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PAN AMERICAN HEALTH ORGANIZATION

Working group of
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REPORT OF THE SUBCOMMITTEE ON PLANNING AND PROGRAMMING

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The Subcommittee on Planning and Programming held two meetings during the period since the last meeting of the Executive Committee: the 27th Meeting, on 4 and 5 December 1996; and the 28th Meeting, on 3 and 4 April 1997.

The 27th Meeting was attended by representatives of the following Subcommittee members elected by the Executive Committee: Bahamas, Colombia, El Salvador, and Panama. By invitation of the Director, representatives of Argentina, Canada, Chile, and United States of America attended. Brazil, Cuba, and France participated as observers.

The 28th Meeting was attended by representatives of the following members of the Subcommittee elected by the Executive Committee: Bahamas, Colombia, El Salvador, and Panama. In addition, Argentina, Brazil, Canada, Mexico, and United States of America attended as members designated by the Director. Cuba, France, and Uruguay participated as observers.

Elected as officers of the 27th and 28th Meetings were the representatives of Panama (Chairman), Chile (Vice Chairman), and Bahamas (Rapporteur).

During the meetings the Subcommittee discussed the following agenda items:

1. Evaluation of the Program on Veterinary Public Health (HCV)

2. Adolescent Health

3. Evaluation of PAHO Technical Cooperation in Panama

4. Leadership of the Ministries of Health in Sector Reform

5. Oral Health

6. Core Data

7. Mission, Vision, and Functions of the World Health Organization and Reform of its Constitution

8. Nutrition

9. Noncommunicable Diseases

10. Strategic and Programmatic Orientations, 1999-2002

11. Proposed Program Budget of the Pan American Health Organization for the Biennium 1998-1999

12. Joint Evaluation of PAHO Technical Cooperation at Country Level

13. Health of Indigenous Peoples

14. Water Supply and Sanitation

Attached are the final reports of the two meetings, which reflect the deliberations of the Subcommittee on these matters.

ANNEX A. FINAL REPORT: 27th MEETING OF THE SUBCOMMITTEE ON PLANNING AND PROGRAMMING

Washington, D.C., 4-5 December 1996

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FINAL REPORT

The 27th 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 4-5 December 1996.

The meeting was attended by representatives of the following members of the Subcommittee, elected by the Executive Committee: Bahamas, Colombia, El Salvador, and Panama; and the following members named by the Director of the Pan American Sanitary Bureau: Argentina, Canada, Chile, and the United States of America. Representatives of Brazil, Cuba, and France attended as observers.

OFFICERS

The Subcommittee elected the following officers:

Chairman:	Panama	Dr. Aída Moreno de Rivera
Vice Chairman:	Chile	Dr. Fernando Muñoz Porras
Rapporteur:	Bahamas	Mrs. Hannah Gray

Argentina, represented by Dr. Argentino L. Pico, was elected Vice Chairman pro tempore of the meeting when the Representative of Chile was obliged to return to his country to attend to an urgent matter. Dr. George Alleyne, Director, PASB, 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.

OPENING OF THE MEETING

The Director opened the meeting and welcomed the participants. He noted that an important function of the Subcommittee was to provide input on policy issues of concern to the Organization and urged the representatives to share the views of their countries on the various policy matters to be discussed during the meeting. In order to avoid overburdening the Directing Council with a large number of technical issues, he encouraged the Subcommittee to recommend that certain items not be sent forward to the Executive Committee or the Council if the members felt that the issues had been discussed and the policy implications had been sufficiently elucidated within the Subcommittee.

ADOPTION OF THE AGENDA AND PROGRAM OF SESSIONS

(Documents SPP27//1, Rev. 1 and SPP27//WP1)

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

Evaluation of the Program on Veterinary Public Health (HCV) (Document SPP27//4)

This item was introduced by the Director, who recalled that, at the Subcommittee's 26th Meeting in April 1996, he had presented several options for addressing the financial constraints facing the Organization. One had been a review of the regional programs on veterinary public health and environmental health with a view to determining which program activities should be continued and whether any components should be discontinued or changed. Accordingly, he had convened an external advisory group, chaired by Dr. Jaime Sepúlveda, Director General of the National Institute of Public Health (Mexico), to carry out the evaluation of the Program on Veterinary Public Health.

Dr. Lester Crawford, Executive Director of the Association of American Veterinary Medicine Colleges (United States of America) and a member of the advisory group, then outlined the group's report. The terms of reference for the study had been: (1) to evaluate the program of PAHO technical cooperation in veterinary public health; (2) to determine the nature and extent of PAHO technical cooperation in veterinary public health; and (3) to advise and make recommendations to the Director on the extent and future involvement of PAHO in veterinary public health. The advisory group had geared its efforts mainly toward assessing how effective the Veterinary Public Health Program had been in the past and making recommendations on how it could best contribute to the improvement of public health in the future. The study had entailed, inter alia, a review of the mandates of the Governing Bodies of PAHO and WHO in relation to veterinary public health, identification of priority areas for work by PAHO in the field of veterinary public health and a review of its present technical cooperation activities in this area, visits to the Pan American Institute for Food Protection and Zoonoses (INPPAZ) and the Pan American Foot-and-Mouth Disease Center (PANAFTOSA), and meetings with ministers of health and agriculture and directors of international and regional organizations involved in animal health in the Americas.

The advisory group had found tremendous support for the Veterinary Public Health Program among ministers of health and agriculture in the Region. In view of the significant contributions that the Program had made to improving quality of life in the Americas—both in economic terms and from a public health standpoint—the group considered that its mandate should not be scaled back, nor should its staff be reduced below a level that would jeopardize the Program's effectiveness.

Nevertheless, the advisory group recommended that several modifications be made in the way the program operated. One recommendation was that INPPAZ should focus on food-borne

diseases, while PANAFTOSA should concentrate on animal health and non-enteric zoonoses. Clearly delineating the sphere of action of the two centers would avoid duplication of functions. In addition, given the growing importance of the issue of food-borne diseases in the context of international trade, coupled with the emergence of a number of new food-borne pathogens, it was essential to have a strong food safety center in the Region to provide technical reference services and training, especially in the Hazard Analysis Critical Control Point (HACCP) system. The advisory group felt that INPPAZ should be concerned not only with animal food products, but also with non-animal products such as grains, fruits, and vegetables, which had been implicated in several recent outbreaks of food-borne disease. Given PANAFTOSA's success in controlling and eradicating animal diseases, especially foot-and-mouth disease, the Center should focus on combatting these diseases, and, as they were eradicated, the Center should redirect its efforts toward preventing their reoccurrence in the Region. It should also formulate strategies for preventing the introduction of new animal diseases, such as bovine spongiform encephalopathy, in the Americas.

Other recommendations of the advisory group included the initiation of a strategic planning process to guide the Organization's action in veterinary public health with the support of professionals who were experts in the field; establishment of priorities, strategies, and monitoring of the management of HCV at the regional level, with the collaboration of regional forums of representatives of the public and private sectors in the countries; development of a plan of action in accordance with the strategic priorities identified in the group's report; targeting of certain diseases**C**including foot-and-mouth disease, brucellosis, hydatid disease, and canine rabies**C**for eradication; identification of research priorities and development of a unified research program in veterinary public health; and relocation of most HCV staff from PAHO Headquarters to the centers in order to better utilize their expertise in the field, where it was most needed. The advisory group further recommended that there be no modification to the budget of the Program without an exhaustive analysis and that the country budgetary contributions earmarked specifically for HCV be utilized solely for that purpose.

Dr. Crawford noted that the expected outcomes of the implementation of the group's recommendations could be summarized in one word: efficiency. The overall Program would be more efficient, which would result not only in a savings of resources but in enhanced quality of its services and improved health and safety in the Region.

At the Director's request, Dr. Primo Arámbulo, Coordinator of the Program on Veterinary Public Health, presented several transparencies illustrating the Program's work in the area of food safety. He emphasized that a central concern in this area was the investigation of outbreaks to determine their cause and to prevent future outbreaks. To that end, the Organization had implemented a regional system for epidemiological surveillance of food-borne diseases in 1995, and INPPAZ had provided training to focal points from the countries in order to ensure that the system was operating effectively throughout the Region.

In the Subcommittee's discussion of this item, the importance of animal health and food safety to the economic well-being of the countries was noted by a number of representatives, as was the close association between animal and human health. The Subcommittee therefore welcomed the holistic and forward-looking approach to veterinary public health reflected in the

advisory group's report and recommendations. In regard to specific recommendations, the representatives generally felt that a clearer division of the functions of INPPAZ and PANAFTOSA was advisable; however, they emphasized that any modification of the activities of the two centers should take place gradually and that there should not be an absolute separation of functions in order to avoid creating gaps in the delivery of essential services. The Subcommittee also supported the recommendation to transfer professional Program staff to the centers. Several questions were asked regarding which staff would be relocated and what steps were being taken to address staffing issues at INPPAZ, in particular the vacancy in the position of director. Questions were also asked in regard to the budgetary impact of the proposed changes in light of the increased efficiency they were expected to produce. As for the recommendations concerning research, several representatives inquired how they might be put into practice, given that neither of the centers had well-developed research capabilities.

The Subcommittee agreed fully on the need to shift the focus of PANAFTOSA's activities toward prevention in order to avoid the introduction of new animal diseases and prevent the reintroduction of diseases that had been eradicated. In this regard, the importance of a strategic planning process was stressed. With respect to INPPAZ, several representatives pointed out that the Institute had a crucial role to play in adapting international food safety standards to fit regional needs and conditions. It was emphasized that an important function of both centers was to provide accurate public information on food safety and animal health issues.

Responding to the questions concerning research activities, Dr. Crawford pointed out that the main function of the two centers was not to actually carry out research but to identify priority areas in which research was needed in order to guide the efforts of universities and other research institutions. In regard to the transfer of staff, he said that, ideally, all high-level professional staff except the Program Coordinator would be reassigned to the field, where the ministers of health and agriculture had indicated that service delivery was best accomplished. He agreed on the need for gradual introduction of the modifications suggested by the advisory group so as to avoid eliminating any crucial activities.

The Director assured the Subcommittee that the separation of functions would take place gradually and said that the Organization would work in close consultation with the host governments (Argentina and Brazil) to ensure that no essential services were interrupted during the transition. In the case of INPPAZ, he pointed out that it would undoubtedly be necessary to modify the agreement under which the Institute had been established in order to reflect the change in its functions. Similarly, any reassignment of Headquarters staff to the field would be done gradually. He said that discussions would be held to determine how many of the current four professional posts would remain at Headquarters. He also indicated that the Organization was actively seeking a new director for INPPAZ.

In response to the questions regarding the budgetary implications of the proposed modifications, he drew the Subcommittee's attention to the section in Document SPP27/4 that contained information on the budget of the Program and the two centers. In addition, he reported that Brazil had voluntarily increased its contributions to PANAFTOSA and that Argentina's contribution to INPPAZ had been paid in advance, and he thanked the governments of those two countries for tangibly demonstrating their support for the centers. He stressed that all the

countries had expressed strong support for the Veterinary Public Health Program, and, when it had been announced that a review of the Program was to be conducted, numerous ministers of health and agriculture had written to him, urging that no reductions be made in the program.

Finally, Dr. Alleyne recalled that an earlier meeting of the Subcommittee had raised the possibility of transferring responsibility for PANAFTOSA to the Inter-American Institute for Cooperation in Agriculture (IICA). The Organization had corresponded extensively with IICA in regard to the matter, with no concrete results. He therefore felt that it was time to put the issue to rest and agree that PANAFTOSA should remain within PAHO, albeit with some of the modifications suggested by the advisory group.

