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FINAL REPORT
SUBCOMMITTEE ON PLANNING AND PROGRAMMING
OF THE EXECUTIVE COMMITTEE, 30th: FINAL REPORT

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FINAL REPORT

The 30th Session 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 30 and 31 March 1998.

The Session was attended by delegates of the following Members of the Subcommittee elected by the Executive Committee or designated by the Director: Argentina, Bahamas, Canada, Ecuador, Panama, Peru, and the United States of America. Also present were observers for Antigua and Barbuda, Bolivia, Chile, Cuba, and Mexico.

OFFICERS

The following Members elected as officers by the Subcommittee at its 29th Session in December 1997 continued to serve in their respective positions:

President: Bahamas Dr. Merceline Dahl-Regis

Vice President: Ecuador Dr. Rafael A. Veintimilla

Rapporteur: Peru Dr. Pablo Augusto Meloni

Dr. George A. O. Alleyne (Director of PAHO) served as Secretary ex officio, and Dr. Juan Manuel Sotelo (Chief, Office of Analysis and Strategic Planning) served as Technical Secretary.

OPENING OF THE SESSION

The President opened the Session and welcomed the participants. The Director added his welcome to the participants. For the benefit of newcomers to the Subcommittee, he reviewed its history and purposes, noting that it provided a relatively informal setting for Member States to discuss policy and program issues and provide valuable feedback for future meetings of the Governing Bodies. He encouraged all members and observers to express their views during the discussions of the documents and presentations. He also encouraged the participants to view the documents before the Subcommittee as works in progress, which would undergo modification based on their comments. Finally, he pointed out that, as had been noted in prior Subcommittee sessions, some documents were being presented for information purposes only and need not be forwarded to the Governing Bodies.

ADOPTION OF THE AGENDA AND PROGRAM OF MEETINGS (Documents SPP301, Rev. 1 and SPP30WP1)

In accordance with Rule 2 of its Rules of Procedure, the Subcommittee adopted the provisional agenda prepared by the Director and a program of meetings.

PRESENTATION AND DISCUSSION OF THE ITEMS

Population and Reproductive Health (Document SPP308)

Ms. Carol Collado (Acting Coordinator, Family Health and Population Program) reviewed the development of the concept of reproductive health and the advances made in this area and then described PAHO's activities to promote reproductive health in the Region. She pointed out that the term "reproductive health" had originally been taken to mean family planning services, with emphasis on the population level. However, in accordance with the current amplified definition—formulated at the International Conference on Population and Development (ICPD) in 1994 and based on the WHO definition of health—reproductive health was conceived of as "a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes." Reproductive health was thus understood to be a lifelong process and an integral part of human development, and the focus of reproductive health activities had shifted away from the population level and more toward the individual and defense of the human rights and capacity for self-determination of every person.

This amplified concept called for new approaches on the part of PAHO and the Member States to promote and enhance the reproductive health of the Region's population. Reproductive health planning should incorporate a multisectoral approach, include activities throughout the lifecycle, and take into account the individual, family, community, and population levels. An integrated reproductive health services package should include sex education and counseling; safe motherhood activities; control of sexually transmitted diseases, including cervical cancer; care for complications from unsafe abortions, recognizing that they constitute a serious public health problem; a gender perspective, including attention to the reproductive health needs of men; family planning and counseling; and attention to other health needs related to reproduction.

The framework for PAHO's activities in relation to reproductive health was provided by the various policies and plans of action on population, reproductive health, family planning, and maternal mortality adopted in the past decade by the Governing Bodies. In addition, the Organization had a mandate to support and promote international decisions adopted at conferences such as the ICPD, the Fourth World Conference on Women, and others. Given PAHO's global view of the Region and its relationship with the countries and their institutions, it was ideally positioned to serve as a catalyst in helping countries work toward an integrated vision of reproductive health that would promote quality of life and sustainable development. The expected outcomes that PAHO hoped to achieve through concerted effort to improve reproductive health in the countries included clearer policy and legislative guidelines; health care

models offering quality, appropriate attention, access to the underserved, and user-friendly services; reduction in indexes of prevalent health problems; and a healthier, better-informed and empowered public.

The document contained a set of recommendations for action in the countries aimed at promoting reproductive health and improving reproductive health services. The Subcommittee was asked to comment on the recommendations and the document as a whole and suggest ways in which they could be improved.

The Subcommittee agreed that the document presented an accurate and complete description of the major factors that influenced reproductive health, and it endorsed the outcomes that PAHO hoped to achieve. However, it considered that the document should contain more specific information on how the Organization expected to operationalize the ideas in the document and how it would serve as a catalyst for action in the countries. Several delegates said that a key role for PAHO was dissemination of information on reproductive health care models that had been applied in the countries, including both models that had been successful and models that had failed, in order to enable the countries to learn from one other's experiences and adapt successful models to their own needs. It was suggested that case studies of models and best practices might be included in the next version of the document.

Various delegates emphasized that PAHO should seek to strengthen and support national reproductive health programs in achieving the objectives they themselves had established. The need to respect cultural values and existing legislation in the countries was underscored. With regard to legislation, it was pointed out that it was difficult to legislate reproductive health rights and practices, and it was suggested that it might therefore be better, in the recommendations and expected results, to omit or change references to legislative instruments and guidelines.

The multisectoral approach advocated in the document was applauded, as was the emphasis on providing appropriate reproductive health services for men and boys. It was pointed out that cervical cancer was an increasingly important reproductive health problem in the Caribbean subregion and it was suggested that this disease be included among the reproductive health problems discussed in the document. It was also felt that the document should focus more on quality of care in reproductive health services and on quality monitoring and development of instruments to enable the countries to detect problems in a timely manner. Questions were asked regarding PAHO's collaboration with UNFPA and the Organization's participation in the five-year review being undertaken by the United Nations Commission on Population and Development as follow-up to the ICPD.

Ms. Collado agreed with the suggestion to clarify the section in the document on PAHO's role and describe its activities in more concrete terms. It was also important to share information on unsuccessful experiences to enable other countries to learn from them and utilize resources more effectively. The Organization's efforts were directed toward facilitating action in the countries, and one of the ways it did that was through dissemination of successful experiences. She also agreed that quality was a lightning rod around which all the actors who intervene in reproductive health could be mobilized, and she cited the results of a joint PAHOUNFPA project that had examined quality of care in reproductive health care institutions. In one maternity hospital, it was

found that the hospital usage rate had doubled as a result of improvements in quality of care and coordination with different bodies within the community. PAHO was disseminating information on that experience to other countries so that they might adapt it to their own situations.

In response to the questions concerning PAHO's collaboration with UNFPA, she said that the Organization was working with that agency in regional and country projects on quality of care, education of health professionals in reproductive health, sexual and reproductive health of adolescents, and other areas. The next version of the document would contain more information on joint initiatives with other agencies. With respect to the five-year follow-up on the ICPD, the Secretariat, through WHO, had provided some input for the documents being prepared and would welcome the opportunity to be more involved in that process. As for the comments regarding cervical cancer, Ms. Collado said that, in revising the document, the Program would take into account the suggestion that cervical cancer be included among the reproductive health problems and indicators; she also noted that the Family Health and Population Program worked closely with the unit within PAHO that was developing a plan of action on cervical cancer.

