

122nd Session
Washington, D.C.
June 1998

Provisional Agenda Item 3.1

CE122/5 (Eng.)
6 May 1998
ORIGINAL: SPANISH

REPORT OF THE SUBCOMMITTEE ON PLANNING AND PROGRAMMING

The Subcommittee on Planning and Programming held two sessions during the period since the last session of the Executive Committee: the 29th Session, on 1 and 2 December 1997; and the 30th Session, on 30 and 31 March 1998.

The 29th Session was attended by delegates of the following Subcommittee Members elected by the Executive Committee or designated by the Director: Argentina, Bahamas, Canada, Colombia, Ecuador, Panama, Peru, and the United States of America. Also present were observers for Antigua and Barbuda, Brazil, Chile, and Cuba.

The 30th Session was attended by delegates of the following Members of the Subcommittee elected by the Executive Committee or designated by the Director: Argentina, Bahamas, Canada, Ecuador, Panama, Peru, and the United States of America. Also present were observers for Antigua and Barbuda, Bolivia, Chile, Cuba, and Mexico.

Elected as officers of the 29th and 30th Sessions were the delegates of Bahamas (President), Ecuador (Vice President), and Peru (Rapporteur).

During the sessions the Subcommittee discussed the following agenda items:

1. Prevention and Control of Tobacco Use
2. Health of the Elderly
3. Surveillance and Prevention of Foodborne Diseases
4. Communication and Health

5. Health and Tourism
6. Hantavirus
7. Strategic and Programmatic Orientations for the Pan American Sanitary Bureau, 1999-2002
8. Technical Cooperation Among Countries: Panamericanism in the Twenty-first Century
9. Climate Change and Infectious Diseases: The Implications of El Niño
10. Disaster Mitigation in Health Facilities
11. Bioethics
12. Population and Reproductive Health
13. PAHO Publications Program
14. Provisional Draft of the Program Budget of the World Health Organization for the Region of the Americas for the Financial Period 2000-2001

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

Annexes



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



SUBCOMMITTEE ON PLANNING AND PROGRAMMING OF THE EXECUTIVE COMMITTEE

29th Session, 1-2 December 1997

SPP29/FR (Eng.)
2 December 1997
ORIGINAL: SPANISH

FINAL REPORT

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FINAL REPORT

The 29th Session 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 1 and 2 December 1997.

The meeting was attended by delegates of the following Members of the Subcommittee elected by the Executive Committee or designated by the Director: Argentina, Bahamas, Canada, Colombia, Ecuador, Panama, Peru, and the United States of America. Also present were observers for Antigua and Barbuda, Brazil, Chile, and Cuba.

OFFICERS

The Subcommittee elected the following officers:

<i>President:</i>	Bahamas	Dr. Ronald Knowles
<i>Vice President:</i>	Ecuador	Dr. Asdrúbal de la Torre
<i>Rapporteur:</i>	Peru	Dr. Pablo Augusto Meloni

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

OPENING OF THE SESSION

The Director opened the session and welcomed the participants, extending a special welcome to the new Members of the Subcommittee and to the representatives of other Member States, whose presence as observers was evidence of their desire to participate actively in the life and work of the Organization. He encouraged the participants to view the documents before the Subcommittee as works in progress, which would be revised and refined in light of the delegates' input. He also emphasized that, in keeping with the opinions expressed by Members at previous sessions of both the Subcommittee and the Executive Committee, the Secretariat considered that not all the items need to be sent forward automatically to the Executive Committee and the Directing Council. If the Subcommittee deemed that an item had been discussed sufficiently, and no resolution or decision by the Committee or the Council were needed, then it should exercise the option not to forward that item.

ADOPTION OF THE AGENDA AND PROGRAM OF MEETINGS (Documents SPP29/1 and SPP29/WP/1)

In accordance with Rule 2 of its Rules of Procedure, the Subcommittee adopted the agenda prepared by the Director and the program of meetings.

