executive committee of
the directing council

working party of
the regional committee

PAN AMERICAN HEALTH ORGANIZATION

WORLD HEALTH ORGANIZATION

118th Meeting
Washington, D.C.
June 1996

Provisional Agenda Item 3.1

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REPORT OF THE SUBCOMMITTEE ON PLANNING AND PROGRAMMING

The Subcommittee on Planning and Programming held two meetings during the period since the last meeting of the Executive Committee: the 25th Meeting, on 30 November and 1 December 1995; and the 26th Meeting, from 25 to 27 March 1996.

The 25th Meeting was attended by representatives of the following Subcommittee members elected by the Executive Committee: Bolivia, Canada, and Uruguay. By invitation of the Director, representatives of Brazil, Peru, and United States of America attended. Argentina and Mexico participated as observers. The World Health Organization was also represented at the meeting, as was the World Bank.

The 26th Meeting was attended by representatives of the following members of the Subcommittee elected by the Executive Committee: Bolivia, Canada, El Salvador, and Uruguay. In addition, Brazil, Peru, and United States of America attended as members designated by the Director. Bahamas, Cuba, France, and Mexico participated as observers.

Elected as officers of the 25th and 26th Meetings were the representatives of Uruguay (Chairman), Bolivia (Vice Chairman), and Peru (Rapporteur).

During the meetings the Subcommittee discussed the following agenda items:

1. Latin American and Caribbean System on Health Sciences Information

2. Joint Evaluation of PAHO/WHO Technical Cooperation in Bolivia

3. PAHO Program of Veterinary Public Health: Pan American Foot-and-Mouth Disease Center (PANAFTOSA) and Relations between PAHO and the Inter-American Institute for Cooperation on Agriculture (IICA)

4. Information Management in PAHO

5. PAHO Program on Food and Nutrition

6. Renewal of the Call for Health for All

7. Progress in the Implementation of the Regional Plan of Action on Violence and Health

8. Evaluation of PAHO Technical Cooperation in El Salvador

9. Evaluation of the Strategic and Programmatic Orientations, 1995-1998

10. Progress of Activities in Health Sector Reform

11. Progress in the Implementation of the Regional Plan for Investment in the Environment and Health

12. Collaboration between PAHO and Nongovernmental Organizations

13. Provisional Draft of the Program Budget of the World Health Organization for the Region of the Americas for the Financial Period 1998-1999

14. Review of the Terms of Reference and Rules of Procedure of the Subcommittee

15. Other matters

Attached are the final reports of the two meetings, which reflect the deliberations of the Subcommittee on these matters. Also attached is a review of the terms of reference of the Subcommittee, for consideration and action by the Executive Committee. This proposal updates the functions of the Subcommittee and adds to them the analysis of proposed orientations for general and specific policies, as well as the monitoring of their fulfillment. In addition, it separates the Terms of Reference from the Rules of Procedure and proposes the streamlining of Subcommittee activities.

Annexes

SUBCOMMITTEE ON PLANNING AND PROGRAMMING OF THE EXECUTIVE COMMITTEE: TERMS OF REFERENCE

DRAFT

Subcommittee on Planning and Programming of the Executive Committee

Terms of Reference

1. Nature

The Subcommittee on Planning and Programming is an auxiliary advisory body of the Executive Committee.

2. Functions

The Subcommittee has the following functions:

2.1 To advise the Executive Committee on matters referred to it by that body, or on its own initiative, regarding:

2.1.1 The proposed general and specific policy orientations of the Pan American Health Organization (PAHO) and the corresponding monitoring and evaluation reports;

2.1.2 The process and methodology of planning, programming, and budgeting, including the planning and development of PAHO administrative systems;

2.1.3 The process of technical cooperation with the countries, including monitoring and evaluation of achievement of the goal of health for all;

2.1.4 The reports from the monitoring of health conditions in the Americas and the economic and social factors that affect health conditions and the health sector;

2.1.5 Special programs, with particular emphasis on their formulation and evaluation.

2.2 To discharge any other function assigned to it by the Executive Committee.

2.3 To report annually to the June meeting of the Executive Committee on its deliberations and to present its concerns and recommendations for action by the Executive Committee.

3. Membership and Attendance

3.1 *Members*

The Subcommittee shall consist of seven Member States: four to be elected by the Executive Committee for terms of office running concurrently with those of their membership on the Executive Committee, and three to be named prior to each meeting of the Subcommittee by the Director of PASB in light of the specific topics to be considered at each meeting. Each of the elected Member States shall be entitled to designate one representative to the Subcommittee. Each representative may be accompanied by up to two alternates.

The names of representatives and alternates shall be communicated to the Director of PASB not less than 15 days before the opening of the meeting.

The expenses of representatives to meetings of the Subcommittee shall be paid by PAHO in accordance with the rules and regulations governing such expenses. The expenses of alternates shall be paid by the Member State concerned.

3.2 *Observers*

Member States not represented on the Subcommittee and invited institutions may, at their own expense, send observers, who may participate in the proceedings of the Subcommittee.

4. Meetings

The Subcommittee shall normally hold two regular meetings a year. Unless the Executive Committee decides otherwise, the first of these two meetings shall take place after the meeting of the Directing Council/Conference and before the meeting of the Executive Board of WHO, and the other after the meeting of the Executive Board of WHO and before the meeting of the Executive Committee of PAHO. Extraordinary meetings may be held.

Meetings of the Subcommittee shall be held at the Headquarters of PAHO on dates established by the Director in consultation with the Executive Committee.

Unless the Subcommittee decides otherwise, the sessions shall be public.

5. Changes in the Subcommittee

The Executive Committee shall, from time to time, make special reviews of the work of the Subcommittee.

The nature, composition, functions, and existence of the Subcommittee may be modified or terminated by a resolution of the Executive Committee.

SUBCOMMITTEE ON PLANNING AND PROGRAMMING OF THE EXECUTIVE COMMITTEE: FINAL REPORTS OF THE 25TH AND 26TH MEETINGS

PAN AMERICAN HEALTH ORGANIZATION

EXECUTIVE COMMITTEE OF THE DIRECTING COUNCIL

25th MEETING OF THE SUBCOMMITTEE ON PLANNING AND PROGRAMMING

Washington, D.C., 30 November - 1 December 1995

SPP25/FR (Eng.)
1 December 1995
ORIGINAL: SPANISH

FINAL REPORT

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FINAL REPORT

The 25th 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 30 November and 1 December 1995.

The meeting was attended by representatives of the following members of the Subcommittee elected by the Executive Committee: Bolivia, Canada, and Uruguay. Also present were representatives of the following designated members: Brazil, Peru, and the United States of America. Representatives of Argentina and Mexico attended as observers. The World Health Organization (WHO) was also represented at the meeting, as was one intergovernmental organization, the World Bank.

OPENING OF THE MEETING

Dr. George A. O. Alleyne, Director of PAHO, opened the meeting and welcomed the participants, extending a special welcome to the observers and the representatives of the World Health Organization. He highlighted several of the activities on which the Secretariat has focused since the XXXVIII Meeting of the Directing Council in September 1995, in particular its efforts to enhance communication and improve efficiency within the Organization. New channels of communication have been opened and an effort is being made to ensure that all staff understand the rationale for decisions made by PAHO senior management. In addition, the Organization's various units, centers, and systems have all been scrutinized with a view to making them more efficient, as a result of which changes have been made in the way some of them operate and others have been, or will be, eliminated. Dr. Alleyne told the Subcommittee that the Secretariat is engaged in an ongoing process of rethinking its role in the delivery of technical cooperation and clarifying its level of managerial interest in order to avoid false expectations about what it is able to do. That process also involves determining what action the countries are taking in the area of health and how they can cooperate among themselves. He noted that, as part of the process, a meeting on the subject of technical cooperation had been held immediately prior to the Subcommittee's meeting. The Director emphasized that all the measures he described had been taken first and foremost because they made good managerial sense and only secondarily because the Organization faces financial constraints.

Dr. Alleyne stressed that the Organization's strategic and programmatic orientations (SPO) provide the map for its technical cooperation activities. He mentioned three areas under the SPO that are considered particularly important. One is health sector reform, an issue of increasing interest to all the countries. The Secretariat is seeking, through various activities, to achieve clarity about how it can best support the

countries in their efforts at health reform. Another important area is health in development. PAHO is striving to transmit a broader view of health and stimulate common thinking among political leaders about the importance of health and its impact on a country's overall development. The third important area is the Organization's follow-up to the Summit of the Americas, held in Miami, Florida, in December 1994. Dr. Alleyne emphasized that PAHO is very serious about fulfilling the commitments it made at the Summit.

In regard to PAHO's current financial situation, the Director assured the Subcommittee that, while the financial difficulties are a reality that must be dealt with, they will not paralyze the Organization or prevent it from carrying out activities it considers crucial. On a positive note, he pointed out that, despite internal political and economic problems in the countries, most of them have made a noble effort to pay their quotas, and the quota collection level is higher than it has been in many years. A number of countries have paid their quotas in full, and only three have made no payment whatsoever for 1995. Nevertheless, in spite of spending reductions and projected savings, it appears likely that, for the first time in its history, the Organization will run a cash deficit at the end of the 1994-1995 biennium. As a result, PAHO will be obliged to refuse some requests for cooperation, regardless of how laudable they may be. Greater details on the financial situation and prospects for funding the Organization's programs will be provided to the Subcommittee at its 26th Meeting.

OFFICERS

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

The Subcommittee elected the following officers:

Chairman:	Uruguay	Dr. Alfredo Solari
Vice Chairman:	Bolivia	Dr. Javier Torres-Goitia Caballero
Rapporteur:	Peru	Dr. Pablo Augusto Meloni

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 and Program of Sessions
4. Latin American and Caribbean System on Health Sciences Information
5. Joint Evaluation of PAHO/WHO Technical Cooperation in Bolivia
6. PAHO Program on Veterinary Public Health: Pan American Foot-and-Mouth Disease Center (PANAFTOSA) and Relations between PAHO and the Inter-American Institute for Cooperation on Agriculture (IICA)
7. Information Management in PAHO
8. PAHO Program on Food and Nutrition
9. Other Matters

PRESENTATION AND DISCUSSION OF THE ITEMS

Item 4: Latin American and Caribbean System on Health Sciences Information

This item was introduced by Dr. Celia Zaher, Director of the Latin American and Caribbean Center on Health Sciences Information (BIREME). Dr. Zaher focused her remarks on the plan of action for the Latin American and Caribbean System on Health Sciences Information during the period 1995-1998. BIREME serves as the primary coordinating center for the System, which was created in 1992 and currently encompasses 37 countries and 602 libraries or documentation centers. There is a national coordinating center in each country which is responsible for the national network in that country. The guiding principles for the system are connectivity and cooperation through the use of common methodologies and terminology, resource-sharing, division of labor, and training. The goal is to share scientific knowledge, which requires three elements: communication links, training for users and agents, and applied information technology. One of the System's most valuable services is to provide access for health professionals

in the Region and throughout the world to health-related literature published in Latin America and the Caribbean through LILACS (Latin American and Caribbean Health Sciences Literature), MEDLINE (International Medical Literature), and other databases.

The aim of the system for the future is to move toward becoming a virtual medical library through the use of electronic information access and transfer technologies, including the Internet and the World Wide Web. The plan of action for 1995-1998 includes the following objectives and activities: (1) consolidation of the Latin American and Caribbean Health Sciences Information System through the development and strengthening of national health sciences information networks and specialized sub-networks; (2) increased direct access to sources of health sciences information through the implementation of local area computer networks within national coordinating centers, which will allow a number of users to have simultaneous access to databases and other online sources of information; (3) better control of health sciences information in order to step up the processing and input of national scientific literature into the LILACS database through enhancement of indexing, processing, and production capabilities and improvements in LILACS methodology; (4) development of human resources and education of users through national and regional courses, conferences and congresses of information professionals, and user education programs; and (5) research and development, including development of software to facilitate the use of databases, methodology for the production and distribution of full texts stored on CD-ROM or available through the Internet, methodology for disseminating information in multimedia format, and a study of the production of scientific literature in Latin America and the Caribbean.

Discussion

The Subcommittee commended Dr. Zaher on her presentation and on her strong leadership of the Center. BIREME's vital contribution to medical education in the Region was stressed. A number of questions were asked regarding the Center's operations. Several related to the degree to which BIREME is used by Brazilian institutions and by libraries outside of Brazil and the obstacles that impede more extensive utilization of its services. Other questions concerned the Center's budget and financing, user charges, cost recovery, and the possibility that BIREME could become entirely self-sustaining. It was pointed out that tremendous advances in information technology have made it possible for average individuals to have direct access to materials that could only be accessed by specialized institutions in the 1960s, when the Center was established. Given that fact and the financial constraints currently facing the Organization, one representative asked whether the continued existence of BIREME as a specialized center of the Organization could really be justified. The desirability of the Center's location in Brazil—as opposed to Washington, D.C.—was also questioned.

Dr. Zaher pointed out that BIREME is part of a decentralized information network with coordinating centers located in all the countries. In that sense its physical location is relatively unimportant. However, except for a center in Mexico, BIREME serves as the only MEDLARS (Medical Literature Analysis and Retrieval System) center for Latin America, and it provides users in Latin America with affordable access to MEDLINE and to the United States National Library of Medicine. Moreover, the Center plays a crucial role in training librarians throughout the network to handle information and provide training to users and in supporting and providing guidance to the medical libraries in the Region. For those reasons, Dr. Zaher considered the Center's continued existence to be justified.

In response to the questions concerning the Center's users, Dr. Zaher said that the largest proportion are in Brazil and the vast majority are libraries or other institutions, rather than individuals, although the number of individual users is growing. The obstacles to more extensive use of the Center's resources by individuals include lack of access to the Internet and the cost of conducting information searches, which is often prohibitive for individual investigators. In regard to financing, she said that the System is financed largely by the Brazilian Government and by Brazilian users. The Center also derives significant income from its contractual and technical assistance services and from the sale of products. With respect to cost recovery, Dr. Zaher noted that in the last four years BIREME has gone from relying exclusively on donors to selling its services and products in order to recover costs. Even the offices of the PAHO/WHO Representatives are charged a minimum fee for the LILACS CD-ROM.