The Director pointed out that reproductive health was a very broad topic—so broad that it at times seemed to encompass virtually all aspects of life. The Secretariat had attempted to reduce it to only those issues that fell within the area of reproductive health per se and that were within the Organization's sphere of action, as defined by the Governing Bodies. Otherwise, it would be impossible to carry out any effective action or develop indicators to reflect progress. PAHO's technical cooperation in this area depended on the priorities and objectives established by the countries and on their cultural norms and practices. The Organization would never be part of any initiative that did not respect the culture and traditions of each country. Similarly, it did not try to influence national legislation; PAHO's role in regard to legislation was to provide model legislation and information about laws on reproductive health existing in the countries for national lawmakers to study and adapt to their own purposes.

The Secretariat considered that the strengths of PAHO technical cooperation in this area were its capacity for advocacy to address specific problems in specific countries, resource mobilization at both the international and national levels, and support for training and research. In the revised version of the document the Secretariat would try to be more specific in regard to best practices and successful models for reproductive health care and the priority areas for regional action.

Provisional Draft of the Program Budget of the World Health Organization for the Region of the Americas for the Financial Period 2000-2001 (Document SPP3010)

Mr. Michael Usnick (Chief of Budget) introduced this item. He reminded the Subcommittee that the document contained only the regional proposal for the WHO portion of the program budget for the Region of the Americas for 2000-2001. The combined PAHOWHO budget for that period would be submitted to the Governing Bodies in 1999. The instructions from the Director-General of WHO had provided for no overall program growth and had called for regional proposals to be submitted without mandatory or inflationary cost increases with respect to the 1998-1999 program budget. Accordingly, the proposed allocation for the Americas was US\$ 82,686,000.

Mr. Usnick also drew the Subcommittee's attention to Resolution EB101.R10, adopted by the WHO Executive Board in January 1998, noting that, if the resolution were also adopted by the World Health Assembly in May 1998, it could significantly affect regional budget allocations. The resolution sought to establish more objective and equitable criteria for establishing the allocations, which in the past had been set on the basis of history and previous practice. A group of experts had developed two models for reallocating regional budgets. The model approved by the Board would utilize the Human Development Index (HDI) of the United Nations Development Program, adjusted for population and possibly level of immunization coverage. Application of this approach would result in significant reductions of the WHO budget allocations to several regions, thus making it possible to redistribute larger proportions of funds to Africa and eastern Europe, where socioeconomic conditions had deteriorated markedly in the last decade. The allocation for the Americas would decrease by 19.6%, or \$16.2 million for the 2000-2001 biennium. The reduction for some other regions would be even greater (almost 50% in the case of Southeast Asia).

While the Secretariat endorsed the principle of equity and greater support for the countries in greatest need, it was concerned that the resolution called for reallocation of only the regional budgets; the WHO Headquarters budget would not be affected. If Headquarters were to participate in the adjustment, reducing its budget by 12.5%, or \$35 million, the impact on the regions would be much less (13.1% versus 19.6% for the Americas), while not affecting the total budget of WHO.

The Director suggested that the Subcommittee's discussion should focus mainly on the reallocation scheme proposed under Resolution EB101.R10, noting that, since the regional proposal had been straight-lined, there was little to discuss until 1999, when the combined budget would be presented. In regard to the proposed reallocations, he pointed out that, while everyone agreed that a change was needed to make WHO budget allocations more equitable and that more attention needed to be paid to Africa, there was disagreement about how the reallocation should be accomplished. The Secretariat had three main objections to the method proposed by the WHO expert group, namely: it would result in drastic budget cuts in some regions; WHO Headquarters would not participate in the reduction; and, in the Secretariat's view, the HDI-based reallocation model was flawed.

In the Subcommittee's discussion of this item, the majority of the delegates agreed that the reallocation method was unfair. While all delegates agreed on the need for a more equitable distribution of the budget, several observed that the reallocation proposed by the Executive Board seemed to penalize those regions that had made the most progress in improving health conditions. In addition, it was pointed out that the regional figures tended to mask differences between individual countries and that conditions in some countries in the Americas were similar to those in some African countries. It was suggested that the regional approach might not be the most appropriate method of reallocation because it did not take account of the tremendous disparities and inequities that existed within regions, especially the Americas. It was also suggested that PAHO should look at other approaches and possibly develop an alternative proposal.

One delegate emphasized the need to take account of all resources available for technical

cooperation in the area of health, including extrabudgetary and bilateral resources, and focus on making the most effective use of scarce resources. He pointed out that the debate within WHO and PAHO of Resolution EB101R.10 should not be viewed as a competition for resources but as an opportunity to reexamine international cooperation and how resources for that purpose were allocated. Another delegate noted that all the Executive Board members from the Americas had voted in favor of the resolution. He expressed concern that if the reallocation scheme were not approved by the World Health Assembly, an opportunity for significant reform of WHO—which everyone felt was needed—would be lost until the 2003-2004 biennium. He also pointed out that the resolution allowed for a certain degree of flexibility, which would make it possible to modify the formula and remedy anomalies, notably the proposed 48% reduction of Southeast Asia's allocation. Other delegates responded that the decision to vote in favor of the resolution had come after lengthy discussion within the Executive Board and had been more the result of a need to end the debate than of true conviction that the proposed formula was the best way to reallocate resources.

The Delegate of the United States of America said that, as in the 1998-1999 biennium, his Government would again oppose any increase in the budgets of both WHO and PAHO and would, in fact, pursue reductions which would make it easier for many Member States, including his own, to meet their quota obligations. He also requested further information on how the Secretariat intended to distribute funds among the programs and which programs would receive priority in light of the proposed reallocations to the regions.

Mr. Usnick said that the Secretariat was unaware of any plans for an increase in the WHO budget and reiterated that the initial planning level established by the Director General called for no cost increases.

In response to the question regarding priorities, the Director said that he could not provide a definite answer until the combined PAHOWHO budget had been developed. However, several areas would certainly continue to receive priority attention, including health services, the renewal of the health-for-all initiative, adolescent health, and others. In addition, as always, the Secretariat would be mindful of the priorities identified by the Executive Board, although he and others within PAHO questioned the appropriateness of setting priorities at the global level and felt strongly that the Organization should respond to the priorities established by the countries.

While he understood the difficulties that some countries were having in meeting their quota obligations, Dr. Alleyne felt he would be remiss if he did not make every effort to prevent any reduction in the PAHO budget. The Organization simply could not address the growing technical cooperation needs in the Region and carry out the programs approved by the Member States without sufficient funding.