PRESENTATION AND DISCUSSION OF THE ITEMS

Prevention and Control of Tobacco Use (Document SPP29/3)

Dr. Enrique Madrigal (Regional Advisor on Substance Abuse) outlined the proposed plan of action for strengthening PAHO technical cooperation to reduce smoking-related problems in the Region and support the countries in developing national plans and policies to combat tobacco use. He began by presenting statistics on the current situation of tobacco use in the Americas and the status of control efforts in the countries, and then described the premises and principles on which the proposed plan was based. The plan was oriented towards decreasing the prevalence of tobacco use, which was the leading preventable cause of mortality and morbidity; reducing social tolerance of smoking and promoting messages that discouraged tobacco use; treating tobacco dependence; and protecting nonsmokers, especially children, from smoke in the environment. A major thrust of the plan was to prevent smoking among adolescents and young people.

The essential elements for a comprehensive plan were considered to be (1) education, including health education in schools and efforts to reduce smoking among health professionals, teachers, and other social models; (2) legislation and regulation, including prohibition of smoking in all public, health, and educational facilities and restrictions on advertising and sale of tobacco products, especially among minors; (3) fiscal measures, including systematic increases in taxes on tobacco products; and (4) monitoring and surveillance, including evaluation of programs and surveillance of tobacco use levels and trends. In order to be successful, any tobacco control plan must be multisectoral, since the problems and issues associated with tobacco use transcended the health sector; however, PAHO believed that tobacco control efforts should be based on public health approaches and should begin with the ministries of health, extending from there to other ministries and other sectors. Successful tobacco control initiatives would also require concerted international action to combat efforts by multinational tobacco companies to expand their markets, especially in developing countries.

The document outlined 12 lines of action for the Organization's technical cooperation with the countries in this area. The Subcommittee was asked to comment on the content of the document and appraise the plan and lines of action.

In the Subcommittee's discussion, the delegates from Canada and the United States of America pointed out that the document was very complimentary toward their countries and perhaps overstated their successes in prevention and control of tobacco use. Both delegates noted, for example, that despite the investment of considerable effort and resources, their countries had experienced alarming rises in smoking among teenagers, especially girls.

In general, the Subcommittee found the proposed plan of action and approaches outlined in the document to be sound. In particular, the plan's emphasis on fiscal and legislative measures was applauded. Increased taxation on tobacco products and restrictions on tobacco advertising were considered among the most effective means of discouraging smoking. Several delegates emphasized the need for concerted multisectoral action to address tobacco-related issues that fell outside the purview of the health sector and effective health promotion initiatives to counter the powerful advertising and promotional campaigns of tobacco companies. One delegate suggested that it was necessary to take action not only to prevent smoking but to protect those who did choose to smoke, for example by reducing the nicotine content of cigarettes. The Subcommittee identified several key roles for PAHO, notably the development of indicators and studies to show the economic impact of tobacco use.

With regard to the 12 lines of action for PAHO listed in the document, it was recommended that they be prioritized and implemented gradually, rather than all at once, and that progress under the various lines be continually monitored. It was suggested that initially the Organization should focus on development of legislation to restrict minors' access to tobacco products, building capacity among health professionals, development of grassroots advocacy to create a demand for smoke-free environments and strong prevention policies, and creation of intersectoral links to tackle issues outside the scope of the health sector.

Several ways of improving the document were suggested. Various delegates felt that it should place greater emphasis on the need for international collaboration, given the international nature of the issues relating to tobacco production, marketing, and use. It was also pointed out that the document made no mention of the development of an international framework convention for tobacco control, as called for by the 49th World Health Assembly. Several delegates considered that the issue of smoking should be addressed within a broader framework, as one cause, among many, of environmental pollution and related health problems. Finally, the Subcommittee asked that future versions of the document include estimates of the cost of implementing the proposed actions.

Dr. Madrigal agreed on the need to incorporate into the document more information on the international framework convention; however, he noted that the

process of developing the convention was still in the early stages and an international consensus on its content had not yet been achieved. Nevertheless, in the next version of the document, the Secretariat would endeavor to summarize the progress made thus far. He also pointed out that countries throughout the Region were seeing increases in adolescent smoking. PAHO was working with several of them to develop instruments for assessing the extent of the problem and evaluating the effectiveness of actions taken to combat it. He noted that countries such as Venezuela, which had adopted legislation banning tobacco advertising on television and radio, had made appreciable progress toward curbing the problem.

