

*executive committee of  
the directing council*



**PAN AMERICAN  
HEALTH  
ORGANIZATION**

*working party of  
the regional committee*

**WORLD  
HEALTH  
ORGANIZATION**



**111<sup>th</sup> Meeting  
Washington, D.C.  
June-July 1993**

Provisional Agenda Item 3.1

**CE111/5 (Eng.)  
19 May 1993  
ORIGINAL: ENGLISH**

#### **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 occurring from 17 to 18 December 1992 and the second from 7 to 9 April 1993.

Representatives of the following members elected by the Executive Committee were present in each meeting: Belize, Cuba, Mexico and the United States of America. Also participating at the invitation of the Director, in the December and April meetings were representatives of Argentina, Barbados and Canada.

The following items were discussed by the Subcommittee during those meetings:

- Evaluation of the Regional Program on Communicable Diseases
- Establishment of the Pan American Institute of Bioethics
- Analysis of PAHO's Technical Cooperation Program in Cuba
- The Crisis in Public Health: A Proposal for Action
- SUMA: A Relief Supplies Management Project in the Aftermath of Disasters in Latin America and the Caribbean
- The Proposed Biennial Program Budget for 1994-1995 of the Pan American Health Organization
- Analysis of the PAHO's Technical Cooperation Program in Mexico
- Family Planning, Reproductive Health and Population

- Financial Study of the Pan American Institute for Food Protection and Zoonosis (INPPAZ)

The Final Reports of the two meetings of the Subcommittee are annexed.



PAN AMERICAN HEALTH ORGANIZATION



EXECUTIVE COMMITTEE OF THE DIRECTING COUNCIL

SUBCOMMITTEE ON PLANNING AND PROGRAMMING

---

19th Meeting  
Washington, D.C., 17-18 December 1992

SPP19/FR (Eng.)  
18 December 1992  
ORIGINAL: ENGLISH

FINAL REPORT

## FINAL REPORT

The 19th Meeting of the Subcommittee on Planning and Programming of the Executive Committee was held at the Headquarters of the Pan American Health Organization in Washington, D.C., on 17 and 18 December 1992.

The following members of the Subcommittee, elected by the Executive Committee, were present: Belize, Cuba, Mexico, and United States of America. Also taking part, at the invitation of the Director of the Bureau and in consultation with the Chairman of the Executive Committee, were representatives from Argentina, Barbados, and Canada. Chile 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>	Hon. Branford M. Taitt	Barbados
<u>Vice Chairman:</u>	Dr. Argentino Luis Pico	Argentina
<u>Rapporteur:</u>	Mr. Edward M. Aiston	Canada
<u>Secretary ex officio:</u>	Dr. Carlyle Guerra de Macedo	Director, PASB
<u>Technical Secretary:</u>	Mr. Mark L. Schneider	Acting 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. Evaluation of the Regional Program on Communicable Diseases (HPT)
5. Progress Report on the Establishment of the Pan American Institute of Bioethics
6. Analysis of PAHO's Technical Cooperation Program in Cuba
7. The Crisis in Public Health: A Proposal for Action
8. Other Matters
  - SUMA: A Relief Supplies Management Project in the Aftermath of Disasters in Latin America and the Caribbean

## PRESENTATIONS AND CONCLUSIONS

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

### Item 4: Evaluation of the Regional Program on Communicable Diseases (HPT)

Dr. Gabriel Schmunis presented this item, describing the 1990-1992 activities of the Program on Communicable Diseases (HPT), which is concerned with the prevention and control of communicable diseases, particularly vector-borne diseases. The Program's objective is to strengthen national capacity so that technically feasible, economically viable, and socially acceptable prevention and control programs can be carried out. The Program stresses the concept of epidemiological stratification, which identifies and ranks risk factors for disease transmission at the local level and concentrates interventions on high-risk groups. The target of the Program is to include these disease and prevention control activities in the local health systems and to promote community participation and local programming in such a way as to integrate the interventions and make efficient use of the available resources.

Technical cooperation is provided within the framework of the six projects that make up the HPT Program. Three of the projects are of a general nature: General Communicable Disease Prevention and Control Activities (OCD), Vector Biology and Control (VBC), and Tropical Disease Research (TDR); and three are concerned with specific diseases: Leprosy (LEP), Malaria (MAL), and Tuberculosis (TUB).

The presentation described the strategic orientations of cooperation and the program priorities, and provided a summary of the promotion, coordination, and support activities, in addition to the results obtained in achieving the goals.

### Discussion

The members of the Subcommittee were unanimous in congratulating Dr. Schmunis on his comprehensive presentation, which summed up the overall strategy of the HPT, and commended the Program's successful application of PAHO's strategic orientations and programming priorities.

One member suggested that the document should have a greater political content to convince governments of their responsibility for health as an essential part of the development of the human person, rather than as an isolated issue. Other members said that the administrative and technical commitment of the countries must be tied to a political commitment to guarantee continuity and effectiveness. It was felt that more use must be made of social communication in order to change the attitudes of the population and to involve the community in health efforts. Greater intersectoral cooperation in countries was encouraged. However, the consensus was that the most important angle to stress is the link between health and development, as illustrated by one member's remark that many communicable diseases are prevalent because of the under-development in the countries.

Dr. Schmunis thanked the members of the Subcommittee for their comments and interest. He noted that interesting politicians in health issues often entails showing concrete results. He illustrated this by listing some communicable diseases of public health importance whose prevalence may be significantly reduced in the Region over the next 10 years, in part because governments see potential for attaining results and are willing to channel resources into these areas.

The Director concluded the discussion by pointing out that HPT in general and, tropical diseases in particular, has for many years been one of PAHO's strongest programs. The strategic orientation of health in development certainly recognizes the political dimension of health. Important progress has been made in separating this debate from ideology, as it no longer raises suspicion to speak about equity in health and development. This is evidenced by the recognition that the World Bank now gives to

health as a component of sustainable development. The cholera epidemic is partially responsible for putting health on the political agenda, because it made blatant the effects of poor living conditions on the health of the population.