The Subcommittee did not feel that the document should be forwarded to the Executive Committee until the practical and financial implications of the proposed modifications had been clarified. However, it did recommend that the report of the advisory group be submitted to the X Inter-American Meeting, at the Ministerial Level, on Animal Health (RIMSA) to be held in April 1997.

Adolescent Health (Document SPP27//7)

The presentation on this item was given by Dr. Matilde Maddaleno, Regional Advisor on Adolescent Health. She began by underscoring that adolescent health was a key factor in the economic development, competitiveness, and productivity of the countries of the Region. In order to improve productivity it was necessary to invest in human development, which implied investment in the health of adolescents. Ideally, there should be a continuum of health care, starting in infancy and continuing through childhood and adolescence into adulthood. Requirements for a healthy adolescence included environments to support and provide opportunities for adolescents; information to enable them to make healthy decisions; access to a wide range of services (education, health, and employment services, among others); a “feeling of belonging” to encourage adolescents to become contributing members of their communities; and a belief in the future, especially opportunities for employment.

Dr. Maddaleno presented a series of statistics on the socioeconomic and health situation of the youth population in Latin America and the Caribbean, drawing particular attention to the serious problems of teenage pregnancy, drug and alcohol use, and violence among adolescents. She then outlined the progress made and the lessons learned under the Plan of Action for the Health of Adolescents in the Americas, approved by the Directing Council in 1992. The overall objective established for the Plan at that time was to improve the scientific, technical, and administrative capability of the countries to initiate or improve comprehensive adolescent health programs. Work accomplished under the various components of the Plan included: development of an adolescent health information system; human resource development aimed at ensuring a critical mass of professionals specializing in adolescent health, as well as training leaders and managers of adolescent health programs; development of instruments to evaluate health services for adolescents; and analysis of policies and legislation on adolescence and adolescent health. Nevertheless, in the majority of countries, services for adolescents continued to be: deficient in terms of both quality and coverage; public resources allocated to programs for adolescents were insufficient; there was a lack of coordination between the various sectors

concerned with the development of adolescents; and very few of the countries had specific policies on adolescent health.

Given the interrelationship between the health of adolescents and other factors, such as education, income, family situation, and living conditions, the Program on Adolescent Health proposed that the conceptual framework for the Plan of Action be modified in order to focus on the overall development of adolescents, not just on specific health problems in this age group. The general objective under this new conceptual framework would be to promote the health and development of adolescents and young people between the ages of 10 and 24 by developing national and local programs in the countries. Proposed lines of action for the future included development of policies on adolescents and young people and advocacy for this age group; adaptation of services to meet the needs of young people; training of human resources; strengthening of information and services networks; interagency coordination; incorporation of the communications media in the effort to promote adolescent health; research on adolescent health and resource mobilization for this purpose; and evaluation of plans and programs, especially cost-effectiveness studies to determine what types of initiatives worked and should therefore be expanded. A more detailed description of the activities that the Program proposed to carry out under these lines of action was included in the document.

It was emphasized during the Subcommittee‘s discussion of this item that, although the document focused primarily on adolescents and young people in Latin America and the Caribbean, adolescent health and problems such as violence, teenage pregnancy, and drug use among young people were matters of concern for all the countries of the Region. Violence in this age group was cited as a major problem by a number of representatives. In this regard, the need to focus on the specific problems of adolescent males**C**who are the both the principal perpetrators and the principal victims of violence among youth**C**was stressed. It was pointed out that the media play a crucial role in shaping attitudes toward violence, and the need to enlist their collaboration in addressing the problem was underscored. Several representatives commented that churches could be important allies in the countries’ efforts to address violence and other adolescent health issues. The importance of involving young people themselves in solving the problems that affect them was also underscored.

The Subcommittee fully endorsed the comprehensive, holistic approach advocated by the Program. Several representatives pointed out that intersectoral action was essential in order for such an approach to be successful. Development of a broader range of health indicators was also necessary. One of the keys to providing comprehensive care for adolescents was to ensure the availability of comprehensive health care services for families at the primary care level. At the same time, it was important not to withdraw support from programs and initiatives that focused on single issues, such as teenage pregnancy or drug use among adolescents, because such programs were also necessary and beneficial.

It was pointed out that the document contained mainly statistics on adolescents and young people in Latin America, and it was suggested that it would benefit from the inclusion of more information from the Caribbean. In addition, that subregion had significant experience to contribute with regard to intersectoral coordination in the area of adolescent health and development. It was also pointed out that the document contained no reference to physical

fitness and the importance of exercise for adolescents, both for their physical well-being and for building a positive self-image and promoting healthier behavior. In this connection, the need for research to determine what incentives would lead youth to seek to be healthy was emphasized, as was the need for good health education beginning in early childhood.

The Subcommittee identified several important roles for PAHO in the area of adolescent health, including helping the countries to develop indicators that would make it possible to evaluate programs from a broader perspective than the traditional biomedical indicators; developing strategies to assist the countries in addressing the problem of glorification of violence by the media; promoting more holistic, less programmatic models of health service delivery; and disseminating information to make people aware of the magnitude of the problems faced by adolescents and their impact in social, economic, and health terms. Another important role for PAHO was to exercise leadership in intersectoral efforts in the area of adolescent health. Nevertheless, it was pointed out that the resources available to the Organization for work in this area were limited and that opportunities for collaboration with other agencies should therefore be sought.

Dr. Maddaleno pointed out that the ideal plan of action would be a joint intersectoral plan, in which the health sector would take responsibility for all activities relating to the health of adolescents and young people. She noted that the Economic Commission for Latin America and the Caribbean (ECLAC) had developed a regional plan of action on youth, and PAHO was responsible for the health component. One strategy for ensuring intersectoral collaboration was for donors to make submission of joint proposals involving at least two sectors a condition for the financing of projects. That strategy had been successfully employed by the W. K. Kellogg Foundation. Another strategy was the establishment of intersectoral committees on issues relating to adolescents and young people. Advocacy and information were also crucial to intersectoral action, and for that reason the Program was preparing "advocacy sheets" containing updated information on the social and economic impact and other aspects of adolescent issues.

In regard to the problem of violence, she noted that the Program on Adolescent Health was working in close collaboration with the Program on Violence to find ways of preventing violence among young people. As for strategies for working with the media to prevent violence, Dr. Maddaleno emphasized that, in order to establish good working relations, it was important to take a positive approach that recognized that violence was a multifactorial problem. In response to the comments concerning the need to address the specific needs of adolescent males, she told the Subcommittee that the Program was attempting to incorporate a gender perspective in all aspects of its work. Finally, she acknowledged that the document did not contain many statistics on the situation of adolescents in the Caribbean, but she said that the Program was preparing a more in-depth report on adolescent health, which would include ample information on the Caribbean countries.

The Director noted that the only new staff appointment that had been made during 1996 was that of the regional advisor on adolescent health, which was a measure of the importance that PAHO attached to this issue. The Organization was trying to "sell" the idea that investment in adolescents represented an investment in the future. He emphasized that the concept of adolescents as protagonists and advocates for health and healthy behavior was one of the most

important aspects of the Program. In regard to the issue of violence and the influence of the media, he told the Subcommittee that the Organization had adopted a fairly aggressive approach to try to make partners of the media by targeting the executives who made programming or editorial decisions and convincing them of their social responsibility. PAHO was also exploring ways of entering into partnership with churches, which wielded a great deal of influence and could serve as powerful advocates for health. He assured the representatives that their comments would be incorporated into the next revision of the document, which would also contain more detail on what it was feasible for PAHO to do in the area of adolescent health, given available human and financial resources.

The Subcommittee recommended that a revised version of the document be submitted to the Executive Committee at its meeting in June 1997.

Evaluation of PAHO Technical Cooperation in Panama (Document SPP27//3)

This item was presented by Dr. Juan Antonio Casas, Director of the Division of Health and Human Development, and Dr. Aída Moreno de Rivera, Minister of Health of Panama. Dr. Casas described the evaluation process, from the preparatory phase through the joint evaluation meeting held in the country with the participation of PAHO officials, the Minister of Health, representatives of various national institutions involved in health development, and representatives of other international cooperation agencies. He told the Subcommittee that the evaluation had looked at PAHO cooperation in four main areas: health and development; health systems and services; environmental health; and health promotion and disease prevention and control. Working groups had been formed to evaluate PAHO technical cooperation in each of these areas, make recommendations on how it might be improved, and suggest orientations for future cooperation. Additional working groups had been formed to evaluate administrative and managerial processes and to carry out an in-depth analysis aimed at obtaining an up-to-date picture of the national health situation, which was essential in order to assess the Organization‘s response to national needs. Dr. Casas thanked the Minister of Health and other national health officials for their interest and willing participation in the process, without which the evaluation could not have been successful.

Dr. Moreno outlined the conclusions and recommendations that had come out of the evaluation, the objectives of which had been to evaluate the nature and quality of PAHO technical cooperation with Panama during the period 1994-1995; to analyze the degree to which the technical cooperation program was consonant with the priority needs expressed by the country and with regional and global objectives and strategies; and to indicate which areas, objectives, results, and strategies for technical cooperation needed to be reoriented in order to meet the country’s needs. She said that, in general, the evaluation had found that the Organization‘s technical cooperation had been timely and consistent with national policies and priorities; however, it was recommended that greater flexibility be introduced in order to permit adaptation and adjustment of the cooperation to address changing situations and meet the needs of specific population and geographic areas. The evaluation meeting had afforded a valuable opportunity to assess and rethink the bilateral relationship between PAHO and the Ministry of Health, and it had underscored the need for creativity, flexibility, and maturity to adapt to the changing reality of the country.

With regard to future orientations for PAHO technical cooperation in Panama, Dr. Moreno identified the following three priority areas: (1) sustainable human development at the local level, including application of the primary health care strategy and the healthy communities initiative, known in Panama as "Municipios for the 21st Century"; (2) health sector reform, including modernization of the Ministry of Health and other health sector institutions and redefinition of roles with regard to technical leadership and regulation, health services delivery, and financing of the national health system; and (3) investment in the environment and health, including formulation of a national health plan for the medium and long terms and development of a portfolio of projects.

Dr. Moreno also told the Subcommittee that an interagency meeting of national authorities and representatives of various international cooperation and financing agencies had been held in conjunction with the evaluation meeting. The purpose of the meeting had been to put in place mechanisms for interagency and intersectoral coordination and monitoring under the leadership of the Ministry of Health.

The Subcommittee noted that the evaluation had reflected a trend that was present throughout the Region: the move away from old models of health care delivery and the search for new models that would respond to a changing reality and ensure real access to quality health care for the populations of the countries. With regard to interagency coordination, the Director pointed out that it was the ministries of health that had to take responsibility for coordinating the cooperation provided by the various international organizations. Ultimately, no coordination was possible without strong leadership from the ministry. Dr. Alleyne also observed that, over the years, the joint evaluations of PAHO technical cooperation in the countries had improved, for several reasons. One of the main ones was the participation of the ministries of health, coupled with acceptance at the country level that the evaluation exercise was valuable and necessary. In addition, the Organization's planning and programming systems had been improved, making it possible to set objectives and subsequently assess whether or not those objectives had been achieved. Dr. Moreno emphasized that evaluation must be an ongoing process, because only through continuous assessment was it possible to determine where improvement was needed and what directions should be taken in the future.