The Director said that, while BIREME is sometimes thought of as a library, in fact it is a center for technical cooperation in the area of information management and dissemination. Its function is to ensure that the scientific information needed by medical professionals, educators, students, and investigators in Latin America and the Caribbean is made available so that it can be put to effective use. Dr. Alleyne felt that the Center deserved considerable credit for its ability to change with the times and update its services in response to the needs of its users. As for whether BIREME's continued existence is justified, he said that, until there is a private-sector agency that can provide the same essential information and technical cooperation services at a cost that is affordable for the countries, the Center should continue to exist. He stressed that the Secretariat does not see any overlap between BIREME's functions and the Organization's other information management activities, which were described to the Subcommittee under Item 7. Finally, he expressed the Organization's gratitude to the Government of Brazil and the Escola Paulista de Medicina for the support and facilities they have provided to BIREME.

Item 5: Joint Evaluation of PAHO/WHO Technical Cooperation in Bolivia

The presentation on this item was given by Dr. Javier Torres-Goitia Caballero, Undersecretary of Health of Bolivia; Dr. Carlos Linger, PAHO/WHO Representative in Bolivia; and Dr. Aissatou Kone-Diabi, Assistant Director-General of WHO. Dr. Linger began by reviewing the procedure followed and the results obtained from the joint evaluation, which was undertaken in May 1995. The objectives were to evaluate the nature and quality of cooperation between PAHO and the Government and institutions of Bolivia and to analyze the extent to which PAHO technical cooperation coincides with the priority needs identified by the country and with regional and global strategies and objectives. The evaluation also sought to determine which strategies, objectives, and activities should be reoriented in order to better meet the country's needs. The evaluation exercise involved a broad range of representatives of the health sector and other sectors in Bolivia, as well as representatives of international and bilateral cooperation agencies and nongovernmental organizations (NGOs). It provided an opportunity to examine not only PAHO's activities in the country but also to analyze and discuss health conditions and issues in Bolivia and examine how the various national and international agencies interact in the field of public health in the country. Hence, the evaluation yielded valuable information not only about what the Organization is doing in Bolivia, but also about the activities of other cooperation agencies, NGOs, and the Bolivian public sector.

Dr. Linger noted that the American Region Planning, Programming, Monitoring, and Evaluation System (AMPES) makes it possible to quantify the impacts of PAHO cooperation on national health policies and conditions. However, the evaluation also sought to assess how the Organization, from a strategic standpoint, has contributed to the process of national development and, in particular, to the development of the national health system and the new health care model being implemented by the government.

Four working groups met to examine how priority problems are being addressed in Bolivia. One group focused on maternal and child health and the activities being carried out under the country's Plan VIDA, a national plan aimed at reducing high maternal and infant mortality rates. The other groups focused on communicable diseases, health services development, and human resources. The groups were multisectoral and multidisciplinary and included representatives of various cooperation agencies and NGOs, as well as national officials. These groups made a number of recommendations applicable not just to the work of PAHO but also to that of other cooperation organizations represented in the evaluation meetings.

The final conclusions and recommendations of the evaluation were presented in Document SPP25/4. Generally speaking, the evaluation found that the Organization's strategic and programmatic orientations are consonant with the principal national policies

on human development and popular participation and that PAHO/WHO technical cooperation has helped to bring about improvements in the four areas examined by the working groups. However, coordination with the various secretariats and departments within the Ministry of Human Development and the Ministry of Sustainable Development needs to be improved, and the coordinating role of the Ministry of Human Development vis-à-vis the various international cooperation agencies needs to be strengthened in order to facilitate the implementation of national policies and rationalize the use of available resources. Technical cooperation in the future should focus, above all, on supporting the implementation of the new health care model, which will entail strengthening human resources, promoting popular participation, and supporting the involvement of new social actors in the health field.

Dr. Torres-Goitia highlighted some of the ways in which PAHO technical cooperation has contributed to health development in Bolivia and described the salient features of the new health care model that the country is currently implementing. He told the Subcommittee that shortly after the first evaluation of PAHO technical cooperation in Bolivia, conducted in 1983, the country decided to embark upon a process of strengthening popular participation, which is an important component of the new model. The Organization, through its representatives, has played a significant role in furthering that process. PAHO also made a crucial contribution to the eradication of poliomyelitis in Bolivia. In addition, the Organization is participating in the first joint effort by the World Bank and the Bolivian Government to develop a project for investment in health. That project, which is currently under way, has already yielded very positive results. Another very important aspect of the Organization's work in Bolivia is the program of intensified cooperation being carried out by WHO in the cities of Tupiza, Alto, and Viacha. Dr. Kone-Diabi provided the Subcommittee with additional information on the latter program.

With regard to the new health care model, Dr. Torres-Goitia said that its principal feature is a national decentralized and participatory health system. The model has four basic components: health care, human resources management, health services management, and the structure of services. Health centers at the local level are the foundation upon which the network of services is built. They are supported by hospitals at the secondary and tertiary care levels. The management model emphasizes popular participation, in keeping with Bolivia's law on popular participation, which transferred all responsibility for the infrastructure and for equipping and maintaining health services to municipal governments, while the central government was given responsibility for developing national health policies and overseeing human resources. The municipal government, the health sector, and representatives of the community share responsibility for managing health services at the municipal level.

Bolivia has adopted a somewhat different approach to decentralization than has been applied in other countries. Dr. Torres-Goitia described this approach as "decentralization by factors of production." Under this approach, control of the infrastructure of the three levels of care has been transferred to the municipal governments, but human resources at all three levels continue to come under the authority of the National Secretariat of Health. Financial resources for health care activities come from both the municipal and the central levels. As part of the decentralization process, 20% of all national tax revenues have been allocated to the municipal governments for health, education, housing, and other services. Surveillance committees have been established to oversee the effective use of these resources.

A municipal health plan is formulated at the local level on the basis of the health policies adopted at the national level. An extremely important aspect of the municipal health plan is that it is developed with the active participation of the local community so that it reflects the real needs of the people it is intended to benefit. By adopting an approach to health care that is not strictly medical or curative, but is multisectoral and encompasses efforts to improve education, sanitation, productivity, employment, and other factors related to health, the new health care model gives practical application to the concept of human development. Implementation of the new health care model, coupled with the intensification of health care activities and the application of appropriate policies on human, administrative, and financial resources, is expected to lead to significant improvement in health and all aspects of human development in the relatively near future.

Dr. Kone-Diabi described the WHO special program of intensive cooperation with the least developed countries, which is being carried out all over the world. In the Region of the Americas, five countries, including Bolivia, are taking part in the program. The intensified WHO cooperation (IWC) initiative was launched by the World Health Assembly in 1988, when, 10 years after Alma-Ata, it was acknowledged that the health of most of the poorest peoples and countries was not only not improving but was sometimes deteriorating. The aim of the initiative is to better focus WHO technical cooperation on poverty and its health consequences through a country-specific approach that promotes national capacity-building.

In Bolivia the main thrust of the IWC program has been the development of local health systems. Technical support for this process has been provided by the PAHO/WHO country office. The program has also focused on health financing, although to a lesser extent. An evaluation conducted in May 1995 in Tupiza, one of the cities targeted in the first phase of the program, yielded clear evidence of improvement in health care management and health care delivery in most districts since the program was initiated.

Dr. Kone-Diabi indicated that there are two important challenges for the future. The first is to integrate the lessons learned from local health system development into national policy-making, which has already occurred to some extent with the enactment of the law on popular participation and the design of the new health care model. The second challenge is to overcome a certain fragmentation of WHO support, which is linked to the programmatic structure of WHO. This can start at the country level by promoting team work and designing simple instruments and mechanisms to improve integration and coherence.

She concluded by noting that the recommendations and conclusions of the joint evaluation of PAHO/WHO technical cooperation will provide the strategic framework for the next phase of the IWC program.

Discussion

The Subcommittee felt that the presentations on this item were extremely thorough and provided a clear view of Bolivia's national health policies and how they are being applied. Several representatives pointed out that Bolivia's experience with decentralization and popular participation would provide valuable lessons for the other countries. Questions were asked regarding the timetable for implementation of the new health care model, the approach to and the impact of social participation in the areas of medical care and public health, and the way in which information is transmitted to the surveillance committees.

With regard to the joint evaluation, it was pointed out that the document (SPP25/4) contained little specific information about the projects carried out, the results obtained, the resources invested, and other details, nor did it indicate how the Organization's technical cooperation has evolved and been adjusted over the years to reflect national priorities and needs. Several questions were asked about how the WHO and PAHO cooperation programs are being coordinated in order to avoid overlap and duplication of efforts and about what steps are being taken to improve coordination among all the various actors in the health sector, as the evaluation indicated that the implementation of health policies was being hindered by lack of coordination. One representative suggested that the joint evaluations of PAHO/WHO technical cooperation with the countries might be useful tools for bilateral donor agencies and should perhaps be shared with them.

Dr. Torres-Goitia, responding to the question regarding the timetable for implementation of the new health care model, noted that transforming a centralized vertical system to a decentralized, horizontal, and participatory system is a monumental undertaking, but one which Bolivian officials intend to accomplish by August 1997, when the term of the current government will end. Several factors are facilitating the

transformation, namely, the existence of laws on decentralization and popular participation and the fact that both the population and the government are enthusiastic about the new health care model. Regarding the lack of coordination among the various actors in the health field, he said that under the new model the activities of all NGOs, bilateral cooperation agencies, international technical cooperation organizations, and other participants will be coordinated at the municipal level through negotiation and agreement on the action to be taken. He agreed with the suggestion that the evaluations of PAHO/WHO cooperation should be discussed with bilateral agencies, as this would also help to enhance coordination. Dr. Torres-Goitia emphasized that the Bolivian Government is immensely grateful for the cooperation the country receives from multilateral and bilateral agencies and nongovernmental organizations, but it is firmly convinced of the need for better coordination among them to avoid duplication of efforts and ensure the best use of resources.

In regard to the transmission of information to the surveillance committees, he said that data would be gathered by local information systems, which would allow for better short-term monitoring of some indicators. At the same time, however, the country is strengthening information systems at the central level in order to make information readily available to policy- and decision-makers in the health sector. With respect to the nature of popular participation at the various levels of the health care system, he said that in tertiary-level hospitals, this participation mainly takes the form of surveillance and the exercise of social control over expenditures and budget execution by the municipal government. At the primary care level, on the other hand, popular participation takes the form of co-management through processes of participatory planning.

Dr. Linger said that the aim of the document submitted to the Subcommittee was to present a general overview of the findings of the joint evaluation, which resulted in a lengthy and detailed report. He pointed out that the evaluation had two facets: an evaluation of the process of technical cooperation and an evaluation of the products of technical cooperation. The process evaluation looked at the changes that had occurred in the health sector in Bolivia over a seven-year period and attempted to measure what effect the Organization's technical cooperation had in process terms, which was not an easy task. The product evaluation, on the other hand, sought to measure the impact of the cooperation in quantitative terms, using AMPES. He then provided a more detailed account of the data that was gathered on a wide range of socioeconomic and health indicators, the quantity of regular and extrabudgetary resources devoted to work in the areas reviewed by the four working groups and the results achieved, the documents on various technical issues produced by PAHO during the evaluation period, and other aspects of the Organization's cooperation. The complete report is available for any representative who might wish to consult it.

The Director emphasized that the Organization is working very hard to ensure that its technical cooperation activities are evaluable, which implies establishing a clear definition of the expected results before the activities are initiated. The improvements that have recently been made in PAHO's planning and programming system have been aimed at enhancing its ability to evaluate whether or not expected results have been achieved. He agreed that it would probably be beneficial to share the results of joint evaluations of PAHO/WHO cooperation with bilateral agencies and said that the Secretariat would explore the idea further. With regard to the coordination of the WHO intensified cooperation and PAHO's efforts, he said that PAHO has insisted that there should be a single, unified program of PAHO/WHO cooperation with each country. Initiatives and activities that originate from within the various divisions and subdivisions of the Organization should be incorporated into the overall cooperation program. In his opinion, some of the very positive results that have been achieved in Bolivia and elsewhere are due to that strategy.

Item 6: PAHO Program on Veterinary Public Health: Pan American Foot-and-Mouth Disease Center (PANAFTOSA) and Relations between PAHO and the Inter-American Institute for Cooperation on Agriculture (IICA)

This item was discussed by the Subcommittee pursuant to requests from the 116th Meeting of the Executive Committee and the XXXVIII Meeting of the Directing Council, which asked the Director to report to the Subcommittee on PAHO's efforts to combat foot-and-mouth disease (FMD) and on the respective responsibilities of PAHO and IICA in the areas of FMD control and veterinary public health. The report was presented by Dr. Primo Arámbulo, Coordinator of the Veterinary Public Health Program, who traced the history of the Organization's involvement in FMD control efforts since 1950. In that year, the Organization of American States (OAS) requested that PAHO develop a foot-and-mouth disease control program. The Director of PAHO in turn sought the collaboration of IICA in formulating a joint proposal for the creation of a specialized Pan American center to combat the disease, as a result of which PANAFTOSA was established in October 1951.

In regard to the Center's financing, Dr. Arámbulo explained that until 1967 PANAFTOSA functioned as a technical assistance project of the OAS, administered by PAHO. In 1968, a plan was instituted under which the Center began to operate on a regular budget funded through quota contributions from member governments. In 1978 the Director of PAHO was requested to study the possibility of transferring responsibility for PANAFTOSA to international agencies more directly concerned with agriculture, in particular IICA. The results of that study were presented to the Directing Council of PAHO in 1983, at which time the Director was requested to begin negotiations with IICA for an agreement whereby the Center would remain under PAHO but IICA would

participate in its technical activities. The proposed agreement was submitted to IICA in late 1983 but, to date, that Institute has not formally responded.

