executive committee of the directing council

PAN AMERICAN HEALTH ORGANIZATION

working party of the regional committee

WORLD HEALTH ORGANIZATION

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PROVISIONAL SUMMARY RECORD OF THE SIXTH PLENARY SESSION
ACTA RESUMIDA PROVISIONAL DE LA SEXTA SESION PLENARIA

Wednesday, 28 June 1989, at 2:00 p.m.
Miércoles, 28 de junio de 1989, a las 2:00 p.m.

Chairman: Dr. Samuel Villalba Uruguay
Presidente:

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Note: This summary record is only provisional. The summaries of statements have not yet been approved by the speakers, and the text should not be quoted. Representatives are requested to notify Document Services (Room 207), in writing, of any changes they wish to have made in the text. Alternatively, they may forward them to the Chief, Conference Services, Pan American Health Organization, 525 - 23rd St., N.W., Washington, D.C., 20037, USA, by 28 July 1989. The edited records will be published in the Proceedings of the Meeting.

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The session was called to order at 2:20 p.m.
Se abre la sesión a las 2:20 p.m.

CONSIDERATION OF PROPOSED RESOLUTION PENDING ADOPTION
CONSIDERACION DEL PROYECTO DE RESOLUCION PENDIENTE DE APROBACION

Item 4.1: Proposed Program Budget of the Pan American Health Organization for the Biennium 1990-1991
Tema 4.1: Proyecto de Presupuesto por Programas de la Organización Panamericana de la Salud para el Bienio 1990-1991

El RELATOR da lectura al siguiente proyecto de resolución (PR/4 en inglés y PR/4, Rev. 1, en español):

THE 103rd MEETING OF THE EXECUTIVE COMMITTEE,

Having considered the report of the Subcommittee on Planning and Programming (Document CE103/19) and the supplementary information provided by the Director in Document CE103/22;

Having examined the proposed program budget of the Pan American Health Organization for the biennium 1990-1991 contained in Official Document 226; and

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

RESOLVES:

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

2. To recommend to the XXXIV Meeting of the Directing Council that it approve the proposed program budget of the Pan American Health Organization for the biennium 1990-1991, with an effective working budget of $130,023,000, by adopting the corresponding appropriation and assessment resolutions.

3. To request the Director to continue to refine the program proposals for presentation to the XXXIV Meeting of the Directing Council, taking into account the recommendations and suggestions made by the Executive Committee during the review of Official Document 226.

4. To compliment the Director for his efforts, justified during times of financial crisis, in restraining overall budget increases by the absorption of some cost increases, while at the same time proposing program growth in the country programs through the combined PAHO and WHO regular program budgets.

LA 103a REUNION DEL COMITE EJECUTIVO,

Habiendo considerado el informe del Subcomité sobre Planificación y Programación (Documento CE103/19) y la información complementaria provista por el Director en el Documento CE103/22;

Habiendo examinado el proyecto de presupuesto por programas de la Organización Panamericana de la Salud para el bienio 1990-1991 contenido en el Documento Oficial 226, y

Teniendo en cuenta el Artículo 14.C de la Constitución de la Organización Panamericana de la Salud y el Artículo III, párrafos 3.5 y 3.6, del Reglamento Financiero de la OPS,

RESUELVE:

1. Agradecer al Subcomité de Planificación y Programación por su revisión preliminar e informe sobre el proyecto de presupuesto por programas.

2. Recomendar a la XXXIV Reunión del Consejo Directivo que apruebe el proyecto de presupuesto por programas de la Organización Panamericana de la Salud para el bienio 1990-1991, con un presupuesto efectivo de trabajo de $130.023.000, mediante la aprobación de las resoluciones correspondientes de asignación de fondos y cuotas.

3. Solicitar al Director que continúe perfeccionando los programas propuestos para su presentación ante la XXXIV Reunión del Consejo Directivo, teniendo en cuenta las recomendaciones y sugerencias formuladas por el Comité Ejecutivo durante el examen del Documento Oficial 226.

4. Felicitar al Director por sus esfuerzos, justificados en tiempos de crisis financiera, tendientes a restringir los incrementos del presupuesto en general mediante la absorción de algunos aumentos de los costos, proponiendo, al mismo tiempo, el crecimiento de los programas de países a través de los presupuestos ordinarios por programas combinados de la OPS y la OMS.

Decision: The proposed resolution was unanimously adopted.
Decisión: Se aprueba por unanimidad el proyecto de resolución.

ITEM 4.4: ANALYSIS OF PAHO'S FELLOWSHIP PROGRAM
TEMA 4.4: ANALISIS DEL PROGRAMA DE BECAS DE LA OPS

Ms. KEFAUVER (Rapporteur, Subcommittee on Planning and Programming) said that the Secretariat had presented to the Subcommittee an evaluation report (Document CE103/21) on the Fellowship Program based on data gathered over the past 16 years. Concluding that the program could no longer function as an isolated instrument for cooperation but must be integrated into the overall program, the Secretariat had highlighted the areas in which such an integration could take place. The entire process should be carried out in close coordination with the PAHO technical cooperation programs, and to that end the Secretariat had proposed as a priority measure the strengthening of technical cooperation actions for the development of human resource policies and programs, including fellowships.

