate in the development of the Framework Convention on Tobacco Control through participation in FCTC negotiating sessions and through strengthened domestic multisectoral coordination to develop cohesive national positions on the FCTC;

   (b) prevent initiation, noting the special vulnerability of children and adolescents, and promote cessation of tobacco use through the implementation and enforcement of cost-effective measures to reduce tobacco use, including setting tobacco taxes at levels that decrease consumption and progressive elimination of tobacco promotion, in accordance with national constitutions;

   (c) protect all nonsmokers, in particular children and pregnant women, from exposure to second-hand smoke through elimination of smoking in government facilities, health care facilities, and educational institutions as a priority, and through the creation of smoke-free environments in workplaces and public places as soon as possible, recognizing that smoke-free environments also promote cessation and prevent initiation of tobacco use;

   (d) implement surveillance systems to track tobacco-related mortality and progress toward reduction targets for tobacco use and second-hand smoke exposure.

2. To request that Director:

   (a) continue to facilitate the participation of Member States in the development of the FCTC;

   (b) stimulate technical cooperation, within available resources, to strengthen the capacity of Member States to implement strong, effective tobacco use reduction measures and surveillance systems to evaluate progress;

   (c) draft a framework for action under the name “Smoke-Free Americas” to protect nonsmokers from the deleterious effects of second-hand smoke;

   (d) support the implementation of surveillance systems for tobacco control and the dissemination of information on successful measures or experiences.
The Executive Committee,

Having considered Document CE128/13, which presents:

- conceptual aspects on sustainable human development and the role of health, drinking water, and sanitation;

- evidence regarding the drinking water and sanitation situation, based on Evaluation 2000, conducted throughout the Region, and on the study of inequalities in household spending and use of water supply services in 11 Latin American and Caribbean countries

- an analysis that holds that the deficiencies encountered in environmental health are inconsistent with the objectives of equitable human development that have been repeatedly adopted by the countries under different initiatives, including Rio 92 and the Pan American Charter on Health and Environment in Sustainable Human Development; and

- considerations on the challenges and prospects of the current drinking water and sanitation situation, the functions of the institution involved in the delivery of these services, and the key role that the ministries of health can play in closing the existing gaps in access to and use of these services,

RESOLVES:

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

THE 43rd DIRECTING COUNCIL,

Having considered Document CD43/__ on health, drinking water, and sanitation in sustainable human development;

Recognizing the need for ministries of health to strengthen their capacities and competencies to take action that will help to overcome limitations and inequities in access to drinking water and sanitation services, within the framework of sectoral reform and the current trends in the delivery of drinking water and sanitation services and integrated management of waters resources;
Taking into account that the technical cooperation activities of the Pan American Health Organization in drinking water and sanitation are guided by the principles of health and environment in sustainable human development and that the establishment of partnerships, strategies, and priorities benefits from timely and relevant information on coverage, quality, and equity in the delivery of these services;

Responding to the call made in Montreal in March 2001 by the environment ministers of the Americas and by the Government of Canada, and endorsed within the Plan of Action of the Summit of the Americas held in Quebec City in April 2001, urging PAHO and the United Nations Environmental Program (UNEP) to support the convening of a regional meeting between ministers of health and ministers of the environment;

Recognizing the importance of developing a knowledge base on the linkages between human health and environmental degradation, establishing priorities for moving the health and environment agenda of the Americas forward, developing an appropriate follow-up mechanism for ministers to keep track progress and contributing to and influencing the World Summit on Sustainable Development programmed for 2002 (Rio+10); and

Considering the recommendation of the 128th Session of the Executive Committee,

**RESOLVES:**

1. To urge the Member States to:

   (a) strengthen the capacities with the ministries of health and their activities in environmental health, to fulfill their responsibilities, including drinking water quality surveillance and contributing to improve the quality of drinking water and sanitation services;

   (b) promote and collaborate with other ministries or institutions in reforms aimed to improve coverage, quality, equity, and sustainability of drinking water and sanitation services, particularly in rural areas, small towns, and urban poor settlements;

   (c) recognize the work of the countries and the technical cooperation of PAHO/WHO in Evaluation 2000 on drinking water and sanitation in the Region and the study of inequalities in household spending and use of water supply services in 11 Latin American and Caribbean countries;
(d) participate actively in regional processes or activities preparatory to Rio+10 or in other activities within its framework, ensuring that health is well represented and identifying and promoting partnerships and priority activities that will facilitate progress in implementing the environmental health agenda, both in the Region and globally;

(e) participate in a joint meeting between health and environment ministers of the Americas in 2002 as part of a process to strengthen their capacity to effectively manage health and environment issues.