In regard to the proposed budget reallocation, he agreed that the time had come to reexamine the distribution of resources among the regions. However, he did not agree with the proposed reallocation formula. As he had pointed out at the Executive Board session, the HDI was not an appropriate indicator for resource allocation. It had not been designed for that purpose and it was a poor indicator of equity. A formula must be found that took account of the inequities within regions. In order to arrive at a more equitable approach, it was necessary to recognize that

WHO and PAHO were not funding organizations and to consider the potential for mobilization of resources within regions, particularly in the case of the European Region. Interregional solidarity should be encouraged. At the same time, regions that had made efficient use of their resources and had been successful in promoting interregional collaboration should not be penalized in the reallocation process. Moreover, there could be no equity if WHO Headquarters did not share in the budget reductions. Equity meant not only that all should share in the profits but also that all should share in the pain. Above all, it was essential to apply common sense and never lose sight of the fact that the Member States were the most important actors in the process. The Secretariat would present a more detailed paper at the Executive Committee session in June 1998, which would explore some of the approaches that might be taken in order to allocate WHO resources more equitably.

Disaster Mitigation in Health Facilities (Document SPP306)

Dr. Claude de Ville de Goyet (Chief, Emergency Preparedness and Disaster Relief Program) described the Organization's efforts to promote disaster mitigation measures in hospitals and other health facilities and outlined the foundations for a PAHO plan of action for disaster mitigation. The Organization's major concern was the health impact of damage or destruction of health facilities by natural disasters, including not only the immediate injury or death of persons inside the facility when a disaster struck, but also the long-term impact of unavailability of the health facility to provide care during the emergency period and thereafter. Research had confirmed that the cost of implementing disaster mitigation measures prior to a disaster was small compared to the cost of rebuilding or repairing hospitals and other health facilities afterwards. Nevertheless, despite the evidence of the benefits of disaster mitigation and the existence in the Region of considerable expertise in vulnerability analysis and mitigation methods, there continued to be a lack of high-level multisectoral political commitment and allocation of resources to reduce the vulnerability of health facilities.

In response to the proclamation of the International Decade for Natural Disaster Reduction (1990-1999) and the recommendations of the International Conference on Disaster Mitigation in Health Facilities (held in Mexico in 1996), PAHO had mounted an interprogrammatic effort to prepare technical materials and general guidelines to serve as basic tools for the adoption of disaster mitigation measures in both new and existing hospitals and health facilities. The interprogrammatic action plan outlined in the document was geared toward promoting full implementation of the recommendations of the Conference and achieving institutionalization of disaster mitigation in the health sector development plans of the Member States. The activities under the plan would be concentrated in three main areas: promotion of institutional coordination and inclusion of disaster mitigation criteria in hospital accreditation, maintenance, and upgrading programs; reinforcement of policies and programs for disaster mitigation; and training and information dissemination, especially through the PAHOWHO Collaborating Center for Disaster Mitigation in Health Facilities.

Multisectoral political support at the highest levels was essential to effectively reduce the vulnerability of the Region's health facilities to disasters. PAHO would continue to work—and would continue to seek the collaboration of national health officials—in order to ensure that disaster mitigation received due attention at presidential summits and other high-level meetings in the Region and that disaster mitigation and vulnerability reduction criteria were included in all

health infrastructure projects financed by the international development banks and other funding agencies. The Subcommittee was asked to comment on the strategies and plan of action presented in the document.

The Subcommittee commended PAHO, in particular the Program on Emergency Preparedness and Disaster Relief, for its leadership in the area of disaster mitigation and response and expressed unanimous support for its efforts to promote the adoption of disaster mitigation measures in the Region's health facilities. Several delegates emphasized the complex and multisectoral nature of disaster mitigation and the consequent need to mobilize political support and promote a culture of disaster mitigation. Political leaders must be persuaded of the high cost, in both economic and political terms, of failing to take action to reduce the vulnerability of health facilities. The need to reduce both the functional and the structural vulnerability of health facilities in order to protect their response capacity was underscored, as was the need for personnel training in disaster preparedness.

It was pointed out that the document focused almost exclusively on hospitals and took little account of the fact that hospitals relied heavily on community services such as transportation, roadways, and potable water supply. Reducing the vulnerability of those services was considered an essential aspect of mitigating disasters and safeguarding hospitals' capacity to deliver timely care in the wake of a disaster. In this connection, several delegates noted that if lending institutions were convinced of the importance of disaster mitigation in health facilities, they might incorporate disaster mitigation criteria into other construction and infrastructure projects that they funded, which would help to further reduce the fatalities, injuries, and damages caused by disasters. Ideally, disaster mitigation would be incorporated into all urban planning.

Dr. de Ville said that the international development banks tended to see themselves strictly as lending institutions and considered that it was not their responsibility to set criteria relating to preventive maintenance and disaster mitigation. He pointed out that the member countries of the banks, especially those that were major financial powers, could have considerable influence in this regard. At the same time, health ministries at the national level should continue to advocate the incorporation of appropriate criteria into the infrastructure projects funded by international lending institutions. He agreed that, ideally, disaster mitigation should encompass all buildings and dwellings and should be incorporated into urban planning. However, as a health organization with limited resources, PAHO believed that it must limit its activities to its areas of expertise, hence the focus on hospitals and other health facilities. He reiterated that broad, high-level political support would be required in order to extend the concept of disaster mitigation into other sectors. The Organization would utilize an international meeting planned for 1999 to mark the close of the International Decade for Natural Disaster Reduction as a forum to promote adoption of the recommendations of the Mexico conference.

The Director observed that it was often difficult to persuade national officials that there should be a continuum incorporating disaster mitigation as well as emergency relief and response activities, which should, in turn, result in permanent measures that would help mitigate future disasters. As the Organization could not carry out mitigation measures itself, its role consisted of pointing out the consequences of not retrofitting vulnerable institutions and putting in place measures to protect facilities under construction. He agreed that disaster mitigation was a

multisectoral issue; however, as was the case with many such issues, one sector had to take primary responsibility. Because the health sector would bear the principal burden of failure to take action to make health facilities less vulnerable to the disasters that would inevitably occur, the ministries of health and PAHO had a responsibility to continue to urge both governments and international financing agencies to support disaster mitigation measures.

Strategic and Programmatic Orientations for the Pan American Sanitary Bureau, 1999-2002
(Document SPP303 and Corrig. I)

This item was introduced by Dr. Germán Perdomo (Office of Analysis and Strategic Planning), who described the process that had led to the drafting of the proposed Strategic and Programmatic Orientations (SPOs) and outlined the content of the document. The SPOs provided the policy framework for programming the work of the Organization, whose mission was to cooperate technically with the Member States, promote technical cooperation among them, and facilitate international coordination in health. The SPOs were derived from a comprehensive analysis of the needs and priorities of the countries. At the same time, they represented the Region's response to the new global policy of Health for All in the Twenty-first Century (HFA21) and the Ninth and Tenth General Programs of Work of WHO and thus also reflected those global policy orientations.