Other guidelines proposed by the Secretariat had included the use of academic fellowships where there was no possibility of further national-level training and restrictions on short-term fellowships. In addition, the Organization should continue to enhance the mechanisms for evaluating the training institutions; ensure compliance with regulations regarding submission of reports by fellows; and emphasize the importance of women's participation in the Fellowship Program.

In its discussion on the Secretariat's presentation, the Subcommittee had been unanimous in its support for the program as a whole and had expressed satisfaction with the evaluation report. Much attention had been directed towards the short-term fellowships; the Subcommittee considered the proposed one-month minimum duration to be too restrictive.

It had also called attention to the need for formal selection committees in each country and a system of feedback between those committees and PAHO, emphasizing that training should be provided in the country of the applicant whenever feasible.

Final reports from returning fellows were essential and increased efforts should be made to see that they were prepared, collected and analyzed. A suggestion was made to develop an evaluation form for use by the host institution to assess the fellows' performance in the training. The Subcommittee also agreed that the Fellowship program should be an integral part of the countries' plans and program goals.

In the course of the discussion, the Director had highlighted the need for clarification of the issue of age-range limitations on fellows and for more frequent evaluations of the program. He had emphasized the importance of a human resources policy at the country level and use of the fellowship program to enhance the achievement of that plan.

The Subcommittee had been in general agreement with the recommendations made at the end of the evaluation report.

Mr. HANDLEY (United States of America) expressed support for the recommendations of the Subcommittee with regard to the Fellowship Program. He also wished to emphasize the importance of providing more detailed and relevant information to potential fellowship hosts with regard to the expected outcome of placements of fellows and more background information on the latter prior to their training experience.

More advantage could be taken of training opportunities within the National Institutes of Health, which offered inter alia experience in the areas of health research management, health promotion, automated data systems, as well as health and behavioral research.

Mr. PREFONTAINE (Canada) said that his Delegation also supported the recommendations relating to the fellowship program contained in the Subcommittee's report. Methods of reducing the costs of fellowships training in his own country were currently being studied, since it was often difficult for trainees from Latin American countries to meet the transportation expenses and the high cost of living in Canada.

El Dr. GUERRA DE MACEDO (Director, OSP) agradece las observaciones hechas por los Representantes de Estados Unidos de América y el Canadá y dice a este último que espera los resultados de la exploración anunciada, ya que le complacería enviar más becarios al Canadá. Este tema se someterá a la consideración del Consejo para que todos los países, y no solo los miembros del Comité Ejecutivo, tengan conocimiento de la situación con respecto al programa de becas que es, a su juicio, una importante actividad del programa de cooperación de la Organización. Conjuntamente con los distintos Gobiernos Miembros, mediante las recomendaciones que formulan, podrían introducirse mejoras en el funcionamiento del programa y aprovecharse mejor las becas que concede la Organización.

El PRESIDENTE pide al Relator que prepare un proyecto de resolución sobre el tema.

ITEM 4.5: ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) IN THE AMERICAS
TEMA 4.5: SINDROME DE LA INMUNODEFICIENCIA ADQUIRIDA (SIDA) EN LAS AMERICAS

Dr. ST. JOHN (PASB), illustrating his remarks with a slide presentation, said that the AIDS epidemic had continued to spread throughout the world and the Region of the Americas. The virus was being transmitted to an ever-increasing number of people, most of whom would become AIDS cases in the next 5 to 10 years.

Among the 46 countries and territories of the Americas only one, Montserrat, had not yet reported a case of AIDS or a person infected with the AIDS virus. As of 15 June 1989, 115,000 cases of AIDS had been reported to the Pan American Health Organization since the beginning of surveillance in 1983. North America had reported the largest number of cases, 99,994. Most of those cases had occurred in the United States of America. Mexico had reported 2,351 cases, while the Latin Caribbean composed of Cuba, the Dominican Republic and Haiti, had reported an even larger number: 2,948. The countries of the Central American Isthmus had reported 572 cases, while the Caribbean countries had reported 1,377 cases. Brazil had reported 6,421 cases, while the Andean Area and the Southern Cone had reported 841 and 530, respectively.

As before, five countries, Brazil, Canada, Haiti, Mexico, and the United States of America, continued to contribute over 95% of all the cases in the Region.

The virus appeared to spread in similar ways everywhere. Once transmission was firmly established the epidemic curve in each country was similar.

In order to make more valid comparisons between countries, the rate of reported cases had been calculated for a given calendar year using the estimate of the median population for that year as a denominator.

Although there had been no increase in reported cases between 1987 and 1988 for the Americas as a whole, there had been significant increases in several subregions, for example, in the Southern Cone and the Central American Isthmus, and the incidence rate for the Caribbean as a whole remained high.

Initially, AIDS cases in Latin America and the Caribbean had been reported among male homosexuals and bisexuals with a history of travel outside Latin America and the Caribbean. Increasingly, that pattern was changing toward heterosexual transmission.

The number of countries reporting 26% or more of their sexually transmitted cases as heterosexually transmitted had increased from 17 in 1987 to 21 in 1988. Among the 10 countries in 1988 in the unknown group, the majority were in the Caribbean, where heterosexual transmission was well established. It was now clear that heterosexual transmission of HIV was increasing dramatically as more and more AIDS cases as well as HIV infections were being detected in women. The number of countries with a male to female sex ratio greater than 12:1 had decreased dramatically from 21 in 1987 to 13 in 1988.

