



*executive committee of  
the directing council*

PAN AMERICAN  
HEALTH  
ORGANIZATION

*working party of  
the regional committee*

WORLD  
HEALTH  
ORGANIZATION



103rd Meeting  
Washington, D.C.  
June-July 1989

Provisional Agenda Item 3.1

CE103/19 (Eng.)

19 May 1989

ORIGINAL: ENGLISH-SPANISH

REPORT OF THE SUBCOMMITTEE ON PLANNING AND PROGRAMMING

The Subcommittee on Planning and Programming has held two meetings since the last meeting of the Executive Committee, the first on 7-8 December 1988 and the second, from 10 to 13 April 1989.

The following items were discussed by the Subcommittee:

- Analysis of PAHO Technical Cooperation in a Country Program: Honduras
- PAHO and PAHEF: 20 Years of Collaboration in International Health
- Analysis of PAHO's Technical Cooperation in a Regional Program: Maternal and Child Health
- Proposed Program Budget of the Pan American Health Organization for the Biennium 1990-1991
- Analysis of PAHO's Utilization of National Contracts
- Analysis of PAHO's Fellowship Program
- Analysis of PAHO's Emergency Preparedness and Disaster Relief Program
- PAHO's Technical Cooperation Program and Nongovernmental Organizations (NGOs)
- Analysis of PAHO/WHO Technical Cooperation in Argentina, 1986-1989

The Final Reports of the two meetings are annexed.

Annexes

A N N E X I



**PAN AMERICAN HEALTH ORGANIZATION**  
**EXECUTIVE COMMITTEE OF THE DIRECTING COUNCIL**  
**SUBCOMMITTEE ON PLANNING AND PROGRAMMING**

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Washington, D.C., 7-8 December 1988

SPP11/FR (Eng.)  
8 December 1988  
ORIGINAL: ENGLISH-SPANISH

F I N A L R E P O R T

## FINAL REPORT

The Eleventh 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., from 7 to 8 December 1988.

The following members of the Subcommittee, elected by the Executive Committee, were present: Canada, United States of America, Uruguay and Venezuela. Also taking part, at the invitation of the Director of the Bureau, in consultation with the Chairman of the Executive Committee, were representatives from Brazil and Honduras. Bolivia participated as an observer.

## OPENING OF THE MEETING

Dr. Carlyle Guerra de Macedo, Director, PASB, opened the meeting and welcomed the representatives.

## OFFICERS

In accordance with Article 14 of the Rules of Procedure, an election was held for the officers of the meeting, with the following results:

<u>Chairman:</u>	Dr. Samuel Villalba	Uruguay
<u>Vice Chairman:</u>	Dr. Francisco Xavier Beduschi	Brazil
<u>Rapporteur:</u>	Ms. Marlyn Kefauver	United States of America
<u>Secretary ex officio:</u>	Dr. Carlyle Guerra de Macedo	Director, PASB
<u>Technical Secretary:</u>	Dr. José Romero Teruel	Chief, DAP/PASB

## 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's Technical Cooperation in a Regional Program: Maternal and Child Health
5. PAHO and PAHEF: 20 Years of Collaboration in International Health
6. Analysis of PAHO Technical Cooperation in a Country Program: Honduras
7. Other Matters

#### CONCLUSIONS AND RECOMMENDATIONS

A summary of the discussions and recommendations for further action on each item follows.

#### ITEM 4: ANALYSIS OF PAHO'S TECHNICAL COOPERATION IN A REGIONAL PROGRAM: MATERNAL AND CHILD HEALTH

##### 1. Introduction

The document analyzes the evaluation experience of the Program over a period of five consecutive years. General aspects of the methodology employed are presented and an analysis is made of the 1986-1987 evaluation of the Program for the Control of Diarrheal Diseases and the experiences in evaluating the efficiency of the health services in which care is provided for maternal and child groups.

With respect to methodological aspects, a study is made of the follow up on the Annual Program Budget (APB), the Four-Month Work Plans (WP), and the Annual Program Evaluation. The conclusion drawn is that the WP has become the best instrument for management, since it permits gradual delegation of functions to Units and PWRs, coordination between programs and projects, and information for global programs (WHO) and financing agencies.

Annual evaluation emphasizes cooperation and its impact at the national program level with a predominantly qualitative approach. Experience has demonstrated its enormous advantages for adjustment of goals, priorities, and strategies and for generating policy decisions and resources at the directorate level.

##### 2. Summary of the Evaluation of the Program for the Control of Diarrheal Diseases (CDD), 1988

The Pan American Health Organization assigns high priority to the public health problem represented by diarrheal diseases. The Regional CDD Program was established in 1979, based on a series of resolutions of the Governing Bodies of PAHO and on Resolutions WHA31.44 and WHA31.47 of the World Health Assembly.

The Regional Program is part of the Global CDD Program, which contributes 87% of the budget.

The Program established its objectives and goals for 1989, which reflect the recommendations made by the Governing Bodies of PAHO/WHO and the Technical Advisory Group of the Global CDD Program. These include the reduction of morbidity and mortality from diarrhea, an increase in access to and use of ORS, and the training of health personnel in supervisory and clinical management of CDD programs.

The activities given priority during the biennium 1986-1987 were concerned with operation and training. As a result, significant progress was made in establishing and strengthening CDD activities in the framework of MCH programs in 32 countries and in holding courses and providing training exercises for almost 15,000 health workers. At the same time success was attained in having the medical and nursing schools of five countries adapt teaching materials and methodologies prepared by the Program. This is reflected in better programming, the carrying out of evaluation activities, and greater numbers of health workers and some NGOs actively participating in CDD activities.

### 3. Summary of the Experience of the Maternal and Child Health Program in the Evaluation of Services

Evaluation of health services in which care is provided to women and children is one of the principal areas of cooperation of PAHO's Maternal and Child Health Program (MCHP). The improvement and application of diverse means of evaluation of services is a priority activity for the strengthening of local health systems and for the reformulation and adaptation of programming standards and procedures.