In developing the SPOs, the Secretariat had carried out a broad analysis of the situation in the Region, taking into account not only health conditions, but also political, economic, social, demographic, and environmental circumstances, as well as major trends such as globalization, State reform and decentralization, and the changing roles of international cooperation agencies. In addition, it had carried out a series of consultations within the Organization and with officials at the national level. This process had revealed that progress had been made in some areas— notably, reduction of mortality and the incidence of some diseases—but that there continued to be huge inequalities between population groups in health status and access to health care. Consequently, as in the 1995-1998 quadrennium, the achievement of equity had been identified as the primary challenge for the period 1999-2002. A set of regional goals had also been established with a view to overcoming inequities in relation to health conditions, health determinants, and health policies and systems. The specific goals for each area were included in the document.

The Secretariat believed that the strategic orientations adopted in the previous quadrennium remained valid and were sufficiently broad in scope to cover the spectrum of needs in the Region, and it therefore proposed that those five orientations remain the same. For each strategic orientation—namely, health in human development, health promotion and protection, environmental protection and development, health systems and services development, and disease prevention and control—the Secretariat had developed a set of programmatic orientations, which represented the areas that would be stressed in its technical cooperation. Dr. Perdomo summarized the programmatic orientations listed in the document for each strategic orientation. He concluded by noting that in all the national consultations carried out by the Secretariat questions had been raised about the feasibility of the proposed regional goals and orientations, and he emphasized that none of them would be feasible without a true commitment

on the part of the Governments to address the health inequities in their respective countries and on the part of the Secretariat to implement the policy proposals through its technical cooperation.

Dr. Juan Manuel Sotelo (Chief, Office of Analysis and Strategic Planning) elaborated on what Dr. Perdomo had said regarding the policy framework for the Organization's technical cooperation, as well as its functional approaches to technical cooperation, technical cooperation among countries, and the system for planning, programming, monitoring, and evaluation of technical cooperation (AMPES). The main element in the policy framework was the SPOs, which would be adopted by the Pan American Sanitary Conference in September 1998. The SPOs, in turn, were shaped by the policy orientations of the World Health Organization, in particular the Ninth General Program of Work, which was currently in effect, and the Tenth General Program of Work, which would become effective in the same year as the SPOs (1999). The Tenth General Program of Work was inspired largely by the new Global Policy on Health for All in the Twenty-first Century.

HFA21 was the result of a dynamic consultation process that had examined the lessons learned in the application of the strategies of Health for All by the Year 2000 and primary health care. It was an action-oriented policy that considered health a human right, emphasized certain core values—including social justice and equity in the provision of services and the allocation of resources—and sought to create conditions in which people would have, universally and throughout their lives, the opportunity to reach and maintain the highest attainable level of health. The policy had three main objectives: (1) to increase life expectancy and quality of life, (2) to achieve equity in health, and (3) to ensure access to health care of good quality. It identified two main strategic lines of action: (1) consider health a central component of development and identify and act on the determinants of health, and (2) develop sustainable health systems that responded to the needs of the population.

PAHO's strategy of technical cooperation was carried out through six functional approaches: (1) mobilization of human, financial, political, and institutional resources; (2) information dissemination; (3) training; (4) development of policies, plans and standards; (5) research promotion; and (6) direct technical assistance. These six approaches constituted a "taxonomy" for the classification of technical cooperation that enabled the Organization to define its work more precisely and establish expected outcomes. The taxonomy also provided a framework for planning, programming, and evaluation through AMPES. Another very important aspect of PAHO's technical cooperation was promotion of technical cooperation among countries and the Pan American approach, which would be discussed in greater detail under a separate agenda item.

Turning to AMPES, Dr. Sotelo described the basic structure and operation of the system, which had been examined by the Subcommittee on several prior occasions. He then invited the Subcommittee to comment on how the document might be refined prior to its submission to the Executive Committee.

The Subcommittee applauded the document's holistic approach, which reflected the complexity and diversity of the health situation in the Region and took account of the changing context in which the work of the Organization was being carried out. In general, the situation analysis was

considered complete and accurate, although it was pointed out that some of the trends and phenomena described were not occurring in all countries. The Subcommittee also found that the document accurately reflected the issues discussed and the priorities identified during the national consultations, and a number of delegates commended the Secretariat for visiting the countries to obtain input prior to drafting the SPOs.

The delegates expressed support for the regional goals, which would provide concrete results toward which the countries and the Secretariat could strive. The goals were considered realistic, especially because they were percentage goals, not specific rates or numeric targets. In regard to the SPOs themselves, the Subcommittee endorsed the continued focus on equity as the primary objective. However, several delegates questioned the advisability of maintaining the same strategic orientations, given that the document indicated that the majority of the goals and targets established for the preceding quadrennium had not been achieved. It was generally agreed that the document should contain more information about why the goals had not been met and an examination of the impediments that had prevented their achievement, as well as an analysis of the extent to which those same impediments would hinder attainment of the goals established for 1999-2002.

The Subcommittee made a number of specific suggestions for improving the document. Several delegates thought that it should be shorter and more condensed, in particular the situation analysis at the beginning. It was pointed out that the programmatic orientations listed under each strategic orientation tended to overlap or duplicate one another and it was suggested that this section of the document be simplified and clarified. It was also considered important to prioritize the numerous programmatic lines of action in order to identify the areas in which PAHO would devote the majority of its time and resources in the next four years. In addition, the relationship between the SPOs and the macropolicies, HFA21 and the Ninth and Tenth General Programs of Work, should be clarified.

One delegate noted that the language in the document was rather vague in regard to what the output would be and encouraged the Secretariat to utilize more action-oriented terminology and to articulate the objectives more clearly, which would make it easier to measure progress later on. In regard to the strategic orientation “health systems and services development,” another delegate underscored the need to ensure that health—not economic, political, or other issues—was the main focus of health reform proposals. He also felt that the document should give greater attention to the emergence of health markets and to the need to regulate these market processes. Under the same strategic orientation, it was recommended that more emphasis be placed on the idea of sustainability of health reforms and health system responses. In relation to the strategic orientation “disease prevention and control,” a delegate pointed out that, in keeping with the views expressed at the sessions of the Governing Bodies in 1997, oral health should be identified as a priority area for action. Finally, it was suggested that the SPOs should incorporate the revised definition of health approved by the WHO Executive Board in January 1998 and proposed for adoption by the World Health Assembly in May 1998: “A dynamic state of complete physical, mental, spiritual, and social well-being and not merely the absence of disease or infirmity.”

Dr. Perdomo thanked the delegates for their thoughtful and constructive suggestions. The

Secretariat's objective in presenting the document to the Subcommittee had been to obtain insights that would enable it to produce the clearest possible enunciation of the Organization's policy orientations in order to facilitate the Executive Committee's consideration of this item, and that objective had been fully achieved. In regard to the situation analysis, he acknowledged that it did not describe in detail all the determinants of health in individual countries; however, the aim had been to present a broad overview of the trends and factors that influenced the health situation in the Region. With respect to the apparent duplication or overlap of the programmatic orientations, he pointed out that many of the proposed lines of action—such as training of human resources and promotion of political commitment in relation to various health issues—were cross-cutting and were applicable to various strategic orientations. Nevertheless, the Secretariat would endeavor to simplify and clarify the programmatic orientations as much as possible. It would also try to make the language more action- and results-oriented with a view to facilitating measurement of progress. As for prioritizing the lines of action, he emphasized that the Secretariat must set its priorities based on the priorities established by the countries.