Thus, there were now two distinct patterns of sexual transmission in the Americas. Pattern 1 was found in countries where the disease was transmitted predominantly by homosexual/bisexual men, as shown in four

representative countries, Bolivia, Canada, Chile and the United States of America. Pattern 2 was characterized by heterosexual transmission, as found in Bahamas, Honduras, the Dominican Republic and Trinidad and Tobago.

It was predicted that more and more countries would move from pattern 1 to pattern 2. That movement might be facilitated by the pivotal role played by female prostitutes. HIV infection rates in prostitutes continued to increase based on selected seroprevalence studies, which had demonstrated infection rates of 3%, 7% or even up to 49% of prostitutes infected in one study in one country.

Transmission through blood also continued to be a major problem in the Americas; HIV antibody prevalence among blood donors was highly variable. Many countries did not have a safe blood supply because the basic infrastructure for transfusion services did not permit screening of 100% of the transfused blood. Nevertheless, some progress might be occurring in the protection of the blood supply. Between 1987 and 1988, the number of countries reporting 0% of their cases as being transmitted by blood had increased from 17% to 24%. Likewise, the number of countries with over 10% of the cases reported as being transmitted by blood had decreased from 2% to 0% in 1987 and 1988. However, since widespread screening of blood donors was a relatively recent phenomenon, that trend could not be confirmed without further data.

There was worldwide concern regarding the posible spread of the second human immunodeficiency virus, HIV-2, which appeared to be transmitted in the same way as HIV-1 but might be less pathogenic. In the Americas there had been only two confirmed isolations of HIV-2, one

reported by the United States of America and one reported by Cuba. There had been one unpublished and two published reports indicating the presence of HIV-2 in Brazil, but no virus had been isolated and characterized from that country.

Given the uncertainties surrounding HIV-2 and the extent of its presence in the Americas, PAHO was preparing to investigate the presence and magnitude of HIV-2.

He wished to emphasize the remarkable progress that had been made in almost all countries in the Region in terms of organizing and implementing National AIDS Prevention and Control Programs.

The emergency phase, which had been funded almost exclusively by the World Health Organization's Global Program on AIDS had been completed. PAHO was providing technical collaboration to its Member Countries to develop organized coherent approaches for long-term planning and financing to ensure sustainable programs at the national level. The importance of those activities could not be overemphasized because it was now clear that the AIDS virus would be with humanity for a long, long time.

He wished to draw attention to a number of issues which had been discussed at the Fifth Scientific Conference on AIDS held in Montreal early in June 1989.

While there had been no major breakthroughs announced at the Conference, cautious optimism tempered by the realities of AIDS had surfaced on many fronts, including reports on some successes in dealing with difficult behavioral issues among so-called high-risk groups such as homosexual men and intravenous drug addicts. Nevertheless, it was clear that an effort must be made to establish culturally-based

understanding of societal messages determining why people behaved as they did. More information was needed on the hierarchy of values that governed behavior, especially sexual behaviors, in relation to AIDS and other sexually transmitted diseases.

Although the virus had clearly developed some resistance to AZT, at present the only effective anti-viral drug, considerable optimism had been expressed regarding the development of new, targeted anti-viral therapies. One unaswered question was: would such therapies become available to Third World countries at prices they could afford?

Progress had been made in the care of the person with AIDS. In 1987, the 18-month survival rate for a homosexual man after his first opportunistic infection had been only 30%. In 1988, the 18-month survival rate had gone up to 70%, reflecting major improvements in the management of AIDS cases. Nevertheless, those advances entailed considerable expense and it was again questioned if those gains could be transferred to Third World countries.

Some of the impact of AIDS was becoming more obvious. In Africa, in country after country, there was a clear-cut, significant increase in the incidence of tuberculosis as a consequence of HIV infection in the index cases and the spread of disease from those cases to persons intimately associated with them. A similar situation could be expected shortly in the Americas.

With respect to vaccine development, the general consensus had been that the door to a vaccine was opening bit by bit. Nevertheless, the antigenic variability of the virus plus its privileged protected sites within the body posed formidable challenges to vaccine development.

It was also clear that AIDS transmission was favored in populations with a high prevalence of other sexually-transmitted diseases, especially those causing genital ulcers. Any attempts to deal with AIDS would have to consider strengthening basic services for dealing with the other sexually-transmitted diseases as well.

Discrimination against persons with AIDS had been a major issue at the Conference. Many persons with AIDS had attended the Conference. Each one could tell a painful story of discrimination--discrimination in the workplace, in their homes, by their friends, even by their health care providers. They had endured discrimination by their own societies' institutions--in the schools, in social organizations and sometimes in those institutions which were supposed to help them. Governments continued to discrimate against them, limiting their freedom of movement. In the Region, two countries had passed legislation which conflicted with Resolution XII of the XXXII Meeting of the PAHO Directing Council calling on all countries to "continue permitting freedom of international travel, without restrictions based on human immunodeficiency virus (HIV) infection status."

Discrimination against persons with AIDS had no medical or epidemiological basis and the Member Countries of WHO had condemned it at the Forty-first World Health Assembly in May 1988.