(f) promote actions and establish regulations to enable drinking water and sanitation services to contribute to environmental protection and conservation in the Americas.

2. To request the Director to:

(a) continue technical cooperation with the countries to strengthen capacities in the ministries of health, assisting in their work with other sectors and collaborating with other national and international institutions and the development banks that are part of the Shared Agenda to reduce the health risks associated with limitations in coverage, quality, and equity in access to drinking water and sanitation services;

(b) continue to collaborate with the countries in regional process or activities in connection with Rio+10 to promote and enrich partnerships that contribute to sustainable human development based on the health of populations;

c) work with the UNEP and Canada to convene a meeting of health and environment ministers of the Americas in early 2002.

(Eighth meeting, 28 June 2001)

**CE128.R11** The Executive Committee,

Having considered the proposal for strengthening health promotion planning for action in the Americas (Document CE128/17);

Recognizing the need to strengthen the capacity of Member States to involve multiple sectors and civil society at national and local levels in planning,
implementing and evaluating activities to promote and protect the health on individuals, families, and communities;

Recognizing that Members States increasingly demand technical cooperation to strengthen their capacity in the five key health promotion strategies first outlined in the Ottawa Charter-building healthy public policy creating supportive settings, empowering communities, developing personal skills, and reorienting health services; and

Noting that Member States committed themselves to strengthening health promotion planning for action at the Fifth Global Conference on Health Promotion (Mexico 2000), according to guidelines presented on (a) evidence-based health promotion; (b) increasing investment for health and development; (c) increasing social responsibility for health; (d) strengthening community empowerment and action for health; (e) increasing the infrastructure for health promotion; and (f) contributing to the reorientation of health services,

RESOLVES:

To recommend to the Directing Council the adoption of a resolution along the following lines:

THE 43rd DIRECTING COUNCIL,

Having considered the proposal for strengthening health promotion planning for action in the Americas (Document CD43/__),

RESOLVES:

1. To urge Member States to:

   (a) position the promotion of health on the political agenda and as a priority in national and local development plans and programs;

   (b) implement public policies and legal frameworks to improve the determinants of health and reduce disparities in the health of vulnerable populations and communities;

   (c) strengthen intersectoral collaboration and ensure the active participation of all sectors and civil society in the development, implementation and evaluation of health promotion plans of action for jointly identified health priorities;
CE128.R12 The Executive Committee,

Having considered the report on mental health (Document CE128/18),

RESOLVES:
To recommend to the Directing Council the adoption of a resolution along the following lines:

THE 43rd DIRECING COUNCIL,

Acknowledging the increasing contribution of mental disorders to the global burden of disease and the social and economic costs associated with mental health problems in the Americas

Taking into account that, despite all efforts made in the Region to highlight and reduce the negative impact of mental health problems, in many places mental health services continue to be poorly funded and organized and people who suffer from mental disorders still have no access to proper treatment;

Cognizant of the new alternatives available in mental health care as result of the development of new procedures of most mental disorders; and

Considering the significant opportunity for the improvement of mental health care and the promotion of mental in the Region provided by the awareness and enthusiasm generated by the celebration of World Health Day 2001,

RESOLVES:

1. To urge Member States to:

(a) capitalize on the momentum created by the celebration of World Health Day 2001, the discussion of mental health topics at the World Health Assembly, and the focus of the World Health Report 2001 to highlight the importance of including mental health among public health priorities;

(b) intensify actions to reduce stigma and discrimination against people with mental health problems by providing adequate information and education and addressing issues of parity;

(c) consolidate national efforts to implement mental health policies and plans within the framework of health sector reform by strengthening mental health units in the ministries of health and mobilizing needed resources;

(d) continue to develop strategies aimed at shifting mental health care from psychiatric hospitals to community-based care integrating mental health in primary care and transferring inpatient units for acute patients to general hospitals;
(e) actively promote and support the implementation of psychosocial rehabilitation programs, including areas such as housing, vocational training, and employment;

(f) make efforts to develop and update legal provisions protecting human rights of people with mental disabilities and promote the participation of consumers and families in mental health care;

(g) strengthen the development of services and programs to meet the specific needs of women, children, the elderly, refugees, victims of disasters, and indigenous populations;

(h) reinforce multisectoral approaches to mental health, thereby reinforcing collaboration with all other sectors involved in mental health care and promotion, such as education, social, welfare, labor, nongovernmental organizations (NGOs), and the private sector;

(i) promote community and family participation in the care of individuals suffering from mental disorders and actions to promote mental health.