Leadership of the Ministries of Health in Sector Reform (Document SPP 27/9, Rev.1)

Dr. Daniel López Acuña, Director of the Division of Health Systems and Services Development, outlined the document prepared on this item by his division and the Division of Health and Human Development. The document focused on the major areas in which the leadership of ministries of health was considered necessary and the way in which PAHO technical cooperation would contribute to the development and strengthening of that leadership. The foremost objective of leadership in the health sector was to safeguard the health of the population. A closely related objective was to ensure equity in health conditions and service coverage in a framework of comprehensive and sustainable human development. The nature of the leadership of ministries of health had been affected by numerous changes, including decentralization, the emergence of new actors in both the public and private sector, and, in the context of health sector reform, a trend toward separation of the functions of health care delivery,

sector financing, and insurance. Accordingly, it had become necessary to rethink the role of ministries of health and to redefine what their nondelegable responsibilities were.

The document identified five broad areas in which the ministries had the responsibility to exercise leadership functions: (1) sectoral management, including formulating, organizing, and overseeing the implementation of national health policies; (2) sectoral regulation, including development and revision of national health legislation and ensuring compliance with health regulations designed to protect the health of the population; (3) health insurance, including definition of basic health care coverage plans; (4) health service delivery, including allocation of resources and coordination of the work of the decentralized entities that were now responsible for delivery of services previously provided or managed directly by ministries of health; and (5) sectoral financing, including monitoring of health care financing and establishment of policies to help correct any inequities in access to health care associated with the co-existence of various financing modalities.

In regard to PAHO cooperation for developing and strengthening the leadership of health ministries, Dr. López Acuña told the Subcommittee that the Organization would focus on four major areas: (1) development of a conceptual and operational framework for the leadership of the ministries of health in the new context of modernization of the State and health sector reform; (2) technical support for processes of reorganization and institutional strengthening of ministries of health to enable them to exercise their leadership function in the face of new sectoral realities; (3) development, dissemination, and promotion of guidelines, methodologies, and specific instruments to strengthen the development of leadership in the five aforementioned areas; and (4) dissemination of information and exchange of information on experiences in the various countries to foster mutual learning.

Dr. Juan Antonio Casas, Director of the Division of Health and Human Development, added that the overall goal of strengthening the leadership of the State and the institutions of the health sector—in particular the ministries of health—was to ensure the achievement of equity in health and improve the quality of life for the Region's population. The Organization would work to enhance the ministries' capacity in five areas that were considered crucial for the exercise of health leadership: (1) analysis of the health situation and its determinants, with emphasis on identifying inequities; (2) formulation, analysis, revision, and evaluation of public policies that might have an effect on health, utilizing mechanisms such as advocacy, intersectoral action, and legislation; (3) execution of regulatory functions and enforcement of health regulations, with emphasis on the changes needed to adapt to the current context of deregulation, privatization, and globalization; (4) research and generation and dissemination of scientific information with a view to improving equity and quality of life; and (5) mobilization of social and political actors who might influence the formulation of social and health policies at the national and international levels.

The Subcommittee agreed that it was essential to strengthen the leadership capacity of health ministries in order to enable the health sector to take the lead in guiding health reform efforts and shaping public policy on a broad range of issues that had a bearing on health. However, it was emphasized that the health and State reform processes taking place in the various countries differed and consequently there could not be a single recipe for strengthening

health sector leadership. Several representatives pointed out that, in most countries, the health sector had not traditionally been a major player in national political processes, and strengthening its leadership would therefore require a change in institutional culture. Increasing the continuity of leadership (i.e., longer terms of office for ministers of health and other health officials) and enhancing the credibility of the sector through the demonstration of concrete results were also considered requisites for strengthening the health sector's capacity to lead. Several representatives also stressed that it was essential to clearly define the objective of health sector leadership, which should be to work for the common good and to ensure that, in health reform processes, values and principles such as equity, solidarity, and universal access prevailed. It was also necessary to have an adequate normative and regulatory foundation to support health initiatives.

Although the Subcommittee felt that, in general, the document provided a good framework for efforts to strengthen sectoral leadership, several suggestions for improvement were made. It was pointed out that the document overlooked a key variable**C**population growth**C**which had major implications for the management of health care systems, health sector reform, and the role of ministries of health. It was suggested that the concept of regulation should be clarified, as should the section on health insurance and health financing. In regard to the latter, issues that should be explored in greater depth included the advisability of maintaining public and private health care systems in tandem, the role of government vis-à-vis the private sector and private health care providers, and the impact on equity of private health systems. The Subcommittee also felt that the distinction between personal health care services and public health services needed clarifying. Several representatives thought that further study was needed to determine the true extent and impact of decentralization in terms of promoting democratization, social participation, equity, and improved access to and quality of services. It was emphasized that, in order for decentralization to be effective, health regulation and policy-making must remain functions of the central government, while programming and decision-making should be decentralized in order to respond to the different realities that existed in different places.

In regard to roles for PAHO in the process of strengthening health sector leadership, the Subcommittee stressed the importance of information dissemination. Sharing of information on the successes and failures of other countries in health sector reform efforts was considered particularly important. Another important function for PAHO was technical cooperation to enable the ministries of health in the countries to implement the conceptual and operational framework for leadership described in the document. Several representatives also noted that PAHO had played, and should continue to play, a central role in helping the countries to obtain support from other technical and financial cooperation agencies for health-related initiatives.

Dr. López Acuña assured the Subcommittee that its suggestions would be taken into account in revising the document and invited any delegations that had more detailed comments to submit them to the Secretariat in writing. He noted that some of the questions raised by the Subcommittee might be related to semantic discrepancies between the English and Spanish versions of the text. For example, the term "public health services" was intended to mean health services provided by the public sector, which included both personal health care services and classic public health functions such as disease prevention, water supply and sanitation, and food

safety. In drafting the document, the Secretariat had sought to convey the idea that the steering or leadership role of the health sector should not be confined to the traditional sphere of essential public health functions, but should be broader in order to address issues relating to equity and access to health services. The Secretariat would endeavor to clarify that key concept and others, including the distinction between insurance and financing and the concept of regulation. It would also try to better reflect the diversity of the reform processes taking place in the Region. He agreed on the need to assess the real nature and impact of decentralization, noting that the Organization was considering the possibility of organizing a regional seminar to examine the pros and cons of decentralization and explore its implications for the health sector.

Dr. Casas pointed out that the Subcommittee's discussion had underscored the fact that health had become an intersectoral concern. He also noted that the purpose of the document presented to the Subcommittee had been to examine the leadership role of the ministries of health in the context of health reform; however, a future document might look at the broader issue of health sector leadership in light of all the changes taking place in the political, economic, and social spheres in the countries. The Director observed that the discussion had pointed up the need to clarify the meaning of public health and define what public health functions should be and whether ministries of public health also had an obligation to be concerned with and responsible for the health of the individual.

The Subcommittee recommended that this item not be forwarded to the Executive Committee until the key concepts in the document had been clarified.

Oral Health (Document SPP27/6)

Dr. Saskia Estupiñan, Regional Advisor for Oral Health, presented an overview of the oral health situation in the Region and then described PAHO's regional strategy for oral health. The most prevalent oral health problem among the Region's people was dental caries. Other significant problems, in terms of their contribution to the burden of disease in the Americas, included HIV infection and AIDS, with their associated oral manifestations, and oral and pharyngeal cancer. PAHO's oral health strategy was strongly oriented toward prevention, given that oral health problems were largely preventable. The specific objectives for PAHO technical cooperation in this area were to promote improvement of oral health conditions in the countries of the Americas, with emphasis on those that had the greatest burden of disease, and to assist countries to develop accessible, effective, and sustainable oral health services. In order to determine which countries required the greatest assistance, a typology had been developed in which countries were classified according to their stage of oral health development, based on two criteria: the DMFT-12 index (decayedmissingfilled teeth index among 12-year-old children) and the existence or nonexistence of a national salt or water fluoridation program. The PAHO oral health strategy was aimed at helping those countries that were at the lowest levels of the oral health development continuum to move toward higher levels until they reached the highest, or consolidation, stage, which was defined as a DMFT-12 index of less than 3 and the existence of a national fluoridation program.

A major thrust of the PAHO strategy was salt fluoridation, which was the most cost-effective means of preventing dental caries and thereby avoiding more serious problems. In

1994 the Organization had launched a multi-year plan to support the implementation of fluoridation programs in the countries. Details of its activities in this area were available in the PAHO oral health report for 1996. Another important component of the PAHO strategy was support for information, education, and communication programs aimed at improving or encouraging decision-making, community awareness, and behavioral changes to prevent dental caries, periodontal disease, oral and pharyngeal cancer, oral conditions related to HIVAIDS, and prevention of the transmission of HIV and hepatitis B in oral health care settings. In addition, the strategy sought to improve the efficiency, effectiveness, and equity of oral health systems in the public sector and to promote the development and training of human resources for oral health. In order to increase the impact of its actions, the PAHO oral health program had built strategic alliances and mobilized extrabudgetary funds from various sources. Details of the Organization's activities in the aforementioned areas were included in the document.

Dr. Estupiñan concluded her presentation by emphasizing that the measures envisioned under the PAHO oral health strategy were proven, safe, and effective, and their application could dramatically reduce the prevalence of dental caries and other oral health problems in the Region.

The Subcommittee congratulated Dr. Estupiñan and the Program for a very succinct but comprehensive document. Several representatives pointed out that oral health was not considered a public health priority in many countries, yet it was one of the areas in which preventive measures could be most cost-effective. It was also emphasized that poor oral health represented tremendous opportunity costs for developing countries and the benefits of prevention were therefore even greater for those countries. Nevertheless, it was noted that there were economic, political, and geographic barriers to the implementation of fluoridation programs. Several questions were asked regarding the criteria on which the typology of the countries had been based. Given current financial constraints within the Organization, the importance of mobilizing extrabudgetary support and resources was also stressed, and the Program was commended for its successful efforts in this regard.

In response to the questions concerning the typology, Dr. Estupiñan said that the primary criterion had been the DMFT index because it was a fairly standard indicator worldwide, although it was recognized that not all countries had national data on this indicator. As for the barriers to implementation of fluoridation programs, she noted that the foremost barrier was lack of high-level political support for oral health. Lack of public understanding of the benefits of fluoridation, scarcity of human and financial resources, and lack of interagency cooperation were other obstacles. In addition, it was essential to obtain the support of the private sector, in particular the salt industry. She pointed out that a significant proportion of the cost of implementing salt fluoridation programs in the Region had been covered by the W. K. Kellogg Foundation and emphasized that the Organization was continuing to seek external resources and support for its efforts to improve oral health.

The Director noted that the amount allocated for oral health in the PAHO regular budget was not indicative of the priority which the Organization attached to this area. As was the case with other important health issues, the funds allocated for oral health were intended to serve as seed money that would catalyze efforts in the countries and attract additional resources.

The Subcommittee recommended that this item be sent forward to the Executive Committee.

Core Data (Document SPP27//5)

This item was presented by Dr. Carlos Castillo Salgado, Coordinator of the Program on Health Situation Analysis, who told the Subcommittee that the core data and country profile initiative had been launched to enable the Organization to better fulfill its essential functions of collection, analysis, and maintenance of information. The core data were a minimum set of statistics derived from 118 indicators, which had been selected by an interprogram advisory group at the regional level in collaboration with staff from the various technical programs and the PAHOWHO Representative Offices, under the coordination of the Program on Health Situation Analysis. The indicators selected were common to all the countries of the Region. Among the principal criteria for selection of the indicators had been the Organization's mandates and commitments regarding the collection and reporting of data, in particular monitoring of progress toward health for all by the year 2000 and toward the goals set by the World Summit for Children, as well as preparation of the *Annual Report of the Director*, *Health Statistics from the Americas*, *Health Conditions in the Americas*, and other PAHO publications. One of the main advantages of maintaining a set of core data was that it would reduce the number of requests for information from the countries. Eventually, the information would also provide an "atlas of health inequities" that would make it possible to visualize inequities in graphic terms.