In Resolution WHA41.24, WHO Member Countries had resolved "to protect the human rights and dignity of HIV-infected people and people with AIDS, and of members of population groups, and to avoid discriminatory action against any stigmatization of them in the provision of

services, employment and travel." It was imperative that PAHO Member Countries reinforce their resolve to eliminate discrimination against persons with AIDS in the Hemisphere.

The majority of new AIDS cases over the next few years would develop even if it was possible to stop HIV transmission in 1989. The long incubation period from infection to disease, 5-10 years, meant that the vast majority of AIDS cases to be expected over the next four to five years would be derived from the pool of those already infected. The cumulative prevalence of HIV infections would be about 18 million in the year 2000 and there would be about 6 million cumulative AIDS cases. With globally and regionally coordinated HIV prevention and control, the cumulative prevalence of HIV infection might reach only 12 million and the cumulative number of AIDS cases would be about 5 million, with more than half (over 3 million) of the AIDS cases expected by the year 2001 occurring in persons who had been infected prior to 1988, before most AIDS programs were fully developed. HIV/AIDS programs could only be expected to prevent HIV infections after 1988. Policy makers would need to be constantly reminded of that fact since regardless of the effectiveness of HIV/AIDS prevention programs in the 1990's, very large increases of AIDS cases would still occur.

AIDS was a phenomenon with an extremely long latency period after transmission had occurred, and overt disease did not occur for five to ten years. Because of a that long latency and the long period before dramatic exponential growth, there was a temptation everywhere to procrastinate and to deal with today's pressing problems, putting off what it was known would happen some time in the distant future. With

AIDS, that was done at great peril. All available epidemiological information pointed to a dramatic serious impact on health care delivery systems over the next 10 years. No magic drug or vaccine could alter that picture. Strong commitments to AIDS prevention and control interventions which were fully integrated into the health care systems were imperative. Tomorrow's challenges had to be faced today.

During the coming year, PAHO would continue to provide technical collaboration for the evaluation and planning of National AIDS Prevention and Control Programs to ensure that they achieved the major objective of stopping HIV transmission. All countries now had AIDS programs, and it was necessary to concentrate on implementing those programs through national health services and strengthening those services through their participation in AIDS prevention and control. Simultaneously, it was necessary to secure the safety of all blood and blood products utilized by all health services in all countries of the Region.

Countries would have to identify additional internal sources of revenue for AIDS prevention and control while maintaining the advances currently achieved by many other public health programs, they would have to reorder national priorities to provide for more investment in the health sector and to integrate AIDS programs more effectively within the National Health Systems.

Ms. PALTIEL (President, Special Subcommittee on Women, Health and Development) noted with regret the alarming increase in the incidence of heterosexualy transmitted AIDS and drew attention to the United Nations Secretary-General's report on AIDS in Women prepared with the assistance of WHO. Plans were under way for an international meeting on that topic.

One of the most controversial topics at the Fifth Scientific Conference on AIDS recently held in Montreal had been the issue of notification of partners. While everyone supported the rights of affected persons to confidentiality and to equal treatment, there was reason to believe that notification could control the spread of the disease. She wished to know whether PAHO had taken any position on that issue, and what guidance it was giving to countries engaged in control programs.

Dr. HARDY (United States of America) congratulated the PAHO AIDS program for the extraordinary work accomplished thus far and applauded the report's strong assertion that an effective response to the HIV epidemic must include broad participation by many sectors of society. Continuing high priority should be given to ways of keeping abreast of biomedical and other relevant developments. Updating on such information for policy makers and health professionals could best be accomplished through regional activities supporting national programs.

It was essential that all sectors of society--not just the medical sector--should understand the rationale behind public health measures. In general, there was a need to broaden the participation of non-medical sectors in program development, particularly nongovernmental organizations and community-based groups.

Certain program objectives seemed to be behind schedule, among them the establishement of the five projected regional AIDS information centers, the implementation of certain AIDS research projects, and the

target of 100% screening of all blood products. The large number of countries and programs involved in the AIDS effort implied the need for computer-based management systems.

Noting the statement in the report that a number of consultants had been trained to address particular AIDS-related problems, he said he would appreciate a further explanation on the nature of the training. Finally, some clarification of the data in Table 5, relating to the protection of the blood supply, would be useful.

El Dr. GRANIZO (Ecuador) pregunta al Dr. St. John qué opinión le merecen los informes de un grupo de investigadores colombianos que atribuyen al virus del SIDA, al VH-1, un síndrome neurológico caracterizado por paresias y parestesias localizado sobre todo en la zona litoral fronteriza con el Ecuador, en una población de escasos recursos económicos y sobre todo de raza negra.

Dr. ST. JOHN (PASB) said that the issue of notification of partners was closely tied to that of confidentiality: disclosure of an infected person's status might expose him or her to discriminatory treatment. The whole question whether notification could be considered a legitimate public health tool to decrease transmission was highly controversial. Although it had held a consensus meeting on the topic, WHO had not made any definitive recommendations. PAHO, in turn, had not taken a definite stand. At the same time, there seemed to be a growing body of scientific evidence in support of notification of partners and that might lead to a general change of opinion in the medical community.

With respect to the delay in reaching program objectives, it was correct that five regional AIDS centers had been projected for the AIDS program; however, it had been decided to evaluate the experience of the first two centers before completing the others.