Nevertheless, the Inter-American Council on Agriculture of IICA, at its second meeting held in 1983, concluded that PANAFTOSA should indeed remain under PAHO, because PAHO had the necessary infrastructure, technical capacity, and experience to effectively cooperate with the countries in the control and eradication of foot-and-mouth disease. Later that same year, the Directing Council of PAHO ratified the decision to retain PANAFTOSA within the Organization, and PAHO has continued to carry out the corresponding technical cooperation activities since then.

Dr. Arámbulo noted that, thanks to the Organization's efforts through PANAFTOSA, foot-and-mouth disease is on the verge of being eradicated from the Region, whereas in other regions, including Africa, Asia, and the Middle East, it remains a grave problem. He also pointed out that by cooperating with the countries to eradicate foot-and-mouth disease, PAHO has contributed to the achievement of one of the basic objectives set forth in the Pan American Sanitary Code, namely to eliminate any "unnecessary hindrance to international commerce and communication." Hence, through its technical cooperation activities in this area, the Organization has not only helped to increase the availability of animal protein and thus improve human nutrition and health, but it has also facilitated free trade, given the countries of the Region greater access to international markets, helped to alleviate poverty, and contributed to economic and social stabilization.

Discussion

It was pointed out that, although the document on this item presented a thorough review of PAHO's veterinary public health program and the Organization's relationship with IICA, it included little financial data, which made it difficult for the Subcommittee to make judgments about the program as a whole and its various subcomponents. The achievements in the control of foot-and-mouth disease were recognized, and it was emphasized that the value of the control program is not in question. The issue is whether or not PAHO, as an agency devoted to human health, should pay for it, especially in view of the Director's announcement that the Organization will run a deficit at the end of the 1994-1995 biennium. It was suggested that it would be more appropriate for those who benefit directly from the Center's activities—such as livestock producers and others in the agricultural sector—to finance those activities. In particular, it was suggested that more of the costs should be shifted to the private sector, especially since the Organization has already explored the possibility of transferring greater financial responsibility to IICA, but the latter institution has not given a formal response to the proposed agreement of 1983.

The Representative of Brazil, the host country for PANAFTOSA, expressed his government's commitment to provide its full support for the continued work of the Center. He endorsed the suggestion that the private sector might make a greater contribution to the financial support of the Center, given that it is in the interest of private producers to keep the Region free of foot-and-mouth disease.

Dr. Arámbulo emphasized that the Organization has continued to work closely with IICA, despite the fact that the 1983 agreement has never been signed. In addition, PAHO collaborates with almost all the agencies concerned with animal health in the Region, including IICA, the United Nations Food and Agriculture Organization (FAO), the Regional International Organization for Health in Agriculture and Livestock (OIRSA), and the International Office of Epizootics (IOE), through the International Group for Coordination of Animal Health (GICSA).

At the request of the Director, Dr. Vicente Astudillo, Director of PANAFTOSA, spoke about the potential for participation by the private sector in financing the Center's activities. He noted that efforts to control and eradicate foot-and-mouth disease have involved a wide variety of social actors outside the agricultural sector, including the health sector, the education sector, and universities, as well as the private sector. The private sector has played a major role in the successes achieved to date in controlling the disease, and there is tremendous potential for greater participation, especially as the public sector in the Region continues to contract in response to economic pressures. Dr. Estudillo also pointed out that FMD control efforts not only benefit livestock producers and exporters but help to improve the health and nutrition of the entire population. Moreover, in Brazil, the control program has helped to generate employment for approximately 7 million people. It should therefore be viewed not simply as an animal health program but as a health promotion program.

The Director told the Subcommittee that in his conversations with presidents and other high-level political leaders in the countries—including those in countries in which foot-and-mouth disease is not a problem but does pose a threat—they have repeatedly affirmed the importance that they attach to the control program. For that reason, he said he doubted that withdrawal of PAHO's financial support from PANAFTOSA would have any positive impact on the Organization's budget, because he considered it unlikely that the countries would be willing to contribute to the same extent to the PAHO budget if the Organization were no longer responsible for PANAFTOSA. In addition, the Director of IICA had indicated that the Institute is not in a position to take on financial responsibility for PANAFTOSA at this time. Hence, the Organization has two options: it can pursue the possibility of having another institution take responsibility for the Center, or it can attempt to enlist more input and active participation in the Center's operations and financing from other sectors. The Director considered the latter option to be the most advisable.

The consensus among the Subcommittee members was that PAHO should examine all possible options for financing the Center. In particular, the issue of greater participation by the private sector should be explored. The Subcommittee recommended that a document presenting all the options be submitted to the Executive Committee.

The Director agreed that a document would be prepared in which the question of transferring the Center to another agency would be reexamined, the importance of foot-and-mouth disease for the health and overall well-being of the peoples of the Region would be discussed in greater detail, and the extent to which the private sector might contribute would be analyzed.

Item 7: Information Management in PAHO

This item was introduced by Dr. David Brandling-Bennett, Deputy Director of PAHO, and Dr. Carlos Castillo Salgado, Coordinator of the Program on Health Situation Analysis (HDA). Dr. Brandling-Bennett began by pointing out that the Pan American Health Organization has a constitutional mandate to collect and disseminate information on health conditions and health actions in the Region. He told the Subcommittee that the Director has made information management a priority and has established the Committee for the Coordination of Information Systems, whose purpose is to develop strategies for using new information technologies and to coordinate the work of the units involved. He then described some of the activities that are being undertaken with a view to meeting the Organization's internal and external information needs.

One of those activities is the establishment and maintenance of a profile of health conditions and health services in each country, for which each of the technical divisions will participate in selecting the parameters and providing data. Final responsibility for organizing the profile and for its content will rest with HDA. The profiles will be maintained by the PAHO/WHO country offices, with support from HDA. The Secretariat is also seeking to take maximum advantage of new electronic communications resources such as the Internet and the World Wide Web. PAHO has had a gopher on the Internet since 1994 and has recently established a site on the World Wide Web to disseminate information about the Organization and its activities.

In order to facilitate access to the Organization's publications, the Office of Publications and Editorial Services (DBI) is in the process of setting up a network of PAHO Publication Centers in the countries. An important source of technical and scientific information is the Latin American and Caribbean Health Sciences Information Center (BIREME), which was described in detail to the Subcommittee under Item 4. Information about the Organization's program of technical cooperation is provided by the American Region Planning, Programming, Monitoring, and Evaluation System (AMPES), which was examined in depth by the Subcommittee at its 24th Meeting.

In regard to external functions of information management, a special aspect of PAHO's work with the countries is the improvement of national health systems, which have a myriad information needs. Dr. Brandling-Bennett emphasized that the Secretariat's role in this area is not to be the primary developer of information systems, since it does not have the capacity to provide the necessary maintenance and ongoing development services; rather, the Secretariat seeks to work with the countries and other agencies to select the most suitable systems from among those that are currently available or to advise on the development of special systems. Primary responsibility for this function rests with the Information Systems Program (HSI).

Dr. Castillo provided more specific information about PAHO's information management activities, in particular the work of the Health Situation Analysis Program and the Secretariat's efforts to compile country health profiles. He outlined the steps that have been taken to promote the modernization and improvement of information systems in order to enhance the ability of PAHO and the countries to monitor changes in health situation and population structure, assist governments in identifying unmet needs so that they can design more effective health policies, and assess levels of equity and human development in the Region. Dr. Castillo also underscored the importance of establishing and maintaining a base of health and epidemiological information to support the internal functions of the Secretariat and improve the Organization's technical cooperation with the countries.

He mentioned a number of the tools and resources the Organization uses for health situation analysis. One extremely valuable source of information is the Organization's database on population and mortality. A project is currently under way to make the information in PAHO's databases accessible through personal computers, which is expected to greatly facilitate the exchange and use of information. Other important resources are the publications *Health Conditions in the Americas*, *Health Statistics in the Americas*, and the PAHO *Epidemiological Bulletin*.

Additional information management activities of PAHO include its collaboration in the global process of revising the indicators for monitoring progress toward the goal of health for all and its efforts to help implement the 10th revision of the *International Statistical Classification of Diseases and Related Health Problems* (ICD-10) and improve vital statistics recording in the countries of the Region. PAHO also provides ad hoc responses to numerous requests for information from ministries of health, research institutions, and universities.

In regard to the country profiles, Dr. Castillo told the Subcommittee that the Secretariat is working to establish a set of basic core data on the health situation in each country that will enable it to plan and deliver technical cooperation more efficiently and support the countries in planning health services and programs. The Director has created

an interprogram advisory group, which is preparing recommendations on the set of core data to be maintained by the PAHO/WHO country offices and the mechanisms for the collection and dissemination of that data. The core data will consist of the minimum information necessary to characterize the health situation in each country and identify the problems to be addressed through the Organization's technical cooperation. Hence, the core data will include information on demographics, the socioeconomic context in which the Organization's cooperation is being provided, mortality and morbidity, and access to and coverage of health resources and services. The data will be updated every six months, annually, or biennially, depending on the type of statistics involved. The collection of these core data will not only contribute to the compilation of country profiles but will also facilitate and reduce duplication of effort in monitoring the indicators associated with the health-for-all initiative, the World Summit for Children, and 27 other mandates from the Governing Bodies of the Organization.

An important innovation in the area of information management is the implementation of geographic information systems, which are computerized systems that make it possible to analyze and visualize geo-referenced information, which in turn permits mapping of the health situation and characterization of epidemiological risk profiles at the regional, national, departmental, and local levels. These systems make it possible to target interventions to the highest-risk areas and thus achieve the greatest impact.

Discussion

The Subcommittee commended the Secretariat for its leadership in utilizing new technologies to enhance information management in the Organization. It was pointed out that the renewed emphasis on information collection and dissemination represents, in a sense, a return to the purposes for which the Organization was originally established. Several representatives felt that PAHO's experience would serve as a stimulus and a model for the countries as they seek to enhance their own information management capabilities. One suggested that the Secretariat might prepare a brief guide to new information technologies and resources to assist national officials in selecting those that are most appropriate for their particular purposes.

Several participants underscored the value of PAHO's activities in the area of epidemiological and disease surveillance. In this connection, it was pointed out that in the current age of instant communication, it is extremely important to have proactive systems that are capable of collecting and reporting information on health events, especially outbreaks of disease and epidemics, as they occur. With the increase in commercial links between countries, public health institutions need to develop rapid information dissemination capabilities in order to present factual information on issues that may affect trade or tourism and correct inaccurate or misleading information that

may have been transmitted by the mass media. PAHO was urged to move quickly to establish a computer-based information system to link key public health institutions, especially laboratories, throughout the Region in a network that can provide the public, as well as government officials and the business community, in the Member States with timely and reliable information.

It was underscored, however, that the value of an information system resides in its usefulness as a guide for decision-making. Hence, in choosing which new information technologies are to be employed, the Organization's foremost concern should be whether the information collected is being used as intensively and effectively as it should be to justify the cost of generating it. The drawbacks of using aggregate data, which do not reflect the reality in specific localities, were pointed out by several representatives.

It was emphasized that it is essential to strengthen the entities that collect data at the local level, because difficulties in the generation of information at the local level will ultimately be reflected in the quality of the data transmitted to the national, regional, and global levels. It is also essential to make the information comparable and homogeneous so that it can be used by health officials at all levels and in all countries. In the countries there is often a lack of adequately trained personnel who can interpret the data produced by information systems and apply it in making decisions that will bring about positive changes in local health conditions. Greater emphasis therefore needs to be placed on training at the national and local levels.

In regard to the country health profiles, one representative noted that the European regional office of WHO (EURO) is also preparing country profiles and expressed the hope that PAHO would coordinate its efforts with those of EURO in order to make the profiles comparable in terms of format and the kind of information presented. Another representative suggested that all the regions of WHO should be encouraged to prepare similar country profiles so that timely and uniform information would be available on all the WHO regions. As for the core data to be collected in each country, it was pointed out that the countries differ in terms of socioeconomic and health development and their capacity to generate the core data will therefore also differ. The cost-benefit ratio of producing the data should be borne in mind, and there should be some flexibility in regard to the type of information to be collected. A recent initiative carried out in the region along the Mexico-United States border was cited as a good example of how countries can collaborate in collecting data and developing epidemiological profiles of border areas, which can then be incorporated into the information to be made available to all the countries through PAHO.

The Director's efforts to coordinate and integrate the collection of information within the Organization were welcomed, because they reduce the burden on the countries, which have often been called upon to respond to multiple requests for data

from various units within PAHO as well as other organizations. In relation to the type of information being collected in the Region, it was suggested that the Organization and the individual Member States should focus more on the issue of investment in health and that there should be closer collaboration with the Inter-American Development Bank, the World Bank, and other financing agencies in monitoring and evaluating the impact that investment has on health conditions in the countries.

Questions were asked about the network of PAHO Publication Centers, how they will function, and what the implications of the Organization's use of the Internet to disseminate its publications will be in terms of the production of hard-copy publications and possible cost reductions.

In response to the Subcommittee's comments, Dr. Brandling-Bennett said that the Director and staff of the Secretariat felt strongly that the collection and management of information should lead to the taking of decisions. Information should not be recorded simply for historical purposes. In regard to the cost of collecting the core data and the type of information to be collected, he noted that costs would vary as would the information gathered; the Secretariat proposed to collect a common set of basic data, which most countries would have available and which would be supplemented by additional information that might be useful in particular cases. He agreed on the need for proactive information systems that allow for rapid reporting, noting that the outbreaks of Ebola virus in Zaire, equine encephalitis in Venezuela, and leptospirosis in Honduras, as well as other recent events, had shown the need to make information available quickly and enable countries to share information so that they can take a common approach to health emergencies. In response to the comments on the need for closer collaboration between PAHO and the multilateral lending agencies, Dr. Brandling-Bennett told the Subcommittee that, in the specific area of information management, the Organization has initiated discussions with the World Bank in response to that institution's interest in determining the burden of disease and ascertaining the cost and impact of interventions. PAHO will be carrying out data analysis in order to identify the most cost-effective interventions.