Item 5: Progress Report on the Establishment of the Pan American Institute of Bioethics in Chile

Dr. Hernán Fuenzalida, Chief of the Department of Legal Affairs, presented this paper, in fulfillment of the instructions of the 109th Meeting of the Executive Committee. In April 1992 it had been suggested that a bioethics institution be created under the aegis of PAHO, and in association with the University of Chile, to ensure that more advanced bioethics models in the developed world are not simply imposed on the Americas, but are adopted with the appropriate cultural adjustments. This falls within PAHO's mandate to improve the health of all people in the Region.

The Government of Chile has offered to host the Pan American Institute of Bioethics at the University of Chile. The involvement of such a prestigious academic institution is essential for the success of the endeavor, and the University has offered academic patronage for teaching and research activities, as well as logistical support in the form of a physical plant and personnel. The proposed Agreement, projected for signature in late 1993 by the Government of Chile, the University of Chile, and the Pan American Health Organization, provides that the Institute will be located on the property of the University of Chile, but will enjoy the immunities, privileges, and autonomy of PAHO/WHO. Its mission will be to provide a forum for discussion of bioethical subjects at a higher academic and technical level. Research, teaching, and training will be conducted, with emphasis on preparing candidates to be research review board members, and on training professionals who can in turn train students at other institutions. The Institute will act as the major clearinghouse for bioethics information in the Region, and to this end will perform outreach functions and mobilize resources. It will encourage the formation of a consortium of donors as well as a regional network of bioethical institutions. About half the funding for its core annual operating budget is projected to come from PAHO, while the other half will come from the Government of Chile and the University of Chile.

This year progress on the project came about in terms of consultations--within the Governing Bodies of PAHO, in Chile, and with bioethics experts in the developed countries to determine their interest and support for the Institute. The following activities are targeted for 1993: creation of the physical plant, from development of a three-year plan of action; design through construction; negotiation of the Agreement with the Government of Chile; training of librarians; preparation of teaching and training work plans for 1994; external funding for research proposals; personnel selection; and final

arrangements for inauguration of the Institute, which is projected for January 1994, with start-up of operations in March of that year.

### Discussion

Members thanked Dr. Fuenzalida for the document and expressed great interest in the field of bioethics. Several of them described its status in their countries, where this multi-discipline has grown out of a need to regulate organ donation and transplants, spread to other medical issues, and led to the founding of some national bioethics commissions. Several members expressed general support for the project. However, the representatives of the United States of America, Belize, and Canada expressed some reservations. Their concerns were mainly budgetary: where would the over \$500,000 PAHO contribution to the annual operating budget come from? In light of the Organization's zero growth budget, would this entail program cuts? Could such an institution, although important for the Region, be launched without PAHO sponsorship and the creation of UN posts? Finally, these members suggested that the Governing Bodies of the Organization did not yet have enough information, such as details on the Institute's priorities and the precise role PAHO will play, to endorse the project. Some suggestions were also made for wording changes in the working document, under Section II.

The observer for Chile informed the Subcommittee of the great interest of his country in the project. The President of the University as well as the President of the Republic have given it their full support and are helping accelerate its progress. They view this not as a Chilean institution, but as one for all of the Americas, which should facilitate decision-making on ethical issues without adopting positions of its own.

The representative of Barbados said that while such an institution is needed for those countries that cannot afford their own bioethics commissions, once established the Institute must take care to be accessible not only to Spanish-speaking countries, but also to the English-speaking countries, by publishing materials in English.

Dr. Fuenzalida responded to the questions raised by members. He noted that the Consulting Group on Bioethics convoked in October 1992 to review and comment on the proposal felt the endeavor was not possible without PAHO sponsorship. The alternative of having an association of bioethics centers is not feasible, since there are only four such entities in Latin America and they all suffer from a lack of information and have no libraries. The consultants believed that only PAHO has the institutional capacity and objectivity needed to launch such an effort. He stated that the Caribbean countries would be full partners in the project.



The Director intervened to address the budgetary issue. He pointed out that the Organization is called upon to meet ever more health needs with the same resources. If PAHO has been able to meet such challenges in the past, even in times of crisis, it should respond to this important opportunity. The Director added that he has a proposal for the use of regular funds to this end. He also noted that one half of the required \$500,000 could come from the Director's Development Program. In addition, extrabudgetary resources must be found.

Although some members of the Subcommittee continued to be concerned about the sources of financing, there was general support for the project. The Director was given the Subcommittee's approval in principle to proceed with the steps to be taken in 1993. With this approval, the Director will include the item in the 1994-1995 budget and will intensify the search for external sources of financing. The document will be expanded to include more details on the project's implementation and budget and resubmitted to the Subcommittee at its April 1993 meeting, prior to its submission to the 111th Meeting of the Executive Committee, in June.

Item 6: Analysis of PAHO's Technical Cooperation Program in Cuba

This agenda item opened with a presentation by Dr. Jorge Antelo Pérez, Vice Minister of Health of Cuba, on the current situation in public health in his country, on achievements over the last 30 years, and on the results of the evaluation of PAHO's program of technical cooperation.

This year Cuba has been experiencing the most severe economic crisis in its history. In three years the country's imports have dropped from US\$8.1 billion to \$2.2 billion. This necessarily has had an impact on the health sector, since foreign exchange is needed for the purchase of some drugs. The country has responded by looking for national solutions. Of the 1,300 drugs currently used in the country, by next year some 1,000 will be locally produced. The strategy is to develop the national pharmaceutical industry to make health self-financing, and to work in an integrated fashion to bring health to all sectors of society.