The original targets for blood screening set for PAHO and the Region had been very optimistic and, consequently, that target had been revised to mid-1990. A safe blood supply implied regular screening not only for HIV but also for other pathogens, depending on the Region.

AIDS research projects were behind schedule due mainly to differences in procedure between the two institutes involved. Efforts to speed up the process were being made and six projects were to be implemented shortly.

In mid-1987, there had been very few consultants who were experts in AIDS, particularly in AIDS program development. Consequently, a special training program had been set up in order to provide training in program development, evaluation and implementation, and to familiarize a cadre of consultants with the position of WHO and PAHO with respect to AIDS.

He would continue to urge caution with respect to the interpretation of the data in Table 5 on blood product transmission. Much was still unknown about the epidemiology of blood donation, utilization and transfusion services. The data were also difficult to interpret owing to the variability of the follow-up studies. Although the data seemed to indicate a strong trend towards lowered percentages of transmission by blood, it was his feeling that blood was still a potentially important source of transmission. PAHO's approach was to use the AIDS problem as a means of strengthening blood transfusion services in general.

The HTLV-1 virus, with a focal endemic point in Japan and in the Caribbean Basin, had been known for some time to cause certain leukemias; more recently, the association between that virus and neurologic diseases had been established and in the United States of America it was one of the fastest growing viruses among drug addicts.

El Dr. GUERRA DE MACEDO (Director, OSP) se refiere al Addendum II del documento que se examina, en cuyo primer párrafo se cita la Resolución IX de la XXXIII Reunión del Consejo Directivo, en la que ésta solicila al Director de la Organización que estudie "la factibilidad de establecer un fondo rotatorio para la adquisición de reactivos, equipos y otros materiales críticos en apoyo de los Países Miembros para la ejecución de sus planes de acción contra el SIDA". En dicho documento se da cuenta de las conclusiones a que llegó un grupo de trabajo ad hoc. En efecto, en el último párrafo de la sección 5 se consigna que "el establecimiento de un fondo rotatorio no redundaría en grandes beneficios, que existen razones de peso para no instituirlo y, por tanto, recomienda al Comité Ejecutivo que no establezca el fondo". El Director desea recabar la opinión del Comité Ejecutivo al respecto.

El PRESIDENTE, hablando en calidad de Representante del Uruguay, pregunta al Director si no se recomienda el establecimiento de un fondo rotatorio de los países por falta de interés, como parece desprenderse de la lectura del documento, por qué los países están usando distintas tecnologías en cuanto al tipo de reactivo, por qué los costos no son convenientes, o por todas esas razones a la vez.

El Dr. GUERRA DE MACEDO (Director, OSP) dice que, de los cinco países citados en el documento, los tres que contestaron están de acuerdo en que se establezca un fondo, aunque respondieron de forma restrictiva sin mucho entusiasmo; otros dos países no contestaron, lo que podría interpretarse como falta de interés. Esta falta de interés también se manifiesta en la escasa utilización por parte de los países del servicio de compras que la Organización pone a su disposición. No sabe cómo explicar este fenómeno. En su opinión, no obedece a los precios porque, en general, los precios que la Organización podría conseguir para estos insumos son muchos más bajos que los que la mayoría de los países pagan cuando hacen compras directamente. Se pregunta si será por problemas internos, o por temor a las demoras de la "burocracia" de la Organización. La otra razón de peso es que, además del servicio de compras a disposición de los países, la Organización facilita a éstos recursos en dólares para que adquieran por lo menos parte de los insumos que necesitan. Puntualiza que, personalmente, no formula ninguna recomendación, sino que recaba la opinión del Comité sobre la recomendación del Grupo de Trabajo ad hoc.

Interpretando el silencio de los participantes, y al no tener más elementos de juicio que el resumen del informe del grupo de trabajo entiende que los Miembros del Comité concuerdan con las recomendaciones de ese grupo, o que por lo menos no están en contra. Aunque sus palabras no tienen carácter oficial, no tiene una opinión definitiva sobre la recomendación del grupo de trabajo, y cree que la idea del Consejo Directivo de crear un fondo rotatorio podría ser eventualmente útil para los países, no solo para adquisición de insumos para diagnóstico, el análisis

de sangre o equipos de laboratorio, sino para algún otro tipo de matariales. Coincide con el grupo en que actualmente hay que acumular más experiencia, si es que los países sienten esa necesidad, mediante la utilización del mecanismo que la Organización ya tiene a su disposición. El Director decide, en consecuencia, comunicarse con los países para reiterarles que pueden recurrir al mecanismo de compras de la Organización. Por el momento, no se establece un fondo rotatorio en espera de la reacción práctica de los países.

El PRESIDENTE, hablando en calidad de Representante del Uruguay, concuerda con la decisión del Director, porque el fondo rotatorio del PAI ha dado excelentes resultados. No tiene suficientes elementos de juicio para juzgar por qué razones el grupo de trabajo ha tomado esa determinación, pero si tiene experiencia en la utilización de los recursos que la Organización ha puesto a disposición de su país, aunque tal vez por razones administrativas no se hayan aprovechado con la seguridad necesaria.

A continuación, como Presidente, pide al Relator que prepare un proyecto de resolución sobre el tema.

The session was suspended at 3:35 p.m. and resumed at 3:55 p.m.
Se suspende la sesión a las 3:35 p.m. y se reanuda a las 3:55 p.m.