The country profiles were analytical reports on the general health situation and specific health problems in each country, including the most recent and significant political, economic, and social developments; information on the organization of health services and resources; and the principal technical cooperation activities of the Organization and other agencies.

In order to make the data as widely accessible as possible, the Organization was making maximum use of the Internet. As part of his presentation, Dr. Castillo demonstrated how the information could be accessed on-line. It was also possible to access national health information systems, through links from the PAHO Web Site. He concluded by noting that the core data and country profile initiative was entirely an internal initiative; no external advisors had been used. Hence, while the initiative was expected to yield enormous benefits, its real costs were actually quite low.

The Subcommittee agreed that the core data and country profile initiative was extremely valuable and timely. It was pointed out that management and dissemination of information were among the most important leadership functions of the Organization and the health sector in the countries. As had been noted during the Subcommittee's discussion of health sector leadership, demonstrating results was critical to establishing the sector's credibility and gaining the support of political decision-makers for health programs, and the information system described by Dr. Castillo made it possible to show results. The initiative also responded to a technical cooperation priority set by the ministries of health in the majority of the countries. Moreover, greater availability of information would not only support decision-making, but it would encourage informed community participation. Another advantage of providing public access to the core data through the Internet was that it would help to ensure transparency.

Several representatives commented that most of the indicators from which the core data were derived focused on death and illness and pointed out that, as the core data initiative evolved, more indicators that provided information on quality of life should be incorporated. Questions were asked regarding the availability of access to the Internet in the Region and whether limited access in many countries would be a serious obstacle to widespread use of the core data and country profiles. It was also pointed out that training was required to enable the countries to analyze and effectively utilize the information.

In response to the questions regarding Internet access, Dr. Castillo said that the PAHOWHO Representatives in all the countries could access the core data through the Internet, as could national health officials, except in the case of three or four countries. Part of the Organization's strategic plan was to ensure access in all countries by 1997. To further facilitate on-line access, the Organization had established three World Wide Web servers**C**one at PAHO Headquarters, one in Brazil at the Latin American and Caribbean Center on Health Sciences Information (BIREME), and one in Barbados. Once all the countries had on-line access to the information, the Organization would focus on providing training to improve their analytical capabilities and enable them to put the information to constructive use. He agreed that the element of transparency was extremely important for ensuring that the information provided was of optimum quality. In addition, the more people who saw the information, the greater its impact would be. In regard to the indicators, he noted that an assessment of the original sources of health statistics in the countries had shown that vital statistics records in many countries had deteriorated. An important aspect of the Organization's technical cooperation in this area had therefore been to assist the countries in improving the quality and timeliness of their vital statistics. He assured the Subcommittee that the Secretariat was keenly aware of the need to include indicators of impact and quality of life, and he pointed out that more than half of the 118 indicators selected to obtain the core data related to quality of life.

The Director underscored that PAHO was working to develop indicators that would better measure health status and quality of life. However, it was sometimes difficult to convince officials in the countries of the importance of such indicators.

The Subcommittee recommended that this item be examined by the Executive Committee at its meeting in June 1997.

Mission, Vision, and Functions of the World Health Organization and Reform of its Constitution (Document SPP27//8, Rev. 1)

This item was examined by the Subcommittee pursuant to a recommendation of the XXXIX Meeting of the Directing Council that the Subcommittee serve as the working group for the Region of the Americas in the review of the Constitution and the mission and functions of WHO currently under way at the global level. Dr. Juan Manuel Sotelo, Chief of the Office of Analysis and Strategic Planning, presented the document prepared by the Secretariat and outlined the issues that the Subcommittee was requested to address in its discussion. He recalled that, in January 1996, the WHO Executive Board had established a special group of six Board members and a chairman to carry out an examination of the WHO Constitution, and he reviewed

the work undertaken and the recommendations made by the group since then. He noted that the Regional Office for the Americas had suggested that the special group, in order to achieve the necessary interconnection among the various initiatives in progress within WHO, focus on the following issues and processes: (1) the process for establishing the global health policy and the closely related efforts for renewal of the goal of health for all; (2) how the Organization might best craft a mission that would make the new policy operative; and (3) a review of the Constitution to determine whether any of its provisions were inhibiting the functioning of the Organization and whether modifications needed to be introduced to facilitate the implementation of the new global health policy that would eventually be adopted. Dr. Sotelo also noted that some Member States had recently initiated review processes at the national level aimed at defining their vision of the future role and functions of WHO, and he distributed a document prepared by the Canadian government, entitled "Canada's Vision of the Future of WHO."

In regard to the guidelines for discussion by the Subcommittee, the members were invited to (1) comment on the work of the special group, with particular emphasis on its most recent recommendations, which were presented in Document EB9914 and reproduced in Document SPP27/8, Rev. 1; (2) provide the PAHO Secretariat with guidance on how to improve its input into the review process; (3) consider the revision of the WHO Constitution in the framework of the process of renewing the goal of health for all**C**i.e., the process that would result in a new global health policy; and (4) consider whether the preamble to the Constitution continued to be an applicable vision statement; whether the objective of WHO, as set forth in Article 1 of the Constitution, was an adequate and updated mission statement; and whether the functions set forth in Article 2 should be revised based on whether they had in some way inhibited the functioning of WHO and on whether modifications would be necessary in order to facilitate the implementation of the new global health policy.

The general consensus of the Subcommittee was that the Constitution of WHO remained valid and did not need any major revisions, although minor changes in wording might be introduced to make it gender neutral. The preamble was considered to be an appropriate mission statement. One representative pointed out that, generally speaking, it was preferable to have a short mission statement, because the more that was added in terms of specificity the harder it was to define what the Organization should do. In regard to the functions set out in Article 2, they were found to be quite comprehensive. Several representatives commented that they did not appear to impose any limitation on the Organization's capacity to act or prevent it from addressing current health challenges. It was emphasized that constitutional revision was a delicate and complicated process that carried certain risks**C**the main one being that the resulting document would not be as good as the original one. Moreover, issues that had already been resolved, such as the question of official languages, might again be raised. It was suggested that what was needed might not be a modification of the Constitution, but rather a document or set of documents that interpreted the intention of the Constitution.

In any case, it was stressed that any revisions that might eventually be made should be the result of a process of profound analysis and broad consultation in which all the Member States had the opportunity to air their views. It was also emphasized that all the Member States should be encouraged to express their opinions and contribute to the process, not just through PAHO but directly at the World Health Assembly.

In regard to specific recommendations of the special group of the WHO Executive Board, the Subcommittee fully endorsed the suggestion that the special group should continue to review the Constitution in parallel and in coordination with renewal of the health-for-all policy. Policy development should certainly precede any revision of the Constitution. In this connection, the idea that form should follow function was underscored by various representatives. The Subcommittee also supported the recommendation that WHO should take steps to improve the coordination of mandates and operations of organizations of the United Nations system carrying out activities in the health field. It was pointed out that the way in which PAHO had adapted to working with the Joint United Nations Program on HIVAIDS (UNAIDS) provided an example of how such coordination could be achieved. Several questions were asked regarding how PAHO's input would be transmitted to the special group and regarding the status of the health-for-all (HFA) renewal process.

Dr. Sotelo, responding to the questions about the renewal of HFA, said that PAHO was prioritizing national consultations in order to contribute to the process at the global level. He noted that a draft HFA policy had been prepared and would be submitted to the Executive Board in January. The Director pointed out that the HFA consultation process had underscored that it was not the strategy formulated at Alma-Ata that needed to be renewed, as that strategy was still considered valid; rather, there was a need to rekindle enthusiasm for that strategy and for the quest for equity and social justice that it embodied and to correct mistakes that had been made in the past.

Dr. Alleyne agreed with the Subcommittee's assessment that a major revision of the WHO Constitution was unnecessary. Although minor adjustments might be necessary, he felt that the needed changes were not so substantial as to justify a lengthy legal procedure, especially since there was no guarantee that the ensuing product would be any better. In the 50 years since the Constitution entered into force, it had not hindered the Organization from engaging in any activities or responding to changing needs. Moreover, the Constitution did not impede the Organization from setting certain objectives or charting a certain course of action for a specific period of time; it could do that and still fulfill its purpose as defined in the Constitution.

In regard to the question of how PAHO's input would be communicated to the special group, the Director said that a report summarizing the views of the countries of the Region would be submitted to the special group, which included representatives from each region. That report would be available for Executive Board members from the Americas to consult if they wished, although it was recognized that those members served in an individual capacity, not as representatives of their countries or of the Region.

Nutrition (Document SPP27/10)

This item was introduced by Dr. Wilma Freire, Coordinator of the Program on Food and Nutrition. She began by presenting a series of statistics illustrating the magnitude and impact of the problem of malnutrition in the Region. The most serious health consequences of the problem included low birth weight, growth retardation in children, and micronutrient deficiencies, all of which impaired physical and mental functioning and increased the risk of disease and death. At

the other end of the spectrum was obesity, an increasingly prevalent problem in both developed and developing countries, which increased the risk of hypertension, diabetes mellitus, heart disease, and other chronic noncommunicable diseases and reduced quality of life. In response to these problems, PAHO had launched the Regional Plan of Action on Food and Nutrition, the objective of which was to help reduce the high prevalence of malnutrition in the Region through technical cooperation for the design and execution of interventions aimed at decreasing the magnitude of nutrition-related problems. The Plan took account of the fact that malnutrition was not a single problem, but a set of problems, with different underlying causes, which required different responses. The specific goals of the Plan were those adopted by the World Summit for Children in 1990 and the International Conference on Nutrition in 1992.

Two main areas of action had been established under the Plan: (1) food security, including promotion of breast-feeding, promotion of appropriate complementary feeding, and education and development of dietary guidelines to improve dietary practices and access to food; and (2) prevention and control of problems linked to malnutrition, including micronutrient deficiencies and chronic diseases associated with diet. Dr. Freire described the actions needed and outlined the technical cooperation PAHO was providing in each of these areas. In addition, the Organization was providing cooperation to assist the countries in the formulation of national food and nutrition plans, food and nutrition surveillance, development of human resources for the management of nutrition programs, and promotion of scientific research on nutrition-related topics. The strategies being employed by the Food and Nutrition Program in implementing the Plan of Action included advocacy to gain political and technical support for activities under the Plan, multisectoral action, use of the mass media, strengthening of community participation, dissemination of position papers on priority areas of technical cooperation, and coordination of actions with the PAHO specialized centers (CFNI, INCAP, CLAP), with other international agencies, and with NGOs and other civil society organizations. Dr. Freire concluded her presentation by providing information on the budget allocated for food and nutrition activities, noting that mobilization of extrabudgetary funding was essential in order to maximize the impact of those activities and ensure sustainability.