Since 1985 the MCHP has developed and implemented service evaluation methodologies. The initiative has been well received in the countries of the Region; 18 countries have already carried them out and others intend to do so shortly.

This document presents the results of application of the instrument known as "Schemes for Evaluation of Conditions of Efficiency" in a cross-section that encompasses experiences between 1985 and 1988 and includes a total of 1,611 health services of different types. In all instances they were made by the countries' Maternal and Child Health Units with support from the Regional Program and the presence of experts from other countries who contributed their experience and served to provide feedback to the process once they had returned to their places of origin.

In the analysis of the results it may be noted that Community Participation is the weakest component, since 61% of the services that were to include it are in a critical situation and only 2% reached an acceptable level. It is evident that the Region is only initiating the process of democratization of health care, and in primary health services authoritarianism and exclusion of the community from decision-making are still frequently observed.

Programming and Administration follows as the next most seriously deficient component, as 47% were considered to be in a critical situation and only 7% attained an acceptable level. These figures reflect the frequently observed fact that care services, especially hospital services, do not program their activities and do not have information on their populations with respect to referral or responsibility.

It is evident that evaluation of conditions of efficiency and their gradual application in the countries is a positive contribution to the development of local health systems, the strengthening of coordination between programs and services, and more rational use of the sector's resources.

4. Summary of Comments

The members of the Committee referred to:

1. The need to promote national production of rehydration salts in the public and private sectors and, through the Ministries, also promote mass marketing and distribution of ORS, accompanied by increased use of mass communications media.
2. The importance of continuing the development of mechanisms for the evaluation of services, extending them to other programming areas, and taking a global view of health care. Special emphasis should be placed on evaluating and promoting community participation and managerial training of all those responsible for the services.
3. The importance of evaluation throughout the Organization at the level of the regional programs and in the services and activities of the countries and officials. Emphasis must be placed on the search for mechanisms to evaluate the impact of programs and activities on the health conditions of the population.
4. The importance of mass communication in the promotion of health services, particularly in relation to ORS.

As a corollary, it was mentioned that the actions of health sector programs and services are diminishing the negative effects of the crisis and reducing inequities. It is estimated that some 500,000 deaths of children under five years of age are being avoided annually with the aid of health programs, but there are still 700,000 potentially avoidable deaths that will require the efforts of the entire sector, with intersectoral support and support from international organizations.

ITEM 5: PAHO AND PAHEF: 20 YEARS OF COLLABORATION IN INTERNATIONAL HEALTH

1. Introduction

The PAHEF representative made a summary presentation of the relationship between PAHO and PAHEF. He made the following points:

- PAHEF was created for two purposes, to organize and implement the Medical Textbook Program, to be initially capitalized through a loan from the Inter-American Development Bank (IDB), and to serve as a channel for grants from private foundations intended for use in PAHO projects.
- The sale of instructional materials through the Textbook Program is an adjunct to PAHO's program of technical cooperation in the area of human resources. Materials are selected through a process which involves appropriate Latin American institutions, and then distributed through universities and other institutions which agree to administer sales at the local level. The texts are sold at half the commercial cost or less and can be paid for in local currency.
- Currently, PAHEF has two IDB loans, one for \$2 million for Medical Textbooks and one for \$5 million for a newer Expanded Textbook Program to provide instructional materials for education and training of primary health care personnel. In some countries, the PAHEF program is the only viable source of purchasing low-cost instructional texts, due to lack of availability of U.S. dollars. However, PAHEF must pay its textbook sources in Argentina and Mexico in U.S. dollars.
- Over the last two years, the program has been reoriented to stress more the needs of in-service health personnel, and the priority program areas set forth by the PAHO Governing Bodies. New sales channels in hospitals and health services institutions are being sought, and the administration of health services is being stressed as a subject area.
- PAHEF has come to play an expanded role, through its distinguished Board of Trustees, in helping PAHO with the search for extrabudgetary resources, and in promoting the foundation concept in Latin American countries as a means of channeling private sector resources into health programs. PAHEF also facilitates dealings between donors and recipients, helping with reporting requirements and financial and administrative procedures. Some examples were cited of other programs being carried out by PAHEF in cooperation with foundation and other donors, as well as with governments.



- With regard to PAHO-PAHEF financial and administrative arrangements, PAHO contributions to the Textbook Program include \$600,000 of administrative support between 1971 and 1976; \$2 million in principal payments, from 1976 to 1987, for the Medical Textbook Program loan, and, between 1979 and 1988, another \$2 million to PAHEF in subsidies for the Expanded Textbook Program. PAHO serves as guarantor for both loans, and assumes any risk of loss due to currency devaluations. PAHO has a remaining commitment to PAHEF of about \$900,000 for payment of the remaining principal for the first loan, with the last payment due in 1996. Exchange losses to PAHO have not been great, except for a case in 1986-1987 when unexpectedly high sales income in local currency and extreme devaluation in a Member Country led to a loss of over \$800,000 on Textbook Program operations. Subsequent control measures have avoided significant losses since that period.
- Lastly, an explanation was given on the status of grants made to PAHEF by PAHO at the end of the 1986-1987 biennium. Of the \$1.1 million total, half has been obligated by PAHEF for project expenditure during 1988.

## 2. Subcommittee Comments

The Subcommittee sought first to assure the PAHEF representative and the PAHO Secretariat that discussion of this issue was not meant to indicate any perceived lack of usefulness of PAHEF. Emphasis was given to the important support that the Textbook Program provided to medical education and primary care training in Latin American countries. However, it was in the review of last year's Financial Report of PAHO that it appeared both that PAHEF was being used in new and different ways and that PAHO has suffered a significant financial loss due to exchange rate conversions by the PAHEF Textbook Program. It was important for the PAHO Governing Bodies to understand the close relationship between PAHO and PAHEF, and how the policy decision process within PAHEF took place. Several questions and points of clarification were raised:

- Regarding the Textbook Program, many of the texts made available by PAHEF at half price were also available commercially. This would seem to make the Textbook Program merely a subsidy activity. There may be better ways of doing this. It is important to assure that the educational benefits justify the costs. Perhaps some consideration should be given to setting prices on texts a little higher.
- A question was raised concerning the possible participation of medical associations in the Textbook Program and the potential use of local authors' manuscripts or locally prepared course materials in the Program.

