

21st Meeting  
Washington, D.C., 9-10 December 1993

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## **FINAL REPORT**

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The 21st Meeting of the Subcommittee on Planning and Programming of the Executive Committee was held at the Headquarters of the Pan American Health Organization in Washington, D.C., on 9 and 10 December 1993.

The representatives of the following members of the Subcommittee, elected by the Executive Committee, were present: Belize, Bolivia, Canada, and Mexico. Also taking part, at the invitation of the Director of the Pan American Health Organization (PAHO), were the representatives of Guyana and the United States of America. Uruguay participated as an observer.

## OPENING OF THE MEETING

Dr. Carlyle Guerra de Macedo, Director of PAHO, opened the meeting and welcomed those in attendance.

## OFFICERS

The Officers of the Subcommittee were as follows:

Chairman:	Dr. Joaquín Monasterio	Bolivia
Vice Chairman:	Dr. Rubén Campos	Belize
Rapporteur:	Dr. Federico Chávez Peón	Mexico
Secretary <i>ex officio</i> :	Dr. Carlyle Guerra de Macedo	Director, PAHO
Technical Secretary:	Dr. Germán Perdomo Córdoba	Acting Chief, DAP/PAHO

## AGENDA

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

1. Opening of the Meeting
2. Election of the Chairman, Vice Chairman, and Rapporteur
3. Adoption of the Agenda
4. Analysis of PAHO/WHO Technical Cooperation in Guyana
5. Maintenance of Hospital Equipment
6. Implications for PAHO of the Report of the Executive Board Working Group on the WHO Response to Global Change
7. Analysis of PAHO'S AIDS and Sexually Transmitted Diseases Program
8. Other Matters

## PRESENTATION AND DISCUSSION OF THE ITEMS

A summary of the presentations and discussions with regard to each item follows.

### *Analysis of PAHO/WHO Technical Cooperation in Guyana*

Ms. Gail Teixeira, Minister of Health of Guyana, and Mr. Peter R. Carr, PAHO/WHO Representative in that country, presented this item.

Ms. Teixeira reported on health conditions in her country and on the challenges faced by the new administration of Guyana. Although the evaluation of technical cooperation carried out in October 1993 covered the period 1980-1992, the new Government came to power only slightly over a year ago, having inherited a series of problems that originated many years earlier. Many of the problems faced by the new administration are related to the population's lack of confidence in the system. The new officials must now rebuild that confidence, which they are trying to do through the promotion of community participation. The Minister provided statistical data on morbidity and mortality in Guyana, with special emphasis on malaria, AIDS, and maternal and child health. She noted that an effort is being made to solve problems related to this last area through the enactment of pertinent legislation, which is being promoted by the Ministry of Health at the level of the Parliament. With respect to efforts to control the AIDS

epidemic, which in Guyana has affected mainly heterosexuals, cultural attitudes make it difficult to persuade the population to use condoms, and efforts at mass education are needed. She also emphasized the need for the Ministry of Health to offer more competitive wages in order to retain qualified personnel. Ms. Teixeira described the special geographical situation of Guyana, which is located below sea level. As a result, the country is subject to floods, which affect sewerage and drinking water supply services. Financing for a solution to this problem is being negotiated with the World Bank and the Inter-American Development Bank. Many other international agencies are also cooperating with the Government in efforts to improve health conditions.

Mr. Carr then explained that the purpose of the joint evaluation carried out in Guyana in October 1993 was to determine the relevance, efficiency, and effectiveness of the technical cooperation provided by PAHO/WHO in the country, and to make recommendations on future cooperation. The planning and implementation of this joint evaluation process involved the establishment of working groups made up of PAHO/WHO staff and their national counterparts.