Dr. Sotelo explained that the Secretariat was proposing that the same five strategic orientations be retained for basically two reasons. First, the work begun during the 1995-1998 quadrennium was not yet complete and the goals established had not been achieved, in particular the primary goal of reducing inequities. Second, the countries were still in the process of incorporating the five strategic orientations into their national policies. It was therefore considered important to maintain continuity in terms of the overall policy orientations for 1999-2002. The proposed programmatic orientations, on the other hand, reflected considerable change and innovation with respect to the preceding quadrennium. In regard to the measurement of results, he observed that one of the problems that had hindered assessment of the results obtained from application of the current SPOs was the lack of appropriate indicators; the Secretariat was working on the development of tools and indicators that it hoped would make it easier to determine results in the case of the SPOs for 1999-2002.

At the request of the Director, Dr. Daniel López Acuña (Director, Division of Health Systems and Services Development) responded to the comments regarding health reform and regulation of market processes. He pointed out that several of the programmatic orientations in the area of health reform were aimed specifically at strengthening the steering role of the ministries of health and enabling them to fulfill their regulatory functions in the context of structural and functional reorganization of the sector. The Organization was already working on this line of action and would continue to do so in the next quadrennium with a view to ensuring that health reform measures were, in fact, oriented toward improving health and ensuring greater equity in access to health services and in health financing and insurance schemes.

The Director noted that in the SPO proposal the Secretariat had tried to focus explicitly on what it would do to help the countries resolve their problems, and it had therefore eliminated the section on responsibilities of the countries that had been included in the SPOs for the previous quadrennium. In regard to the comments concerning the vagueness of the language in the document, he said that the Secretariat had developed what might be called a "taxonomy of action words," which was intended to clearly state what the Secretariat would do and what its responsibilities would be. That language would be applied in the next biennial programming exercise, but it might be difficult to incorporate it into the SPO document because it was not a

programming document as such. As for the impediments that had hindered progress in 1995-1998, part of the problem, as Dr. Sotelo had indicated, was that the goals had not been defined clearly enough to allow measurement of progress. Moreover, four years was a rather short time to see significant advances in many areas. Nevertheless, the Secretariat would attempt to analyze the impediments and the extent to which they were likely to be overcome in the new quadrennium. His quadrennial report to the Pan American Sanitary Conference would also look more closely at the areas in which the greatest and least progress had been made and would analyze the factors that had aided or hindered the Organization's efforts.

He was enormously pleased that the Subcommittee agreed that equity should remain the primary objective of the Organization's technical cooperation. Based on the Secretariat's analysis of the situation and its discussions with the countries, it believed that the five strategic orientations established in the previous quadrennium represented the best approach for addressing the countries' needs in relation to that objective. As for the prioritization of the programmatic orientations, as Dr. Perdomo had said, the Secretariat did not consider that it had the authority to impose an order of priorities. It tried to assist the countries in defining their priorities, and it identified regional priorities. The programmatic orientations set out in the document were intended to be broad enough in scope to allow the Organization to address both national and regional priorities.

The Secretariat would revise the document on the basis of the delegates' comments, although obviously it might not be possible to incorporate all of them. It would also take into account any additional comments that anyone might wish to submit in writing.

Climate Change and Infectious Diseases: The Implications of El Niño (Document SPP305)

Dr. Stephen Corber (Director, Division of Disease Prevention and Control) introduced the document on this item, which had been prepared in collaboration with several other units within the Organization—notably the Program on Emergency Preparedness and Disaster Relief—in response to Resolution CD40.R13, “Health Emergency Preparedness for Disasters Caused by El Niño,” adopted by the Directing Council in 1997. The document reviewed the specific associations that had been found between the climatological phenomenon known as El Niño and the Southern Oscillation (ENSO) and patterns of infectious disease transmission.

Dr. Roberto Chuit (Regional Adviser on Communicable Diseases) described the characteristics and effects of ENSO and presented information about its potential and actual impact on infectious diseases. ENSO could have four possible effects on weather: (1) near normal conditions; (2) a weak El Niño with slightly higher-than-normal rainfall; (3) very heavy rainfall and flooding; and (4) cooler-than-normal waters offshore, with higher-than-normal chance of drought. The occurrence and duration of these effects varied in different parts of the Region, which meant that disease patterns might also vary within an area affected by El Niño. Predictions for 1997 had indicated that weather in the southern United States and northern Mexico would be wetter and colder than usual, with flooding in many places; in the Amazon, dryer-than-normal conditions were predicted, while higher-than-usual rainfall was anticipated in the southern portion of South America. In the Andean Area, Peru and Ecuador were expected to be warmer and wetter than usual, which would make flooding likely.

Dr. Chuit cited the results of various studies that had failed to find any conclusive evidence linking ENSO to increased transmission of several of the most important infectious diseases in the Americas, including malaria, dengue, cholera, leptospirosis, and hantavirus. In fact, ENSO-related droughts appeared to have led to reductions in some diseases. However, he also pointed out that in many cases data were lacking or the data that existed were of poor quality. Moreover, it must be borne in mind that disease transmission was influenced by many other factors, such as endemicity of the disease, vector reservoirs, migration of the population, and environmental and sanitation conditions. The effects of an El Niño event would vary with the severity and manifestations of the event. In general, however, El Niño could be expected to exacerbate any existing conditions that were favorable to disease transmission. Effective epidemiological surveillance and risk factor assessment were crucial to enable countries to foresee and address the potential health effects of El Niño. In addition, the incorporation of climate forecasting into existing diseases surveillance, emergency preparedness, and prevention programs would help to lessen the health impact of ENSO and other climate anomalies.

The Subcommittee was asked to provide input on PAHO's role in addressing health effects that could occur due to these environmental phenomena.

Given the lack of definitive data on the relationship between El Niño and disease transmission, the Subcommittee considered that it would be more useful to expand the scope of the document and explore the effects of climate change in general on health, as well as the implications of El Niño as a natural disaster that may cause enormous damage to infrastructure and basic services, such as sanitation. It was pointed out that it would be necessary to monitor climate change and its effects on disease transmission in the same place and at the same time in order to draw valid conclusions about cause and effect. In regard to the role of PAHO, the consensus was that the Organization was already playing an appropriate role by helping the countries to enhance their disease surveillance and reporting systems and linking all the countries in the Region in identification and reporting of disease outbreaks. It was also pointed out that PAHO technical cooperation at the country level might facilitate the participation of national experts who were not usually players in public health but whose expertise might improve surveillance and prevention efforts and help to reduce the human suffering caused by flooding and other climate-related phenomena.

The Director and Dr. Chuit thanked the delegates for their suggestions, which would be taken into account in revising the document for presentation to the Executive Committee. The Director said that the next version would contain more data and a broader analysis of the effects of climate change in general on health and environmental conditions.