- It was noted that the Member Countries did not take maximum advantage of the Textbook Program and should be encouraged to utilize it more in the future.
- Now that the Program was being reoriented toward primary care, would sales of these new, less popular texts be a potential burden on the PAHO regular budget? The new direction in textbook emphasis was to be a major responsibility of the PAHO country representatives. Would the Program be an additional burden on the resources of the PAHO Country Offices?
- The Governing Body resolution approving the Program specified that the local currency would only be received in special cases, yet it appeared that payment was being accepted in this form as a matter of course. Further exchange losses of the magnitude of those sustained in 1986 would be unacceptable.
- It was apparent from the working document that use of PAHEF by foundations, donors and Governments varied considerably from year to year. An explanation of this was requested. It appeared that one Member Country had contributed a sizeable amount of money to PAHEF to be used for procurement of supplies and consultancies for its own country programs. A question was raised as to whether this was a proper role of the Foundation and why this function could not be performed just as well by PAHO.
- PAHO grants to PAHEF have risen dramatically recently and it was unclear why this was occurring, since they appeared to be for program activities that could be carried out by PAHO. The question was asked as to where these project funds had appeared in the PAHO budget book prior to their transfer to PAHEF.
- Although it was pointed out that PAHEF was a legally independent entity, it was noted that it was also inextricably linked to PAHO, both in program priorities and financial obligations. While it was agreed that PAHEF had been useful in accomplishing PAHO goals, it appeared that there was some pressure on PAHO regular budget resources, such as exchange losses and other costs. It was important to understand how PAHEF policy was made and how PAHO policy guidance was passed on to PAHEF. For example, how was the decision made to switch the emphasis of the Textbook Program from the classical medical school texts to a primary care focus? Also, it would be useful to know how many members there were on the PAHEF Board of Trustees and how many of those were selected by PAHO.

Both the PAHEF representative and the PAHO Director responded to the questions. It was stated that the Textbook Program continued to significantly expand the use of textbooks by Latin American students by offering low prices. Sales results from 1987 and 1988 indicated that the

reorientation was not threatening financial viability. The ability to accept local currency was indispensable, given current economic conditions. The 1986 exchange losses were due to a unique situation which is not likely to be repeated. The appropriate control measures have been taken. Locally produced materials were welcome and encouraged. The continued use of PAHEF by private foundations helped to facilitate project execution by institutions in PAHO Member Countries requiring administrative assistance. The PAHO contributions to PAHEF in 1987 did not exceed one per cent of the total biennial budget. PAHEF is used for this purpose mainly to hold funds for programs which take time to formulate and implement and therefore may need to be carried beyond the budget year in which the funds were allotted.

The Director considered it a positive sign that the role of PAHEF had evolved with the changing times. He stressed its independence as an entity separate from PAHO with its own decision-making autonomy, and the usefulness to PAHO of its distinguished Board of Trustees. He saw PAHEF's role as an auxiliary mechanism to PAHO for mobilizing external resources, facilitating the execution of technical programs, and solving administrative problems.

The Director felt that the Textbook Program was justified in accepting local currency due to economic difficulties in many of the countries. He indicated that students in these countries did not have access to U.S. dollars. The matter of continuing relevance of the Textbook Program had been the object of an internal evaluation and resulted in the decision to continue this activity, with changes which had been discussed. This evaluation would be made available to the Subcommittee members upon request.

In response to the question about the use of PAHEF by a PAHO Member Government for procurement and consultants, the Director noted that he had been made aware of the proposed arrangement beforehand, considered it appropriate, and personally approved it. He indicated that such collaboration between international agencies and national governments is not uncommon.

The use of PAHEF to receive PAHO funds at the end of the last biennium was a policy decision made in the face of uncertainty as to when Member Government quota contributions would actually be made and in the face of sizeable end-of-biennium contributions made by Member Governments. The Director indicated that perhaps he had been too conservative, but he had thought that he should not program the funds in advance for immediate expenditure since that could deplete the Working Capital Fund.

ITEM 6: ANALYSES OF PAHO TECHNICAL COOPERATION IN A COUNTRY PROGRAM:  
HONDURAS

1. Introduction

Discussion of the topic was initiated by brief remarks made by the AD/POC program analyst for Honduras in which it was pointed out that to date the Organization had held Joint Evaluation Meetings (JEM) on technical cooperation in 19 Member Countries since 1986, six of them in 1988. He explained that the case of Honduras had been selected for presentation to the Subcommittee, not only because the country participates in it but also because the experience obtained in Honduras was a good example of the methodological development this exercise had acquired in its recent application in the countries.

2. Summary of Presentations

The Director General of Health of Honduras then presented the frame of reference and background information on the JEM in that country, in addition to the most important aspects concerning the methodology and organization followed in carrying out the activity. He emphasized that the JEM did not take place as an isolated or circumstantial fact, but rather that its frame of reference was the broader process of restructuring of the health sector and strengthening of the country's leadership and management capabilities. In order to set down the bases for this process, the Ministry of Health held a consultation meeting with former directors (former ministers, deputy ministers, directors general, and others) of the Ministry between 1972 and 1985, and experts on health sector problems with whom a shared analysis was made with present-day officials to identify the determining factors of development of the sector from a historical standpoint. Later, in September 1987, the first National Meeting on Health was held with officials of various levels of the Ministry, in which a process of strengthening leadership and managerial capacity was officially announced and initiated. As a consequence of this activity a process was initiated of revision and restructuring of the political, technical-regulatory, and operational levels of the Ministry of Health as part of the strategic goal of improving the coverage and quality of health care of the most needy population groups in the country in an equitable manner.

As a strategy for achieving this objective, a proposal was first made to strengthen leadership and management of the sector as a whole and of the Ministry of Health in particular. This task was undertaken by the technical teams of the Ministry of Health with the support of PAHO during the second half of 1987 and 1988. Through this process problem areas and alternative solutions were identified in the various fields making up the sector.