2. To request the Director to:

(a) strengthen regional technical cooperation capacities, especially in taking action against stigma and discrimination, enhancing the capacities of countries to manage mental health plans, and mobilizing resources for mental health programs;

(b) encourage Member States to collaborate in producing and disseminating information on cost-effective mental health interventions and in designing and evaluating demonstration projects;

(c) assist Member States to work toward the provision of essential treatment for the most prevalent mental disorders;

(d) continue supporting the inclusion of mental health in all health forums and activities and facilitating the establishment of partnerships with other institutions and agencies that can make a significant contribution to the promotion of mental health in the Americas;

(e) disseminate information about advances made in the Region in recent years.

(Eighth meeting, 28 June 2001)
The Executive Committee,

Having considered the alarming situation of dengue, the eminent threat of an increase in dengue hemorrhagic fever (DHF), and the reappearance of urban yellow fever in the Americas (Document CE128/25); and

Expressing concern that there is a similar trend in the Region of the Americas to that seen in South East Asia where hundred of thousands of DHF cases occur each year,

RESOLVES:

To recommend to the Directing Council the adoption of a resolution along the following lines:

THE 43rd DIRECTING COUNCIL,

Having considered the report on dengue and dengue hemorrhagic fever in the Americas (Document CD43/ _ );

Recognizing the trend of increasing numbers of cases of dengue and dengue hemorrhagic fever in the Americas, as well as the potential reurbanization of yellow fever in the Region; and

Considering Resolutions CD38.R12, CD39.R1 1, and CD40.R15,

RESOLVES:

1. To urge Member States to:

(a) promote intersectoral coordination, develop partnerships, and support networks to strengthen dengue prevention control programs;

(b) stimulate sustainable environmental actions in the areas of urban planning and services such as local water supply, wastewater disposal, solid waste management, and used tire disposal;

c) incorporate community participation, health education, and social communication strategies to promote behavioral change into dengue prevention and control programs;
d) implement appropriate patient care within and outside the formal health sector, including disease recognition, diagnosis, and proper response (including initial care in the home and knowledge of basic treatment measures);

(e) standardize dengue case reporting throughout the Region to improve information-sharing that allows all countries to be knowledgeable about the dengue situation as well as the nature of the circulating viruses, with case reporting to include clinical! cases (probable cases), laboratory-confirmed cases, cases of dengue hemorrhagic fever, deaths due to dengue hemorrhagic fever/dengue shock syndrome and serotypes identified;

(f) implement emergency modes of action and preparedness for outbreaks and epidemics;

(g) review the role of insecticides in dengue prevention and control programs, so as to better incorporate them in a comprehensive program.

2. To request the Director to:

(a) continue promoting the incorporation by Member States of Social communication and community participation measures that encourage positive behavioral changes into their dengue prevention and control programs;

(b) continue to advocate the need to confront the threat of dengue and dengue hemorrhagic fever in Member States through intersectoral partnerships;

(c) assist Member States to strengthen dengue prevention and control programs by incorporating health education components in formal (basic) education systems;

(d) reinforce multisectoral actions which encourage the development of health habits in the community, such as ecoclubs, health housing, and other environmentally-oriented initiatives;

(e) promote training of health workers at all levels to improve their capacity to address the ever-mounting dengue burden on society.

(f) as resources permit, give due attention and allocate resources within the Secretariat, as well as in the technical cooperation to the countries, in order to meet
the great challenge that dengue, dengue hemorrhagic fever, and potential reurbanization of yellow fever pose to the Region.

(Eighth meeting, 28 June 2001)

**CE128.R14** The Executive Committee,

Having considered the report of the Director on the collection of quota contributions (Document CE128/21 and Add. I) and the report provided on Member States in arrears in the payment of their quota contributions to the extent that they can be subject to the application of Article 6.B of the Constitution of the Pan American Health Organization;

Noting the provisions of Article 6.B of the PAHO Constitution relating to the suspension of voting privileges of Member States that fail to meet their financial obligations and the potential application of these provisions to four Member States; and

Noting with concern that there are 25 Member States that have not made any payments towards their 2001 quota assessments and that amount collected for 2001 assessments represents only 31% of total current year assessments,

**RESOLVES:**


2. To thank the Member States that have already made payments for 2001 and to urge the other Member States to pay all their outstanding contributions as soon as possible.