In reply to the question concerning coordination with EURO on the preparation of country profiles, Dr. Castillo said that PAHO is collaborating closely with the European office in exchanging information on the core data to be collected and that an attempt is being made to ensure that the profiles produced in the two regions are compatible. As for the implications of disseminating PAHO publications on the Internet and the World Wide Web, he said that one important result will be that the publications will reach a wider audience at a lower cost. He also informed the Subcommittee that the Organization will be selecting national epidemiological bulletins containing relevant information on specific topics to appear on the World Wide Web along with the PAHO *Epidemiological Bulletin*. In regard to the need for proactive surveillance systems, he

noted that, during 1996, the Secretariat would be launching a review process aimed at updating present health surveillance systems, which were put in place at the beginning of the 20th century when conditions were vastly different. The Secretariat is especially interested in the implementation of systems that are capable of monitoring not only health conditions and diseases but also the risk factors that determine them. Dr. Castillo also said that the Secretariat strongly supports the idea of linking public health laboratories in a network in order to enhance epidemiological surveillance in the Region.

In regard to the need to strengthen training at the local level, he noted that PAHO, through its Program on Health Situation Analysis and the offices of the PAHO/WHO representatives, is responding to this need by supporting the countries not just in collecting information but also in analyzing the information collected, so that local personnel will have the capacity to use data effectively in planning health activities. The Organization is concerned with making information useful at both the national and local levels. The implementation of geographic information systems, which provide information about specific localities and make it possible to tailor interventions to local needs, is expected to facilitate that effort. As for the cost to the countries of collecting the core data to be used in health profiles, he indicated that most of the costs would be covered as part of the Organization's technical cooperation and through donations from various institutions. The statistical packages for data analysis will also be made available without any direct cost to the countries.

At the request of Dr. Brandling-Bennett, Dr. Judith Navarro, Chief of the Office of Publications and Editorial Services (DBI), provided a more in-depth explanation of how the use of the Internet and other modern communication technologies will enable the Organization to do "more with less" by reducing production costs, saving time, making it easier to introduce changes in documents, and eliminating the need to print and store documents that have a limited readership and are to be used for only a short time. DBI expects to be able to provide information that it has not been able to produce up to now because of the cost of paper and postage. The Office also expects to sell more publications by using the Internet to promote them, and it expects to reach a much wider audience.

Dr. Roberto Rodrigues, Coordinator of the Information Systems Program (HSI), commented on the representatives' concerns regarding collection and use of data at the local level. He acknowledged that problems relating to the quality, relevance, and timeliness of data generated outside the Organization, and sometimes outside the health sector, are crucial issues and told the Subcommittee that HSI is exploring ways of addressing these issues and the multitude of other problems related to information systems, information technology, and information management. An important strategy for the Program will be to work at the grassroots level of information systems, because that is the point at which information is generated.

The Director welcomed the Subcommittee's enthusiastic response to the presentations on information management, which, as noted above, is a priority for his administration and a basic function of the Organization. In his view, PAHO has a responsibility to ensure that accurate and useful information about health problems and the steps being taken to combat them is put into the public domain. The Organization also has a responsibility to persuade ministries of health in the countries not to attempt to conceal information about disease outbreaks, epidemics, and other health problems, but rather to make sure that reliable information is issued as early as possible in order to dispel rumors and allay fears. He emphasized the importance of questioning data as a means toward improving its quality and said that part of the work of HDA is to stimulate such questioning. He also stressed the need to strengthen data generation capabilities at the local level in order to ensure that the data that get into global reports are accurate. He agreed that aggregate data can be misleading and said that PAHO is committed to providing disaggregated data to serve as a sound basis for decision-making.

On the issue of the need for closer relations between PAHO and multilateral financial institutions such as the World Bank and the IDB, the Director said that, in order to strengthen those relations, both the Organization and the countries must continually insist that the health sector be taken into account in discussions regarding financing from the multilateral agencies. In regard to the comments concerning information on investment in health, he informed the Subcommittee that PAHO has recently embarked upon a joint study with the United Nations Economic Commission for Latin America and the Caribbean (ECLAC) of the impact that investment in health can have on the future economic performance of a country. PAHO believes that the study will show that investment in health yields positive economic results.

Dr. Alleyne concluded his remarks by pointing out that the goal of making health care systems more equitable cannot be achieved unless there is some means of measuring the human condition and making the information available to everyone. PAHO expects to play a significant role in the "democratization of care" by helping to make health information accessible so that many health problems can be dealt with at the local level by average individuals.

Item 8: PAHO Program on Food and Nutrition

Dr. Wilma Freire, Coordinator of the Program on Food and Nutrition, presented the Regional Plan of Action formulated by the Program. She explained that a basic premise underlying the Plan is that the Organization should assume technical responsibility in the field of food and nutrition, focusing on the areas in which it is has unique knowledge and capabilities, while actively promoting the collaboration of other agencies in complementary efforts. The Program considers that only through such joint effort at both the regional and the local level will it be possible to make an effective

contribution toward reducing the nutritional problems that continue to affect the Region at alarming rates.

Dr. Freire outlined the ways in which the Plan of Action is directly related to each of the Organization's five strategic and programmatic orientations. The mission of the Plan is to promote the search for the most effective mechanisms to improve food security and the nutritional status of the population in the context of health promotion. The objectives are to promote the formulation of policies, plans, and programs on food and nutrition in the countries and to orient and promote interventions that will improve the nutritional situation in the Region. The specific targets for the year 2000 are consistent with those established at the World Summit for Children and the International Conference on Nutrition: reduction of the levels of severe and moderate protein-energy malnutrition by 50%; reduction of iron deficiency anemia in pregnant women by one third; virtual elimination of vitamin A deficiency; exclusive breast-feeding of infants until the age of 6 months and continued breast-feeding with the addition of appropriate supplementary foods thereafter; and identification of the underlying factors and appropriate interventions for preventing obesity and nutrition-related chronic noncommunicable diseases.

Three areas of action have been established under the Plan, namely: food security; prevention and management of malnutrition; and food and nutrition surveillance, education, and mass communication. The Program will provide technical cooperation in these areas through, inter alia, the development of programs to prevent and control protein-energy malnutrition, micronutrient deficiencies, and obesity among the poor, which is a growing problem in the Region; the design of plans of action to promote and facilitate breast-feeding; the design of food and nutrition surveillance systems to provide information for decision-making; advocacy at all levels to ensure attention to problems relating to food security and nutrition; the use of mass communication to promote changes in living conditions and lifestyles in terms of eating habits and nutrition; and promotion of scientific research to find new and more effective means of addressing food and nutrition problems. The Program will also cooperate with the Institute of Nutrition of Central America and Panama (INCAP), the Caribbean Food and Nutrition Institute (CFNI), the Latin American Center for Perinatology and Human Development (CLAP), WHO collaborating centers, and the scientific community in general.

Because the human resources of the Program at PAHO Headquarters are extremely limited, technical advisory groups will be formed to support the Program personnel in implementing the Plan of Action. The Program will also collaborate closely with the PAHO/WHO country offices, the majority of which have advisors working in the area of food and nutrition. Training will be provided for consultants and other local-level personnel, and technical documentation on issues relating to food and nutrition will also be prepared and distributed with a view to strengthening the delivery of cooperation.

The Program will also seek to collaborate actively with the regional food protection program in order to optimize the Organization's capacity to respond, with limited resources, to the demand for technical cooperation from the countries.

Discussion

Several representatives noted that the document submitted to the Subcommittee (SPP25/7) did not contain financial data showing the volume of resources to be devoted to the Plan of Action, nor did it indicate the sources of funding. It was also pointed out that the document contained no information on the status of efforts at the country level to develop national plans of action, as was called for under the international plan of action developed at the International Conference on Nutrition, held in Rome in 1992. Questions were asked regarding how the Regional Plan of Action would relate to the national plans and how the United Nations Food and Agriculture Organization (FAO) would contribute to the Plan's implementation, especially in the area of food security. The importance of coordination among all the various international and national agencies working in the area of food and nutrition was stressed, and examples were cited of how lack of such coordination can lead to duplication or invalidation of efforts.

Some representatives felt that the document should have explored the concept of food security more fully and should have focused more on the causes of food and nutrition problems, especially the relationship between those problems and development models that have fomented unequal distribution of income and exacerbated poverty. It was pointed out that food and nutrition programs and projects can have a negative impact on a country's agricultural sector and capacity for self-sufficiency by substituting foods donated from outside the country for locally produced agricultural products. This substitution may lead to a decrease in agricultural production or a shift to the production of agricultural products that are not beneficial for the nutrition or health of the population. Several representatives stressed that promotion of local agricultural development and encouragement of domestic food production should be a major component of all food security and nutrition programs. The population should also be educated to recognize the nutritional value of locally available foods.

Dr. Freire said that the Food and Nutrition Program is monitoring progress in the formulation of national plans of action and that all the countries have developed concrete proposals for action to address the various problems identified at the national level. The information on that process was too extensive to include in the document, but it is available from the Program. She assured the Subcommittee that the Program is aware of the need to work with other sectors, including the agricultural and financial sectors, as well as to collaborate with other agencies whose capabilities complement those of PAHO. She cited several examples of how the Organization is collaborating with UNICEF, the United States Agency for International Development (USAID), and other

organizations in efforts to promote breast-feeding. In response to the questions concerning financial data, she said that the amount allocated to the Program for the 1994-1995 biennium was US$ 7,890,400. For 1996-1997 its allocation will be $7,826,200. The Program is attempting to enhance its ability to negotiate with bilateral and multilateral financing agencies in order to mobilize more resources for food and nutrition efforts. It is also seeking to work with the IDB, the World Bank, and other such institutions to ensure that the resources they provide the countries for this purpose are used as effectively as possible.

She noted that the problem of rapid and unplanned urbanization in Latin America is engendering new problems—such as the increasing prevalence of obesity in populations that were previously undernourished—which require new approaches, especially because the etiology of the problems in Latin America is often quite different from the etiology of the same problems when they occur in developed countries. The Program considers it essential to solve the underlying causes of nutritional problems, which means addressing deficiencies in maternal and child health care, access to health services, education, and other areas. An interprogrammatic and inter-agency approach is therefore essential.

The Director acknowledged that the document could have included much more information about the links between development models, poverty, unequal distribution of income and other factors that have contributed to food and nutrition problems in the Region; however, a decision was made in 1994 to reduce the length of the documents submitted to the Governing Bodies and focus on the major policy issues that need to be addressed, without including a great deal of detailed background information. He pointed out that the issue of food and nutrition is extremely complex and can be viewed as both a health issue and an economic issue. The approach taken to the problem will depend on the perspective one adopts. PAHO has taken the view that investment in health, coupled with investment in nutrition, can be a powerful tool for correcting some of the inequalities that exist in income distribution in the countries and producing greater economic growth in the long term. The Organization as a whole is working to increase recognition of the relationship between health and the economic performance and well-being of the countries. However, it is beyond the scope and capabilities of the Program on Food and Nutrition Program to deal with those issues.

In relation to food security, Dr. Alleyne said that the Organization is well aware that some of the countries have import policies and practices that are intrinsically unhealthy and lead not only to undesirable changes in agricultural production but also contribute to increased prevalence of chronic afflictions such as heart disease. One of the strategies of the Program, and of the Organization as a whole, is advocacy at the political level, aimed at bringing about changes in policies that are detrimental to health. With respect to coordination with other organizations, the Director reported that he had

recently met with the leadership of FAO to discuss how PAHO and FAO might increase their collaboration in the area of food and nutrition. The Organization is also exploring ways in which it might work more actively with private-sector organizations to improve nutrition in the Region. Finally, in regard to the resources devoted to food and nutrition activities, he pointed out that the total amount will be greater than the figures cited by Dr. Freire, because the amounts allocated to the Program and to the countries will be supplemented by the funding allocated to the Pan American centers INCAP and CFNI, which are expected to receive considerable regular and extrabudgetary resources in 1996-1997.

The Subcommittee recommended that a revised version of the document be submitted to the Executive Committee. The revised version should contain information regarding the status of the national plans of action; if that information is not available in time for the 118th Meeting of the Executive Committee in June 1996, then the document should be submitted to a subsequent meeting. The revised document should also contain details about the resources available for the Program and should discuss the problems relating to agricultural policy and production in greater depth.

Item 9: Other Matters

The Subcommittee expressed its condolences to Dr. Ana María Alfaro de Gamero, Deputy Minister of Health of El Salvador and that country's representative on the Subcommittee, whose father passed away on 1 December 1995.

The Subcommittee endorsed the dates of 25-27 March 1996 for the 26th Meeting of the Subcommittee on Planning and Programming. The Director proposed that the agenda include the following items:

- a report on the renewal of the call for health for all;
- a progress report on the implementation of the Regional Plan of Action on Violence and Health;
- an evaluation of PAHO technical cooperation in a country to be selected by the Director;
- discussion of the evaluation of the strategic and programmatic orientations for 1995-1998, as a first step toward developing the indicators to be used in formulating the orientations for the next quadrennium;
- a report on the progress of activities in health sector reform;

- a report on progress under the Regional Plan for Investment in the Environment and Health;
- a report on collaboration between PAHO and nongovernmental organizations;
- discussion of the provisional draft of the program budget proposal of the World Health Organization for the Region of the Americas for the biennium 1998-1999.

The members of the Subcommittee indicated that, should it be necessary to eliminate any items in order to reduce the length of the proposed agenda, priority be given to discussion of the SPO for the next quadrennium, the PAHO portion of the WHO budget, health reform activities, and collaboration between PAHO and nongovernmental organizations.