Health conditions in the Cuban population in the last 30 years, as reflected by indicators of mortality and morbidity, have been characterized by an increase in life expectancy at birth, a marked reduction in the number of deaths during the early years of life, and an increase in noncommunicable diseases and violent deaths, which has been accompanied by a concurrent decrease in communicable diseases, particularly those that are preventable by vaccine. The main public health trends of recent decades were as follows. 1960s: Universal health care coverage, free of charge, instituted by the State; the main pathologies were infectious diseases. 1970s: Process of decentralization; schools of medicine established in provinces to compensate for shortages of doctors

outside the capital. 1980s: Community-based health system instituted. In 1983 there was a reformulation of the PAHO/WHO Cooperation Strategy in Cuba, which led to more appropriate and efficient use of scientific and technical collaboration and greater control over financial resources. 1990s: Family Doctor and Nurse Model becomes the backbone of the national health care system; there has been an improving health situation with the main pathologies being chronic diseases.

The PAHO/WHO evaluation looked at the development of the epidemiological approach (strengthened by the founding of a school of epidemiology), local health systems, upgrading the skills of health personnel, PAHO scientific and technical cooperation, and economic analysis.

The PAHO/WHO Country Representative in Cuba, Dr. Miguel A. Márquez, spoke after Dr. Antelo. He said that the evaluation proved that management of cooperation cannot solely be the responsibility of the PWR; rather, it is up to the various PAHO programs and to the Government itself. In 1990 a process of strengthening the country office began which focused on generating new ideas, opening new areas of cooperation, and giving impetus to activities and projects. The office's strategic lines of work were identified as: intersectoral action, mobilization of resources, and production and health. In order to make optimum use of cooperation resources, the following principles were established: selection of appropriate areas for cooperation based on their importance for the country and suitability for PAHO; efficiency in the use of resources; and effectiveness, understood as the impact of the cooperation. The office also began the practice of participatory management, which is understood as collective involvement in the entire management process, with both office staff and national authorities. Dr. Márquez also mentioned that the PWR's overhead and management costs consume only 7% of its budget. The evaluation of technical cooperation contributed substantive ideas for Cuba's 1992 programming, which was developed with the consensus of all involved parties.

### Discussion

In the discussion, several members thanked the speakers for their presentations, and congratulated Dr. Antelo for the remarkable strides his Government had made in the field of health. It was noted that this is an excellent example of what can be accomplished when there is a close working relationship between the Member Country and the PWR. In order to optimize the cooperation funds available to the country, Cuba has assumed all of the overhead costs of running the country office, except the salary of the PWR (local staff are paid by the Ministry of Public Health in local currency).

Item 7: The Crisis in Public Health: A Proposal for Action

Dr. Luis Ruiz, of the Health Manpower Development program, gave this presentation. He explained that the gap between the health problems, needs, and ideals of the societies of the Americas and the social response to them has widened noticeably in recent years. The economic crisis of the 1980s had a tremendous impact on the living conditions of broad sectors of the population in the Region, and on the coverage and quality of health systems. At the same time, there have been signs that there are theoretical, methodological, and operational gaps in the field of health. In light of this situation, which can aptly be labeled a crisis, PAHO feels it is important to mobilize the health community in the Region for the development of public health theory and practice.

In the late 1980s PAHO began to analyze this idea with the Latin American and Caribbean Association for Public Health Education (ALAES) and the Association of Schools of Public Health of the United States (ASPH). One of the first conclusions was that public health is not the exclusive domain of schools of public health, but rather a concern for society as a whole. The consultations on the public health crisis expanded to include experts and institutions throughout the continent, and culminated in the meeting of an advisory group convened by PAHO/ASPH/ALAES in New Orleans, Louisiana, 21-24 October 1991. A consensus on certain issues emerged from this meeting: the concept of State must be redefined in light of the responsibility for development with equity; democratization, participation, and decentralization are essential; the health ideals of society must be defined, and citizens must assert their basic rights of access to goods and services; human resources in public health must be developed, including unconventional areas such as economics, ecology, and political science; and international health should be examined as related to cooperation for development.

The purpose of this initiative for PAHO is to promote a movement in the Region aimed at developing the theory and practice of public health, with emphasis on sectoral development. To this end, the following general activities are envisaged: expansion of scientific and political awareness of the crisis in public health and the alternatives for improvement; dissemination of information; research in critical areas; theoretical and methodological development; creation of regional guidelines; high-level consensus and a manifesto on conclusions and recommendations; and advanced training.

Discussion

The members of the Subcommittee thanked the Secretariat for the document, which they found to be well-written and to contain a provoking analysis, and Dr. Ruiz for his presentation. However, some members questioned the aptness of the title of the paper: Perhaps the word "challenge" might be preferable to "crisis," since it seems to

take a more positive approach, and some members felt that the improving health indicators described in the report on communicable diseases contradicted the idea that there was a "crisis" in public health. Two members thought the document was too academic. One participant urged the authors to include reference to the need for individuals to take increased responsibility for their health. Some members noted that good work had been done in defining problem areas, but now efforts should be concentrated on assisting Member States in exploring and dealing with these issues. Suggestions were made to include some statistics to support the concepts in the document, to consider interregional activities, and to review the research priorities. One Subcommittee member, however, asserted that there is indeed a crisis in public health--that of coverage and access to health care. There has been a decline in health conditions around the world, even in the industrialized countries. Another member argued that the paper should bring out the health sector's need to examine the political problems behind the failure to allocate resources where they are needed. It should also address the need for a management component in public health teaching.

Dr. Ruiz thanked members for their comments and responded to them by stating that the term "crisis" came from discussions with Member Countries, and that both the document and the book "The Crisis of Public Health: Reflections for the Debate" recognize the positive aspects of the concept. He said that while the problems in public health are in part a consequence of a generalized crisis, they also in part go beyond the general crisis.

The Director expressed his satisfaction with the discussion, stating that it is important for a technical and political body such as the Subcommittee on Planning and Programming to hold such general debates. He clarified that the paper does not signify a new or separate program within PAHO requiring approval and budgetary allocations from the Governing Bodies and it is not intended to be on the agendas of the Executive Committee on the Directing Council. It was simply an exercise to exchange points of view on the public health situation in order to better orient the activities of PAHO.