From the outset it was proposed that the JEM should be a fully participatory exercise consonant with the strategy of "participatory management" being sought. An attempt was made to secure the participation of all programs and institutions within and outside the sector that were strategically linked to its development. The aim of the exercise was defined as "to analyze the situation of the country and the technical

cooperation provided by PAHO/WHO, based on the priority areas defined in the PPS/CAP, and to map out guidelines for systemization of PAHO/WHO cooperation in the medium term."

With the support of the team of PAHO consultants in the country, a situation analysis was prepared in the priority areas that coincided with the work areas of the subregional PPS/CAP initiative. These studies were shared and enriched through consultation with and contributions from the responsible national technical groups.

The second phase of the meeting followed a similar methodology to make a retrospective analysis of the cooperation provided by PAHO/WHO on the basis of its importance and relevance in the period 1984-1988 and on that basis define the requirements of such cooperation in the medium term according to the national and circumstantial situation. The working groups based their discussion on previously prepared documentation and presentations that provided frames of reference for discussion.

The Director General concluded by noting that the experience obtained in Honduras through this exercise had been very positive. The highly participatory nature of the exercise contributed decisively to strengthen the climate of dialogue and collaboration between PAHO and the country and among the country's institutions. This achievement alone more than justified the efforts expended.

The PAHO/WHO Representative in Honduras, Dr. Luis Loyola, then provided some examples of analytical information on the PAHO cooperation program in Honduras which was compiled and used during the JEM. He also showed as an illustration the results of a study of a specific priority area, Strengthening of Health Services, in identifying conditioning factors, priority actions, support strategies, and lines of cooperation. He pointed out that as a desirable and possible fruit of national reflection on the present-day health situation, the bases had been set down for the country to formulate its requests for global external cooperation for the health sector and to define the lines of action of PAHO/WHO cooperation in the short and medium term (annual program 1989 and biennial program 1990-1991), not only with respect to the country's resources but also with respect to the Centers and other subregional and regional projects. Lastly, the primary product of the exercise was strengthening articulation between the Organization and health sector processes and institutions in Honduras.

### 3. Summary of Comments

During the discussion following this presentation the members of the Subcommittee expressed their thanks to the Delegation of Honduras for having shared this experience with them in such an open and frank manner. They also noted that both the document presented and the presentation had left a very positive impression of PAHO/WHO cooperation in the country. The fact that this topic had been reviewed by the Subcommittee was an affirmation of the will of the Governing Bodies to participate in the Organization's managerial process.

It was emphasized that the JEM had achieved the participation of the other national political and economic sectors that play a decisive role in defining development alternatives for the health sector. The exercise had shown itself to be productive and efficiently organized.

It was pointed out that the exercise also revealed how crucial to the success of cooperation efforts was the figure of the Country Representative. He or she had to embody many and varied qualities in order for an activity of this nature to be completed with such effectiveness. To this the Director replied that the Organization had established criteria and procedures to optimize the selection of cooperation managers--both the PWR and the Directors of Centers and Coordinators of Regional Programs--with the purpose of attaining a level of professional and human excellence of increasingly higher caliber in high-level professional staffs.

Another important result of the evaluation exercises was that they provided effective forums for dissemination of the doctrine and characteristics of the Organization to the officials and institutions of the country, an effort that could only result in more effective utilization of cooperation resources. They also facilitated the programming of activities consonant with the policies and real needs of the country. It is notable that in some countries the JEM had served as an opportunity for participation by representatives of various sectors, including the highest political authorities of the sector. Such participation promoted better utilization of available resources.

Programming and implementation of the JEM are carried out in accordance with each situation; the experience acquired is applied and adapted to particular circumstances within the national context. In the case of Honduras evaluation was included fully in the frame of reference provided by strengthening the ability to lead and manage. It also included, both in its thematic structure and in the participation of PAHO/WHO officials from other countries of Central America and from INCAP and PASCAP, the increasingly important dimension of cooperation between countries and the PPS/CAP subregional initiative as a framework for the development of health and Organization cooperation in the subregion.

A brief analysis was made of the experience obtained in the Dominican Republic in which the JEM focused its attention on global analysis of PAHO/WHO cooperation within the framework of global external cooperation, an analysis that has subsequently been supplemented by in-depth studies of specific priority areas such as maternal and child care. In this case, too, the Evaluation Meeting assumed the role of a national convocation of institutions within and outside the sector in order to be apprised of and analyze political and strategic guidelines for future development of health in the country.

It was pointed out that JEMs fulfill both the mandate of evaluating the global strategies of HFA/2000 and that of PAHO/WHO integral cooperation at the country level through an interdisciplinary and interprogram approach. They are part of the continuous and ongoing PAHO/WHO-country dialogue. From these exercises recommendations have been derived that have enabled the Secretariat to improve its medium-term programming and manage cooperation at the country level. Holding JEMs is only possible in an atmosphere of frankness and mutual confidence between the country and the Organization.

It was also emphasized that the methodology employed in the JEM was simplified and flexible, since it had expressly avoided the adoption of complex evaluative methods that would consume a large amount of financial resources and PHAO/WHO and country staff time. At the present time an effort is being made to reduce the costs of these exercises by institutionalizing the process as an integral part of the Organization's planning, programming, and budgeting process.

The evaluative process of PAHO/WHO technical cooperation is meaningful only if it is related to comprehensive study of national work in the field of health and the overall cooperation provided to the health sector, including TCDC activities. It is increasingly necessary to strengthen country capability, in general, and that of the ministries of health, in particular, to exercise their functions as coordinators of global external cooperation in health.

#### ITEM 7: OTHER MATTERS

1. Items for the Agenda and Dates of the Twelfth Meeting of the Subcommittee

The Director of PASB suggested the dates of 10-13 April, for the Twelfth Meeting of the Subcommittee. He invited the Subcommittee to attend PAHO's Award Ceremony, which will take place on the morning of the 10th, as the first order of business.