Annex: List of Participants

PAN AMERICAN HEALTH ORGANIZATION

EXECUTIVE COMMITTEE OF THE DIRECTING COUNCIL

25th MEETING OF THE SUBCOMMITTEE ON PLANNING AND PROGRAMMING

Washington, D.C., 30 November - 1 December 1995

SPP25/2, Rev. 1
1 December 1995
1 diciembre 1995

LIST OF PARTICIPANTS
LISTA DE PARTICIPANTES

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PAN AMERICAN HEALTH ORGANIZATION

EXECUTIVE COMMITTEE OF THE DIRECTING COUNCIL

26th MEETING OF THE SUBCOMMITTEE ON PLANNING AND PROGRAMMING

Washington, D.C., 25-27 March 1996

SPP26/FR (Eng.)
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FINAL REPORT

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FINAL REPORT

The 26th 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 25-27 March 1996.

The meeting was attended by representatives of the following members of the Subcommittee elected by the Executive Committee: Bolivia, Canada, El Salvador, and Uruguay. Also present were representatives of the following designated members: Brazil, Peru, and United States of America. Representatives of the Bahamas, Cuba, France, and Mexico attended as observers. One nongovernmental organization, the World Federation of Public Health Associations, was also represented at the meeting.

OFFICERS

The officers for the meeting were as follows:

Chair:	Uruguay	Dr. Alfredo Solari
Vice Chair:	Bolivia	Dr. Oscar Sandoval Morón
Rapporteur:	Peru	Dr. Pablo Augusto Meloni

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

OPENING OF THE MEETING

Dr. Alleyne opened the meeting and welcomed the participants. He expressed the hope that the Subcommittee's discussions would be frank and open and would be characterized by greater informality and interaction among the participants than those that took place in the Executive Committee and the Directing Council. In that way the Subcommittee would better fulfill the purpose for which it had been created—to study and advise the Executive Committee on issues of importance to the work of the Organization.

ADOPTION OF THE AGENDA AND PROGRAM OF SESSIONS
(Documents SPP26/1, Rev.1 and SPP26/WP/1)

In accordance with Article 10 of the Rules of Procedure, the Subcommittee adopted the agenda and a program of sessions.

PRESENTATION AND DISCUSSION OF THE ITEMS

Renewal of the Call for Health for All (Document SPP26/3)

This item was introduced by Dr. Juan Manuel Sotelo and Ms. Cristina Puentes-Markides of the Office of Analysis and Strategic Planning. Dr. Sotelo told the Subcommittee that the thrust of PAHO's work in this area was to renew the Region's commitment and generate new enthusiasm for working toward the goal of health for all (HFA). To that end, the Organization had embarked upon a process aimed at constructing a Pan American approach to HFA, based on the current reality in the countries and founded on the principles of solidarity, sustainability, and, above all, equity. This process had entailed consultations with a wide variety of actors, including representatives of academic institutions, nongovernmental organizations (NGOs), and the private sector, as well as the official health sector in the Member States. Two other initiatives currently under way in the Organization were also related to the effort to renew the commitment to health for all: evaluation of the strategic and programmatic orientations (SPO) for 1995-1998 and rethinking international technical cooperation for health.

Ms. Puentes-Markides outlined the content of the document prepared by the Secretariat, which contained a timetable of activities and presented some proposed policy orientations, objectives, and strategies for renewing the commitment of the Organization as a whole and of the individual countries to the goal of HFA. The approach to HFA discussed in the document took account of the findings of past evaluations of the HFA strategies and the political, economic, social, demographic, and epidemiological changes that had occurred in the Region since the goal of HFA was adopted in 1977. In future efforts to achieve HFA, it was considered essential that the ethical dimension of health predominate, which meant ensuring universal access to health services.

She then briefly described each proposed policy orientation, noting that the orientations had emerged from the discussions and consultations held with various actors in the countries and from technical discussions within PAHO. The proposed objectives listed in the document were quite general in nature. They were all related basically to ensuring equitable access to health in the broadest sense of the word, including adequate health care services and a healthy environment. It was expected that the countries would

develop specific objectives in accordance with their national needs and priorities. No specific strategies were proposed in the document; however, the Organization's strategic and programmatic orientations provided a point of departure for reshaping the strategies, or identifying new ones, aimed at renewing the goal of HFA in the Americas.

Primary health care, the cornerstone of the original HFA initiative, was still seen as a viable strategy as well, although it needed to be revised and adapted to the present context in the Region. Any strategies that were eventually defined should be aimed at addressing priority health problems and maintaining or improving on health gains, and they must be adapted to national realities. One of the foremost concerns in the development and application of new strategies was whether or not the health reform efforts currently under way in the countries would contribute to the achievement of health for all.

Ms. Puentes-Markides concluded her presentation by noting that a regional conference on future trends and renewal of HFA would be held in Montevideo, Uruguay, on 9-12 June, under the cosponsorship of the Ministry of Public Health of Uruguay and PAHO. The meeting would be devoted to the examination of health policy issues, experiences, and trends related to the achievement of health for all.

The Subcommittee considered the document a sound basis for future efforts to achieve HFA in the Americas. It correctly identified equity and sustainability as the two key criteria for action, and it emphasized that human beings must be the focus of development. It also stressed the importance of adapting objectives and strategies to local realities. Several representatives underscored the need to take maximum advantage of the political and social changes occurring in the Region, especially in the area of health reform, in order to involve a wide variety of nongovernmental and private-sector actors and build the alliances referred to in the document. It was pointed out that failure to achieve health for all by the year 2000 would be due more to a lack of political commitment than to deficiencies in the strategies employed. Hence, efforts to renew the commitment to HFA must focus on obtaining political support for health initiatives. PAHO had an important role to play in helping health officials in the countries to convince political and financial decision-makers of the importance of health.

Several specific recommendations were made regarding how the document might be improved. It was suggested, inter alia, that the section on global cooperation for local development should be clarified and that an annex should be added describing what WHO in general was doing in order to renew the commitment to HFA in order to place efforts in the Americas in the context of the other efforts taking place in other regions and at WHO Headquarters. It was also felt that the document should give more in-depth treatment to the role of the population and to community involvement in the HFA process, without which the goal of health for all could not be attained.

The Subcommittee agreed that the meeting on HFA in Uruguay in June would provide a valuable opportunity to continue to explore ways of renewing the commitment to this goal. The Representative of Canada noted that his country also hoped to host an international conference as part of the process of formulating a new strategy for achieving HFA. That meeting, a WHO symposium on intersectoral collaboration, was tentatively scheduled for late 1996 or early 1997. The Bolivian Representative pointed out that the meeting to be held in Santa Cruz, Bolivia, in December 1996, as a follow-up to the 1994 Summit of the Americas, would provide another excellent opportunity to emphasize the need for high-level political support for the renewal of the HFA initiative.

Dr. Sotelo assured the representatives that the Secretariat would bear in mind their comments and suggestions as it revised the document for presentation to the Executive Committee. He agreed on the need to draw on the lessons learned from past HFA efforts and stressed the importance of sharing this information among the countries in order to advance as a Region toward the goal of HFA. In that connection, the Organization viewed the evaluation of its strategic and programmatic orientations as a means of helping the countries to assess their progress toward meeting their own national objectives in the HFA process. He also acknowledged the need to coordinate Pan American efforts with the global efforts of WHO and said that PAHO was working closely not only with WHO Headquarters but also with the other regional offices. Finally, he acknowledged the need to take advantage of high-level political gatherings, such as the follow-up meeting on the Summit of the Americas, to enlist greater political support for the HFA process.

The Director pointed out that the basic principles underlying the HFA initiative remained as valid today as they had been at Alma-Ata. The objective of the current effort to renew the commitment to HFA was to revive some of the original enthusiasm and dynamism associated with the initiative, which seemed to have waned over the years. One way of stimulating new enthusiasm was to demonstrate what successes had been achieved in the past, while at the same time pointing up the deficiencies that remained to be corrected. In order to do that, it was necessary to improve the monitoring capacity in many countries. It was also necessary to generate greater awareness in the countries of the inequities that were driving the effort to renew the call for HFA. From the PAHO perspective, it was essential to strengthen the capacity of the ministries of health to impress upon political leaders that the inequity expressed in health problems was an important political concern.

One major change that had occurred since Alma-Ata was the increasing involvement in health affairs of nongovernmental organizations and other actors outside the public sector. An important aspect of the renewal process was therefore to find ways to work effectively with these actors toward common goals. Dr. Alleyne concluded by pointing out that no country could guarantee health for all its people. In that sense, he

did not agree with those who maintained that health should be considered a basic human right. However, countries could guarantee that all their citizens had access to the facilities and services they needed to address their health concerns and problems. Assuring that access should therefore be the focus of efforts to achieve health for all.

Progress of Activities in Health Sector Reform (Document SPP26/7)

Dr. César Vieira, Coordinator of the Program on Public Policy and Health, introduced the document on this item (SPP26/7), which summarized the activities that PAHO had undertaken in the area of health reform pursuant to its strategic and programmatic orientations for 1995-1998 and the mandates of the Summit of the Americas (1994) and the Special Meeting on Health Sector Reform (September 1995). The document described three basic categories of action: cooperation with the countries, interagency action, and action within the PAHO Secretariat. Under each category there was also a list of activities which the Organization expected to pursue in the future.

The Americas appeared to be the WHO Region in which the greatest attention was being devoted to health reform issues. Almost all of the 37 countries and territories in the Region had implemented, or were contemplating, some type of health reform initiative. Data reported by the countries and presented in the document indicated that the most common type of reform measure adopted was decentralization, followed by the implementation of some kind of national health insurance scheme. To support the countries in the health reform process, PAHO had provided direct technical support through the PAHO/WHO Representative Offices, as well as through interprogram missions to some countries. The Organization's permanent presence in the countries gave it a comparative advantage vis-à-vis other agencies, which tended to have only intermittent contact with the countries through projects of limited duration. A long-term presence was especially important in protracted processes such as health reform. In addition to its technical support, PAHO had endeavored to provide political support for health reform efforts by promoting dialogue on reform issues with high-level government officials, as well as representatives of the private sector and civil society.

With regard to interagency coordination, the Organization continued to be an active participant on the Interagency Committee on Health Sector Reform, which had been responsible for organizing the aforementioned Special Meeting on Health Sector Reform and had made possible other intercountry leadership development activities. The Organization had also been working to promote coordination among agencies at the country level through information exchange and the formation of groups of external agencies to support national health reform efforts. One future activity foreseen in the area of interagency coordination was publication of the documents presented at the Special Meeting.

As for work within the Secretariat, Dr. Vieira noted that fulfilling the Organization's various mandates in the area of health reform had posed a major challenge because the issues were new and PAHO had limited experience in providing technical cooperation in this area. It was therefore necessary to enhance the capabilities of PAHO staff at Headquarters and to identify sources of knowledge and experience that could be mobilized through PAHO to support national health reform processes. Within the Secretariat, the Director had created an interprogram working group on health sector reform, which reflected the multidisciplinary approach required for health reform. The group had played a key role in helping to organize the Special Meeting on Health Sector Reform and had prepared a position paper that provided a basic framework for PAHO's activities in support of national health reform initiatives. The group was also continuing to oversee fulfillment of the mandates of the Summit of the Americas and the Special Meeting.

The Subcommittee commended PAHO on the alacrity and competence with which it had met the challenge of providing the countries with needed support in the health reform process. If the Region was in the forefront of health reform efforts, it was largely due to PAHO's leadership and encouragement. The Organization had clearly identified inequity as the major issue that needed to be addressed through health reform, which had helped to focus the process and move it forward. The role for PAHO described in the document was the right one. The Organization should concentrate on supporting the countries through activities such as mobilization of expertise, networking, and sharing of information, rather than attempting to direct the process or promote a single formula for health reform that would not take account of the differences between countries.

The value of sharing information on how the various countries were approaching health reform was underscored. It was suggested that it might be beneficial to organize information exchanges between countries that were pursuing similar objectives and utilizing similar policy instruments. Such exchanges might be more constructive than exchanges between countries with very different approaches.

It was pointed out that the sections on future activities in the document did not always indicate who was expected to carry out the activities. Moreover, the list of future activities was quite extensive and might be overly ambitious. It was suggested that it might therefore be wise to prioritize the proposed activities, emphasizing those aimed at leadership development, information sharing and dissemination, and mobilization of resources. It was also suggested that the document should state more explicitly how PAHO could best utilize its particular strengths and capabilities to support the countries. It was felt that PAHO had several advantages vis-à-vis other agencies that were not sufficiently emphasized in the document.

The importance of linking health reform to renewal of the goal of HFA was stressed. It was emphasized that PAHO should play a key role in guiding health reform efforts so that they were directed toward achieving health for all. One representative noted that as increasing attention was paid to health reform, there was a risk that it would become a sort of slogan which failed to take account of the fact that the process was different and sought different objectives in different countries. He proposed that the Organization should place less emphasis on the idea of health reform and more on the quest for equity, efficiency, and effectiveness.

The Organization was encouraged to continue to promote interagency coordination through the Interagency Committee, as a means of maximizing resources and efforts. It was suggested that it would be useful for the Interagency Committee to ascertain and disseminate the criteria that the various financing agencies applied in deciding whether to provide support for health reform initiatives in the countries.

Dr. José Romero Teruel, Director of the Division of Health and Human Development, replying to the comment on the term "health reform," said that the Organization thought of its work in this area as technical cooperation for the transformation of health systems and services, more than health reform per se. He affirmed that PAHO considered health sector reform very much a national process and was focusing its efforts on supporting the countries and collaborating in their efforts.