ITEM 4.6: PLAN OF ACTION FOR THE ERADICATION OF INDIGENOUS TRANSMISSION OF WILD POLIOVIRUS
TEMA 4.6: PLAN DE ACCION PARA LA ERRADICACION DE LA TRANSMISION AUTOCTONA DEL POLIOVIRUS SALVAJE

El Dr. DE QUADROS (OSP) recurre a la proyección de diapositivas para presentar el tema. Hace primero un examen de los antecedentes del PAI en las Américas y señala que, con el concurso de la USAID, el BID, el

UNICEF, el Rotary Internacional, CIDA/CPHA y la OPS, se reunen alrededor de $90 millones para el quinquenio 1987-1991. Sin embargo, esta cifra representa apenas el 20% del costo del programa, $450 millones, lo que demuestra la enorme importancia del esfuerzo desplegado por los distintos países.

Durante 1988, la cobertura de inmunización en niños menores de un año alcanzó el punto más alto de todos los tiempos, aproximadamente el 60% para la totalidad de las vacunas. Este incremento de la cobertura, que en sí constituye un logro de salud pública se refleja en la incidencia de las enfermedades del PAI, que de la polio al sarampión muestran una disminución del número de casos en cada nuevo año epidémico. Recuerda sin embargo que, a pesar de todo, cada año nacen en las Américas casi cuatro millones de niños que no reciben los beneficios completos de la inmunización.

Analiza después las actividades que se desarrollan en la actualidad para erradicar la poliomielitis, y destaca los elevados niveles de eficiencia alcanzados por las tareas de vigilancia que se reflejan en el aumento del número de casos denunciados, que pasaron de mil en 1985 a más de dos mil en 1988 si se incluye a los sospechosos o probables. Sin embargo, los casos confirmados en el Hemisferio se redujeron de casi mil en 1986 a menos de 350 en 1988, y probablemente queden limitados a 100 en 1989, lo que situaría a las Américas a la cabeza de las demás regiones de la OMS en esta esfera.

Se observa también una declinación y limitación de la circulación del poliovirus salvaje desde 1987. Los datos disponibles parecen indicar que la transmisión del virus ha quedado confinada a fines de 1988 al

noreste del Brasil, los países andinos (excepción hecha de Bolivia) y México. Durante las primeras 24 semanas de 1989 se han procesado ya 755 especímenes, de los que resultaron positivos solo dos, ambos en México.

Finalmente, las áreas infectadas han disminuido en todo la Región a menos del 2% en 1988, y es probable que disminuyan al 0,5% durante el año en curso.

El Dr. de Quadros examina luego las estrategias que deben aplicarse para garantizar que la transmisión del poliovirus salvaje quede interrumpida dentro de los 18 meses próximos. Para ello es fundamental descentralizar el análisis de los datos y de los recursos financieros. Como consecuencia de la mejor reasignación de los fondos disponibles, tiende a disminuir el número de municipios con cobertura baja y a aumentar el de los que tienen cobertura alta.

Otra cuestión importante es la eliminación de las oportunidades perdidas. En efecto, casi la mitad de los niños que deberían recibir los beneficios de la inmunización queda excluida de las campañas, fundamentalmente como consecuencia de falsas contraindicaciones dadas por enfermeras y médicos.

El Programa debe desarrollarse más agresivamente para controlar y eliminar las enfermedades. A medida que se va teniendo éxito en la erradicación de la poliomielitis, debe prestarse más atención a la eliminación del sarampión y del tétano neonatal. En cuanto al sarampión, Cuba se ha fijado la meta de eliminarlo para 1990, y los países caribeños de habla inglesa han logrado grandes avances en la aplicación del Plan de Erradicación; estas dos experiencias y las realizadas por los Estados Unidos de América y el Canadá permiten dislumbrar que la eliminación de esta enfermedad está en las Américas muy próxima.

Además, la mayoría de los países de la Región están llevando a cabo en áreas endémicas al tétano neonatal agresivas campañas de vacunación de todas las mujeres en edad fértil, con el propósito de dar cumplimiento a la recomendación de la Asamblea Mundial de la Salud de terminar con la enfermedad hacia 1995.

La erradicación de la polio, que podría lograrse a fines de 1990, unida a la eliminación del sarampión y del tétano neonatal en el próximo decenio, será una hazaña fundamental de los países de las Américas, que además mejorará el nivel de vida de sus pueblos y preparará su infraestructura de salud para la consecución de otros logros semejantes.

Los datos epidemiológicos se encuentran ya a disposición de los dirigentes que deben adoptar decisiones y las tecnologías son eficientes y accesibles: sólo falta la voluntad política de vencer por completo a estas enfermedades.

El Dr. PASTORELO (Brasil) (traducido del portugués) felicita al Dr. de Quadros y señala que a partir de 1980, se establecieron en su país dos días nacionales de vacunación, uno en mayo y otro en agosto, que se han mantenido hasta el presente a pesar de las duras condiciones económicas imperantes. En 1985, el Brasil hizo suya la propuesta de la OPS de erradicar la poliomielitis para 1990. En 1988 se registraron 110 casos, 17 de los cuales correspondieron al poliovirus salvaje; en 1989 solo se encontraron nueve y ninguno del virus antedicho. La campaña desarrollada en mayo proporcionó una cobertura de más del 90%, y se espera alcanzar otra vez ese porcentaje en agosto.