The Director observed that, while international organizations might sometimes be hesitant to embrace the subject of tobacco control for fear of offending Member States that were major producers of tobacco, PAHO viewed tobacco use primarily as a health problem and, as a health organization, it could not avoid confronting the issue. Moreover, tobacco use was an international problem and therefore could only be effectively dealt with through collective international effort with the support of international agencies such as PAHO. In addition, international treaties and instruments, such as the international framework convention on tobacco control, could only be developed under the aegis of agencies such as WHO and PAHO. One of the areas in which the Organization had proven capacity to assist the countries was the development of model legislation on health issues and, in the Director's opinion, PAHO should allocate the resources needed to help and encourage parliamentary health commissions in the countries to develop legislation on tobacco control.

The Organization could also assist the countries through studies of the economic impact of tobacco use. He noted that some economists held the view that nothing should be done to prevent and control smoking because the premature mortality it caused ultimately resulted in lower health care costs; it was essential to produce data to counter that view and convince political leaders of the enormous economic and social costs of tobacco use. He agreed that smoking was part of the wider issue of healthy environments; however, PAHO felt that it could make most effective use of its limited resources by focusing for the moment on this specific aspect of the broader issue. In regard to the need to build and strengthen multisectoral coalitions and alliances to combat tobacco use, the Director felt that it was crucial for the health sector to enlist support and learn from the techniques of marketing experts in order to convey anti-smoking messages that were as powerful and persuasive as those devised by tobacco advertisers. As for the lack of budget figures in the document, he promised that future versions would include information on what the Organization actually spent in the area of tobacco control, as well as estimates of the cost of implementing the actions proposed in the document and suggested by the delegates.

Health and Tourism (Document SPP29/7)

This item was presented by Dr. Mirta Roses (Assistant Director, PAHO). She recalled that the subject of health and tourism had been discussed by the Governing Bodies in 1992, at which time an agenda for action during the period 1992-1997 had been established. The document before the Subcommittee outlined the activities undertaken during that period. She noted that PAHO had not established a specific regional program on health and tourism, but rather had assigned responsibility for this area to an interprogrammatic group under the supervision of the Office of the Assistant Director. In addition, lines of action and strategies relating to health and tourism had been incorporated into the various regional programs and technical divisions and into the Organization's technical cooperation with each country.

Dr. Roses presented a series of statistics that illustrated the growing importance of tourism in the Region and then reviewed how perceptions of tourism and its relationship to health had evolved from the view that tourists should be insulated from the local population and environment through the creation of tourist enclaves with optimum environmental sanitation and health conditions, to a rather negative view that focused on the adverse impact of tourism in terms of environmental degradation and the introduction of health and social problems, to the current conception of tourism as a vehicle for promoting economic and social development through the generation of employment and redistribution of income. In the latter conception, contact and interchange between the host and tourist populations were seen as both inevitable and desirable, and tourism was considered a potential means of improving health and environmental conditions in the host country, combating poverty, and reducing gaps in social equity.

PAHO believed that the importance of health as a key element for the sustainable development of tourism was still not fully acknowledged, although documents of the World Tourism Organization (WTO) and various other international agencies and institutions indicated that there was growing recognition of the interconnectedness of the two sectors. Hence, PAHO was seeking to encourage the incorporation of a health perspective into all public policies on tourism and was promoting the view that the health and safety of the population were assets that were just as valuable to a country's tourism industry as its natural features or scenery. During the preceding five years the Organization had undertaken a variety of activities in the following priority areas to address the health concerns associated with tourism and highlight the linkages between the two areas: communicable diseases and zoonoses; education and research; water, sanitation, and waste management; and health services. For the future, action was proposed in the areas of formulation of policies, plans, and regulations; public information and training; resource mobilization; and research. The Subcommittee was asked to comment on the future areas of action and orientations for technical cooperation proposed in the document.