3. To recommend to the 43rd Directing Council that the voting restrictions contained in Article 6.B of the PAHO Constitution be strictly applied to those Member States that by the opening of that session have not made substantial payments toward their quota commitments, and to those that have failed to make the scheduled payments in accordance with their deferred payment plans.
4. To request the Director to continue to inform the Member States of any balances due, and to report to the 43rd Directing Council on the status of the collection of quota contributions.

(Eighth meeting, 28 June 2001)

CE128.R15 The Executive Committee,

Having considered the report of the Subcommittee on Planning and Programming (Document CE128/5);

Having examined the proposed program budget of the Pan American Health Organization for the financial period 2002-2003 contained in Official Document 296;

Noting with satisfaction the efforts of the Director to prepare the proposed program budget in a climate of continuing fiscal difficulty;

Further noting with satisfaction the transparency of the budget document and its continued emphasis on programs and expected results; and

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

RESOLVES:

1. To thank the Subcommittee on Planning and Programming for its preliminary review of and report on the proposed program budget.

2. To express appreciation to the Director for the attention given to cost savings and the strengthening of programs in his development of the program budget.

3. To recommend to the 43rd Directing Council that it consider the proposed program budget of the Pan American Health Organization for the financial period 2002-2003 as presented in Official Document 296, in light of and guided by the comments made by Members of the Executive Committee, and adopt the required appropriation and assessment resolutions.
The Executive Committee,

Having analyzed the report on acquired immunodeficiency syndrome (AIDS) in the Americas (Document CE128/9 and Add. I),

RESOLVES:

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

THE 43rd DIRETING COUNCIL,

Having analyzed and discussed the report on acquired immunodeficiency syndrome (AIDS) in the Americas (Document CD43/__);

Considering the trends in the HIV/AIDS/STI epidemic in the Americas and their present and future impact on young people, women, and children;

Aware of the need to apply and extend the coverage of effective, affordable methods and technologies to the most vulnerable populations by strengthening health systems and services;

Recognizing the need for a commitment by governments and society to respond effectively and with solidarity to needs for the prevention and treatment of HIV infection, AIDS, and sexually transmitted infections in the Member States of the Region; and

Taking into account the Plan of Action, Annex A, #14, Health, of the m Summit of the Americas (Quebec, Canada, 20-22 April 2001), Resolution WHA54.10 of the World Health Assembly, and the Declaration of Commitment on HIV/AIDS of the 26th Special Session of the United Nations General Assembly (New York, the United States, 25-27 June 2001),

RESOLVES:

1. To urge the Member States to:
(a) actively contribute to the time-bound goals set at the June 2001 special session of the United Nations General Assembly in its Declaration of Commitment on HIV/AIDS;

(b) accord IITV/AIDS/STI the highest-level of priority among health and development issues and to allocate the necessary and essential resources for their prevention and control, including financial and human resources to curb and reverse the spread of HIV/AIDS/STI;

(c) focus greater efforts on preventing the sexual transmission of HIV and other sexually transmitted infections through education, mass communication, social marketing, voluntary counseling and testing, and the promotion of sexual health, targeting young adults and adolescents in particular;

(d) heighten their national response, promoting greater intersectoral involvement that includes the private sector and broadening the coverage and scope of the prevention and care services for the communities most affected by and vulnerable to the epidemic;

(e) continue to fight the stigma and discrimination associated with HIV/AIDS by strengthening the necessary legislative measures and raising awareness among the population;

(f) join and support subregional initiatives such as the Pan Caribbean Plan for the Prevention and development of networks for cooperation among countries.

2. To request to Director to:

(a) continue to facilitate the interagency, interinstitutional, and intersectoral response promoted by UNAIDS to support the design, execution, and evaluation of national and regional strategic plans and programs for the prevention of HIV/AIDS/STI;

(b) promote increased capacity to offer comprehensive care to people with HIV/AIDS in the Americas, including greater access to drugs, both antiretrovirals and drugs against opportunistic infections, and clinical laboratory supplies;

(c) build on PAHO’s experience and that of its partners in addressing gender issues, including the vulnerability of women and the role of men, as an integral part of HIV prevention activities.

(Eighth meeting, 28 June 2001)
Note:

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