Nine areas were examined: health services development; human resources development; environmental health; communicable disease control; aids; food and nutrition; maternal and child health; technical cooperation among countries; and management of the PAHO/WHO Representative Office in Guyana. This joint evaluation exercise was a valuable experience that afforded an opportunity to reflect on the objectives, strategies, and impact of the PAHO/WHO program in Guyana in the context of the technical cooperation provided to the health sector by other international agencies.

The evaluation showed that PAHO/WHO has directed its technical cooperation toward priority programs and has contributed significantly to their solution. Those participating in the evaluation considered that this work should continue, and made specific recommendations for future strategies and activities. A particular concern of the working groups had been to maintain objectivity in the evaluation of the programs, and the participation by staff from Headquarters and from the Barbados office in the meeting had been very important in ensuring that objectivity.

Dr. Robert Knouss, Deputy Director of PAHO, noted that he had participated in the meeting and had been very pleased to see the close collaboration between the PAHO/WHO Representative Office in the country and the Ministry of Health. That collaboration had been a major factor in the success of the meeting. He emphasized the importance of such evaluation exercises for the Subcommittee, since it was concerned with matters relating not only to planning and programming but also to the relevance, efficiency, and effectiveness of technical cooperation programs. He reiterated the Organization's support for Guyana, and pointed out that PAHO/WHO cooperation differs from that provided by other agencies because the Organization belongs to the countries themselves.

### **Discussion**

The representatives congratulated Ms. Teixeira for all she had achieved in such a short

period after having taken over as head of the health sector in the new Government, and for her obvious commitment to improving health conditions among the Guyanese population. Several representatives expressed interest in obtaining more information about the strategies used in Guyana to combat malaria, including possible use of the vaccine being developed in Colombia. With regard to the strategies, Ms. Teixeira indicated that the availability and appropriateness of new insecticides was being studied. In the past the only insecticide used had been DDT, which was obtained free of charge because other countries did not want it. She noted that another consideration in her country was the aforementioned problem of floods, which made spraying operations difficult. Responding to the questions regarding possible use of the vaccine being developed by Dr. Patarroyo in Colombia, the Director indicated that it was necessary to wait for more definitive results from a study being conducted in Africa under the coordination of WHO before making any judgment on the feasibility of producing an effective vaccine for global use.

In response to a request for information from the Secretariat on the process followed to determine the priorities for PAHO/WHO technical cooperation in Guyana, the Director clarified that the methodology is the same for all countries: It is the Government that identifies the national priorities and determines which ones require international cooperation. The Organization responds within its capabilities and mandate.

The Ministry of Health's capacity to absorb the many offers made by donor agencies was also discussed. Finally, in response to a question about how the AIDS epidemic might affect tourism, it was clarified that, unlike other Caribbean countries, Guyana does not have tourism because it lacks beaches. In the future, however, it might be possible to promote ecotourism in the country's vast jungle areas.

#### *Maintenance of Hospital Equipment*

This item was presented by Dr. José María Paganini, Director of the Division of Health Systems and Services (PAHO), and by Mr. Antonio Hernández, of the same Division. They recalled that, starting in the 1960s, the physical infrastructure for the delivery of health services at the country level in the Region had undergone a process of expansion and modernization, especially through the adoption and incorporation of complex new technologies for diagnosis, treatment, and rehabilitation. Unfortunately, this process had not been accompanied by development of the capacity to preserve and maintain the facilities and equipment of health establishments. The situation had become critical during the 1980s because of the economic crisis.

The countries of the Region, individually and through subregional initiatives, have requested PAHO/WHO technical cooperation to develop and strengthen their equipment preservation and maintenance programs, but have not allocated the resources necessary to ensure the sustainability of these programs, which have been funded mainly through international cooperation agreements and non-reimbursable loans. An analysis of the situation shows a lack of policies at the country level with regard to engineering, maintenance, and technology; absence

or deficiency of plans and programs for maintenance and upkeep; severely deteriorated buildings and equipment; lack of standards and processes for the certification of equipment; lack of trained personnel at the professional level and at the specialized technical level; operating budgets that are very inadequate, given the real needs; lack of information on the true infrastructure situation; and lack of research that would make it possible to find ways of remedying the accumulated maintenance deficit and the inadequacy of resources and strategies for incorporating new technologies.