Item 8: Other Matters

8.a) **SUMA: A Relief Supplies Management Project in the Aftermath of Disasters in Latin America and the Caribbean**

This informational topic was presented by Dr. Claude de Ville, Chief of the Office of Emergency Preparedness and Disaster Relief. He explained that the purpose of the project is to manage donated supplies in the aftermath of major disasters. The management effort consists of three main components: sorting incoming supplies into urgent, non-priority, and useless items; classifying packages according to content; and preparing a computerized inventory. The project would not be implemented by PAHO

staff, but by a team of nationals. The team would have up to 15 members, including a coordinator, and a computer for which a software package has already been developed. It would have a very strong training component of one day to a few days for team members. The project's advantages are that it enables PAHO to provide more operational support; it is intersectoral; it enhances each country's capacity to respond to disasters; and it may enable the Region of the Americas to make a contribution for the handling of disasters outside the Region.

In the ensuing discussion, the Subcommittee members congratulated Dr. de Ville on this excellent project. They also paid tribute to PAHO's history of excellence in disaster relief efforts. When asked about the cost of the program, Dr. de Ville responded that the budget is estimated at around \$800,000, with extrabudgetary funding. Countries are requesting that around 40 nationals receive training, while the program had estimated around eight per country; the training budget will thus be increased and some of the more basic training may be eliminated. The Subcommittee gave its endorsement to the project.

8.b) The Director of the Bureau reported to the Subcommittee on the Regional Plan for Investment in the Environment and Health. He said that it had been agreed to form a pre-investment fund, and expressions of support had already been received from 10 Member Countries, with perhaps two more expected by January. Negotiations have begun with the World Bank, the Inter-American Development Bank, and bilateral agencies to support the Plan. A technical secretariat has been formed and has been in operation since November, with five staff members.

8.c) The Director also reported on the restructuring of the Pan American Sanitary Bureau which is underway. He said that its purpose is to attain a better functional relationship among the departments within the Bureau and the Organization's strategic orientations and programming priorities, as well as to improve the operation of the Secretariat. In this regard, it is a management initiative, an attempt to satisfy the staff's need for continual stimulus and variety. Thus a new structure is being defined at Headquarters, for implementation in January 1993. The members of the Subcommittee were assured that they would receive a document explaining the reorganization at Headquarters, and the names of the individuals occupying the various posts, once it is implemented.

8.d) The members of the Subcommittee approved the provisional agenda for their next meeting, to be held 7-9 April 1993, as follows: 1) Initial discussion of the 1994-1995 budget proposal for the Pan American Health Organization; 2) Analysis of

PAHO/WHO technical cooperation in Mexico; 3) Further discussion of the Pan American Institute of Bioethics; 4) Family planning; and 5) Financial study of the Pan American Institute for Food Protection and Zoonoses (INPPAZ).

Annex



# PAN AMERICAN HEALTH ORGANIZATION



## EXECUTIVE COMMITTEE OF THE DIRECTING COUNCIL

SUBCOMMITTEE ON PLANNING AND PROGRAMMING

---

19th Meeting  
Washington, D.C., 17-18 December 1992

SPP19/2  
18 December 1992  
18 diciembre 1992

LIST OF PARTICIPANTS  
LISTA DE PARTICIPANTES

LIST OF PARTICIPANTS  
LISTA DE PARTICIPANTES

ARGENTINA

Dr. Argentino Luis Pico  
Asesor del Gabinete  
Ministerio de Salud y Acción Social  
Buenos Aires

BARBADOS

Hon. Branford M. Taitt  
Minister of Health  
Ministry of health  
Bridgetown

BELIZE  
BELICE

Hon. Theodore Aranda  
Minister of Health  
Ministry of Health  
Belize City

CANADA

Mr. Edward M. Aiston  
Unit Head  
International Affairs Directorate  
Policy, Planning and Information Branch  
Department of National Health and Welfare  
Ottawa, Ontario



**CUBA**

**Dr. Jorge Antelo Pérez**  
**Viceministro Primero**  
**Ministerio de Salud Pública**  
**La Habana**

**Dr. Ramón Prado Peraza**  
**Director de Relaciones Internacionales, a.i.**  
**Ministerio de Salud Pública**  
**La Habana**

**MEXICO**

**Dr. Federico Chávez Peón**  
**Director de Asuntos Internacionales**  
**Secretaría de Salud**  
**México, D.F.**

**UNITED STATES OF AMERICA**  
**ESTADOS UNIDOS DE AMERICA**

**Mr. Neil A. Boyer**  
**Director, Health and**  
**Transportation Programs**  
**Bureau of International Organization Affairs**  
**Department of State**  
**Washington, D.C.**

**Ms. Marlyn Kefauver**  
**Associate Director for Bilateral Programs**  
**Office of International Health**  
**Department of Health and Human Services**  
**Rockville, Maryland**

OBSERVERS  
OBSERVADORES

CHILE

Dr. Mateo Budinich  
Jefe de la Oficina de  
Asuntos Internacionales  
Ministerio de Salud  
Santiago

PAN AMERICAN SANITARY BUREAU  
OFICINA SANITARIA PANAMERICANA

Secretary ex officio  
Secretario ex officio

Dr. Carlyle Guerra de Macedo  
Director

Advisers to the Director of the Pan American Sanitary Bureau  
Asesores del Director de la Oficina Sanitaria Panamericana

Dr. Robert F. Knouss  
Deputy Director

Sir George Alleyne  
Assistant Director

Mr. Thomas Tracy  
Chief of Administration

Dr. José R. Teruel  
Area Director, a. i., Health Systems Infrastructure  
and Health Program Development

Mr. Mark L. Schneider  
Acting Chief  
Analysis and Strategic Planning Coordination

Advisers to the Director of the Pan American Sanitary Bureau (cont.)  
Asesores del Director de la Oficina Sanitaria Panamericana (cont.)