In response to the queries concerning future activities, Dr. Vieira said that the impression that the list was overly ambitious was perhaps due to the way in which the document had been structured. The document would be revised before it was presented to the Executive Committee with an eye to clearing up this confusion. With respect to the suggestion concerning exchanges of information between countries that were pursuing similar courses of health reform, he pointed out that valuable lessons could be learned from the successes and failures of countries that had tried different options. There was no need for countries to "reinvent the wheel" in their health reform initiatives.

The Director said that one of the fundamental purposes of the Organization was to provide a forum for the exchange of ideas among the countries, and it would continue to play that role in the area of health reform. It was essential to recognize that health reform was a national process, and it would be supremely arrogant for an external organization to try to impose a particular health reform scheme. One of the Organization's principal strengths was its disinterested presence in the countries, which enabled it to objectively assist the ministries of health in exploring the best health reform options for their respective national situations.

Dr. Alleyne agreed on the need for continued interagency dialogue. The Organization was endeavoring to collaborate closely with the multilateral financial agencies, in particular the Inter-American Development Bank, in order to become

involved as far upstream as possible in the development of health reform projects. PAHO maintained that health reform must address issues relating to both the organization of health systems and the financing of health systems, a perspective shared by the multilateral financial agencies, although they sometimes tended to place greater emphasis on the financial aspect. The Organization had devoted, and would continue to devote, much attention to making the achievement of equity the primary objective of the reform of health systems and services. However, it was also essential to bring about a reform in the perception of health. The way in which health systems were reformed was important, but it was equally important to achieve recognition of the importance of health at the political level.

Evaluation of PAHO Technical Cooperation in El Salvador (Document SPP26/5)

Dr. Gustavo Mora, PAHO/WHO Representative in El Salvador, and Dr. Ana María de Gamero, Vice Minister of Health, El Salvador, presented this item. Dr. Mora highlighted the principal features and results of the evaluation exercise. The purpose had been to evaluate the nature and quality of PAHO technical cooperation in El Salvador during the period 1993-1995, to analyze the degree to which the technical cooperation program coincided with the priority needs identified by the country and with the Organization's policies, and to identify the areas within the technical cooperation program in which change or adjustment was needed. Two aspects of the evaluation were particularly noteworthy: (1) it had been the first evaluation of PAHO technical cooperation in El Salvador, and (2) the evaluation period comprised two distinct phases—one immediately following the signing of the peace accords and the other following the election of a new government—as a result of which the national priorities for technical cooperation had changed somewhat.

Dr. Mora emphasized that one of the most positive aspects of the evaluation process had been that it had involved a wide range of actors, not just from the Ministry of Health but from other institutions. One of the most important products of the evaluation had been the concept of "strategic areas," which had grown out of the need to consolidate the large number of projects carried out during the evaluation period and group them according to the Organization's strategic and programmatic orientations. As a result, the plan for PAHO technical cooperation during 1996 had been reformulated and the proposed projects had been consolidated into four major projects, which coincided with the strategic areas. One of the implications of this consolidated project approach had been a shift in the focus of the Organization's efforts away from direct participation in carrying out project activities and toward the facilitation of processes, the mobilization of resources, and the management of technical cooperation. Another implication had been increased interagency coordination and collaboration.

The evaluation had revealed that improvement was needed in the programming and evaluation of technical cooperation in order to quantify the extent to which expected results were being achieved. Dr. Mora described a health system development project under way in El Salvador to illustrate how progress was being made in defining objectives and indicators that would permit quantification of results.

In regard to the utilization of the technical cooperation budget, the largest share (62%) had been allocated to the strategic area "Health in Development and Health Systems." That distribution of resources reflected the priority which the Government had attached to modernization and reform of the health sector and development of local health systems. The bulk of technical cooperation resources received during the evaluation period had been extrabudgetary funds.

The evaluation yielded a number of recommendations regarding the future role of PAHO in the country, priority areas for the use of technical cooperation resources, and lines of action for cooperation. Dr. Mora drew particular attention to those relating to the Organization's role in supporting the whole process of health sector reform, in interagency coordination, and in the consolidation of projects, which, as indicated above, had already been reflected in the reprogramming of technical cooperation for the 1996 budget year.

Dr. Gamero outlined the national health plan for 1994-1999 and explained how the Organization's activities had been coordinated with those of the Government. The country's health plan emphasized four major objectives, namely, health sector reform, intersectoral action and social participation, comprehensive health care, and environmental protection. The current administration had made education and health priorities. The health sector in El Salvador was in a relatively advantageous position because the Government had recognized that health was an essential ingredient for national development and had increased the health budget accordingly.

During 1994-1995, health sector reform efforts had been concentrated in three main areas: decentralization and deconcentration of functions, accompanied by the creation of 13 new health regions; transfer of resources and responsibilities from the Ministry of Health to other entities, including private-sector entities; and development of human resources. A number of health promotion initiatives had also been launched, with participation by other ministries and institutions. As a result of the Government's efforts and with PAHO support, substantial improvements in the health situation had been registered. Health service coverage, health infrastructure, and participation had all increased considerably. In addition, indicators such as infant mortality had improved, polio had been eradicated, the measles virus was no longer present in the country, micronutrient deficiencies had been reduced through fortification of foods, and the safety of the blood supply had been assured, among other achievements.

Dr. Gamero concluded her presentation by emphasizing that the technical cooperation being provided by PAHO in the various strategic areas coincided fully with the objectives being sought by the Government under the national health plan.

The Subcommittee commended Dr. Mora and Dr. Gamero on an excellent report, which gave a clear idea of how PAHO technical cooperation was responding to El Salvador's health priorities and needs and contained specific methodological and budgetary information. Moreover, it placed the necessary emphasis on what PAHO was doing in the country, whereas reports of past evaluations had sometimes tended to focus more on the actions of the country itself. The document also indicated that the evaluation process had been highly participatory. The involvement of a broad range of institutional and social actors was extremely important in a country such as El Salvador with a recent history of conflict between various segments of the society.

Some representatives felt that the report should have included a more detailed account of the results produced by the Organization's technical cooperation. Several questions were asked regarding the extent to which the lessons learned from this evaluation would have broader applicability for technical cooperation with other countries in the Region.

Dr. Gamero noted that the joint evaluation had been practically a national forum on health sector action at the national level. It had been a lengthy process, which had required considerable financial and human resources. While it had been a valuable exercise, it might have been more effective and less costly to focus on a single strategic area, which would have given a more detailed view of what was being accomplished through PAHO technical cooperation in that particular area.

Dr. Mora said that it was necessary to seek mechanisms that would enable the Organization to derive the benefits of joint evaluations but avoid the high costs. In future evaluations it would be wise to follow Dr. Gamero's suggestion and focus on one or two priority areas; however, because this evaluation had been the first one ever conducted in El Salvador, it had been important to look at the whole technical cooperation program. Enhancement of information systems would also streamline the evaluation process, because the more systematized the information was, the easier it would be to quantify the results of technical cooperation.

Replying to the questions regarding the broader applicability of the joint evaluations of technical cooperation, Dr. Alleyne noted that one of the lessons that had been learned from previous evaluations was that it was essential in the programming phase to clearly state what results were expected from the cooperation and who was responsible for achieving them. The Organization was currently applying that lesson in the programming of all its technical cooperation. The joint evaluations offered both

direct and indirect benefits. The direct benefit was that they showed the extent to which the Organization's technical cooperation was responding to the countries' priorities. The indirect benefit was that evaluations brought together people in the countries who might otherwise not have entered into contact with one another, thus fostering better intersectoral relations.

The Director thanked Dr. Gamero for her valuable contribution to the success of the evaluation.

Progress in the Implementation of the Regional Plan of Action on Violence and Health (Document SPP26/4)

Dr. João Yunes, Director ad interim of the Division of Health Promotion and Protection, introduced this item. He cited statistics that illustrated the alarming increase in the number of deaths and injuries due to violence in the Region and pointed out that the phenomenon of violence was rooted in poverty and social inequities, which tended to lead to aggressive behaviors as a means of resolving family and social conflicts. Stemming the epidemic of violence was one of the biggest challenges facing public health professionals today. The health sector had a key role to play in addressing the problem through the promotion of equity and respect for human life, as well as the physical and psychosocial integrity of all people. The Division of Health Promotion and Protection had therefore made implementation of the Regional Plan of Action on Violence and Health a top priority.

Dr. Rodrigo Guerrero, Coordinator of the Program on Healthy Lifestyles and Mental Health, then outlined the content of the document, which summarized the actions undertaken by the Secretariat in the context of the Regional Plan of Action formulated pursuant to a resolution adopted by the Directing Council in 1993. He emphasized that the Plan was strongly oriented toward prevention and health promotion, in keeping with the principles set forth in Resolution CD37.R19. One of the main activities carried out under the Plan had been the Inter-American Conference on Society, Violence, and Health, held in Washington, D.C., in November 1994. The Conference had brought together high-level leaders from all over the Region to discuss and seek solutions to the epidemic of violence. The conclusions and recommendations of the meeting had been disseminated on the World Wide Web and were to be published in the near future.

Another extremely important area of activity under the Plan was epidemiological surveillance, which made it possible to understand the risk factors for violence—an essential requirement for devising solutions to the problem. Dr. Guerrero pointed out that mortality from violence was probably underestimated in many countries because of misclassification of deaths due to external causes. It was therefore considered essential to establish clear guidelines to assist the countries in correctly registering these deaths.

For that purpose, the Organization had cosponsored a workshop on epidemiological surveillance of homicides and suicides, held in Cali, Colombia, in May 1995. The recommendations of the workshop were already being applied in several countries. Additional workshops on epidemiological surveillance were planned for the future.

Other activities included the design of a multicenter study on cultural norms and attitudes toward violence, aimed at finding explanations for violent trends and the reasons why there were sometimes marked differences between countries that were similar in other respects; a workshop on the costs of violence aimed at obtaining a single standardized instrument for measuring the economic impact of violence; and seminars for government leaders and members of the communications media on ways of preventing violence and encouraging healthy lifestyles.

The members of the Subcommittee commended the Organization for all that it had accomplished in the two years since the Plan was launched. The Plan's emphasis on epidemiological surveillance, raising awareness of the problem, and resource mobilization was correct. Good progress had been made toward gaining a better understanding of the magnitude and complexity of the problem, which was essential before any solutions could be proposed. It was felt, however, that the issues must be studied in greater depth. It was necessary to examine and address factors such as unemployment, inequitable distribution of income, and poor quality of education and housing, which were underlying causes of violence. The activities planned to raise awareness among the media were considered extremely important, and PAHO was encouraged to pursue other similar activities aimed at social mobilization.

Several representatives considered that the document had not given adequate attention to the manifestations and consequences of violence against women, young people, and the elderly, nor did it take sufficient account of forms of violence other than homicide and suicide. Abandonment and neglect were also expressions of violence. It was pointed out that the geographic breakdown of homicide rates in the document did not provide any basis for comparison or analysis. Grouping the countries by rates would have been preferable, as it might have yielded some clues as to why the rates were high in some countries and relatively low in others.

Dr. Yunes agreed that it would be advisable to present data by country rather than by subregion because the subregional groupings masked the differences between countries, which were sometimes substantial. Even within a single country, there were sometimes marked differences in rates of death from violent causes. In reply to the suggestion that the document should have given greater attention to other forms of violence, he clarified that the Secretariat considered the term "violent causes" to mean external causes, which included homicides, suicides, and motor vehicle and other types of accidents. Of those three, homicide was the cause of death that had increased most

dramatically in the Region, which explained the document's focus on that particular form of violence. Nevertheless, PAHO was acutely aware of the seriousness of other types of violence, such as child abuse and violence against women.

Dr. Guerrero noted that in order to formulate the Plan of Action it had been necessary to first define what constituted violence, which was not always easy. The Organization had decided to adopt the definition used by the U.S. Centers for Disease Control and Prevention, which was admittedly a rather narrow definition, but it made it possible to begin to measure the problem and it provided a common point of departure for discussion. Although the importance of other non-fatal forms of violence was recognized, it was much more difficult to quantify their effects. Incidences of violence against women and children, for example, often went unreported. New methodologies were needed that would make it possible to assess the magnitude and impact of these problems.

In regard to the geographic breakdown of the countries in the document, he explained that it had been used because it was the same classification as that used in the publication *Health Conditions in the Americas* and because it had the advantage of making the data easier to grasp. Nevertheless, he acknowledged the need to present data in a way that would make comparison possible. He emphasized that the Organization's basic objective was to provide the information and support that the countries needed in order to formulate their own plans of action and mobilize resources to address the problem of violence. The situation in each country was different, and each country must therefore find solutions that were suited to its particular needs. Dr. Guerrero thanked the representatives for their comments on the document and assured them that their suggestions would be incorporated in the version to be presented to the Executive Committee.

The Director pointed out that the document before the Subcommittee was intended to be a follow-up to the Regional Plan of Action, and it therefore did not go into great detail about certain matters. Many of the concerns raised by the representatives had been addressed in the original Plan of Action and in the document containing the conclusions of the Inter-American Meeting on Society, Violence, and Health. However, those documents were quite voluminous, and it had been considered impractical to attach them to Document SPP26/4. He also noted that it was impossible to devise solutions to a problem without understanding its nature, which meant agreeing on a concrete definition of the problem. It was for that reason that the Secretariat had decided to use the definition in the document. In regard to the issue of violence against women, he said that the Organization was engaged in a major effort to see how the problem could be exposed and what could be done about it.

Evaluation of the Strategic and Programmatic Orientations, 1995-1998 (Document SPP26/6)

Dr. Germán Perdomo, of the Office of Analysis and Strategic Planning, recalled that Resolution CSP24.R3 had requested the countries and the Secretariat to monitor progress in fulfilling the strategic and programmatic orientations (SPO) and had encouraged them to draw on the lessons learned from the evaluation of the SPO for 1995-1998 in formulating the strategic and programmatic orientations for the 1999-2002 quadrennium. He then outlined the steps that the Secretariat had taken to date in the evaluation process.