The Subcommittee considered the discussion of health and tourism very timely, given the growth in tourism, its economic importance to many countries in the Region, and the reciprocal impacts of tourism on health and of health on tourism. It also considered the Organization's interprogrammatic approach to this cross-cutting issue appropriate. The document's emphasis on sustainable tourism was commended. Several delegates underscored that tourism that catered to the health interests of visitors at the expense of local environmental and health conditions could not be sustained in the long term. However, it was also pointed out that measures proposed to protect the health of the population in tourist areas should be carefully assessed in order to avoid extreme actions that would prove detrimental to the tourism industry, which was a major component of the economy of many countries. A balance should be sought so that any measure taken would be equally beneficial to both sectors.

Several corrections and improvements to the document were suggested. Various delegates noted that it did not address the health risks associated with cruise ships. In addition, it was felt that the document should include, among the various categories of travelers identified, those who traveled to visit relatives living in other countries. The need to recognize the special health needs of border areas was also emphasized. It was suggested that future versions of the document should elaborate on how the synergism between health and tourism could be used more effectively to benefit both sectors. Various delegates requested more information on how the Interprogrammatic Group on Health and Tourism was organized and how the lines of action in this area had been incorporated into the various technical cooperation programs, as well as on the Organization's plans for joint action with the WTO and other agencies. Finally, it was pointed out that the section on communicable diseases and zoonoses failed to include any mention of dengue and dengue hemorrhagic fever, which posed a serious threat to tourism.

The Subcommittee felt that one of the most important roles for PAHO was to support the countries through the provision of information and the strengthening of surveillance systems, especially in relation to the International Health Regulations. Several delegates noted that the tourism industry was particularly vulnerable to rumors or erroneous information on disease outbreaks and other health risks that could be spread almost instantaneously worldwide via the Internet and other communications media. Timely and accurate information was therefore essential. Support was expressed for the proposal to create a registry of disease outbreaks in tourist populations. In relation to the other proposed actions contained in the document, it was suggested that they should be prioritized.

Dr. Roses agreed on the need to establish a regional system for surveillance of health problems that might have an impact on tourism. She also noted that recent disease outbreaks in several countries had shown the impossibility of creating a "protective

bubble” to isolate tourists and visitors from health risks and the importance of improving living conditions in the population of the host country as a capital investment that would ultimately attract more tourists. She thanked the delegates for their comments and suggestions, which would be incorporated into the document. More in-depth examination of the phenomenon of internal tourism would be also included. The Secretariat was awaiting reactions to the document from other countries not represented at the Subcommittee’s session, as well as from other agencies. After all the comments had been received and analyzed, the Secretariat planned to prepare, as a scientific publication of the Organization, a document containing the latest information and thinking on the subject of health and tourism. It was expected to be available during the first half of 1998.

The Director was pleased at the Subcommittee’s enthusiasm for the topic and its endorsement of PAHO’s interprogrammatic approach. When the issue of health and tourism had been discussed by the Governing Bodies in 1992, some delegates had expressed doubt about whether PAHO should be involved in this area. However, given that one of the reasons for establishing the Organization was to facilitate commerce and interchange among people, he felt it was crucial for PAHO to take an active role in highlighting and addressing the health concerns related to tourism. There was growing recognition that ministries of health had a responsibility to ensure care for the health of all persons—both tourists and the native population—who happened to be within their territory at a given time. Moreover, countries were increasingly concerned with the health of their citizens living abroad as part of the “expanded diaspora.” Responding to these new demands placed an enormous burden on ministries, particularly in the case of small countries such as the Bahamas that received huge volumes of tourists each year. He agreed that one of the most important ways in which PAHO could assist the countries was through surveillance; however, the Organization’s ability to mount an effective surveillance system depended on accurate and open reporting at the national level. If PAHO could not provide factual and timely information, its credibility and ability to quell rumors and correct misinformation would be damaged.

A delicate issue, but one that should perhaps receive more emphasis in a future version of the document, was the health sector’s response to the threat of transmission of STDs associated with tourism. There was sometimes a tendency to pretend that the problem of casual sex between tourists and members of the local population did not exist or to think that visitors were exposed to the highest risk of contracting STDs, when in fact the local population was equally at risk. The health sector in the countries should therefore take aggressive action to inform local sex workers about how to protect themselves and avoid the spread of these diseases.