### **Discussion**

The Rapporteur, speaking as the Representative of Mexico, observed that progress in this area has not been uniform throughout the Region, and that it might be of interest for the Subcommittee to hear about Mexico's experience. He then gave the floor to Dr. Héctor Brust Carmona, Director of the Center for Development and Technology Applications (CEDAT) of Mexico, who outlined the objectives and activities of CEDAT, with particular reference to its actions in the areas of procurement, inventory, repair, use and location of medical equipment, as well as user training.

In the ensuing discussion of Dr. Brust's remarks and of the document presented by the Secretariat, the members of the Subcommittee agreed that the issue is an important and complex one, especially given the advances in technology that often make existing equipment obsolete. It was suggested that a commitment should be secured from manufacturers to provide practical training in the operation and maintenance of their equipment and that agreements should be established between countries for technology transfer and ongoing training.

### *Analysis of PAHO's AIDS and Sexually Transmitted Diseases Program*

The item was introduced by Drs. David Brandling-Bennett, Director, Division of Communicable Diseases Prevention and Control (PAHO), and Fernando Zacarías, Coordinator, AIDS and Sexually Transmitted Diseases Program (PAHO). Dr. Brandling-Bennett discussed the Program's budgetary problems and indicated that the proposed administrative changes would be discussed under item 6, as an addendum to the corresponding document.

Dr. Zacarías presented the analysis of the Program, pointing out that the most important issues to be considered by the Subcommittee were related to the epidemiological changes taking place and to changing national, regional, and world needs in the face of the AIDS epidemic. In addition to the growing numbers of AIDS cases and, especially, of people infected with human immunodeficiency virus (HIV), it is important to emphasize the shift toward increased heterosexual transmission, detection of higher rates of HIV infection among younger population groups, the appearance of many cases resulting from the use of contaminated needles and syringes by drug users, the growing tendency for AIDS to become a disease of the poor, and the increased prevalence of tuberculosis as an opportunistic infection in the Member

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States.

Among the greatest challenges facing the national programs are to adapt their actions and interventions to the epidemiological changes occurring, and to take advantage of opportunities to obtain resources and collaboration inside and outside the health sector, as well as political and financial support for the maintenance of long-term programs. At the world level, the greatest challenge is to restore the credibility of WHO as an agency that is efficient and capable of maintaining technical leadership in this area while coordinating its actions with those of other agencies. As concerns the Pan American Health Organization, the Regional Program and the PAHO/WHO Representatives in the countries must meet the need to: (a) adapt technical cooperation to the epidemiological situation and state of program development in the countries, with emphasis on preventive actions; (b) provide support at the national and international level for the acquisition of additional resources, especially in the area of medical care and social services for AIDS patients and HIV-infected individuals; (c) achieve greater administrative flexibility and better coordination in the delivery of interagency and interprogram technical cooperation; and (d) assist the national programs in the imminent and necessary process of intra-sectoral and intersectoral decentralization and integration in the next three years.

### **Discussion**

The members of the Subcommittee decided to make their observations on the report during discussion of the addendum to Document SPP21/5, concerning the Global Program on AIDS, which was considered immediately thereafter.

The Director presented the document. Drawing the Subcommittee's attention to the fact that not all the countries nor all the Regional Directors had been consulted on the proposal to transfer responsibility for the Global Program on AIDS to a United Nations interagency group, he announced his intention to inform all the Member States of PAHO on the Secretariat's position with regard to this proposal. He expressed his personal conviction that the Global Program on AIDS should provide for effective participation by other agencies, including regional agencies, but the basic responsibility for leadership in this interagency effort should remain with the health sector and with WHO. The Director commented on some of the reasons that had given rise to the proposal and acknowledged that errors had been committed in the administration of the Program, but he also noted the disadvantages that would result from the proposed transfer of authority. Responsibility at the national level would rest with the United Nations Resident Coordinator, leaving the role of the PAHO/WHO Representative unclear and undermining the fundamental responsibility of the Ministries of Health to take the lead vis-à-vis the other ministries.