The evaluation was intended to determine how the SPO had been incorporated into the programming of the Organization's technical cooperation and into the national policies and plans of the countries. Since 1995 the Secretariat had been applying the SPO in the programming of all technical cooperation, utilizing the American Region Planning, Programming, Monitoring, and Evaluation System (AMPES); detailed information about AMPES had been presented to the Governing Bodies on various occasions. For each technical cooperation project, clear objectives and indicators were defined and linked to the lines of action established under the SPO, which provided the basis for monitoring the Secretariat's compliance with those lines of action. However, inasmuch as the Organization's technical cooperation was provided in response to national needs and national health planning, it was also necessary to examine how the SPO were being reflected in national health policies and planning. For this purpose, the Secretariat had selected several countries to participate in a test evaluation process.

This initial evaluation experience had yielded a number of valuable insights, which would be applied when the evaluation process was extended to the rest of the countries. Dr. Perdomo mentioned several noteworthy findings of the evaluation. The principal one was that, in the countries evaluated, the SPO were in fact being reflected in national health policies and plans; however, not all the countries had developed indicators for monitoring and evaluation. Officials in the countries had stressed that every attempt should be made to utilize traditional public health indicators and existing information systems in order to avoid the cost of developing new indicators and systems. Nevertheless, there was a need to develop new indicators to measure changes in health inequities and in areas such as health promotion, in which no good indicators were currently available. National officials had also clearly indicated that monitoring and evaluating the SPO was synonymous with monitoring and evaluating national policies and plans. It must be a national process, and specific persons must be designated at the national level, within the government and within the PAHO/WHO Representative Office, to take responsibility for the evaluation. They had also stressed the need for technical cooperation, both from PAHO and among countries, to enable them to effectively carry

out the evaluation process. Finally, national officials had recommended that annual reports be prepared each year prior to submission of the final report on evaluation of the SPO to the XXV Pan American Sanitary Conference.

The Subcommittee unanimously affirmed the importance of monitoring and evaluating the degree to which the strategic and programmatic orientations had been applied. However, the representatives disagreed on what the focus of the evaluation should be. Some felt that it should be aimed primarily at determining how the SPO had been incorporated into Secretariat's technical cooperation with the countries. The document contained very little information about what the Secretariat had done to fulfill the lines of action established under the SPO. Other representatives thought that the evaluation of the SPO must be a national process. One pointed out that the true test of the orientations was the impact they had on the life of the people in the countries, and in order to determine that it was essential to look at how the SPO had been applied at the national level. Others noted that the SPO were intended to guide the work of the entire Organization, which comprised both the countries and the Secretariat. The SPO were therefore a collective definition of goals and objectives, although not all countries would embrace the same goals and objectives.

There was consensus among the representatives that every attempt should be made to utilize existing indicators and data so as to reduce the burden on the countries, which were asked to produce data for many different reports. Several representatives also emphasized the need for the Organization to provide technical cooperation to assist the countries in compiling the necessary information for the evaluation of the SPO. The importance of having a baseline against which to measure progress was also stressed.

Regarding the formulation of the strategic and programmatic orientations for 1999-2002, it was pointed out that the initial evaluation of only a few countries did not provide sufficient information to enable the Subcommittee to draw any conclusions about how the orientations should be changed or adapted for the next quadrennium. More information was needed on how effective the current SPO had been in all the countries. Nevertheless, regardless of the findings of the evaluation, it was felt that the next set of SPO should focus on problems that were of great concern to the majority of the countries and problems that had a heavy social impact, such as AIDS. The new orientations should also emphasize activities such as disease surveillance that could best be performed by an international organization. It was essential to concentrate efforts and resources in those areas in which PAHO had a comparative advantage and could have a real impact.

Dr. Perdomo noted that during 1996 the evaluation process was to be extended into the rest of the countries of the Region. The experience gained from the initial exercise described in the document and the recommendations of the Governing Bodies would be taken into account in carrying out the Regionwide evaluation. He agreed on

the need for baseline data in order to assess the degree to which health conditions had improved. For purposes of the evaluation, the baseline would be 1994, the year in which the SPO were adopted, although the Secretariat was aware that in some cases data for that year were not available. He stressed that every effort would be made to minimize the burden that the evaluation imposed on the countries by utilizing the same data already being collected for other evaluations and health situation assessments. In regard to the focus of the evaluation, he pointed out that the countries had made a commitment to apply the orientations at the national level, so it was essential to look at how they were incorporating the SPO into their policies, plans, and programs, as well as at how the Secretariat was supporting the countries' efforts through its technical cooperation.

Dr. Sotelo explained that through AMPES the Secretariat was continually monitoring its technical cooperation and the extent to which objectives of the SPO were being achieved. The joint evaluations, such as the one recently conducted in El Salvador, and the presentations made to the Governing Bodies on the work of the various Regional programs, were are also aimed at evaluating the effectiveness of PAHO's technical cooperation.

The Director pointed out that on several previous occasions—in discussions with the Governing Bodies on the budget, AMPES, and other topics—the Secretariat had presented detailed accounts of the results it expected to achieve from its work, based on the SPO. It had not been considered necessary to reiterate that information in documents prepared for the Subcommittee. Moreover, when the Governing Bodies had discussed the evaluation of the strategic orientations for the 1991-1994 quadrennium, a number of delegates had remarked that the countries should have been involved from the beginning of the four-year period in determining how the orientations would be evaluated. Through the initial evaluation experience described in the document, the Secretariat was endeavoring to respond to that recommendation. He emphasized that the SPO represented a collective commitment by the Secretariat and the countries to work toward reducing inequities and achieving health for all. The evaluation should therefore also be a collective effort. The final report on the SPO would show what the countries had done to achieve the collective goals and how the Secretariat had helped them.

Progress in the Implementation of the Regional Plan for Investment in the Environment and Health (Document SPP26/8)

Dr. Daniel López Acuña, Chief of the Executive Secretariat of the Regional Plan for Investment in the Environment and Health (PIAS), summarized the activities that had been undertaken since the Regional Plan was approved in 1992. He recalled that the Plan had been conceived as a long-term response to the problems revealed by the cholera epidemic. It provided a framework for mobilization of the investments needed in the Region in order to overcome the existing deficits in health services, sanitation, and water

supply. Dr. López Acuña noted that there had been some initial confusion regarding the Plan's purpose. Because of its name, some people had thought that the Plan was exclusively an environmental initiative. However, the Plan was intended to foster investment in the health sector as a whole, including environmental health. It was an initiative aimed not only at reestablishing the flows of investment that had existed prior to the economic crisis of the 1980s, but also at utilizing investment as a strategic instrument for the modernization and reform of both the health and environmental sectors.

As the agency responsible for coordinating implementation of the Plan in the Region, PAHO had undertaken a number of activities in the three years since the PIAS was launched. Within the Pan American Sanitary Bureau, the Executive Secretariat for the PIAS had been established to coordinate the efforts of the various divisions and programs. In addition, in keeping with the Organization's strategic and programmatic orientations, one of PAHO's principal activities had been to promote attention to issues relating to health and human development at high-level forums of political leaders, including the II, IV, and V Ibero-American Summits of Heads of State and Government. The Organization had also provided support for preinvestment activities, assisting the countries in the identification, design, and implementation of investment projects to be financed with national funds or through international cooperation. PAHO was providing technical cooperation for preinvestment activities in four major areas: sectoral analysis, development of master investment plans, formulation of investment proposals, and institutional development for planning, managing, and evaluating investment projects.

Another very important focus for the Organization was building strategic alliances with other multilateral and bilateral agencies to provide technical and financial cooperation for the countries' investment efforts. Dr. López Acuña stressed that PAHO was seeking to form synergistic partnerships in which the Organization's technical expertise could be combined with the financial resources of the international development banks, bilateral agencies, and other multilateral cooperation agencies to support the development of the countries. He described several specific activities that had been carried out since 1992 and concluded by saying that the Organization's efforts, coupled with those of other agencies—in particular the World Bank, the Inter-American Development Bank, and the United States Agency for International Development—had been extremely fruitful in terms of the development of instruments and the mobilization of financing for sectoral analyses, the design of preinvestment projects, and selective participation in the execution of technical cooperation components of some investment projects.

Several representatives described ways in which their countries had benefited from the Organization's technical cooperation under the PIAS and emphasized that the Plan was greatly needed, given the huge deficits in health and environmental sanitation

services that existed in the Region. However, one representative pointed out that the Plan was extremely ambitious and questioned whether the Organization had the resources and capacity to implement an initiative of such magnitude. Other representatives emphasized that PAHO's support was mainly catalytic and that the Organization had a key role to play in assisting the countries to formulate technically sound projects, which they could then present to the multilateral lending agencies for financing.

Various representatives raised questions regarding the functions of the Executive Secretariat of the PIAS and whether they overlapped with those of other programs within the Secretariat. It was suggested that it might be more efficient to assign responsibility for the Plan to one of the divisions.

There was consensus that the scope of the Plan and PAHO's role in implementing it needed to be clearly delimited. In particular it was felt that, while the environmental problems to be addressed had been clearly identified, a more precise definition of the activities to be undertaken under the health component of the Plan was needed. Several representatives noted that the document placed a great deal of emphasis on health reform and on the use of investment as a strategic instrument for health reform, which seemed to indicate a shift away from the Plan's original focus on correcting the deficiencies in sanitation, drinking water, solid waste, and health services. PAHO was encouraged to intensify its collaboration with other multilateral agencies, as well as to expand formal consultations with other bilateral donors, with a view to achieving better coordination of efforts and channeling resources more effectively.

In reply to the questions concerning the Plan's focus and the emphasis on health reform, Dr. López Acuña said that the original focus had not changed. The Plan called for investment in two major areas: environmental health, including water supply, sanitation, and solid waste disposal, and health services and infrastructure. In the latter area, the vast majority of requests for technical and financial cooperation had to do with some aspect of health reform (e.g., expansion of coverage, modernization of services, reduction of inequities), which explained the document's attention to health reform.

With regard to the Organization's role in the implementation of the PIAS, its basic function was to support the countries in formulating investment projects and mobilizing funding for those projects. Through its preinvestment activities, PAHO was filling an urgent need expressed by many countries. The multilateral financial agencies had a mandate to increase lending for social-sector projects, but the countries lacked the capacity to design "bankable" projects and required technical support from PAHO for this purpose.

Responding to the question concerning consultations with donor and lending agencies, Dr. López Acuña emphasized that PAHO had put both formal and informal mechanisms in place to facilitate such consultations. One was the Advisory Council for

the PIAS, which involved various multilateral and bilateral agencies, in addition to PAHO. The Organization also held informal discussions on a regular basis with the Inter-American Development Bank and the World Bank.

The Director pointed out that many of the issues raised by the representatives had been addressed in the original Plan. As with the Regional Plan of Action on Violence and Health, some confusion could probably have been avoided if more background information had been included in the document presented to the Subcommittee. He promised that more background and more of the kinds of information requested by the representatives would be included the next time a report on the PIAS was presented to the Governing Bodies. He said that he would respond to the questions regarding the advisability of transferring responsibility for the PIAS to one of the divisions when the Subcommittee discussed the budget.

Provisional Draft of the Program Budget of the World Health Organization for the Region of the Americas for the Financial Period 1998-1999 (Document SPP26/10)

Mr. Leo Lamarche, of the Office of Budget, told the Subcommittee that the budget and planning guidelines issued by the Director-General of WHO for the 1998-1999 biennium provided for no overall program growth with respect to the 1996-1997 budget. As a result, in order to maintain its current level of program activity, PAHO would have to absorb a cost increase of approximately US$ 6.5 million. The initial planning allocation received from the Director-General was $79,794,000.

The Director recalled that the World Health Assembly had approved the 1996-1997 budget with a 2.5% increase, and there had been much discussion regarding how that increase was to be apportioned. Finally, however, most of it had gone to satisfy currency exchange differentials at WHO Headquarters and the other Regions. The Americas had been apportioned $79.8 million, the same as in the 1994-1995 biennium, and none of the 7.6% cost increase contained in the budget proposal submitted by PAHO had been approved. The Director-General had then reduced the Region's apportionment by 10%, or close to $8 million. Hence, in effect, it would be necessary to absorb a reduction of almost 20% in the WHO portion of the Region's 1996-1997 budget.

In light of that situation, coupled with the difficulty that two of the Organization's major contributors were having in meeting their quota contributions, it would be necessary to take some precautions in order not to end the 1996-1997 biennium in deficit, as had occurred in 1994-1995. He had consulted with senior staff within the Secretariat and with all the PAHO/WHO Representatives and the Directors of the Pan American centers, as well as with the Staff Association, in order to determine how the Secretariat's activities should be adapted in response to the budget shortfall. He then outlined some of the proposed measures, which included clearly distinguishing the roles of the Regional

and country programs and eliminating those activities that were not Regional and those functions that were not critical to the Secretariat's core responsibilities; reducing the use of consultants and sharing staff across units; rationalizing some aspects of the technical program structure, including fusing the Executive Secretariat of the PIAS with the Division of Health Systems and Services Development; administrative streamlining; and reviewing some program areas to determine how they might be streamlined and whether some of their functions might be discharged by national institutions.

Some of the proposed changes might be effected through freezing or eliminating vacant posts, transferring personnel, or accepting early retirement of staff. The Director emphasized the need to follow an open, logical, and transparent process if there were to be staff reductions. He also stressed that some of the proposed changes would be beneficial even if there were no budget shortfall. Those and other measures would yield a Secretariat that was better equipped to survive and prosper in the next century. All the proposed actions were based on the premise that the countries valued the work of the Secretariat and believed that the Organization had an important role to play in enhancing health in the Americas.

The Subcommittee commended the Director for his sound approach to the budget situation and his efforts to achieve greater efficiency. All the representatives affirmed the value of PAHO's work. The eradication of polio was cited as just one example of how the Organization had helped improve the health of the Region's people. Its continued existence was essential in order to maintain the health gains made thus far and respond effectively to new threats.