The following items were approved as the agenda for this meeting:

- a) Program and budget for the biennium 1990-1991
- b) Analysis and evaluation of national contracts
- c) Analysis of PAHO's fellowship program
- d) NGOs participation in support of PAHO's programs
- e) Analysis of a PAHO regional program
- f) Review of PAHO's technical cooperation program with a Member Country.

2. Participation of Member Countries in PAHO's Administration

The Director proposed to the members of the Subcommittee a new activity aimed to start with a small group participating for a short period of time in a program inside PAHO, with the objective of increasing the knowledge and participation of the countries of PAHO's work. Through a short-term visit to Headquarters, representatives of two or three countries would have the opportunity to directly observe and analyze PAHO's day-to-day administrative and technical procedures. It is expected that this direct observation will add information and will increase the understanding of the Member Countries about the programs and mechanisms utilized by the Organization.

In the opinion of the Members of the Subcommittee the idea was of great merit; they discussed the proposal with regard to its operationality, particularly as concerned costs and time required, and suggested that the Organization prepare a written proposal, with several alternatives, to be discussed at the next meeting.



A N N E X I I



**PAN AMERICAN HEALTH ORGANIZATION**  
**EXECUTIVE COMMITTEE OF THE DIRECTING COUNCIL**



**SUBCOMMITTEE ON PLANNING AND PROGRAMMING**

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Washington, D.C., 10-13 April 1989

SPP12/FR (Eng.)  
13 April 1989  
ORIGINAL: ENGLISH-SPANISH

FINAL REPORT

## FINAL REPORT

The Twelfth 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., from 10 to 13 April 1989.

The following members of the Subcommittee, elected by the Executive Committee, were present: Canada, United States of America, Uruguay and Venezuela. Also taking part, at the invitation of the Director of the Bureau, in consultation with the Chairman of the Executive Committee, were representatives from Argentina, Barbados and Brazil. Cuba participated as an observer.

## OPENING OF THE MEETING

Dr. Carlyle Guerra de Macedo, Director, PASB, opened the meeting and welcomed the representatives.

## OFFICERS

The Officers of the Subcommittee were as follows:

<u>Chairman:</u>	Dr. Samuel Villalba	Uruguay
<u>Vice Chairman:</u>	Dr. Branford Taitt	Barbados
<u>Rapporteur:</u>	Ms. Marlyn Kefauver	United States of America
<u>Secretary</u> <u>ex officio:</u>	Dr. Carlyle Guerra de Macedo	Director, PASB
<u>Technical Secretary:</u>	Dr. José Romero Teruel	Chief, DAP/PASB

## 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 Vice Chairman

3. Adoption of the Agenda
4. Proposed Program Budget of the Pan American Health Organization for the Biennium 1990-1991
5. Analysis of PAHO's Utilization of National Contracts
6. Analysis of PAHO's Fellowship Program
7. Analysis of PAHO's Emergency Preparedness and Disaster Relief Program
8. PAHO's Technical Cooperation Program and Nongovernmental Organizations (NGOs)
9. Analysis of PAHO/WHO Technical Cooperation in Argentina, 1986-1989
10. Other Matters

#### CONCLUSIONS AND RECOMMENDATIONS

A summary of the discussions and recommendations for further action on each item follows.

Item 4: Proposed Program Budget of the Pan American Health Organization for the Biennium 1990-1991

The Director and his staff summarized the 1990-1991 proposal related to PAHO and WHO Regular funds. The combined funds represent an increase of 7.6% over the 1988-1989 level. The PAHO Regular funds were proposed to increase by 7.3%, and the WHO Regular funds by 8.1%. The WHO portion of the proposed budget would be formally approved as part of the action taken on the WHO budget in May 1989 during the World Health Assembly.

It was noted that, while there was no overall program growth in the total proposal, there was program growth of \$1,026,500 in Country and Multicountry Programs and \$242,200 in Regional Programs. This program growth was made possible primarily by program decreases in Technical and Administrative Direction.

The Director explained the small increase proposed as part of a continuing effort by the Organization to keep assessments down, bearing in mind the continuing economic crisis in the Region. In real terms, the program budget was decreasing. It was estimated that the proposal is absorbing approximately \$8,000,000 in cost increases. The Secretariat, through more efficient use of the funds, is trying to deliver more with less by strengthening the country offices in the process of decentralization, as well as by the computerization of administrative procedures.

Among the priorities mentioned by the Director were:

- continuing improvement of the efficiency of the Secretariat
- special initiatives: polio, foot-and-mouth disease eradication
- subregional initiatives and cooperation among countries
- more efficient use of water supply, and environmental protection
- vulnerable populations--mothers and children, refugees
- health of adults, including drug abuse.

In order to be able to better identify priority trends, the Subcommittee requested a list of program increases and decreases which was provided by the Secretariat and explained by the Director. It was also pointed out that Program Support decreased as a percentage of the total program budget, from 11.6% in 1988-1989 to 11.3% in 1990-1991 in PAHO/WHO Regular funds. It was emphasized that this review of the Regular Budget still did not present the real picture of overall program funding since extrabudgetary funds had not yet been included. This was an important consideration since, for the last biennium, extrabudgetary funds approximately equaled the total of PAHO and WHO regular funds.

#### Discussion

The Subcommittee reviewed carefully the trends in increases and decreases in the programmatic areas. It was clear that, generally, most changes were insignificant in real program terms and reflected movement of an activity from one place to another in the budget or the difference in a post. Real changes in allocations centered on an overall decrease in the Health Systems Infrastructure segment and a real increase in the Health of Adults Program. There was also a significant savings in Program Support.

The Director emphasized his continued support for Technical Cooperation among Countries as part of country activities. The Secretariat reiterated that the budget was composed of 63 programs, all supported by resolutions of the Governing Bodies. Under such circumstances and no budget growth, big changes in budget allocation could not occur. However, it was always possible to reorient the utilization of resources and by so doing to address the main priorities.