**Dr. Germán Perdomo**  
Social Policy and Program Analyst  
Analysis and Strategic Planning

**Dr. Claude de Ville**  
Chief, Emergency Preparedness and Disaster Relief

**Dr. José Roberto Ferreira**  
Program Coordinator, Health Manpower Development

**Mr. Hernán Fuenzalida**  
Chief, Legal Affairs

**Dr. Irene Klinger**  
Chief, External Relations Coordination

**Dr. Miguel Angel Márquez**  
PAHO/WHO Representative in Cuba

**Dr. Gabriel Schmunis**  
Program Coordinator, Communicable Diseases



PAN AMERICAN HEALTH ORGANIZATION



EXECUTIVE COMMITTEE OF THE DIRECTING COUNCIL

SUBCOMMITTEE ON PLANNING AND PROGRAMMING

---

20<sup>th</sup> Meeting  
Washington, D.C., 7-9 April 1993

SPP20/FR (Eng.)  
9 April 1993  
ORIGINAL: ENGLISH

FINAL REPORT

## FINAL REPORT

The Twentieth 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 9 April 1993.

Present were representatives of the following countries, elected by the Executive Committee: Belize, Cuba, Mexico, and the United States of America. Also taking part, at the invitation of the Director, were representatives of Argentina, Barbados, and Canada.

### OPENING OF THE MEETING

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

### OFFICERS

The Officers of the Subcommittee were as follows:

<u>Chairman:</u>	Mr. Branford M. Taitt	Barbados
<u>Vice Chairman:</u>	Dr. Argentino Luis Pico	Argentina
<u>Rapporteur:</u>	Mr. Edward M. Aiston	Canada
<u>Secretary ex officio:</u>	Dr. Carlyle Guerra de Macedo	Director, PAHO
<u>Technical Secretary:</u>	Mr. Mark Schneider	Chief, Office of Analysis and Strategic Planning, PAHO

### AGENDA

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

1. Opening of the Meeting

2. Election of the Chairman, Vice Chairman, and Rapporteur
3. Adoption of the Agenda
4. Proposed Program Budget of the Pan American Health Organization for the Biennium 1994-1995
5. Evaluation of PAHO/WHO Technical Cooperation in Mexico
6. Establishment of the Pan American Institute of Bioethics in Chile
7. Family Planning, Reproductive Health, and Population
8. Study of Operating Costs of the Pan American Institute for Food Protection and Zoonoses (INPPAZ) and Proposed Funding for the Biennium 1994-1995
9. Other Matters.

#### PRESENTATIONS, DISCUSSION, AND CONCLUSIONS

A summary of the discussions and conclusions on each item follows:

**Item 4: Proposed Program Budget of the Pan American Health Organization for the Biennium 1994-1995**

The Director introduced this item, noting that a preliminary version of the proposal was being presented to the Subcommittee for analysis and discussion, after which a final version would be presented to the Executive Committee meeting in June 1993. He pointed out that this budget proposal had been prepared taking into account the Strategic Orientations and Program Priorities of the Organization for the Quadrennium 1991-1994 and the policy orientations discussed by the Directing Council of PAHO the previous year, and that it also reflected the new lines of action of the Ninth General Program of Work of WHO. He indicated that the presentation would be divided into two parts.

In accordance with the Agenda, presentation of the program chapters was made by the Assistant Director, Sir George A. O. Alleyne, the Division Directors, and the Chiefs of the Special Programs, who outlined the purposes, objectives, and lines of action of each of the programs involved in delivering the technical cooperation provided by the Organization. He indicated the changes foreseen during the biennium and the

results expected from their implementation, pointing out, in addition, the relationship between what is foreseen in the various programs and the orientations and priorities established and adopted by the Organization's Governing Bodies.

Discussion:

Several points in the presentations were clarified in reply to questions raised by the Subcommittee.

One of the members suggested that the Division of Health Promotion and Protection should intensify the effort to make health promotion the central feature of health policies, especially with regard to chronic diseases. He also suggested that this Division should deal with the problem of accidents and violence as an epidemic, which was the theme of World Health Day. Dr. Restrepo, Director of the Division, agreed with these suggestions and mentioned how difficult it is to attempt to assign political priority to chronic diseases. With respect to accidents and violence, Dr. Restrepo said that an alliance is being sought with other sectors in order to address this serious problem.

The Director took the floor to report that the Special Subcommittee on Women, Health, and Development, which had just concluded its meeting, had requested that the subject of violence be included on the agenda of the Executive Committee of the Directing Council. He promised that all possible efforts would be made to comply with that request.

Before turning to the second part of the presentation of the budget proposal, the Director noted that direction and general management activities, as well as the Regional Director's Development Program and the Program on Technical Cooperation Among Countries, needed to be added to the programs referred to above. He pointed out to the Subcommittee the new initiatives included in the proposed budget: the Regional Plan for Investment in the Environment and Health, in connection with which the Organization's resources are being organized in a different manner; the project to create an entirely new program, center, or institute of bioethics; and the consolidation of the Pan American Institute for Food Protection and Zoonoses. He noted that an attempt had been made in the budget proposal to reconcile the strategic orientations of the Organization with the policy orientations of the Ninth General Program of Work of WHO and the operational strategies presently in effect.

Mr. James A. Milam, Chief of Budget, summarized the Organization's proposed program budget, which he said would be revised before being presented to the Executive Committee in June and then would be revised again before being submitted for consideration by the Directing Council at the meeting to be held in September 1993. He

indicated that the proposed amount of \$250,958,000 for 1994-1995 included \$170,888,000 in PAHO Regular funds and \$80,070,000 in WHO Regular funds. In May 1993 the World Health Assembly would make a decision concerning the WHO funds.