Technical Cooperation Among Countries: Pan Americanism in the Twenty-first Century (Document SPP304)

Dr. Mirta Roses (Assistant Director of PAHO) presented the document prepared by the Secretariat on this item, which reviewed the history and progress of technical cooperation among countries (TCC) in the Region in the past two decades and outlined some of the challenges and prospects for TCC in the coming century. She began by describing various agreements, resolutions, and plans of action adopted in the United Nations and Inter-American systems which had shaped the history of TCC in the Americas, including the Buenos Aires Plan for Promoting and Implementing Technical Cooperation among the Developing Countries (TCDC), adopted by United Nations General Assembly in 1978; Resolution 50119, adopted by the General Assembly in 1995, which set out new orientations for TCDC; national programs and funds for horizontal cooperation established under the aegis of the Organization of American States; and the Strategic Plan for Partnership in Development 1997-2001 formulated by the Inter-American Council for Integral Development (CIDI).

Within WHO and PAHO, technical cooperation among countries had been promoted at the International Conference on Primary Health Care at Alma-Ata and through numerous resolutions of both organizations. A document presented by PAHO at the Interregional Consultation on TCDC Programming in Health, convened by WHO in Jakarta in 1993, established that for the Region of the Americas the concept of TCC, rather than TCDC, would be promoted—that is, technical cooperation among all countries of the Region, regardless of their level of development. The document also defined the principles that should be upheld in TCC proposals prepared with PAHOWHO cooperation, namely: solidarity, sovereignty, dignity, equity, capacity development, and sustainability.

TCC was financed mainly out of national budgets. However, because the budgets of some countries were insufficient to ensure implementation of many bilateral and multilateral cooperation agreements, mobilization of external cooperation was important. One modality was through triangular cooperation arrangements, in which developed countries financed cooperation between less developed countries. In addition, in the 1988-1989 budget, PAHO had established a financing mechanism specifically to stimulate TCC, although prior to that time the Organization had been supporting TCC through the regional and country programs and through the WHOPAHO Collaborating Centers. Dr. Roses gave several examples of TCC projects carried out between neighboring countries, countries in the same subregion, countries with areas of common interest in science and technology, and cooperation between countries under bilateral agreements providing for long- and medium-term contributions of human and technology resources.

For the countries, the challenges in the twenty-first century would include creation of national systems for the coordination of external cooperation, documentation of results and evaluation of experiences in TTC in the health field, and development of TCC in the health area through bilateral accords. For cooperation agencies in general, the principal challenge would be to effectively utilize the capabilities existing in the Region in the technical cooperation they

provided. For PAHO, the challenges would include maintenance of TCC as a major strategy in the SPOs for 1999-2002, improvement of the designation and utilization of the collaborating centers, and development of methodologies for training in management and implementation of TCC in the area of health.

The Subcommittee agreed that TCC was an extremely valuable instrument for promoting sustainable development, particularly in the current context of diminishing international cooperation resources. It was agreed that there was tremendous untapped potential for cooperation among the countries of the Americas and that better advantage should be taken of the capabilities existing at the national level. At the same time, it was pointed out that a great deal of cooperation takes place through informal arrangements between countries and therefore would not be reflected in official data. Cooperation among neighboring countries to address shared health concerns or achieve common objectives was considered especially important, since diseases and other health problems know no borders. In addition, TCC was seen as a way to promote solidarity and forge closer ties between countries. Various delegates described cooperation experiences under way between their countries and neighboring countries or countries within subregional integration groupings such as MERCOSUR and CARICOM.

In general, the Subcommittee found the document to be a good historical analysis of technical cooperation among the countries and a good source of guidance for developing TCC in the future, building on past experience. Among the principles of TCC defined in the document, solidarity, sovereignty, and sustainability were considered most important. With regard to the financing modalities mentioned, triangular arrangements were viewed as particularly advantageous, given that bilateral cooperation agreements and projects between developing countries were often not fully implemented owing to lack of funding. However, it was pointed out that triangular cooperation was more complicated to carry out than bilateral cooperation. It was also emphasized that cooperation between developing and developed countries was mutually beneficial and that, with regard to issues such as health reform and community-based care, for example, the developed countries could learn a great deal from the experiences of their less-developed cooperation partners.

Promotion of TCC and assistance in the design, coordination, and implementation of projects were identified as crucial roles for PAHO. In order to enhance the Organization's support for TCC, it was suggested that the functions of the PAHOWHO Representative Offices (PWRs) be reexamined with an eye to coordinating the efforts and pooling the resources of PWRs in neighboring countries, for example by sharing consultants. It was also suggested that PAHO promote cooperation projects of at least two years' duration in order to encourage greater stability and sustainability. Several delegates expressed concern about the fact that, according to the figures presented in the document, only 60% of the funds allocated for TCC in the PAHO budget were being utilized. In regard to the challenges for PAHO mentioned by Dr. Roses, more information was requested on the role of the collaborating centers and how the Organization would seek to make better use of them to promote TCC. More information was also requested about PAHO's role in technology transfers through the modality of technical cooperation among countries.

One delegate suggested that, as had been proposed at the Subcommittee's 29th Session, the

Governing Bodies should undertake a broader discussion of technical cooperation and the role of PAHO in light of the participation of new actors, notably NGOs, the decrease in resources for international cooperation, and the context of change and uncertainty alluded to in virtually all the documents examined by the Subcommittee.

Dr. Roses, responding to the questions regarding the collaborating centers, noted that they had a fairly vertical relationship with individual countries and there was not much interaction between centers. PAHO was seeking to promote greater horizontal cooperation by the centers. In regard to technology transfers, she mentioned several examples, including the Revolving Fund for Vaccine Procurement and the Supply Management Project in the Aftermath of Disasters (SUMA), through which technology was transferred. As for the degree to which the funds allocated for TCC were being utilized, she pointed out that PAHO was one of few international cooperation agencies that had earmarked funds specifically for the promotion of TCC. The percentage of funds used had increased considerably; however, there were still obstacles to be overcome before they would be fully utilized, including training of personnel to manage TCC cooperation projects and coordination of the activities of the various sectors that were often involved in projects.

The Director added that part of the reason that the funds were not being 100% utilized was that the Organization insisted on a high degree of rigor and specificity in TCC projects in order to ensure that the moneys available were being used as effectively as possible. He also acknowledged that it was often difficult to collect information on the amount of technical cooperation that was actually occurring among countries because much of it took place outside the framework of formal agreements. He stressed the importance of PAHO's decision to promote technical cooperation among all countries, which the Organization viewed as a fundamental departure from the TCDC approach still espoused in most other agencies of the United Nations system. PAHO felt strongly that all countries, regardless of their level of development, had an interest in health and therefore a need to cooperate in the area of health.

He disagreed with the idea that multilateralism was on the decline. In fact, there was evidence that countries around the world were looking increasingly toward the United Nations and other multilateral agencies for the solution to many problems. He therefore encouraged the delegates to view TCC not as a substitute for multilateral cooperation but as a complement to it. He did agree with the suggestion that the whole issue of technical cooperation merited further study. Certainly, at some future time the Governing Bodies could consider it and examine how PAHO's technical cooperation differed from that of other agencies. Nevertheless, he would not want anyone to be left with the perception that PAHO was unaware of the need to modify and adapt its technical cooperation in response to changing circumstances. He noted that in November 1995 the Organization had sponsored a seminar entitled "Rethinking International Technical Cooperation in Health," which had been the culmination of a two-decade process of reexamining the work and mission of PAHO. The Organization's approach to technical cooperation was not cast in stone; however, an unshakable principle was that its priorities were based on the countries' priorities.