Discussion focused on parameters for setting priorities and the viability of small funding for numerous program areas versus effective support for major priority areas. It was pointed out that none of the budget categories before the Subcommittee represented isolated activities. Rather, most had interrelationships and enhancement from other parts of the budget. By the same token, segments of funding could just as well be separated out and placed in other categories, thereby giving a completely different look to program emphasis.

Active discussion also took place on the impact of decisions by national governments on the allocation of their PAHO country programs on the overall program allocation in PAHO's Program Budget. For example, a decision by one country to cancel a small, specific program could appear as a significant percentage reduction in the budget line item for that program, even if only one or two posts were involved. Accordingly, an analysis of the budget should not put too much emphasis on such percentage changes.

The Subcommittee found very useful an explanation of the process that takes place between PAHO and its Member Governments in arriving at Regional and country programming. Because of the personnel changes that continually occur with all Governments, such a description of this process is most helpful in understanding the budget. The Subcommittee emphasized the importance of providing additional information which details the actual shifts and changes that make the Program Budget numbers appear different. In this way the members could be informed of when those changes are real or only apparent.

The Subcommittee requested that such details be provided in advance of the meetings so that members could study them and come prepared to discuss them.

The Subcommittee members agreed that the Program Budget process should proceed and the complete document should be prepared for forwarding to the Member Governments and examination by the Executive Committee. However, a final decision on the 1990-1991 Program Budget was not required until the vote was to be taken by the Directing Council in September.

#### Item 5: Analysis of PAHO'S Utilization of National Contracts

This item was placed on the Agenda so that the Subcommittee on Planning and Programming might review the measures taken by the Secretariat pursuant to Resolution XIX of the XXII Pan American Sanitary Conference. It will be recalled that the item was initially presented to the Executive Committee in June 1986 with a view to greater efficiency and effectiveness in the use of the financial resources available to the Organization, which called for fresh approaches in securing qualified personnel. The Secretariat summarized the actions it had taken in relation to the content of the resolution, including the following:

The Subcommittee was provided with up-to-date information on the number of posts existing under the new recruitment system. Almost all posts continued to be in PANAFTOSA, followed by CEPANZO, the PAHO/WHO Representation in Brazil, and ECO. Reference was also made to the study being undertaken in relation to the possible application of the system to CLAP, in Uruguay. The Secretariat presented to the Subcommittee tables with statistical information, which could be incorporated into the full report due in May 1989.

During the period April 1988-April 1989, only 12 posts, of which 8 were substitutions, had been established. It was also emphasized that these additional posts and the substitutions in financial terms represented a saving of US\$25,000.

Reference was also made to the administration of the new system in relation to classification of posts, salary surveys, monitoring of cost comparisons, and performance appraisals. Orientation and training activities were carried out at Headquarters in October 1988 for the field administrative staff responsible for the implementation of the new conditions of employment for national support personnel. The Secretariat expressed confidence that it now had sufficient experience to administer the mechanism side by side with other personnel programs of the Organization. The Secretariat pointed out that posts and recruitment would continue to exist at the five locations reported previously, and that no ceiling had been set other than that provided by the Chief of Personnel in 1988, i.e., 60 additional posts by 1992, including 35 in CLAP.

#### Discussion

The Subcommittee noted the importance of this review of the progress in the implementation of the new system since the Secretariat was required by resolution to prepare a report to the Executive Committee by 30 May 1989. Also, the Executive Committee has been given the authority to determine if these amendments to the Staff Regulations shall remain in effect after September 1989.

Some members of the Subcommittee felt that there were many aspects of the new personnel system which remained unclear. Issues included:

1. How many posts were conversions from other kinds of local contracts and how many were from former UN posts?
2. How were the numbers of posts to be filled under the new system decided? Was there a fixed ceiling?
3. How far was the new system to be applied beyond the trial period? It now focused only on one PWR office and three Pan American Centers.
4. What would be the status of other existing contractual systems as the new system was further implemented?
5. What was the opinion of the Secretariat regarding the positive and negative aspects of the system?
6. Were there problems among the staff in working side by side under different salary scales?
7. What were the intentions of the Secretariat in eventually applying the system to professional posts?

The Secretariat clarified each of these points. It indicated that in addition to the existing 225 posts already established under the new system, it was anticipated that approximately 60 more could be established in the near future (1992). It was felt that, for the Centers where it was currently being implemented, eventually UN general services posts would

disappear. The new system will be applied where needed, but there was no intent to apply it generally. Other kinds of existing contractual arrangements would continue as before; there was no intention at this time to apply the system to professional posts. The system was particularly applicable to Pan American Centers; they were never intended to be PAHO Centers forever, and could revert to national governments or be transferred to other appropriate multilateral organizations. Simplifying the personnel system as it applied to local staff was essential to this process.

It was further explained that, although the system presented different legal and labor requirements in each country and required PAHO staff to be familiar with local laws, this was not overly difficult.

The issue of staff doing similar work and receiving different levels of remuneration was always an issue, even before the new system was applied. However, it was felt that this was a workable situation.

The Director indicated that the system may be applied in the future to situations in El Salvador, Costa Rica, and in the PAHO Field Office on the US-Mexico Border, as well as in the Perinatology Center in Uruguay.

One opinion was given that it may be desirable to allow the Organization to obtain more experience with the system before making a final decision to continue it, by extending the trial period for another year or more.

Item 6: Analysis of PAHO's Fellowship Program

The Secretariat presented an evaluation of the Fellowship Program using data covering the last 16 years of the Program. The analysis of the fellowships, in the context of technical cooperation in health in Latin America and the Caribbean, indicates that it is not possible to continue using fellowships as an isolated instrument of cooperation. Rather, they must be considered in an integrated fashion:

1. With the process of transformation being promoted in the health system;
2. With the analysis of sectoral policies and manpower development policies;
3. In coordination with the training carried out by the countries themselves, in an effort to strengthen such training by drawing on levels of development accessible abroad;
4. All of the foregoing should be done in close coordination with the PAHO technical cooperation programs.



5. Each and every fellowship of the Organization should be considered a contribution that responds to specific academic training needs and to a wide-ranging program of continuing education for the Region's health services.