The overall increase in the funds from both organizations for 1994-1995 is 12%, considerably lower than the 17% required for the previous biennium. The 12% increase is composed of cost increases of 12.2% and program decreases of 0.2%. A 12% increase in PAHO Regular funds would require a quota increase to Member Countries of 17.7%.

The rise in inflation-related costs and United Nations-mandated increases have been estimated at 6.8% per year for all areas outside Headquarters and at 4.0% per year for activities in Washington.

The large increase--approximately \$1,248,000--in Multicountry Programs relates to the establishment of the Executive Secretariat for the Regional Plan for Investment in the Environment and Health. The increase for the Centers is related to the proposed Institute of Bioethics. These program increases are offset by reductions in the Regional Director's Development Program, the Regional Programs, and, in particular, Technical and Administrative Direction, which accounts for 73.0% of the program reductions. The proportion of the budget allocated to Technical and Administrative Direction will decline from 15.6% of the total in 1992-1993 to 14.6% in 1994-1995.

Dr. Macedo noted that a number of serious challenges were facing PAHO, including the potential reduction in the WHO portion of the budget in 1994-1995, funding availability for special programs such as AIDS and TDR, and the increasing role of the international banks in the health sector.

With regard to the budget figures, the Director said that although the cost increase of 12.2% was justified he found it unsatisfactory because it would necessitate an excessive increase in the contributions from the countries. He added that even if the amount of Miscellaneous Income were equal to that of the previous biennium, which was unlikely in view of the lower interest rates, the country quotas would have to be increased by 17.7%. The Director considered that rate of increase unacceptable in view of the economic, and especially the fiscal, difficulties of the countries.

The Subcommittee recognized the efforts expended in presenting the budget proposal and in formulating the alternatives suggested by the Director to eliminate or reduce costs and to avoid an inordinate increase in the quotas of the Member Countries. All the members agreed that the costs of the Organization must be reviewed in order to determine whether or not there was a need for an increase and to establish an order of priorities. It was observed with satisfaction that the Country Programs had increased by



only 1%, and many of the participants congratulated the Director on his efforts to control administrative costs. It was also noted that setting up a bioethics institute would increase the costs of the Centers.

The Representative of Canada pointed out that his country's PAHO assessment had more than doubled since 1990, when Canada had joined the OAS, rising from \$3 million to \$7.18 million. That, added to the fact that the country had still not emerged from its recession, would prevent Canada from even considering an increase in its contribution to PAHO. In a more positive vein, the representative reported that Canada was maintaining its level of assistance to Latin America and the Caribbean, despite other demands for assistance from eastern Europe.

Several delegations, including those of the United States of America and Mexico, noted their concern about the increases proposed in the budget. The United States delegation also suggested that the "lapse factor" should be taken into account, and an effort should be made to lower costs.

It was mentioned that the question of the bioethics institute should possibly be approached in a different manner in order to reduce the costs. With regard to the Regional Plan for the Environment and Health, it was observed that perhaps some of the new funds required by the Secretariat could be obtained through the Inter-American Development Bank.

Mr. Milam said that the doubling of Canada's quota between 1990 and 1992 was due to the fact that, since it had joined the OAS, its contribution was being calculated in accordance with the scale established by that Organization. In reply to a question from the members, he promised to include the program growth and cost increases in the table to be presented to the Executive Committee along with the program budget.

The Director pointed out that the problem was not the application of a policy of zero real growth, since the Organization already has implemented that policy. Instead the problem is trying to avoid an unacceptable rise in the assessments of Member Countries. For the past several years, the biennial budgets have not kept up with rising costs. In fact, for the past five biennial budgets, there has been a cumulative reduction of 31%-32% in regular funds. In the period since 1980, the total number of posts under the United Nations system has been reduced by 40%. As a result of the Organization's internal rationalization and managerial innovations, the country programs have been maintained and even increased.

Dr. Macedo proposed a number of strategies to ensure that quotas did not rise beyond 12%. These included a recalculation of the program costs to reduce the budget increase to 10% and the possibility of increasing miscellaneous income through better investments. He also planned to freeze the costs of fellowships. Finally, he added that he would explore and negotiate with the Member Countries in order to encourage them to pay their outstanding 1992-1993 contributions and to make their future quota payments on time, and would consider possible program reductions, provided activities in the countries were not affected. With regard to the bioethics institute, he pointed out that a new approach had been devised that would make it possible to reduce the costs involved in its establishment.

Item 5: Analysis of PAHO/WHO Technical Cooperation in Mexico

This item was presented by Dr. Juan Manuel Sotelo, PAHO/WHO Representative in Mexico, and Dr. Federico Chávez Peón, Director of International Affairs of the Ministry of Health of Mexico, who reported that on 30 March and 3 April 1992 a joint evaluation had been carried out of PAHO/WHO technical cooperation in Mexico. The evaluation had looked at 20 technical cooperation programs in which the Organization collaborated during the bienniums 1988-1989 and 1990-1991.

The evaluation was made to determine whether or not PAHO/WHO technical cooperation program had been and continued to be pertinent, efficient, and effective. Its specific objectives were to evaluate the quality and impact of technical cooperation, to analyze the extent to which the cooperation program coincided with the priority needs expressed by the country and with global and regional objectives and strategies, and to indicate areas in which changes should be made.

Special mention was made of the evaluation's multi-institutional and intersectoral approach, in which collaboration had been provided by more than 100 national officials from 26 institutions, 22 PAHO/WHO Headquarters staff members, ECO, and the PAHO/WHO Representative Office in Mexico.

The joint evaluation had translated into instruments for programming and budgeting technical cooperation, changes in the profile of the personnel in the Representative Office, and a PAHO/WHO response that would be more in keeping with the cooperation needs of the country and with the Strategic Orientations and Program Priorities of the Organization during 1991-1994.