The Subcommittee commended the Program on the comprehensiveness and strategic approach of the Plan of Action. Several representatives commented that it was quite similar to their national food and nutrition plans and described micronutrient fortification programs and other initiatives under way in their countries. The Plan‘s emphasis on maternal and early childhood nutrition was welcomed. Good nutrition for mothers and their children was considered extremely important, not only from an individual perspective, but also from a societal perspective. The links between nutrition, poverty, and equity were also noted. Strengthening of food and nutrition surveillance systems was considered an important area for PAHO technical cooperation with the countries. It was pointed out that, in the past, most food and nutrition surveys and other surveillance activities had been carried out by entities outside the health sector for their own specific purposes or for particular regions or time periods. The health sector needed to develop the capacity to collect and analyze data on food and nutrition on an ongoing basis in order to present a more complete picture of the situation and to design appropriate interventions, identify target populations, and make better use of available resources.

Several representatives emphasized that it was important for ministries of health and

other health institutions to take the lead in health promotion by encouraging healthy lifestyles, including good nutrition, among their staffs. They should also set an example by promoting work environments that were conducive to breast-feeding.

In response to the comments concerning food and nutrition surveillance, Dr. Freire said that, ideally, epidemiological surveillance should be a component of all interventions, because it was the only way to obtain the feedback needed to determine whether activities needed to be strengthened, changed, or redirected. She also noted that information on nutrition could be derived from existing surveys, which would reduce the cost of surveillance.

The Director said that he was pleased with the Subcommittee's favorable comments on the document and Plan of Action. He noted that a document on the subject of food and nutrition had been presented to an earlier meeting of the Subcommittee, which had suggested a number of changes and improvements. The document submitted to the 27th Meeting reflected those suggestions.

The Subcommittee recommended that the revised document be sent forward for consideration by the Executive Committee.

OTHER MATTERS

The Director updated the Subcommittee on the financial situation of the Organization, noting that as a result of the staff cuts and other preventive budget reduction measures implemented since the preceding year, the prospects for ending the year in balance were reasonably good. The Organization also expected to reach the target level established for miscellaneous income. He recalled that in September he had reported that the WHO contribution to the PAHO budget had been reduced by 10%; however, following recent discussions with the Director-General of WHO, 7.5% of that amount had been restored. Consequently, by the end of the biennium, he anticipated that the Organization would have restored most of the funds that it had been obliged to take from the working capital fund at the end of 1995 in order to carry out its operations.

Dr. Alleyne emphasized that timely payment of quota contributions in 1997 would be crucial. Some countries had not completed their quota payments for 1996, and arrears in the payment of quotas for prior years amounted to some $15 million. He urged all countries to settle their obligations to the Organization as early as possible.

The Representative of Canada suggested two items for inclusion on the agenda of a future meeting of the Subcommittee: tobacco use, which was a matter of extreme concern to all the countries, and tourism and its health implications, also an important issue, given the economic significance of tourism in the Region.

Several representatives expressed their appreciation to the Director and the staff of the Organization for the quality and conciseness of the documents prepared for the meeting and for the efficiency with which it had been conducted. It was suggested that, at future meetings, all

overhead transparencies and other visual aids that included text should be presented in both English and Spanish so that they could be easily understood by all participants.

It was announced that the next meeting of the Subcommittee would be held on 2-4 April 1997

AGENDA

1. Opening of the Meeting

2. Election of the President, Vice President, and Rapporteur

3. Adoption of the Agenda and Program of Sessions

4. Evaluation of PAHO Technical Cooperation in Panama

5. Evaluation of the Program on Veterinary Public Health (HCV)

6. Core Data

7. Oral Health

8. Adolescent Health

9. Mission, Vision, and Functions of the World Health Organization and Reform of its Constitution

10. Leadership of the Ministries of Health in Sector Reform

11. Nutrition

12. Other Matters

LIST OF DOCUMENTS

Working Documents

SPP27/3 Evaluation of PAHO Technical Cooperation in Panama

SPP27/4 Evaluation of the Program on Veterinary Public Health (HCV)

SPP27/5 Core Data

SPP27/6 Oral Health

SPP27/7 Adolescent Health

SPP27/8, Rev. 1 Mission, Vision, and Functions of the World Health Organization and Reform of its Constitution

SPP27/9, Rev. 1 Leadership of the Ministries of Health in Sector Reform

SPP27/10 Nutrition

Information Documents

CD39/7 Process for the Review of WHO‘s Vision, Mission, and Constitutional Functions

EB99/14 Review of the Constitution of the World Health Organization: Report of the Special Group

Constitution of the World Health Organization

Rules of Procedure for Meetings of the Subcommittee on Planning and Programming

Terms of Reference of the Subcommittee on Planning and Programming

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OFICINA SANITARIA PANAMERICANA

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Secretario ex officio de la Reunión

Sir George Alleyne
Director

Advisers to the Director
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ANNEX B. FINAL REPORT: 28TH SUBCOMMITTEE ON PLANNING AND PROGRAMMINGOF THE EXECUTIVE COMMITTEE OF THE DIRECTING COUNCIL

Washington, D.C., 2-4 April 1997

CONTENTS

FINAL REPORT

The 28th 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 3-4 April 1997.

The meeting was attended by representatives of the following members of the Subcommittee, elected by the Executive Committee: Bahamas, Colombia, El Salvador, and Panama; as well as representatives of the following countries designated by the Director: Argentina, Brazil, Canada, Chile, and United States of America. Representatives of Cuba, France, and Uruguay attended as observers.

OFFICERS

The Member Governments elected as officers by the Subcommittee at its 27th Meeting in December 1996 continued to serve in their respective positions.

Chairman:	Panama	Dr. Eneika de Samudio
Vice Chairman:	Chile	Dr. Fernando Muñoz Porras
Rapporteur:	Bahamas	Mrs. Hannah Gray

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

OPENING OF THE MEETING

The Director opened the meeting and welcomed the participants. He pointed out that the Subcommittee would be considering several items that were crucial to the life and work of the Organization. The program policy items on the agenda included the proposed budget, which would set the pattern for the Organization‘s work in the 1998-1999 biennium, and the strategic and programmatic orientations for the period 1999-2002, which would chart its course into the next century. The Subcommittee would also be examining several important programmatic issues, including noncommunicable diseases and indigenous health. In relation to the latter, he noted that Dr. Norbert Prefontaine (Canada), who had been a key figure in the Health of Indigenous Peoples Initiative, had recently passed away, and he asked the Canadian delegation to convey to Dr. Prefontaine’s family and colleagues the Organization‘s profound sense of loss at his passing.

ADOPTION OF THE AGENDA AND PROGRAM OF SESSIONS (Documents SPP281, Rev. 1, and SPP28WP1)

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

Noncommunicable Diseases (Document SPP284)

Dr. Franklin White (Coordinator, Program on Noncommunicable Diseases, HCN) summarized the content of the document and the strategies and priorities of the Program. He presented a series of figures, which illustrated the growing importance of noncommunicable diseases (NCDs) in the overall burden of disease throughout the Region, and outlined the reasons for this increase. He also mentioned several myths surrounding noncommunicable diseases, explaining why they had no basis in fact.

The mandate of the Program was to strengthen the capacity of the Organization to support specific disease prevention and control initiatives in Member States. Accordingly, it sought to support the adoption by Member States of feasible and cost-effective policies, strategies, and programs for the prevention and control of NCDs of major public health importance. The priority areas of action for the Program were noncommunicable disease surveillance, cardiovascular disease risk factor intervention, cervical cancer screening, diabetes mellitus, and injury prevention. One of its key strategies was Actions for the Multifactorial Reduction of Noncommunicable Diseases, known by its Spanish-language acronym, CARMEN, an approach similar to the WHOEURO initiative CINDI (Country-wide Integrated Noncommunicable Disease Intervention). The proposals and recommendations of the Program for action in the area of noncommunicable diseases included evidence-based priority-setting and decision-making, health service-based NCD strategies, and interprogrammatic coordination within the Organization.

Dr. Stephen Corber (Director, Division of Disease Prevention and Control) said that the Program was premised on current biomedical knowledge that showed that virtually all NCDs were preventable or at least postponable, many were reversible, and many were amenable to secondary prevention to reduce complications, which posed a heavy burden on individuals, families, and communities, as well as on health care systems. It was important to realize that NCD prevention programs had a definite and real impact, although that impact took longer to become apparent than in the case of some other programs. While most countries had NCD prevention and control initiatives, they were often not as well-organized or comprehensive as they might be. Programs that combined primary prevention, including health education and promotion, with clinical prevention were needed. HCN was therefore seeking to help the countries to identify the priority NCDs in their national context, select those of highest priority for primary attention, undertake detailed situation analyses of the diseases identified, and then introduce pilot or demonstration NCD prevention and control projects.

The Subcommittee congratulated Dr. White on the thoroughness and clarity of the document, which linked solid epidemiological information with sound NCD prevention and control strategies. Several representatives presented data on the situation of NCDs and described prevention and control efforts currently under way in their respective countries. The importance of addressing the risk factors for NCDs through health promotion and education interventions was emphasized. It was also pointed out that many of the risk factors for these diseases,

particularly those related to behavior and lifestyle, originated in childhood and that educational interventions should therefore begin early. Training and education for health care professionals, including dissemination of scientific and technical information on clinical prevention of NCDs, was also considered essential. The potential usefulness of low-cost diagnostic and preventive tools, such as C-reactive protein testing and aspirin therapy for cardiovascular disease, was highlighted.

Prevention was seen as the most cost-effective strategy for dealing with noncommunicable diseases, and CARMEN was considered an excellent approach to prevention. It was suggested that the document might highlight the fact that part of the added value of the CARMEN concept was that it provided an integrated approach that would result in economies of program design and delivery and increased potential for partnership development. In this connection, the Subcommittee applauded the Program's proactive approach to resource mobilization and development of cooperative relationships with NGOs and other partners. The difficulties of mobilizing resources for NCD prevention programs, whose impact was not immediately apparent, were noted. It was pointed out that, both within the Organization and at the national level, these programs must compete with others programs that were more likely to yield tangible results in a shorter time. Evaluations of NCD prevention interventions should therefore focus on indicators of process rather than indicators of outcome. HCN had an important role to play in helping the countries to develop such indicators.

One representative suggested that the term "noncommunicable diseases" might be misleading since it encompassed a number of conditions that fell outside the scope of the Program. Specific suggestions for enhancing the document included utilizing statistical ranges rather than single figures in reference to prevention efficacy, taking account of the impact of AIDS in the comparisons of proportionate burden of disease attributable to infectious and noncommunicable diseases, and including some information on how NCD prevention activities fit into health-for-all efforts. Finally, it was emphasized that, in keeping with the Organization's commitment to the achievement of gender equity, the Program should incorporate a gender perspective, which should be reflected in the document.

In reply to the comments concerning resource mobilization and allocation, Dr. White pointed out that much of the mobilization that needed to take place at all levels related to priority-setting and examination of existing allocations. Priorities should be set and resources allocated taking into account disease burden, prevention efficacy and effectiveness, and cost-effectiveness. He also noted that, while monetary resources were crucial, development of human resources was just as important. He concurred fully that health education was a key strategy for NCD prevention and pointed out that the Program was collaborating with the Division of Health Promotion and Protection to develop and test population education interventions. At the same time, it was working actively to strengthen clinical prevention capabilities, advocating the application of an evidence-based approach. In regard to the incorporation of a gender perspective, he noted that the Program was working with the Women's College Hospital (Toronto, Ontario, Canada), a WHO Collaborating Center on women's health, to formulate gender-sensitive approaches to the prevention and control of noncommunicable diseases.