Finally, in regard to the role of the collaborating centers, he proposed that a separate document be prepared and that this topic be discussed at a future session of the Subcommittee.

Bioethics (Document SPP307)

Dr. Juan Antonio Casas (Director, Division of Health and Human Development) introduced this item. He recalled that when the Regional Program on Bioethics was created by the Directing Council in September 1993 it had been agreed that the work of the Program would be evaluated after five years of operation. The document before the Subcommittee represented a review of the Program's activities in preparation for the evaluation, which would take place in 1999 and be reported to the Executive Committee at its 126th Session in 2000. The Subcommittee was asked to comment on those activities and suggest specific aspects that should be considered in the evaluation.

Dr. Julio Montt (Director, Regional Program on Bioethics) then reported on the evolution of the Program since it began operating in May 1994. The Program had been established at the University of Chile with support from the Government of Chile in response to demands from the Member States for a technical cooperation program to address the ethical problems posed by rapid scientific and technological advances in the health field, as well as economic, social and political issues relating to health. Bioethics provided a methodology for resolving conflicts of values and reaching agreement with regard to "civil ethics," or agreement among societies with regard to certain basic values, independent of religious, political, or other convictions. As a technical cooperation program of the Organization, the Program's functions were resource mobilization; training; dissemination of information; development of policies, plans and standards; research; and direct technical cooperation.

During 1994, the Program had convened a meeting of representatives from 17 Latin American and Caribbean countries to ascertain the most important bioethical issues and establish thematic orientations to guide its work. The outcome had been the following five thematic areas: bioethics in public health; clinical and medical ethics; research ethics; training and education in bioethics; and current and emerging problems resulting from scientific and technological advances and the emergence of new diseases. Dr. Montt highlighted some of the activities carried out by the Program and the impact of its work in each of the thematic areas. He concluded by noting that, despite relatively limited resources, in its four years of existence the Program had become a significant presence both in the Region and the world, and its technical cooperation services were in increasing demand. In the future it would continue to support the Member States in seeking responses to the ethical challenges they faced in medical practice and the organization and delivery of health services, public health, biomedical research, education of health professionals, and the quest for equity and justice in the allocation of health resources.

The Subcommittee commended Dr. Montt on the Program's numerous accomplishments during its short existence, especially in the areas of information dissemination and education. The Subcommittee also expressed its gratitude to the Government of Chile and the University of Chile for their support of the Program. Several delegates remarked that it had clearly filled a

need in the Region. Technical cooperation for the organization of hospital bioethics committees and national bioethics commissions or associations was considered one of its most important contributions. It was pointed out that the Program seemed to have focused mainly on Latin America, and it was suggested that it should look more closely at the experiences of Canada and the United States in bioethics and seek areas of complementarity and collaboration.

Several suggestions were made in regard to possible future areas of work for the Program, including examination of bioethics issues in relations between countries and in the framework of human rights conventions; implementation in the Region of the UNESCO Declaration on the Human Genome and Human Rights; development of position papers and guidelines to serve as a basis for legislation or regulation; examination of the ethical and policy implications of new reproductive technologies and their impact on the composition and values of society; and consideration of ethical issues relating to the health of indigenous peoples, especially in research conducted among these groups. Questions were asked regarding the Program's activities in the English-speaking Caribbean and the existence of bioethics programs within WHO and in other regions.

The observer for Chile said that his Government believed that the Program was playing a crucial role in helping the countries to address the ethical concerns that accompanied rapid changes in societies and health systems, and it would therefore continue to collaborate actively in the Program's development.

Responding to the questions concerning the work of the Program in the English-speaking Caribbean, Dr. Montt said that activities had been limited thus far owing to resource constraints and logistical problems, especially the lack of English translations of its publications and other information. However, the Program had recently acquired PAHO's machine translation software, which would enable it to produce translations rapidly and at relatively low cost for dissemination in English-speaking countries. In addition, the Program was investigating the possibility of organizing some meetings on bioethics in collaboration with the deans of schools of medicine in several Caribbean countries. He acknowledged that the Program's focus had been primarily on Latin America, although it was collaborating with several prominent bioethics centers in the United States. The Program had established fewer contacts with Canadian institutions only because it had not had the time in its four short years of existence; in the future, it would seek to establish closer ties with bioethics institutes and associations in both countries.

He thanked the delegates for their suggestions regarding possible new areas of interest or activity for the Program and noted that, in fact, it was already working in areas such as dissemination of information to serve as a basis for legislation and bioethical issues in genetic research among indigenous groups in Chile and Argentina. However, the Bioethics Program was primarily a technical cooperation program, not an academic institution or a bioethics "think tank." Its proper role was therefore to compile and disseminate the research and information generated by those institutions, rather than to produce the information itself. As for the UNESCO declaration on protection of the human genome, the Program had participated in the conference at which the declaration was discussed and was disseminating information about it to ministries of health and bioethics centers throughout the Region.

Dr. Montt was unaware of the existence of bioethics programs in any other regions. He noted that WHO had recently formed a steering group to deal with bioethical issues, and the Regional Program on Bioethics with headquarters in Chile had been designated as a focal point from the Americas for this group. However, the group's main concern had been human cloning, which was not seen as a real issue for most of the countries of the Region, given their current research and technological capabilities. Other matters, such as doctor-patient relationships, patients' rights, and allocation of health resources, were considered much more relevant and pressing concerns for the Program in its technical cooperation with the countries.

The Director agreed that, in order to make the most effective use of the Program's limited resources and have the greatest impact, it was essential to limit its sphere of action to matters that were of direct practical interest to the countries. The Program would therefore continue to concentrate on the areas outlined in the document and mentioned by Dr. Montt in his presentation, especially the ethics of clinical practice and research. In regard to bioethics activities within WHO, he noted that the Organization's involvement in this area had been relatively limited because it had relied on a separate agency, the Council for International Organizations of Medical Sciences (CIOMS), to bring together people to examine various bioethical issues, including the ethics involved in the HFA renewal initiative.

Although he did not generally single out individual staff members for praise at meetings of the Governing Bodies, the Director wished to thank Dr. Montt for his leadership and his contribution to the Program's successful development. He also wished to formally express the Organization's gratitude to the Ministry of Health and the University of Chile for their support of the Program.

PAHO Publications Program (Document SPP309)

The presentation on this item was given by Dr. Judith Navarro (Chief, Office of Publications and Editorial Services), who briefly reviewed the history and activities of the Publications Program. She noted that information exchange and dissemination had been a founding principle of the International Sanitary Bureau, the precursor to the Pan American Health Organization. The Organization had been publishing scientific and technical texts since the 1920s. Its first regular publication, the *Boletín de la Oficina Sanitaria Panamericana* (now called *Revista Panamericana de Salud Pública* / *Pan American Journal of Public Health*), was the oldest ongoing international public health journal in the world. Interestingly, the first issue of the *Boletín* had contained an article on the importance of cooperation among countries that remained quite current and apropos to the Subcommittee's discussion of this topic.