### Discussion

The members of the Subcommittee agreed on the need that had been expressed for flexibility in cooperation between PAHO and the countries, and expressed the belief that evaluation made it possible to undertake the adjustments needed in order to increase the effectiveness of technical assistance.

It was observed that it was important to take optimum advantage of local specialists who could serve as consultants, and it was noted that in Mexico the Organization frequently called upon an excellent group of institutions and people for that purpose.

The importance of cooperation between the countries was also emphasized. The Representative of Belize referred to the joint activities carried out between his country and Mexico and Guatemala, in which health problems common to the three countries had been identified and addressed in a coordinated manner. Mutual technical support had been important in malaria control and in the recent cholera epidemic. Praise was expressed for the support which PAHO had provided from the outset for this process through the PAHO/WHO Representative Offices in the countries.

The Director expressed his satisfaction with the relations PAHO maintains with the Government of Mexico, thanks to the leadership of the Minister of Health and President Salinas. He said that Mexico provided ideal possibilities for technical cooperation and that PAHO would do everything in its power to strengthen that cooperation. Finally, he reiterated that the objective of joint evaluation was to orient PAHO cooperation activities.

#### Item 6: Establishment of the Pan American Institute of Bioethics

Mr. Hernán Fuenzalida, Office of Legal Affairs, presented a revised version of the proposal for the establishment of a Pan American Institute of Bioethics, which had been submitted by the Director to the last meeting of the Executive Committee. This version incorporated the observations made at the 19th Meeting of the Subcommittee on Planning and Programming.

It was pointed out that bioethics has emerged as a new field of applied study and research and an area of universal interest and concern. Its influence is considerable in the scientific and technological community, in the sociocultural sphere, and in the political arena. However, in the Latin American and Caribbean countries, discussion of bioethics is limited. Most of the progress in this field and the solutions designed to

resolve bioethical problems have come from countries outside these subregions. Reflection on bioethical issues, as well as the solutions proposed, no matter how pertinent, must be approached within a framework of scarce resources.

Mr. Fuenzalida explained that, although in principle the establishment of an institute was being proposed, other options consonant with budgetary constraints were also being considered, including the establishment of a regional program on bioethics. The University of Chile would contribute the physical plant, maintenance, and personnel. The Ministry of Health of Chile would make an annual contribution of US\$100,000 per year. The contribution of PAHO would not exceed \$400,000, and PAHO participation would be reevaluated after five years.

#### Discussion

The importance of bioethics was recognized unanimously by the Subcommittee, which welcomed the initiative. It was emphasized that it should not be considered a purely academic undertaking, but rather should be aimed at increasing awareness of bioethical issues in the field of research, professional practice, and legislation.

The representatives of Belize and Barbados suggested that a mechanism should be sought that would also allow the English-speaking Caribbean to benefit from this program.

Mr. Fuenzalida pointed out that activities would be carried out that included the countries of the Caribbean and took into account their cultural characteristics. He said he would prepare the revised document, including the financial portion, for presentation to the Executive Committee, adding that a more modest beginning would demand more creativity.

The Director drew attention to the efforts that had been made to reduce the costs of this new initiative as much as possible, and noted that the proposed initial \$277,000 would come from the Regional Director's Development Program and the remainder also from the area under the responsibility of the Director of PAHO. He added that no more than one professional post would be required.

The Subcommittee agreed to recommend the creation of the Regional Program on Bioethics, to be headquartered in Santiago, Chile.

Item 7: Family Planning, Reproductive Health, and Population

This agenda item was presented by Dr. José Antonio Solís, Regional Advisor to the Program on Maternal and Child Health and Family Planning, who described the Organization's aim of strengthening the component of family planning in the technical cooperation provided by the Organization.

In recent decades the concept of "reproductive health" has become an important component of the overall health of the individual, and since it is an area of concern for the entire population, it transcends the traditional limits of maternal and child care.

He pointed out that the practice of fertility regulation provides health benefits for individuals, families, and society; however, the current situation of maternal and child health programs and the population indicators show that, in spite of the progress achieved, much still remains to be accomplished. Probable demand has been estimated and some strategic recommendations have been formulated for the future. There has been discussion of strategies relating to policy, legislation, financing, quality of health care, management, and focusing on priority groups. A preliminary profile has been developed of the changes that will be required in the technical cooperation program of the Pan American Health Organization.

Discussion

The document was praised for its excellence, although it was felt that the issue of abortion should be examined from a broader perspective. It was also observed that intersectoral participation is increasingly needed in this area in order to address the problem of overpopulation in a rational and effective manner. Several members indicated that they favored retaining the expression "family planning." It was also pointed out that sufficient stress is not being placed on social marketing of contraceptives. Reference was made to the insufficient participation of men in family planning strategies and to the problem of adolescent pregnancy.

Dr. Solís responded that the approach to abortion was not conservative, but rather cautious, recognizing the risks involved. PAHO respects the decision of each country in this regard. He said that he believed the terms "family planning" and "regulation of fertility" could be used interchangeably. In response to an observation on breast-feeding, he said that it is being promoted in all the programs. He pointed out that PAHO has been promoting the participation of men in family planning activities for 20 years.

The Director emphasized that this subject is important for PAHO in view of its relationship to health. The activities of reproductive health care and family planning should be integrated into the health services. PAHO has no demographic goals of its

own but rather reflects the consensus of its Member Countries. As regards abortion, PAHO recognizes this issue and its repercussions on health. The Director expressed the opinion that the countries should endeavor to better utilize their resources so as to make fertility regulation accessible to 70%-100% of the population.

Item 8: Study of Operating Costs of the Pan American Institute for Food Protection and Zoonoses (INPPAZ) and Proposed Funding for the Biennium 1994-1995

In his presentation Dr. Raúl Londoño, Director of the Pan American Institute for Food Protection and Zoonoses (INPPAZ) explained how a study of operating costs comparing 1992 and proposed 1993 costs had been carried out in 1992 in compliance with mandates from the Directing Council of the Organization.