The Director observed that it was obvious from the representatives' comments that the

Program was responding to a technical cooperation need felt by many countries. With respect to resource allocation, he pointed out that the Organization, despite severe budgetary constraints, had made an effort to channel more resources into the area of noncommunicable diseases, not only through creation of the Program in 1995 but through the addition of resources in the 1996-1997 biennium. He acknowledged that "noncommunicable diseases" was not the most precise term, but said that it was generally considered the most appropriate expression for referring to the group of diseases and conditions targeted by the Program. In regard to the potential of new preventive techniques, he said that recent research concerning the usefulness of C-reactive protein as a predictor of myocardial infarction and aspirin as a preventive agent pointed up the need to stay abreast of new research findings and contemplate possible applications for them in the Organization's programs. In the meantime, however, it was essential to make the most effective use of the tools and strategies currently available.

Strategic and Programmatic Orientations, 1999-2002

Dr. Germán Perdomo (Office of Analysis and Strategic Planning) presented a methodological proposal for the development of the strategic and programmatic orientations (SPOs) that would serve as policy orientations for the member countries and guidelines for the work of the Secretariat during the quadrennium 1999-2002. The SPOs were intended to guide the policies of the countries and the technical cooperation of the Secretariat and must therefore reflect not only the vision and mission of the Organization, but also the general and specific needs of the countries. The methodology proposed by the Secretariat was aimed at providing an opportunity for the broadest possible consultation with the Member Governments throughout the process of developing the SPOs. According to that methodology, a situation analysis document would be prepared on the basis of information routinely collected and analyzed by the Organization for the publication *Health Conditions in the Americas*, the evaluations of implementation of the strategy for achieving health for all by the year 2000, and evaluation of the implementation of the SPOs for 1995-1998, as well as information on the economic, political, and social situation in the Region compiled by other agencies. This situation analysis document would be distributed to the countries and to PAHO staff at Headquarters and in the field for their consideration in August 1997.

After reviewing the comments and suggestions of the countries and PAHO staff, the Secretariat would draft another document containing the basic components of the SPOs. That document would identify the principal problems affecting the health of the Region's population, the goals to be achieved, and the strategic orientations that would guide the Organization's response to the problems and goals. It would also take account of the global health policies contained in the Ninth General Program of Work of WHO. The basic components document would once again be submitted for consideration and comment by the countries and by PAHO staff in October 1997. From the comments, suggestions, and proposals that came out of those consultations, a document containing the proposed SPOs for 1999-2002 would be drawn up and submitted to the Governing Bodies for consideration. The proposal would first be examined by the Subcommittee in April 1998; it would then move on to the Executive Committee in June and subsequently be submitted to the Pan American Sanitary Conference for approval in September 1998.

The Subcommittee underscored the importance of the SPO development process for the future of the Organization. The proposed methodology was considered a sound basis for carrying out the necessary consultations and obtaining a collective view. It was pointed out that it was essential to define at the outset whether the SPOs constituted a collective reflection of priorities for the Region or a tool for reflecting the program priorities of the Organization. It was then necessary to determine how the priorities would be established. Criteria should be developed for that purpose. Suggested criteria included prevalence, burden of disease, susceptibility of problems to international action, and PAHO's comparative advantage for addressing the problems identified. It was also pointed out that the SPOs should be forward-looking, as it was necessary not only to address the health needs of today's population but to contemplate the needs of future generations.

In relation to the question of whether the SPOs reflected priorities of the countries or of the Secretariat, Dr. Perdomo pointed out that the objectives of PAHO, which had been created by the countries, could not be different from those of the countries. The Organization existed for the express purpose of helping the countries to improve the health and living conditions of their people. In the current context of financial constraints, it was more important than ever to engage in a serious planning process to determine how scarce national and international resources would be utilized to address the principal health problems in the Region and ensure that the technical cooperation provided by the Organization in the next quadrennium was truly responding to needs identified by the countries. Nevertheless, priorities could not be set at the regional level; in a Region as diverse as the Americas, the process of prioritizing had to take place at the national level.

The Director pointed out that, in the past, the strategic and programmatic orientations had been formulated exclusively by the Secretariat and then presented to the Governing Bodies for approval. When the SPO development process had been undertaken in the previous quadrennium, an attempt had been made to ensure that the priority areas of action selected represented global priorities for the countries. Although subsequent evaluations had revealed that there was significant congruence between the areas of work established in the SPOs for 1995-1998 and the countries' health planning and programming, the Secretariat felt that the countries had not been sufficiently involved in the development phase. It had therefore been decided to undertake a process of broad consultation and deliberation in order to engage the countries from the outset in the process of determining the major priority areas in which the Organization as a whole—countries and Secretariat—would work in the 1999-2002 quadrennium.

The establishment of priorities at the national level was the critical first phase in the process of planning and programming the Organization's technical cooperation. Recently, in setting priorities, a number of countries had adopted a methodology promoted by the World Bank: the use of disability-adjusted life years (DALYs). However, the principal drawback of DALYs was that they were not a useful instrument for identifying where inequities lay. In the previous quadrennium, the achievement of equity had been identified by the countries as the primary objective toward which efforts in the framework of the SPOs should be directed, and the Secretariat believed that equity remained the overriding concern of the majority of countries in the Region.

The Secretariat had undertaken a review of all the documentation from the Governing Bodies of PAHO and WHO on the subject of priority-setting in order to determine how to select from among the priorities established by the countries those that should be regional programmatic responsibilities. It was generally felt that the kinds of problems that required a regional effort were problems of public health significance for which there were accepted interventions that could be applied globally. Hence, it had been determined that, ideally, the regional programmatic responsibilities should be to stimulate collective regional effort to address problems that could best be tackled by joint effort, to provide selective support for country technical cooperation needs, to stimulate cooperation among countries, and to promote the formulation of regional policy in specific areas.

The Director emphasized that those considerations should guide the process of developing the SPOs for the period 1999-2002. It was hoped that through a process of dialogue and discussion between the Secretariat and the countries it would be possible to identify the overriding concern of the countries—which at the moment seemed to be how to achieve equity in health—and then to identify the major areas and lines of work that would address that concern and determine how the Secretariat would provide technical cooperation in those areas.

In response to the comments of one of the representatives, who pointed out that efforts to achieve equity must go hand in hand with efforts to achieve efficiency in the use of resources, the Director emphasized that the Secretariat saw no contradiction between equity and efficiency and was strongly committed to making its programs effective and efficient.

Proposed Program Budget of the Pan American Health Organization for the Biennium 1998-1999 (Document SPP28/3)

The Director pointed out that the budget document prepared for the Subcommittee was only a brief outline. The document to be presented to the Executive Committee would contain considerably more detail on the proposed program and budget for the 1998-1999 biennium. Mr. Michael Usnick (Chief of Budget) then summarized the content of the document and the attached tables, which provided data on the amounts allocated to various areas and the relative increases and decreases in funding, as well as information on the program classification structure and the distribution of posts by location.

The overall proposal for the PAHOWHO regular budget was for $257,187,000, which represented an increase of 3.5% over the biennium, or an annual increase of 1.75%. That increase reflected mandatory and inflationary cost increases of 5.9% coupled with program reductions of 2.4%. The WHO portion of the proposal was $82,986,000, although that figure was subject to confirmation by the World Health Assembly in May 1997. The PAHO portion amounted to $174,201,000, which would be funded by $162,501,000 in quotas from the Member Governments and $11,700,000 in projected miscellaneous income. The quota increase would be 3.6% for the biennium, or 1.77% annually.

Mr. Usnick noted that, because the cost increase factors used in calculating the budget were quite conservative, PAHO would be absorbing approximately $3.5 million in actual increases. He also pointed out that, in real terms, PAHO's regular budget had declined 19.3%

since 1986.

Following Mr. Usnick‘s remarks, the directors of the five technical divisions and the Special Program on Vaccines and Immunization outlined the major lines of work and the objectives to be pursued during the 1998-1999 biennium by the various programs within their respective divisions.

The representatives were unanimous in congratulating the division and program directors for their comprehensive and informative presentations and in commending the Director for having assembled such a high-caliber management team. Other comments are summarized below.

The Representative of the United States pointed out that his Government was engaged in an effort to settle its arrears, as well as its current-year obligations, to all the international organizations to which it belonged. At the same time, it was asking the international organizations to take steps to put themselves on a healthier and more sustainable financial footing so that they would be more financially secure, effective, and better able to meet the challenges of the future. Accordingly, his Government called for a reduction of at least 5% from the 1996-1997 budget level. It was also seeking a similar reduction in the WHO budget. The United States recognized PAHO’s serious efforts to achieve savings, and it felt that PAHO was doing excellent work in a vital field. However, it believed that the Organization could continue to perform effectively with a smaller budget and that, with careful planning and management, as well as a narrower focus on fewer activities, neither the core functions at Headquarters nor the technical programs in the countries would be damaged. He reiterated his Government‘s view that the Organization should concentrate on those activities that it was uniquely qualified to carry out. In relation to the proposed program, the United States welcomed the Organization’s emphasis on health outcomes, which had been apparent from the division directors‘ presentations. However, at the Executive Committee meeting in June, his Delegation hoped to receive more detailed information about the relative allocation of money to the programs and why some areas would receive substantially more than others. In addition, it requested that the Secretariat present an alternative budget based on a 5% reduction in order to give the Member Governments an opportunity to see how such a budget cut might be applied.

The Representative of Canada said that his Government’s position was that there should be zero nominal growth in the budgets of all international organizations to which it belonged, which meant no allowance for external factors such as inflation or statutory salary increases. He noted that the Canadian Government was also applying a policy of zero nominal growth in its own national budgets and programs. Canada recognized that zero nominal growth implied real costs for the organizations and for the countries they served. The Government of Canada therefore viewed with concern the proposal of the United States to reduce the budget by 5%. It was doubtful that such a reduction could be accommodated without significantly curtailing the programs and diminishing the effectiveness of the Organization. Canada did agree, however, that PAHO should try to narrow the focus of its activities, concentrating on the areas in which it was capable of having the greatest impact. His Government accepted the argument that, in some cases, even a few dollars spent by PAHO on a program activity could have significant impact at the country level; nevertheless, in light of the current financial situation, the Organization should

consider whether it might obtain a greater return on its investments by concentrating its resources in fewer areas.

The Representative of Brazil said that his Government felt that a 5% reduction in the budget would jeopardize the programs and would also pose a serious threat to the gains that PAHO had helped to bring about in the areas of health, poverty reduction, and economic development. He also pointed out that the work of the Organization benefited all countries in the Region, not just the poorer ones. Unlike other, larger agencies in the United Nations system, which could more easily absorb budget cuts, PAHO would be seriously affected by a reduction.

The Representative of El Salvador said that he personally had observed the beneficial effects of PAHO‘s work in his country, which was engaged in a major effort to strengthen health and education as a means of combating poverty. His Government found the prospect of a budget reduction worrisome, as it might jeopardize the tremendous gains made throughout the Region over the past century, particularly in the area of disease control. Moreover, it would hinder the Organization’s ability to address the needs of vulnerable population groups. Economies might be sought by reviewing the budget proposal and attempting to achieve greater efficiency in the use of resources, but the budget should not be reduced. El Salvador considered that the proposed increase of 3.5%**C**which was considerably lower than the inflation rate in most countries**C**was quite reasonable.

The Representative of Chile commended the Director and his staff on their efforts to make the budget and the budgeting and programming processes as transparent as possible. His Government considered that the Secretariat had made a diligent effort to show how resources were being used and how priorities were being established. It had also been responsive to the concerns of the Governing Bodies and had shown considerable willingness to make necessary reductions and adjustments. Because of that transparency, his Government considered the budget proposal valid and had no misgivings about supporting the 3.5% increase.