To this end it is proposed, first, and as a general guideline and priority measure, that technical cooperation actions for the development of human resource policies and programs, including fellowships, be strengthened. Second, and specifically related to the aforementioned point, it is necessary to ensure that the academic fellowships are used in cases in which there is no possibility whatsoever of further national-level training. In addition, the short-term fellowships should be used both nationally and internationally as an action or as part of broader (substantive) cooperation programs, ensuring that they are characterized by advancement in a given field of knowledge, that they always last at least one month, and that the learning activity is taken on as a full-time endeavor. In both cases, one should always respect the mechanisms set forth in the regulations for selection and approval of fellows through the national fellowship committees, which ensure the broadest possible participation of the technical levels of health services. Likewise, the Organization should continue to enhance mechanisms for the monitoring and evaluation of training offered by the institutions that receive fellows; maintain an updated system for periodic review and recognition or accreditation of these same institutions; ensure proper compliance with the regulations as regards the preparation, collection, and analysis of the fellows' reports; and, of course, emphasize the importance of continuing to promote greater participation of women in the Fellowship Program.

#### Discussion

The Subcommittee was unanimous in citing the importance of the Fellowship Program and in its satisfaction with the quality of the evaluation report presented by the Secretariat. Other comments by members of the Subcommittee covered a variety of aspects of the Program. Considerable attention was focused on the use and duration of short-term fellowships. The proposal of the Secretariat to limit them to no less than one month was seen as too restrictive and potentially eliminating participation in many useful and important short courses of less than one-month duration. The Secretariat indicated that some fellowship applications were for as little as several days and that they could not possibly provide meaningful training.

Attention was also placed on the need for formal selection committees in each country and careful attention to the composition of those committees so that selection bias could be avoided as much as possible. One member of the Subcommittee stressed the importance of consistent communication and information sharing between PAHO and selection committees in order for the committees to keep current regarding training criteria and the outcome of the training for returning fellows. The point was also made to require consistency between the field in which applicants are working and the proposed area for training.

Emphasis was placed on training in the country of the applicant whenever feasible. Some members noted that PAHO fellowships are used only when other avenues of training support had been exhausted.

Everyone agreed that final reports from returning fellows were absolutely necessary and increased efforts should be made to see that they are submitted. It was also suggested that a simple form should be developed for use by the host institution which would provide its views on the preparation of the fellow for the training for which the fellow had been approved and, in addition, to provide an assessment by the host institution of how well the fellow had done in the training. Such information could be useful to PAHO and to the selection committee in assessing how well the selection process was achieving its goals.

The Subcommittee concurred that the Fellowship Program should be an integral part of the countries' plans and program goals.

There was also discussion of the wide age range of fellows which exceeded the criteria for the Program of both ends of the age limitations. Although it was recognized that many countries have age discrimination laws that forbid such limitations, it was clear that the intent and spirit of the Program's guidelines were not being served if the fellow was not at a point in his or her career to make such training a valuable asset to the health care system of their country. The Director pointed out that selection of candidates outside of the age range required a special exception by the Director. He was not aware that these selections had occurred and he was going to look into them. The Director also noted that the evaluation demonstrated that a lot of data had been gathered. The fact that they had been able to follow up on 85% of the fellows trained over the past 16 years showed that the system was working even better than he had imagined. He felt that more frequent evaluations should be done. He also explained that the Fellowship Program was decentralized and Headquarters handled only the management and receiving of fellowship requests for training in the United States of America and Canada or from other Regions of WHO. He emphasized the importance of a human resources policy at the country level and a use of the Fellowship Program that enhanced the achievement of that plan.

The Subcommittee was in general agreement with the recommendations made at the end of the evaluation document.

Item 7: Analysis of PAHO's Program on Emergency Preparedness and Disaster Relief

The Secretariat reviewed what it considered the major issues pertaining to the Program and noted the annex to the document which contained a consultant analysis of administrative and managerial issues. Four policy issues were presented to the Subcommittee for discussion. They were:

1. The administrative, budgetary and organizational structure: Was it the most appropriate for an emergency program to facilitate an integrated, rapid and highly flexible response to country needs before and after disasters?
2. The intra- and intersectoral reach of the Program: How active should PAHO be in seeking intersectoral (mass media, civil defense, ministries of foreign affairs, communities, other sectors) coordination?
3. The imbalance between training needs and resources: How to expand PED's overall support and/or reorient PED's allocation of limited resources?
4. PAHO's response during emergency situations: Were the Organization's priorities correct and how could it best meet the complex and urgent needs of the health sector in the immediate aftermath of catastrophes?

It was pointed out that PAHO had a rich experience in emergency preparedness and disaster relief. A description of the various components of the Program and the progress made was explained to the Subcommittee. After the discussion was completed, a short film made by the Program was shown.

#### Discussion

There was general praise for the quality of program management and implementation. It was noted that the PAHO Program was the best of the WHO programs in this area.

Questions were asked about organizational and budgetary issues raised in Annex I of the document.

PAHO was encouraged to evaluate the effectiveness of its training materials and country programs. Emphasis was placed on the need for PAHO to become more active in the area of technological and chemical disasters.

The Subcommittee also encouraged PAHO to continue to play an aggressive role in multisectoral coordination and cooperation at the country and Regional level and to work with WHO to carve out a role for health in the International Decade for National Disaster Reduction.

Subcommittee members stressed the need to encourage countries to depend less on PAHO for direct program support and begin to shoulder the responsibility themselves. It was noted, however, that subregional approaches were more reasonable in relation to the countries of the Caribbean.

The role of PAHO as a focal point for coordination and information regarding relief required in a disaster situation was most important and it should continue. On the other hand, it was not considered appropriate

for PAHO to involve itself in search and rescue activities. However, PAHO should actively promote training of local teams in this area.

The Secretariat indicated that technological and chemical disasters would probably be more of a problem than natural disasters over the next 5-10 years. This aspect requires skills and human resources that currently PAHO does not have. The Secretariat also noted the special problem of refugees and displaced persons resulting from social disasters such as war.