The total operating costs of INPPAZ for 1992 were \$3,231,160.

The costs for the biennium 1994-1995 had been estimated taking into account: for 1993, the same salaries for United Nations professional staff, an increase of 12.4% for national professional staff and staff hired under the national labor law, and an inflation rate of 15.7% for other costs. For 1994-1995 a 6% inflation increase for each of the years had been taken into account, in addition to the cost of electric power, the increase in national personnel, and the marginal increment in technical cooperation costs.

The operating costs for the biennium 1994-1995 had been estimated at \$9,686,467, and a financing proposal had been prepared based on that figure.

Discussion

It was agreed that the work of INPPAZ is very important for the Region and that its services are of great economic value for the countries. Concern was manifested over the high cost of INPPAZ, and it was suggested that the growing costs might be offset by the income derived from the sale of services.

Several members proposed that a market study of INPPAZ services be conducted as a means of ascertaining the existing real demand and of determining whether the program might be able to generate sufficient earnings to sustain itself or whether it would require permanent support.

The Director pointed out that INPPAZ is a new institution with a public service orientation, the aim of which is to support PAHO's efforts and cooperate with the governments. Consequently, the possibility of self-financing has not been considered.

Since it is a new institution, it will take time for it to earn international acceptance, especially with regard to animal products.

Item 9: Other Matters

The Director commented briefly on the reorganization of the PAHO Secretariat, and then requested the members to make suggestions on topics to be discussed at the next meeting of the Subcommittee.

A proposal was made to examine the subject of maintenance of medical equipment in the health units.

The 21st Meeting of the Subcommittee was set for 9 to 10 December 1993.



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

---



20<sup>th</sup> Meeting  
Washington, D.C., 7-9 April 1993

SPP20/2, Rev. 1  
9 April 1993  
9 April 1993

LIST OF PARTICIPANTS  
LISTA DE PARTICIPANTES



LIST OF PARTICIPANTS  
LISTA DE PARTICIPANTES

MEMBERS OF THE SUBCOMMITTEE  
MIEMBROS DEL SUBCOMITE

ARGENTINA

Dr. Argentino Luis Pico  
Jefe del Gabinete de Asesores  
Ministerio de Salud y Acción Social  
Buenos Aires

BARBADOS

Hon. Branford M. Taitt  
Minister of Health  
Ministry of Health  
Bridgetown

BELIZE  
BELICE

Dr. Errol Vanzie  
Director of Health Services  
Ministry of Health  
Belize City

CANADA

Mr. Edward M. Aiston  
Acting Director General  
International Affairs Directorate  
Department of National Health and Welfare  
Ottawa, Ontario

MEMBERS OF THE SUBCOMMITTEE (cont.)  
MIEMBROS DEL SUBCOMITE (cont.)

CANADA (cont.)

Alternate - Suplente

Mr. Rejean Beaulieu  
Deputy Director  
South American Relations Division  
Department of External Affairs  
Sussex, Ottawa

CUBA

Dr. Ramón Prado Peraza  
Director de Relaciones Internacionales, a.i.  
Ministerio de Salud Pública  
La Habana

Alternates - Suplentes

Dr. Miguel Avila Díaz  
Ministerio de Salud Pública  
La Habana

Lic. Pablo Rodríguez  
Sección de Intereses de Cuba  
Washington, D.C.

MEXICO

Dr. Federico Chávez Peón  
Director de Asuntos Internacionales  
Subsecretaría de Coordinación y Desarrollo  
Secretaría de Salud  
México, D.F.

MEMBERS OF THE SUBCOMMITTEE (cont.)  
MIEMBROS DEL SUBCOMITE (cont.)

UNITED STATES OF AMERICA  
ESTADOS UNIDOS DE AMERICA

Mr. Neil Boyer  
Director, Health and  
Transportation Programs  
Bureau of International Organization Affairs  
Department of State  
Washington, D.C.

Alternate - Suplente

Ms. Marlyn Kefauver  
Associate Director for Bilateral Programs  
Office of International Health  
Department of Health and Human Services  
Rockville, Maryland

OBSERVERS  
OBSERVADORES

CHILE

Dr. Jorge Litvak  
Agregado Científico  
Embajada de Chile  
Washington, D.C.

PAN AMERICAN SANITARY BUREAU  
OFICINA SANITARIA PANAMERICANA

Secretary ex officio  
Secretario ex officio

Dr. Carlyle Guerra de Macedo  
Director

Advisers to the Director of the Pan American Sanitary Bureau  
Asesores del Director de la Oficina Sanitaria Panamericana

Dr. Robert F. Knouss  
Deputy Director

Sir George A. O. Alleyne  
Assistant Director

Mr. Thomas Tracy  
Chief of Administration

Dr. David Brandling-Bennett  
Director, Division of Communicable Diseases  
Prevention and Control

Mr. Mark L. Schneider  
Chief, Analysis and Strategic Planning Coordination

Dr. Primo Arambulo  
Coordinator, Veterinary Public Health Program

Mr. Roger Dixon  
Country Program Analyst  
Assistant Director's Office

Mr. Hernán Fuenzalida  
Chief, Legal Affairs

Mr. James A. Milam  
Chief, Budget Office

PAN AMERICAN SANITARY BUREAU (cont.)  
OFICINA SANITARIA PANAMERICANA (cont.)

Advisers to the Director of the Pan American Sanitary Bureau (cont.)  
Asesores del Director de la Oficina Sanitaria Panamericana (cont.)

Dr. Juan Manuel Sotelo  
PAHO/WHO Representative in Mexico

Dr. João Yunes  
Chief, Maternal and Child Health and  
Family Planning Program

Chief, Department of Conference and General Services  
Jefe, Servicios de Conferencia y Servicios Generales

Mr. César A. Portocarrero

Chief, Conference and Secretariat Services  
Jefe, Servicios de Conferencia y Secretaría

Ms. Janice A. Barahona