En la actualidad, las campañas globales de vacunación abarcan también el sarampión y el tétano neonatal, mientras que las regionales atacan la hepatitis B y la rubeola. Es de esperar que esta programación alcance el mismo éxito que el logrado por la vacunación contra la poliomielitis.

Dr. HARDY (United States of America) said that although extraordinary progress had been made towards the goal of polio eradication, he fully supported the recommendation of the Technical Advisory Group that a sense of urgency had to be established at all levels if the goal was to be achieved in the next 18 months because, without a sense of urgency, the progress to date could be nullified. Important obstacles still seemed to exist with respect to vaccine coverage, laboratory support, cold chain, disease surveillance, and rapid case investigation, so that rapid implementation of the recommendation really was essential. The establishment of scientific groups to review each probable case was particularly important given the lack of specificity in some areas of current case definition and the complicating factor of the presence of cases of Guillain Barré syndrome. He would emphasize that adequate epidemiological, clinical and laboratory information must be made available to those groups if they were going to maximize their case review process.

As had already been mentioned, the United States of America was pleased to be able to provide technical and financial support to the Centers for Disease Control and USAID and was glad to see too that significant progress had been made in the development of a method to

detect wild poliovirus in the presence of a vaccine virus in the stool and in the environment. That methodology should be extremely important in understanding the epidemiology of the disease and in conforming the diagnosis of polio as eradication came closer to being a reality. Scientists from the Centers for Disease Control were working collaboratively with scientists from Brazil, WHO and PAHO in field trials of various vaccine formulations of the trivalent oral polio vaccine. The objective of those trials was to determine the formulation that would produce the highest level of seroconversion following a three-dose series. That field operation was near completion and serologic testing was under way. His Delegation hoped that the results of the study would provide the basis for decisions regarding any possible need for reformulating OPV within the Region.

As the incidence of polio declined, the need for more specific case definition of reported and confirmed polio increased, and the laboratory assumed an even more critical role. Major obstacles still impeding the role of the laboratories included the gaps which still existed in the proportion of patients with polio who had stool specimens collected and sent to the laboratory in a timely fashion. Cases reported in 1988 for which vaccine-like polioviruses had been isolated should, moreover, be analyzed specifically to determine what the circumstances had been.

He wished to add one final technical note concerning the statement in section 1.3 of the written report that "there is little difference in the number of cases reported by the various countries in both years," meaning 1987 and 1988. Actually, there had been 647 cases in 1987 and

361 in 1988 and most countries had recorded declines in case count. It seemed to him that the narrative should make PAHO's success look as good as it really was.

El Dr. GRANIZO (Ecuador) destaca la formidable labor realizada por el Dr. de Quadros en la última jornada de vacunación en el Ecuador, el 29 de mayo de 1989, cuando se puso fin a un largo período durante el que faltaron vacunas. Pone asimismo de relieve la magnifica experiencia adquirida con el toxoide tetánico en siete cantones con riesgo de tétanos neonatal, y destaca el compromiso de su país para proseguir las campañas de vacunación con arreglo a la iniciativa propiciada por el Grupo Andino en la XIII Reunión de Ministros de Salud del área.

Dr. MOINEAU (Canada) congratulated the Secretariat for the plan that had been presented in the document for the eradication of the transmission of wild poliovirus. The plan was well thought out and indicated that the people who had prepared it were certainly well informed in the field. He had one comment in connection with the suggestion in section 2.8 that the age criteria in the definition of polio should be reduced from 15 years to 10 years. There was no doubt that the development of a standard case definition of Guillain-Barré, which would differentiate it from polio, would be very useful. He was not sure, however, that lowering the age criterion in the definition to 10 years instead of 15 would not result in a severe reduction in sensitivity. A careful examination of the age distribution of confirmed cases over the last few years should be carried out before such a change was made.

Mr. LANSIQUOT (Saint Lucia) said that his country's immunization program was proceeding very well and he wished to thank PAHO for its substantial support. At the same time, the Caribbean countries should also express their thanks to all of the other contributors towards the immunization program, including Rotary International and UNICEF. He congratulated Dr. de Quadros on his excellent presentation.

El PRESIDENTE, hablando en calidad de Representante del Uruguay, señala que en su país no se ha manifestado la poliomielitis durante mucho tiempo y que hace poco ha aparecido un caso de polio vacunal, establecido y controlado en laboratorio. Destaca la enorme importancia de este no sólo con respecto a la vigilancia epidemiológica, sino porque todos los cuadros de parálisis se pueden estudiar por su intermedio mejor que clínicamente.

El Uruguay está muy cerca de la completa eliminación del tétanos, y se suma a Cuba y a los países de habla inglesa del Caribe en los esfuerzos por erradicar el sarampión para 1995, utilizando la vacuna combinada contra el sarampión, la parotiditis y la rubeola. En 1989, cuando conforme a las estadísticas había que esperar más casos, solamente se han presentado cuatro; desde hace dos años todo niño al nacer es anotado en una computadora, de modo que es posible su seguimiento a través de controles que se realizan en cuanto ingresa a la escuela. Ratifica su plena confianza en el éxito de una campaña, en la que una importante movilización de recursos corre pareja con la voluntad política del Gobierno y con la encomiable participación de toda la comunidad.