The Director specifically addressed questions regarding organization and budget and noted that the consultant report annexed to the document had many misconceptions and confusions regarding the budget and the administrative location of the Program. He stressed that the Program was well-located organizationally and had no problem in accessing Program funds.

Item 8: PAHO's Technical Cooperation Program and Nongovernmental Organizations (NGOs)

As agreed in a previous meeting of the Subcommittee, the preparation of and presentation on this subject was made by Canada. The increasing role of NGOs and amounts of funding which they represented made them important to PAHO. The document set forth the following recommendations to PAHO:

1. PAHO should actively reinforce its linkages with NGOs in all Member Countries by recognizing them as important players in the delivery of health services and by:

- Requiring its country representatives to establish closer working relationships with NGOs in the health field in order to facilitate information sharing among members of the health network and thus help them act in concert with multilateral organizations with respect to the mobilization of resources and the coordination of activities;
- Reviewing the job descriptions of its field and Headquarters staff and noting, where appropriate, the advantages of a continuing, full program contact with NGO representatives;
- Strengthening its institutional infrastructure--specifically budgetary and human resource allocations--for effectively interfacing with its NGO partners.

2. In concert with other key actors--national governments, PAHO field staff, NGOs--PAHO Headquarters plays a heightened role in making known the work done by NGOs and the lessons learned from the implementation of NGO projects.

3. The approach to the establishment of close working relationships be incremental, starting with dialogue and exchange of information, moving gradually to the identification and implementation of the appropriate mechanisms of collaboration.

The Secretariat outlined its current relationships with NGOs and gave examples, such as the assistance of Rotary International in the polio eradication initiative. It was pointed out that guidelines on relations with NGOs have been developed by WHO and PAHO.

#### Discussion

The Subcommittee members generally acknowledged the emerging role of NGOs in health and development and acknowledged the need to interact with them, particularly within the concept of "additionality."

It was also pointed out that there are many different kinds of NGOs, including national and international ones. It was important to make distinctions among them, identifying their objectives and, based on that information, to define an appropriate relationship with them.

Many members urged PAHO to develop and engage in these relationships cautiously and in consultation with Member Governments, particularly in relation to local NGOs. The NGOs should be another instrument in achieving HFA goals, but the Organization should not over-emphasize its relationship with them.

The Secretariat indicated that PAHO would need to engage in a dialogue with Member Governments to ascertain their interest in intensifying relationships with NGOs. It was agreed that PAHO would collect further information and report back to the Subcommittee.

#### Item 9: Analysis of PAHO/WHO Technical Cooperation in Argentina, 1986-1989

The analysis of the PAHO/WHO technical cooperation in Argentina over the period 1986-1989 was presented by the PWR in Argentina.

The process of and methodology for reviewing the existing situation in the country was described in detail. The PWR noted the complexity of discussions with representatives of many components of the system. The outcome was the introduction of strategic planning in the health sector, with a true health policy. The PAHO/WHO cooperation with Argentina has been restructured, based on those policy guidelines.

Financing was received from the World Bank which enabled institutional restructuring in the system. With the emergence of a federal form of Government, it was necessary to redefine the relationship between the provincial and federal level. In the case of Argentina, the process of federalization and decentralization took place concurrently.

PAHO projects in technical cooperation were reduced from 18 to 8. Details explaining the content of the program in each of these projects were presented. A review was then presented on the amount and utilization of funding, including extrabudgetary funds available within the PAHO/Argentina program of technical cooperation. Staffing of the PWR Office in Buenos Aires was also explained. The point was made on the importance of a permanent technical presence accessible to the national government.

The presentation concluded with a review of the results of this process in terms of a very specific, defined program of cooperation which is integrated with and enhances the strategies and objectives of the national government.

The Representative of Argentina on the Subcommittee complemented the presentation elaborating further on the effort and undertaking that had been presented by the PWR. He also commented on the relationship between the national authorities and PAHO in the entire process and anticipated very good results from the cooperation.

#### 10. Other Matters

The Director of PAHO spoke about the following topics:

##### 1. Executive Committee

The agenda prepared for the 103rd Meeting and sent to the countries was distributed to the Members of the Subcommittee. A proposal by Chile to include the topic of scientific and technical information was submitted for consideration. Because of the importance of that topic and the need to prepare a document on it, it was decided to postpone discussion thereof until a later meeting.

##### 2. Visits to PAHO by Members of the Governing Bodies

The Director reaffirmed his previous offer to have Members of the Governing Bodies, as their schedules permit, visit Headquarters or Field Units, in accordance with a special program to be prepared by PAHO. There was a discussion of the desirability of designating a period of no less than two weeks for that purpose. It was agreed that the Director would send written information to the countries.

##### 3. Principal Events Programmed

The Director reported to the Members of the Subcommittee concerning the following meetings:

- Inter-American Meeting of Ministers of Agriculture (RIMSA) - programmed for the end of April. At that time the report by the Committee for the Eradication of Foot-and-Mouth Disease and the draft budgets for CEPANZO and PANAFOTSA will be discussed, along with other matters.

- Italian Cooperation in Health - Meeting to be convened by the Italian Government and PAHO at the beginning of May.
- World Health Assembly - during the second week of May. The Director reminded those present of the informal meeting of the Ministers of the Region to be held on Monday morning, at which time the Regional nominations for the officers of the assembly will be decided (Vice President of the Assembly, Committees A and B, Officers of the Assembly, Committee on Credentials, Committee on Nominations, and election of new members of the Executive Board). A second meeting will be held on Tuesday (during the lunch break) to discuss the priorities of eradication programs as well as a possible meeting between heads of state and government on health.
- Meeting of Ministers of Health of the Andean Area - Present at the closing of the last meeting was the President of the Republic of Venezuela, Don Carlos Andrés Pérez, who showed a great deal of interest in the area's health concerns and proposed that a meeting of Presidents be held to discuss health and development. The Director offered PAHO's support for that event.

The meeting closed with the words of the President, Dr. Samuel Villalba. It was agreed that the Rapporteur, Ms. Marlyn Kefauver, would present the report to the Executive Committee.