The Representative of Argentina said that his Government found the budget proposal well-founded and would not opposed the 3.5% increase. Argentina recommended that any programmatic adjustments be made with a view to strengthening those programs that were responding most effectively to the countries‘ needs. In his Government’s view, the programs that best fit that criterion were those within the Division of Health Promotion and Protection and the Division of Health and Environment. The other programs were also carrying out important work, but as PAHO found itself in the unfortunate position of having to “administer poverty,” it should concentrate its limited resources in the programs that could have the greatest impact on the health and well-being of people in the countries. The Organization should also intensify its efforts to promote cooperation among countries.

The Representative of Colombia said that his Government would not endorse any reduction in the budget. Unquestionably, a reduction would have a negative impact on the Organization‘s activities and would also diminish the catalyzing and multiplying effect of those activities at the country level.

The Representative of The Bahamas emphasized that proposals for reductions made

without regard to inflation were unfair, particularly in light of the Organization's noble efforts at cost containment. In her Government's view, the staff of the Organization deserved high praise for carrying out such a large volume of work and accomplishing so much in spite of severe human and financial resource limitations. The Bahamas considered the 3.5% increase realistic and supported the budget proposal. In regard to the suggestions that programs should be reduced in some areas and refocused in others, she pointed out that even negligible amounts allocated to some program areas could be tremendously important to small states. Cutting or deleting programs could send the message that PAHO was ignoring issues that were central concerns for some countries.

The Representative of Mexico pointed out that the proposed 3.5% increase reflected reductions already made in the PAHO budget. Had those reductions not been made, the cost increase would have been considerably higher. Her Government supported the budget proposal, including the 3.5% increase.

The Representative of Panama said that her Government supported the budget proposal. While Panama appreciated the need to rationalize resources, it found the proposed 5% budget cut worrisome, as such a reduction would seriously compromise the Organization's ability to address the health needs of vulnerable and high-risk groups and carry out crucial public health functions such as disease surveillance and normative activities.

The Representative of Cuba pointed out that the division directors' presentations had shown that many health problems remained to be solved in all countries of the Americas and that the countries would require PAHO's assistance to address those problems. His Government supported the proposed 3.5% increase, although it encouraged the Secretariat to reexamine the proposed budget and program before the Executive Committee meeting in June with a view to ensuring the greatest possible efficiency in the allocation of resources and the utilization of program personnel.

The Representative of France said that his Government was satisfied with PAHO's efforts to achieve savings and keep cost increases to a minimum and it therefore supported the proposed increase of 1.75% per year, or 3.5% for the biennium. Although France, like the United States, faced internal financial difficulties and was endeavoring to curtail public expenditures, it could not support a budget reduction. The Government of France considered that public health programs were crucial to the future of the Region and also believed that North-South solidarity in the Americas was essential.

The Representative of Uruguay expressed her Government's hope that the Organization could find a solution to the budget problem that did not entail any cuts to the successful programs it was currently carrying out in the countries.

The Director thanked all the representatives for their comments. He was especially pleased that the Organization's efforts at transparency and its emphasis on health outcomes had been recognized. He and his staff had continually sought to ensure that PAHO was both fiscally and programmatically transparent and that its actions produced an appreciable effect on the health and well-being of people in the countries. He also welcomed the comments concerning

the need to strengthen cooperation among countries, noting that the amount allocated for that purpose in the proposed budget had been increased by 100%. That increase reflected the Pan American approach, which, together with the search for equity, was one of the Organization's guiding principles.

The Organization was constantly seeking to increase its efficiency and do more with less. Dr. Alleyne underscored that the Secretariat was quite aware that PAHO did not have the capability to be involved in all areas or respond to every request for technical cooperation. It therefore looked for opportunities to focus its efforts, and sometimes the ability to focus lay in its ability to utilize a very small allocation of PAHO funds to leverage funds from other sources. In that respect, he agreed fully with the Representative of The Bahamas that a small amount of money allocated to a particular program or country could make a tremendous difference.

In developing the budget proposal, the Secretariat had undertaken a long process of evaluation and consultation with the countries. It had carefully examined program activities at the regional and country level and looked at the results that had or had not been achieved with a view to determining which areas needed to be strengthened during the 1998-1999 biennium. The Secretariat had also consulted every country, because it was very conscious of the need to respond to the countries' concerns. In addition to the countries' needs, however, it had been necessary to bear in mind the priorities established by WHO, of which PAHO was an integral part. The budget had therefore been drawn up on the basis of the priorities identified by the countries, both individually and collectively within the Governing Bodies, and the priorities identified by WHO. He acknowledged that in the document prepared for the Subcommittee it was difficult to see how the budget would be allocated by specific program area but noted that the document to be submitted to the Executive Committee would be much more comprehensive.

In conclusion, the Director pointed out that during the 1980s, at a time when the countries of the Region were immersed in a profound economic crisis, the Member Governments had approved increases of about 13% in the Organization's budget every biennium. It seemed contradictory that in a time of hardship the countries would decide to increase their support for PAHO, while at a time when most were experiencing economic recovery, they felt that they could no longer afford to support the Organization's budget. Dr. Alleyne said that it had recently been suggested to him that this situation was perhaps a manifestation of a common phenomenon found in bureaucracies: planning for the past. He urged the Governments to look toward the future and try to position the Organization to meet the challenges of the coming century, which, he stressed, could not be accomplished by reducing the budget.

Joint Evaluation of PAHO Technical Cooperation at the Country Level (Document SPP28/5)

Dr. Mirta Roses (Assistant Director, PAHO) outlined the content of the document, which described the various evaluation modalities used by PAHO to assess health conditions in the Region and gauge the effectiveness and impact of its technical cooperation activities, focusing in particular on the joint evaluation meetings (JEM) that had been conducted in conjunction with national authorities since 1987 to evaluate PAHO technical cooperation at the country level. In view of the improvements in the American Region Planning, Programming, Monitoring, and

Evaluation System (AMPES), the Secretariat considered that the time had come to modify the procedures for carrying out the joint evaluations in order to avoid duplication of efforts and resources, reduce costs, and achieve greater efficiency.

Under the new evaluation process, programming would be carried out on a two-year cycle. The Annual Program Budget (APB) would be eliminated, leaving only the Biennial Program Budget (BPB). The current four-month work plans would be replaced by six-month work plans. The information required for the evaluation of technical cooperation at the country level would be generated by AMPES. As was currently the case, the evaluations themselves would be carried out with national authorities and other actors involved in the technical cooperation process. By incorporating joint evaluation into the AMPES, it was believed that it would be possible to maintain the improvements made through the JEMs in the programming and management of technical cooperation and, in addition, to strengthen the leadership capacity of the ministries of health, improve intersectoral coordination, increase interinstitutional participation, promote interagency coordination, and give greater visibility to the role of health in sustainable human development.

The Subcommittee endorsed the proposed changes in the evaluation process. It was felt that they would reduce the burden on both national and PAHO staff and would yield a more flexible system. The new process would also make it possible to carry out the evaluations with greater regularity and frequency than in the past. Several representatives emphasized the need for flexibility in order to accommodate change and adapt the evaluation methodology to the diverse conditions in the countries. The promotion of interinstitutional participation was seen as a particularly important aspect of the new evaluation modality, and PAHO‘s important role in fostering such participation was underscored. It was suggested that the joint evaluations should result in a formal report to the Director by national authorities and the PAHOWHO Representative, detailing the conclusions of the evaluation exercise and outlining expectations for PAHO technical cooperation in the next programming period. One representative pointed out the need for broader multicountry or subregional evaluations, given the increase in subregional cooperation in the context of integration initiatives.

Various representatives described how joint evaluations had been carried out in their countries and highlighted the outcomes. The Secretariat was asked to provide more information or clarification on several evaluation-related matters, including the following: lessons learned from past evaluation experiences, the characteristics of the new six-month work plan, the new staff performance evaluation system mentioned in the document, and the status of the core data project.

With regard to the lessons learned from past joint evaluations, Dr. Roses said that one of the principal deficiencies revealed by the JEMs had been the lack of adequate information systems and indicators. These lessons had been used to improve many of the programming and evaluation instruments routinely employed in PAHO. They had also been applied in developing the core data project, which was intended to enhance the Organization’s information management capabilities and enable it to assemble country profiles containing information on health conditions in each country. The lessons learned from the evaluations had also helped to make the Organization‘s cooperation more strategic and less fragmented, and it had encouraged

the establishment of partnerships through the involvement of the various actors who played a role in international cooperation at the country level. With respect to the six-month work plan, Dr. Roses said that it would be an operational plan that would basically serve as a mechanism for making any necessary adjustments in the timetable and components of technical cooperation projects. As for the status of the core data initiative, she said that a report on the subject would be presented to the June 1997 meeting of the Executive Committee. She noted that all the groundwork for the core data system had been laid; the Secretariat was now exploring ways of ensuring that the information would be widely accessible.

The Director said that, from the standpoint of the Secretariat, the joint evaluations had yielded three major lessons: (1) they had shown the need for structure within planning instruments and the need to bring about a cultural change so that everyone within the Organization understood the need to plan on the basis of expected results; (2) they had shown the need for patience, inasmuch as it took time to produce such a cultural change; and (3) they had shown the absolute necessity of follow-up, because if no action was carried out as a result of the evaluations, they were not taken seriously. In regard to the comment regarding the Organization's role in promoting interinstitutional participation, he pointed out that PAHO needed input from the ministers of health concerning their vision of how other agencies might be involved in health-related activities and how they felt PAHO could facilitate that involvement. With respect to the new staff performance evaluations, he said that they were designed to provide a more objective assessment of performance based on a contract between the staff member and hisher supervisor, which would specify what the staff member was expected to accomplish during a particular period. He emphasized that the evaluation was intended to be a tool that would enable staff to improve their performance. The Director offered to prepare a more detailed presentation on the subject for a future meeting if the Subcommittee so wished.

Health of Indigenous Populations (Document SPP28/6)

Dr. Sandra Land (Program on Organization and Management of Health Systems and Services) summarized the content of the document, which described the work undertaken at the regional and country level in the framework of the Health of Indigenous Peoples Initiative since its inception in 1993. She reviewed the provisions of Resolution CD37.R5 and the five fundamental principles that guide the work in this area, namely: the need for a holistic approach to health; the right to self-determination of indigenous people; the right to systematic participation; respect for and revitalization of indigenous cultures; and reciprocity in relations. She then reviewed the work undertaken and outlined plans for future efforts in the context of four key challenges: detecting and monitoring ethnic differences in health status and service delivery, considering the multicultural character of most countries in the Region; building indigenous capacity and strategic alliances; promoting and tracking interprogrammatic and country-level efforts; and valuing traditional health systems and traditional practitioners, while at the same time making basic health services more culturally sensitive.

Work to date had been concentrated in the following five areas: (1) building capacity and alliances; (2) supporting national and local processes and projects; (3) designing and mobilizing resources for projects to address priority health problems and meet the needs of vulnerable populations; (4) developing and strengthening traditional health systems; and (5) coordinating

and promoting the dissemination and exchange of scientific and technical information. Dr. Land briefly described the activities planned for the next two years under the Plan of Action, 1995-1998. With particular reference to the fourth area of work mentioned above, she noted that the focus would be expanded to address issues relating to the organization and delivery of health services in multicultural communities. The emphasis on strengthening traditional health systems would be maintained, but increased attention would be given to tailoring health services to meet the needs of indigenous communities and training health care workers to provide care in a culturally sensitive way.