The need to avoid across-the-board cuts in programs was stressed, as was the need to apply established criteria and ensure transparency in the process of making program reductions. That process should target program areas that were not of the highest priority. It was suggested that the Pan American centers and the Veterinary Public Health Program should be carefully scrutinized.

Strong concern was expressed regarding the insufficient allocation that PAHO received from WHO. It was emphasized that the countries should have a greater say in determining how WHO redistributed the funds it received from them. One representative pointed out that only 27.7% of the amount contributed by the countries of the Region to the WHO budget was returned to the Region in the WHO allocation to the Americas, and with the expected reductions in the allocation for 1998-1999 that percentage would decrease to 27%. Several representatives felt that the countries should insist that the WHO budget for the Region be increased at least enough to enable PAHO to cover cost increases and maintain its current level of program spending.

The Representative of the United States of America said that budget appropriations from his country for contributions to all organizations in the United Nations system were expected to be far less in 1996 than was necessary for the country to pay its assessments in full. It was an unfortunate fact that the amount PAHO would receive from WHO would probably be less than budgeted in part because the amount WHO received from his country would be lower, and the amount PAHO received for its own regular budget would be lower as well. Hence, both WHO and PAHO would need to try to refocus their resources. The Representative also expressed the hope that the document presented to the Executive Committee would contain a more detailed breakdown of program expenditures and a comparison not just to the previous budget but to the actual spending of the Organization.

Mr. Lamarche explained that the budget proposal contained in the document had been prepared in the format mandated by WHO. He assured the Subcommittee that the budget presented to Executive Committee would give a detailed breakdown of program expenditures and clearly show where changes and reductions had been made.

The Director assured the representatives that he would bear in mind their suggestions regarding which program areas should be reviewed with a view to seeing whether efforts were being duplicated and whether there were any areas that were not critical to the Organization's core responsibilities. He would look first at areas in which savings could be realized without affecting the efficiency and effectiveness of programs. More specific information on the matter would be presented to the Executive Committee. Dr. Alleyne said that he would transmit to the Director-General of WHO the Subcommittee's view that there should be no reduction in the allocation to the Region; however, he urged those countries that were members of the Executive Board of WHO to also put forward this position at the Board's meeting.

Collaboration between PAHO and Nongovernmental Organizations (Document SPP26/9)

Ms. Kate Dickson, of the Office of External Relations, introduced this item, noting that the document prepared by the Secretariat attempted to highlight the gains that had been made in the previous six years through an initiative aimed at promoting more effective working relations with nongovernmental organizations (NGOs). The document also presented some criteria which should guide the establishment of ties with NGOs. She noted that an increasing flow of international assistance was being channeled through NGOs, and they were almost universally recognized as active and important partners in all priority development sectors. They were increasingly viewed as one of many vehicles which could assist in strengthening the democratic process, increasing social participation, and enhancing the governments' overall performance in social services. Ms. Dickson posed the following six questions for consideration by the Subcommittee:

(1) How systematically was the Organization working with NGOs in such program areas as women, health, and development; noncommunicable and infectious diseases; health and the environment; family health and population; immunization and vaccines; and emergency relief? (2) Could more be done? (3) Had governments really come to accept that NGOs had a significant contribution to make in achieving the goal of health for all? (4) Were experiences in collaboration with NGOs being sufficiently documented and disseminated? (5) In working with NGOs and other sectors of society did the Organization have a vision that focused on the possibilities, rather than the problems, a vision that encompassed broad change as well as practical efforts? (6) What were the priority areas where NGOs could make a significant contribution?

Ms. Dickson described several of the collaborative activities that PAHO had undertaken with NGOs since 1991. She emphasized that the process had been very instructive. One of the main lessons that the Organization had learned was that collaboration with NGOs required personnel who were specially trained in managing collaborative processes and facilitators with proven negotiation skills. At a recent seminar on building effective partnerships with NGOs, there had been consensus on the importance of continuing to give precedence to PAHO's efforts in this area and working more systematically with NGOs in all the programs. A number of recommendations had emerged from the seminar, including the following: create appropriate conditions which heighten appreciation by NGOs and governments of each other's respective strengths, comparative advantages, and roles; hold effective meetings that build relationships, provide valuable information, and lead to important decisions on national priorities and the strategic lines of action; disclose organizational interests; create geographically specific and theme-specific networks capable of interacting with government councils at the local, departmental, and national levels; encourage the systematization of NGO experiences and their subsequent dissemination, discussion, and analysis; and establish an environment which supports open and frank discussions between participants and recognizes NGO independence and institutional autonomy.

She concluded by noting that the experience and knowledge which PAHO had accumulated over the previous six years had placed it in a leadership role with respect to other international agencies in terms of facilitating ongoing dialogue and creating structural frameworks for practical NGO collaboration in specific areas such as health and human development. The models that had been developed, the lessons that had been learned, and the effort to incorporate NGOs, as a distinct and important part of civil society, into health development and reform processes were beginning to serve as working examples that could be replicated to suit national political, social, and economic situations in many countries in the Region.

The Subcommittee acknowledged the growing importance of NGOs and the need to build effective working relationships with them. Several representatives described ways in which NGOs were contributing to health promotion and education activities and

the delivery of health care services in their countries. It was pointed out that the tradition of working with NGOs was not as well developed in most Latin American countries as it was in countries such as the United States of America and Canada because there had historically been a lack of trust and understanding between the governments and NGOs. Many NGOs in Latin America had been formed for political purposes and they were often perceived as being anti-government organizations. As a result, there had been many missed opportunities for productive collaboration in health activities. Governments were now recognizing that many NGOs had unique strengths and capabilities that could make them valuable allies. For example, they often had greater flexibility and closer ties to local populations. However, their activities were often project-related and therefore finite. Collaboration between governments and NGOs could help to lend greater continuity to their efforts.

In order to work effectively with NGOs, it was important first to build a relationship based on trust and mutual respect. It was also necessary to establish a common language between governments and NGOs because of the different perspectives from which they approached their activities. It was emphasized that strategies for working with NGOs would be successful only if they were implemented at the national, departmental, and local levels, bearing in mind the particular characteristics and social history of each country. The Organization—especially the PAHO/WHO Representatives in the countries—had an important role to play as a catalyst and facilitator of dialogue between NGOs and governments.

One representative pointed out that the definition of NGOs contained in the document might be too narrow, as it covered only NGOs engaged in service delivery or research. That definition failed to take account of many NGOs that were health advocacy organizations or that were devoted to health education. It was also suggested that, given the negative connotations associated with the term "nongovernmental organizations," it might be preferable to refer to them as "civil society organizations."

Ms. Dickson noted that it was always difficult to arrive at a satisfactory definition of NGO, owing to the diversity of these organizations, and said that the Secretariat would take account of the comments made by the representatives in attempting to formulate a better definition in future iterations of the document. She also emphasized that PAHO respected the position of each country in regard to the areas in which they wished to have the participation of NGOs.

In regard to the name "nongovernmental organization," the Director acknowledged that it did have negative connotations, but he pointed out that NGOs were not the only components of civil society. He stressed that PAHO did not view NGOs as an alternative to governments. The Organization sought to facilitate action between government entities and NGOs, not to undermine the authority of governments.

Nevertheless, it was important to recognize and take advantage of the things that NGOs could do more effectively than governments; often they had more freedom because they did not have the same responsibilities toward the populations they served as did elected governments. He cited the participation of the Rotary Foundation in the polio eradication effort as an example of how NGOs could complement and enhance the work of both the governments and PAHO.

Review of the Terms of Reference and Rules of Procedure of the Subcommittee (Document SPP26/11)

Dr. Juan Manuel Sotelo, Chief of the Office of Analysis and Strategic Planning, noted that the dynamics within the Organization and conditions in the Member States had changed since the Subcommittee was established in 1979. Accordingly, it was necessary to adjust the functions and responsibilities of the Subcommittee in order to enhance its role as an advisory body to the Executive Committee. The document contained a proposal for modifying the Subcommittee's terms of reference and rules of procedure. The changes in the terms of reference were aimed, above all, at fostering a greater exchange of opinions, alternatives, and proposals in the Subcommittee meetings and enabling it to make a concrete contribution to the formulation of the Organization's strategic and programmatic orientations for each quadrennium. In regard to the proposed rules of procedure, the principal change concerned the deadline for sending the documents to the representatives, which had been decreased from 30 days to 21 days to make the deadline consistent with that established for Executive Committee documents.

Ms. Janice Barahona, Chief of Conference Services, noted that the proposal before the Subcommittee separated the terms of reference from the rules of procedure. Concerning the rules of procedure, to facilitate the advisory function of the Subcommittee, representatives might consider if they would wish the Secretariat to modify the style of the documents it presented to the Subcommittee to give representatives a more active part in determining the content of the final documents to be submitted to the Executive Committee; likewise, representatives might wish to consider if there were measures that might make the format of the meeting more interactive and encourage informal discussion, such as having a moderator rather than a chair, or having participants address each other by name rather than by country during debate.

The consensus of the Subcommittee was that, generally speaking, the proposed terms of reference were appropriate. Several representatives noted that, although the Subcommittee was an advisory body and therefore did not formally adopt decisions or resolutions, it would be advisable to have some kind of mechanism for expressing decisions of the Subcommittee. It was suggested that, given the need to conserve resources, perhaps the Organization should not be expected to pay the expenses of

representatives of the Member Governments elected to serve on the Subcommittee. However, it was pointed out that for some countries, covering the expenses of their representatives would impose a substantial burden and would limit their ability to participate in the Subcommittee meetings.

In regard to the proposed rules of procedure, the suggestion that representatives be identified by their names rather than by their countries during discussions was considered a good way to promote greater informality and interaction. One representative suggested that Section 4, concerning the establishment of ad hoc working parties, should specify that observer governments were also entitled to participate, along with Subcommittee members, in any such working parties. The Brazilian representative noted that the rules of procedure established that the working languages of the Subcommittee would be English and Spanish and suggested that members should be entitled to request that translation of the documents and oral interpretation of the proceedings be provided in Portuguese or French, which were also official languages of the Organization. With respect to the documents, some representatives liked the idea of receiving draft documents, which could then be modified and finalized, bearing in mind the Subcommittee's comments and suggestions. Others thought that draft versions might be less clear and therefore more difficult to discuss. However, whatever form the documents took, it was essential for them to arrive in the countries sufficiently in advance of the meeting to allow time for them to be circulated and commented on by national officials. The representatives urged the Secretariat to make every attempt to send out the documents more than 21 days in advance. It was also felt that the documents should state more explicitly what action or decisions the Subcommittee was expected to take with regard to the various issues discussed.

The Director pointed out that, because the Subcommittee was a subsidiary body of the Executive Committee, the members did not serve in a personal capacity but as representatives of their governments. Concerning the expenses of members of the SubCommittee to attend its meetings, he considered that the Organization had an obligation to offer to pay the expenses of representatives of members, although the Governments were not obligated to accept that offer. He emphasized that the proposal to modify the terms of reference and rules of procedure did not reflect any dissatisfaction on the part of the Secretariat with the work of the Subcommittee. Rather, the aim was to clarify the Subcommittee's functions and promote greater debate and exchange in the meetings.

Regarding the proposal that some decision-making mechanism be established, he said that he would consult with the legal staff of the Organization and report to the Executive Committee on whether it was feasible to do so. As for the working languages of the Subcommittee, he pointed out that providing translation and interpretation in languages other than Spanish and English would entail considerable expense and asked

for the indulgence of those members whose language was French or Portuguese. Referring to Section 7 of the proposed rules of procedure, he noted that it was a function of the Director to designate the technical secretary for the Subcommittee's meetings and said that the wording of that section should be changed accordingly. He thanked the representatives for their suggestions regarding the documents and said that the Secretariat would endeavor to clarify what action or recommendations were expected from the Subcommittee and would make every attempt to send the documents to the countries more than 21 days before the meetings.

The Subcommittee decided to recommend that the Executive Committee adopt the terms of reference. In addition, the Subcommittee decided to approve the proposed rules of procedure, with the change in Section 7 indicated by the Director.

Annexes

AGENDA

1. Opening of the Meeting
2. Adoption of the Agenda and Program of Sessions
3. Renewal of the Call for Health for All
4. Progress in the Implementation of the Regional Plan of Action on Violence and Health
5. Evaluation of PAHO Technical Cooperation in El Salvador
6. Evaluation of the Strategic and Programmatic Orientations, 1995-1998
7. Progress of Activities in Health Sector Reform
8. Progress in the Implementation of the Regional Plan for Investment in the Environment and Health
9. Collaboration between PAHO and Nongovernmental Organizations
10. Provisional Draft of the Program Budget of the World Health Organization for the Region of the Americas for the Financial Period 1998-1999
11. Revision of the Terms of Reference and Rules of Procedure of the Subcommittee
12. Other Matters

LIST OF DOCUMENTS

Working Documents

SPP26/3	Renewal of the Call for Health for All
SPP26/4	Progress in the Implementation of the Regional Plan of Action on Violence and Health
SPP26/5	Evaluation of PAHO Technical Cooperation in El Salvador
SPP26/6	Evaluation of the Strategic and Programmatic Orientations, 1995-1996
SPP26/7	Progress of Activities in Health Sector Reform
SPP26/8	Progress in the Implementation of the Regional Plan for Investment in the Environment and Health
SPP26/9	Collaboration Between PAHO and Nongovernmental Organizations
SPP26/10	Provisional Draft of the Program Budget of the World Health Organization for the Region of the Americas for the Financial Period 1998-1999
SPP26/11	Review of the Terms of Reference and Rules of Procedure of the Subcommittee

Information Documents

Rules of Procedure of the Subcommittee on Planning and Programming

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26th MEETING OF THE SUBCOMMITTEE ON PLANNING AND PROGRAMMING

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