In the framework of the Strategic and Programmatic Orientations for 1995-1998, the Director had established four clearly differentiated information areas in which the Bureau would work: (1) information about health status and health services in the countries and in the Region; (2) development of national health information systems; (3) corporate information; and (4) scientific, technical, and policy-related information. The work of the Publications Program related to the last-mentioned area. The Program's primary objective was to produce publications of the highest quality that reflected the mission and objectives of the Organization, contributed to the understanding and solution of priority health problems, were affordable, disseminated

original content, promised extended usefulness, were timely and relevant, and met quality standards for content and presentation.

The Program comprised four major components: the Editorial Service; Electronic Communications; Marketing, Distribution, and Sales; and the Information and Documentation Service (the Headquarters Library). The Editorial Service was responsible for publication of the Organization's multilingual, peer-reviewed monthly journal, *Revista Panamericana de Salud Pública* *Pan American Journal of Public Health*, books, and official documents of the Organization. In the area of Electronic Communications, the main activities were maintenance of the PAHO Web site and dissemination of PAHO publications and other information via the Internet and on CD-ROM. In Marketing, Distribution, and Sales, the Program sought to promote PAHO publications among potential audiences worldwide, ensure access to them, and earn a return on the Organization's investment in publishing. As a result of recent efforts to enhance marketing and sales of PAHO publications, this component was largely paying for itself. Finally, the Publications Program was responsible for the Headquarters Library, which provided bibliographic services and was developing a computerized institutional memory project to manage all PAHO documentation.

The Subcommittee applauded the quality of the Program's work and its success in making optimum use of new communications technology to market and disseminate the Organization's publications externally, as well as to manage information internally through the automated institutional memory project. Several delegates indicated that their governments relied on PAHO publications as the most authoritative source of information on health in the countries of the Region. It was suggested that links to the Web sites of national ministries of health be added to the PAHO Web site as a means of facilitating access to that information. The Program was encouraged to step up its publication of materials in French in order to make information more accessible and increase its market share among French-speaking populations, particularly in Canada.

The Director was pleased to confirm that the countries were utilizing the Organization's publications and information, as disseminating timely and useful information was one of its primary objectives. He hoped that discussion of this item in the Governing Bodies would encourage other Member States to make more use of the information available in print and on the Internet. The suggestion of creating links to the Web sites of ministries of health was a good one and would be implemented.

Other Matters

The Director announced that a meeting of all the delegations from the Americas to the World Health Assembly would be held in Geneva on Monday, 11 May 1998, to discuss various matters, including the election of members from the Region to the Executive Board. At present there were four candidates for the three positions to be filled. He hoped that, as had been the custom in the Region, an agreement would be reached among the candidates prior to the elections so that there would be only three candidates.

After the elections, he would be meeting with the six Executive Board members from the Americas to inform them about several issues of particular interest to the Region. One was an

agreement by the Board to recommend to the Assembly that the Governing Bodies of PAHO be invited to change the Organization's Constitution so as to elect the Director of PAHO every five years and to consider adopting the mechanism of a search committee, as in the European Region. Although the Member States would have the final say in the matter, the Director felt that such a change would be problematic for several reasons, notably because the Constitution established that the Director would be elected by the Pan American Sanitary Conference, which convened every four years. Another concern that he intended to discuss with the members from the Americas was the Assembly's decision to limit reimbursement of travel expenses to delegates from the least developed countries. According to the criteria set by the Assembly, Haiti would be the only country in the Region whose delegate would be eligible for reimbursement of travel expenses.

The Delegate of Argentina pointed out that the decision not to reimburse travel was intended to be a cost-saving measure. At the same time, however, there was a proposal to expand the membership of the Executive Board, which would raise costs. He urged all delegations from the Region to oppose that proposal.

CLOSING OF THE SESSION

The Director thanked the delegates for their obvious attention to the documents prior to the Session and their valuable contributions during the discussions of the items. The President said that it had been an honor for her country to serve as President of the Subcommittee during its 29th and 30th Sessions. She expressed her gratitude to the staff of PAHO for their support and to the delegates for their participation during the meetings and then declared the 30th Session of the Subcommittee closed.

Annexes



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



**SUBCOMMITTEE ON PLANNING AND PROGRAMMING
OF THE EXECUTIVE COMMITTEE**

30th Session, 30-31 March 1998

SPP30FR (Eng.)
Annex A

Annex A.:

AGENDA

	<i>Document No.</i>
1. Opening of the Session	
2. Adoption of the Agenda and Program of Meetings	SPP301, Rev. 1
3. Strategic and Programmatic Orientations for the Pan American Sanitary Bureau, 1999-2002	SPP303 and Corrig. I
4. Technical Cooperation Among Countries: Panamericanism In the Twenty-first Century	SPP304
5. Climate Change and Infectious Diseases: The Implications of El Niño	SPP305
6. Disaster Mitigation in Health Facilities	SPP306
7. Bioethics	SPP307
8. Population and Reproductive Health	SPP308
9. PAHO Publications Program	SPP309

10. Provisional Draft of the Program Budget of the World Health Organization for the Region of the Americas for the Financial Period 2000-2001

SPP3010

11. Other Matters



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



**SUBCOMMITTEE ON PLANNING AND PROGRAMMING
OF THE EXECUTIVE COMMITTEE**

30th Session, 30-31 March 1998

SPP30FR (Eng.)
Annex B

Annex B.: LIST OF DOCUMENTS

Document No.

Title

WORKING DOCUMENTS

SPP301, Rev. 1	Provisional Agenda
SPP302	Provisional List of Participants
SPP303 and Corrig. I	Strategic and Programmatic Orientations for the Pan American Sanitary Bureau, 1999-2002
SPP304	Technical Cooperation among Countries: Panamericanism in the Twenty-first Century
SPP305	Climate Change and Infectious Diseases: The Implications of El Niño
SPP306	Disaster Mitigation in Health Facilities
SPP307	Bioethics
SPP308	Population and Reproductive Health

SPP309PAHO

Publications Program

SPP3010

Provisional Draft of the Program Budget of the World Health Organization for the Region of the Americas for the Financial Period 2000-2001



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



**SUBCOMMITTEE ON PLANNING AND PROGRAMMING
OF THE EXECUTIVE COMMITTEE**

30th Session, 30-31 March 1998

SPP30FR (Eng.)
Annex C

Annex C.:

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OFICINA SANITARIA PANAMERICANA

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Secretario ex officio de la Sesión

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Director

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Asesores del Director

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Deputy Director

Dr. Mirta Roses
Assistant Director

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Chief of Administration, a.i.

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Director, Division of Disease Prevention and Control

Mr. Horst Otterstetter
Director, Division of Health and Environment

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Director, Division of Health Systems and Services Development

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