Dr. Land concluded her presentation by underscoring that PAHO viewed the Health of Indigenous Peoples Initiative as an opportunity to show that the Organization values diversity and is serious about the search for equity and to demonstrate its commitment to the goals of the Decade of the World's Indigenous People.

Dr. Daniel López Acuña (Director, Division of Health Systems and Services) pointed out that addressing the problem of indigenous health in the Americas was complex, not only because of the diversity generated by ethnic differences, but also because the problem is strongly associated with other problems relating to the social and economic marginalization of indigenous groups. As a result, indigenous peoples faced tremendous inequities in health conditions and access to health services. The Organization's approach therefore emphasized respect for diversity and incorporation of ethnic considerations in health actions, while at the same time seeking to reduce the inequities. PAHO did not seek, nor did it have the capabilities, to respond directly to the health needs of indigenous peoples; rather, its focus was on supporting the countries and strengthening their ability to address those needs. He therefore encouraged the countries to provide the Organization with input as to how it could better help them to develop their capacity to improve health care for their indigenous populations.

The Subcommittee considered that the document presented a good summary of the progress made and the difficulties and challenges posed by the issue of indigenous health. Several representatives pointed out that one of the major challenges to providing access to health services for indigenous groups was their geographic isolation. Many indigenous populations lived in remote, hard-to-reach communities and lacked basic sanitation and water supply services, which exacerbated their health problems. It was also pointed out that indigenous groups suffered political marginalization, as well as social and cultural marginalization, and that efforts should therefore be directed toward enhancing their political advocacy, negotiation, and leadership skills.

The importance of training was stressed. It was considered essential to sensitize health professionals to the knowledge, attitudes, beliefs, and practices of indigenous peoples in order to enable them to provide high-quality, culturally appropriate care. It was also viewed as essential to incorporate contents relating to traditional medicine and intercultural approaches to health care in the curricula of schools that train health care personnel. In this connection, the Representative of Chile noted that a university in his country had recently developed a program on local health management with an intercultural approach and offered to provide information on that program to anyone who might be interested. Training and incorporation of indigenous health care providers into health services at the local level was also seen as a crucial strategy for improving

the quality of care and increasing the utilization of health services by indigenous populations.

Various representatives described the approaches being taken to indigenous health in the framework of health sector reform in their countries. Several also mentioned workshops and symposiums that had been organized at the national level to bring together indigenous peoples and health sector officials to explore ways of addressing indigenous health needs. The value of sharing experiences was highlighted, and the possibility of bringing together groups of indigenous leaders from various countries to discuss health issues of mutual concern was suggested. It was pointed out that PAHO could play an important role in facilitating such exchanges.

The orientations of the initiative and the plans for future work were considered sound, although it was pointed out that the list of proposed technical cooperation activities in the document might be overly ambitious, given the Program‘s resource limitations. PAHO was urged to maintain an integrated partnership approach to technical cooperation in this area and to continue its information production and dissemination activities. It was pointed out that information could be a powerful tool for raising awareness of the issue of indigenous health and for political advocacy. The Organization was also encouraged to continue its efforts with respect to policy development and legislation. In this regard, PAHO was commended for having signed an agreement with the Indigenous Parliament to promote legislative attention to indigenous health concerns.

The Representative of Canada thanked the Director for his recognition of the work of Dr. Norbert Prefontaine, noting that his unique contribution had been that he was able to see the world through the eyes of others. The five principles that guided the initiative were largely a reflection of Dr. Prefontaine’s vision.

Dr. Land pointed out that the countries‘ commitment to indigenous health was obvious from the comments made by the various representatives. She agreed that exchanges of experience were extremely valuable and said that the Organization was supporting such exchanges through documentation of successful approaches, dissemination of information, and promotion of technical cooperation among countries. She also noted that, at the regional level, the Organization had initiated an internship program under which young indigenous professionals spent six months working and receiving training at PAHO Headquarters. The Organization would also be providing technical cooperation for surveys of the health and living conditions of indigenous peoples as a means of detecting and monitoring inequities.

Water Supply and Sanitation (Document SPP287)

Mr. Horst Otterstetter (Director, Division of Health and Environment) presented a summary of the document, noting that it was, in turn, a summary of a larger document being prepared by his division. Rather than reviewing the activities of a program, the document reported on the status of drinking water supply and sanitation coverage in Latin America and the Caribbean and on progress under the Regional Plan for Investment in the Environment and Health (PIAS). He presented a series of statistics comparing coverage levels reported for 1988 in the Evaluation of the International Drinking Water Supply and Sanitation Decade (1981-1990)

with those found by a survey conducted in 1995. Generally speaking, the figures showed that growth in water supply and sanitation coverage had been much slower than expected, and in a number of cases a worrisome downward trend had been detected. Comparisons of the data on water supply and sanitation coverage and various health indicators revealed striking parallels between coverage levels and infant mortality rates and incidence of cholera and other diarrheal diseases, which pointed up the impact of these environmental factors on health.

With regard to progress under the PIAS, estimates indicated that total investment in water supply and sanitation had fallen far short of the required levels. Regionwide, only about one-fourth of the needed investment was made during the period 1990-1995.

The document contained a number of conclusions and recommendations derived from the 1995 survey. Mr. Otterstetter highlighted the following conclusions: (1) water supply and sanitation programs in Latin America and the Caribbean were not proceeding at a pace that would guarantee achievement of the goal of universal coverage by the year 2000 established by the World Summit for Children; (2) the level of investment in the sector fell short of the investment needed to achieve significant increases or full coverage by these services; and (3) the problems hindering sector development were mainly organizational and institutional, not technological. It was recommended, inter alia, that PAHO, in the context of the PIAS, continue to support sector reform and modernization, including efforts at decentralization and privatization of water and sanitation services, and that it organize a regional effort to follow up on the Santa Cruz Summit, promoting a Regional Plan for Drinking Water Quality at the highest political and technical levels. The Governments were urged to step up their efforts to achieve the water and sanitation goals established at the World Summit for Children and other forums, and ministries of health were encouraged to take leadership in ensuring that access to safe water and water disinfection constituted integral components of preventive health efforts.

The Subcommittee felt that the report presented a good summary of the overall water and sanitation situation in the Region and accurately identified the obstacles to progress. It was pointed out, however, that the document would have benefited from the inclusion of a separate section on the situation in the Caribbean, which would have been a useful tool for comparison and planning purposes. The Representative of Mexico noted that the infant mortality rate in her country was 17.5, not 20, as had been indicated in the presentation.

It was emphasized that the improvement of water supply and sanitation levels was an issue of political will and mobilization of adequate financial resources. It was also pointed out that intersectoral action was imperative in order to bring about any progress, and questions were asked regarding the extent of PAHO's collaboration with other agencies and institutions. One representative noted that countries that had already attained high levels of coverage sometimes faced a dilemma of diminishing returns, inasmuch as attempting to achieve universal coverage would entail large capital investments and application of costly imported technology, but there was no guarantee that these investments would result in further reductions in the small proportion of the population that remained uncovered. It was suggested that the report could be improved by including more specific recommendations regarding the actions that needed to be taken to overcome the obstacles to increased coverage and more detailed guidance on how those actions might be carried out. It was also suggested that, given the range of obstacles, PAHO

might be well-advised to examine some of its current lines of action and focus on those that had been shown to be most effective, such as emphasis on low-cost technology and promotion of community management of water supply systems.

Mr. Otterstetter assured the Subcommittee that its comments and suggestions would be reflected in the final document on water supply and sanitation in the Region. That document would also contain a separate chapter on the Caribbean. He thanked the Representative of Mexico for correcting the infant mortality statistic and for the other information she had presented about the situation of water supply and sanitation in her country, noting that Mexico's progress in this area illustrated how much could be achieved if sufficient political will existed. He agreed that intersectoral participation and collaboration with other agencies were extremely important, given that numerous sectors were involved in issues relating to water supply and water use. He emphasized that his division considered community participation a key strategy, not only in the provision of water but also in the maintenance or recovery of drinking water quality.

Other Matters

Several topics were proposed for inclusion on the agenda of future Subcommittee meetings. The Representative of Canada reiterated his Government's view that the time was right for the Organization to mount a major effort in the area of prevention and control of tobacco use and requested that the subject be included on the Subcommittee's agenda. The Representative of Chile suggested that the Subcommittee consider the issue of bioethics, particularly in relation to allocation of health resources and health sector reform and to the issue of strikes in health services (adaptation of health workers to changing institutions). The Representative of Argentina communicated a request by the Minister of Health of his country that the Governing Bodies of the Organization examine the issue of cloning and its use in human reproduction. Argentina felt that it was important for the Organization to take a stance on this issue, which was currently being debated in many countries. The Representative of Brazil requested information on PAHO's use of the Internet and other communications media to disseminate information on health issues and promote participation by the population in addressing health problems.

The Director said that decisions regarding the agenda for the next Subcommittee meeting would be made by the Executive Committee at its meeting in September 1997. He would recommend that an item on tobacco be placed on the agenda. In regard to the request from the Minister of Health of Argentina, he noted that the issue of cloning and human reproduction would be discussed by the World Health Assembly in May 1997 and a report on those discussions would be made to the Executive Committee of PAHO in June 1997.

In regard to PAHO's approach to the media, he said that the Organization was seeking to make partners of the media in promoting the cause of health. In the Caribbean, for example, a program of health awards for the media had been instituted to try to stimulate attention to health issues. The Organization had also recently begun publishing *Perspectives in Health*, a magazine about present and past health initiatives in the Region. PAHO saw the Internet not only as a

means of disseminating information about the Organization itself, but also as a powerful tool for communication between countries on health issues. An important potential use for the Internet was surveillance of emerging and reemerging diseases. Another was exchange of information on disaster preparedness and relief; PAHO would be cosponsoring a meeting on the latter subject in November 1997.

Finally, the Director noted that the process of preparing the agenda for the next summit of heads of state of the Americas, to be held in Santiago, Chile, in March 1998, was under way. PAHO was promoting the inclusion of a specific health-related item on that agenda. Under the proposed topic, "Health Technology Linking the Americas," various issues relating to the use of technology in health would be examined, including vaccines and vaccine production, use of communications for health, use of technology to reduce deficits in water supply and sanitation, and evaluation of the usefulness of health technologies. He asked the representatives to encourage their respective governments to support the inclusion of this item on the agenda of the summit.

Dr. Alleyne thanked the representatives for their constructive comments and suggestions during the meeting, underscoring that the Secretariat viewed the Subcommittee as a very important forum for planning the work and formulating the policies of the Organization.

AGENDA

1. Opening of the Meeting

2. Adoption of the Agenda and Program of Sessions

3. Proposed Program Budget of the Pan American Health Organization for the Biennium 1998-1999

4. Noncommunicable Diseases

5. Joint Evaluation of PAHO Technical Cooperation at the Country Level

6. Health of Indigenous Peoples

7. Water Supply and Sanitation

8. Strategic and Programmatic Orientations, 1999-2002

9. Other Matters

LIST OF DOCUMENTS

Working Documents

SPP28/1, Rev. 1	Agenda
SPP28/WP1	Program of Sessions
SPP28/3	Proposed Program Budget of the Pan American Health Organization for the Biennium 1998-1999
SPP28/4	Noncommunicable Diseases
SPP28/5	Joint Evaluation of PAHO Technical Cooperation at the Country Level
SPP28/6	Health of Indigenous Peoples
SPP28/7	Water Supply and Sanitation

Information Documents

Rules of Procedure for Meetings of the Subcommittee on Planning and Programming

Terms of Reference of the Subcommittee on Planning and Programming

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