El Dr. DE QUADROS (OSP) pone de manifiesto la importante transferencia de tecnología a la Región, que incluye pruebas de ADN. Se procura diferenciar el poliovirus salvaje y mejorar a la vez los procedimientos de control de calidad para conseguir una mayor viabilidad de los resultados.

Destaca las investigaciones que se realizan en el Brasil con respecto a la vacuna antipoliomielítica y señala que la que ahora se utiliza en general tiene una concentración mayor.

En lo atinente a la definición de casos, aclara que es muy probable que en algunos países se estén notificando muchos casos falsos positivos, pues la definición recomendada por el grupo técnico asesor, que por otra parte es la más conveniente para esta etapa del programa, se caracteriza por ser muy sensitiva pero muy poco específica. En la actualidad se está recogiendo información sobre casos de parálisis flaccida en niños menores de 15 años, para someterla a examen en la séptima reunión del Grupo Técnico Asesor en Cartagena, Colombia, donde se determinarán los ajustes que se consideren necesarios para una mejor definición.

Casi en el 90% de los casos de poliomielitis activa se dispone de muestras de heces para análisis de laboratorio, motivo por el cual es posible descartar rápidamente los casos dudosos encontrados en la búsqueda activa.

En cuanto a la vacunación de casos probables, prácticamente no se realiza ya en la Región, como consecuencia de la experiencia adquirida y de la oportuna recomendación del Grupo Técnico Asesor.

El Dr. GUERRA DE MACEDO (Director, OSP) dice que a las observaciones ya formuladas durante el transcurso de la sesión quiere agregar sus propios comentarios cargados de emoción y quizás grandilocuente, pero en modo alguno exagerados.

Expresa su convencimiento de que en 1989 se podrá anunciar al mundo que se ha interrumpido la circulación del poliovirus salvaje y se ha erradicado la poliomielitis en la Región de las Américas. Se proclamará entonces el más grande logro de la especie humana en toda su historia desde la erradicación de la viruela.

La historia oficial de la humanidad hace hincapié en los héroes, los grandes conquistadores y las deslumbrantes personalidades políticas, pero lo cierto es que lograr que desaparezca de la faz de la tierra una enfermedad que ha causado tanto dolor y tanta muerte vale mucho más que el sinnúmero de guerras sobre las cuales se construyeron tantas reputaciones y se distribuyeron tantas medallas.

Lo que se está haciendo en este momento realza también lo que se hizo en el pasado con la viruela y demuestra la posibilidad de contribuir efectivamente a la salud y bienestar de los pueblos. Poco importan los $520 millones que está costando la campaña, ante los denodados esfuerzos desplegados por miles de millares de personas que han entregado su trabajo, su voluntad y su esfuerzo para conquistar esta meta, que es una meta específica perseguida con determinación y merecedora del apoyo de todos los que la entienden y reconocen como propia.

¡Quién habría dicho en 1986 que sería posible movilizar esos $520 millones para una sola campaña en un momento de crisis tan profunda como la que afecta a los países de América Latina! Los propulsores de la

iniciativa fueron tildados de ilusos y soñadores, pero ahora se constituyen en ejemplo para el mundo entero, sobre todo porque la erradicación de la poliomielitis es el motor que impulsa el crecimiento de todo el Programa Ampliado de Inmunización e intesifica la lucha contra todas las enfermedades en general. El secreto ha consistido en integrar las actividades específicas dentro de las habituales y normales como la atención básica de salud, llevando la vigilancia al nivel comunitario y demostrando todo el valor de la descentralización, a pesar de la resistencia y desconfianza intrínsecas de los técnicos burócratas con respecto al trabajo de la comunidad. A veces se piensa que solo uno es capaz de hacer bien las cosas, pero no hay duda de que en un programa que tradicionalmente fue considerado vertical se ha logrado la participación efectiva de los trabajadores locales y de las comunidades en su conjunto.

Esta participación da también respuesta a muchas otras cosas, sobre todo porque en virtud de ella los seres humanos dejan de ser números y datos estadísticos para reafirmarse como personas de carne y hueso que sufren, mueren y tienen familia, nombre y dirección.

Sin embargo, ya es hora de plantearse nuevos desafíos en el área de las enfermedades que se pueden evitar mediante la inmunización. En efecto, hay que consagrarse sin demora a la erradicación del sarampión del Hemisferio occidental al compás de la experiencia de Cuba, del Uruguay y de los países caribeños de habla inglesa; hay que procurar también la erradicación del tétanos, la rabia urbana y la fiebre aftosa. Son desafíos que sirven como estímulo movilizador de la voluntad y la dedicación, y como ratificación del compromiso de hacer cuanto sea posible por la salud de los pueblos de América, pues resulta a todas

luces inaceptable que a fines de este siglo nazcan cada año en las Américas casi cuatro millones de niños que, por no recibir los beneficios de la inmunización, enferman o mueren.

El PRESIDENTE comparte plenamente, en nombre de todos los presentes, los puntos de vista expuestos por el Dr. Guerra de Macedo, y pide al Relator que prepare un proyecto de resolución para distribuirse en una subsiguiente sesión.

The session rose at 5:00 p.m.
Se levanta la sesión a las 5:00 p.m.