The Representative of Mexico said that his country maintained that AIDS--notwithstanding its social, educational, economic, labor, communication, religious, and other repercussions--continued to be a health problem and should be treated as such, although that

did not preclude multidisciplinary participation by other agencies in solving related problems. The Representatives of Canada and the United States of America, which had participated in the preparation of the proposal discussed by the Subcommittee, expressed their points of view on the reasons why a transfer of responsibility had been considered necessary and their views that the recommendation would ultimately be beneficial for the administration of the Global Program on AIDS. The Director reiterated his intention to communicate the views of the Secretariat to those PAHO Member States that had not been consulted, so that they could form an opinion before the proposal was presented to the Executive Board in January 1994.

*Implications for PAHO of the Report of the Executive Board Working Group on the WHO Response to Global Change*

Mrs. Cristina Puentes-Markides, of the Office of Analysis and Strategic Planning (PAHO), presented the document, which reviews the principal changes at the global level that led to the establishment of the Working Group on the WHO Response to Global Change. She also presented tables showing the 27 recommendations made by the Group and their possible repercussions for PAHO. These were discussed in general and then were examined as groups of recommendations categorized according to subject matter.

### **Discussion**

**It was emphasized that PAHO should convey to the WHO Executive Board, through the Subcommittee on Planning and Programming, its willingness to cooperate in the reform efforts. PAHO acknowledges its relationship to the UN common system, while at the same time insisting on recognition of its particular responsibility to its Member States.**

**One representative mentioned the need to develop a clear analysis of the role of WHO and PAHO in a changing world, including a thorough review of the orientations of its work and its raison d'être. Another representative proposed that the matter should be discussed further at the next meeting of the SPP.**

**The Subcommittee considered each recommendation in turn and reached the following conclusions:**

- **With regard to the annual evaluation and the publication of reports on health conditions, especially the publication of *Health Conditions in the Americas* every four years, an effort should be made to improve the quality of the information, not increase the number of documents published, as this results in duplication of effort and inefficient use of resources. The greatest need is for documents that indicate priorities and interventions, together with ways of measuring their effectiveness.**



- **The goal of HFA-2000 probably will not be achieved because it is too broad. It will be necessary to specify objectives and goals based on what is attainable and what is not, in the short and medium terms.**
- **Previous resolutions mandating the inclusion of items on the agendas of the Governing Bodies should be examined and those that are no longer applicable should be eliminated, rather than repeatedly bringing the same matters before the Governing Bodies.**
- **The Executive Board should focus its discussions on executive matters and not on matters relating to the management of programs.**
- **The recommendation to establish "search committees" to identify possible candidates for the post of Director-General and Regional Director is interesting, but in the case of the latter the committees would have to be established at the regional level, not within the WHO Executive Board. PAHO would not be opposed to this suggestion provided that the countries' freedom to elect the Regional Director was preserved.**
- **Both WHO and its Regional Offices could benefit from PAHO's experience with AMPES and with the preparation of documents and the management of meetings (in terms of duration, especially).**
- **PAHO is advanced in the area of delegation of authority to its country representatives.**

#### *Other Matters*

**The Chairman, in his capacity as Representative of Bolivia, expressed his country's interest in receiving support from PAHO for the implementation of a tuberculosis control project and gave the Director a copy of the document on the project.**

**The representatives commended the Secretariat on the excellent quality of the reports presented.**

### **CLOSING OF THE MEETING**

**The Chairman thanked the participants for their contributions to the success of the meeting, and declared the meeting closed.**

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Annex: List of Participants