Surveillance and Prevention of Foodborne Diseases (Document SPP29/5)

Dr. Jaime Estupión (Director, Pan American Institute for Food Protection and Zoonoses, INPPAZ) outlined the content of the document on this item. He began by presenting statistics on the magnitude of the problem of foodborne illness and the principal etiologic agents, drawing particular attention to the threat posed by emerging pathogens such as *Salmonella enteritidis*, *Escherichia coli* 0157:H7, *Listeria monocytogenes*, *Campylobacter jejuni*, and *Yersinia enterocolitica*. The Regional Program for Technical Cooperation on Food Protection had been launched in 1986 to carry out activities for the prevention and control of foodborne diseases (FBDs). The Program's objectives were to achieve a food supply that was safe, healthy, nourishing, pleasing, and economical; to reduce human morbidity and mortality due to FBDs; to reduce loss and damage in the production and marketing of food; and to improve conditions for competition on the international food market and reduce rejections of food products by importing countries. INPPAZ was responsible for executing the Plan of Action of the Program under the coordination of the Regional Program on Veterinary Public Health.

Dr. Estupión briefly reviewed the activities carried out under the five components of the Program: organization of national food protection programs, strengthening of analytical capability, strengthening of inspection services, surveillance of foodborne diseases, and promotion of food protection through community participation. More detailed information on those activities was included in the document. During the 1998-1999 and 2000-2001 bienniums, the Program planned to focus on the following priority areas: organization of integrated food protection programs in every country; organization of information systems for epidemiological surveillance of FBDs; incorporation of the Codex Alimentarius standards; identification and detection of microbial contaminants; formation of networks of laboratories with quality assurance programs; incorporation of the hazard analysis critical control points (HACCP) methodology into inspection and control systems; and health communication and education to foster active community participation. The Subcommittee was invited to comment on the present and future activities of the Program and suggest ways in which the Organization's technical cooperation in relation to prevention and control of FBDs might be enhanced.

The Subcommittee expressed strong support for the work of the Program and for its components and lines of action. The Subcommittee also expressed its gratitude to the Government of Argentina, host country for INPPAZ, for its support of and collaboration with the Institute. The objectives were considered technically sound, although it was suggested that some aspects of them—namely, ensuring a food supply that was inexpensive, reducing losses and damage in the production and marketing of food, and improving competitiveness on the international market—might be beyond the

Organization's scope of endeavor. It was pointed out that the statistics presented in the document did not reflect the true magnitude of the problem of FBDs, since there was considerable underreporting of cases. The Subcommittee therefore welcomed the Program's emphasis on surveillance and strengthening of laboratory diagnostic capabilities. It was suggested that it might be useful for the Organization to compile an inventory of the laboratories in the countries engaged in FBD diagnosis and surveillance activities in order to facilitate sharing of information.

It was also pointed out that, because the countries differed significantly in terms of their problems and specific situations, as well as their capacity to address foodborne diseases, it might be useful to stratify or classify them according to their characteristics in order to facilitate horizontal and bilateral cooperation. Clarification of PAHO's linkages with other organizations, in particular WHO and the United Nations Food and Agriculture Organization (FAO), were requested. Several delegates also asked the Secretariat to provide an update on the process of transferring responsibility for prevention and control of zoonoses from INPPAZ to the Pan American Foot-and-Mouth Disease Center (PANAFTOSA), as recommended by the external advisory group that had evaluated the Program on Veterinary Public Health in 1996. In addition, it was suggested that the document should give greater attention to the linkages between water and sanitation and FBDs, as well as between tourism and these diseases.

The Delegate from Argentina underscored his Government's gratitude to INPPAZ and its Director, Dr. Estupiñán, for the strong support the Institute had provided not only to the health sector in Argentina but to MERCOSUR. INPPAZ was effectively fulfilling the purposes for which it had been created and had become an extremely valuable instrument of technical cooperation for all the countries in the Region. His delegation encouraged representatives from all the countries to visit the Institute in order to see first-hand how well it was functioning and to take advantage of the expertise it had to offer in the area of food protection.

Dr. Estupiñán agreed that the area of FBDs and food safety clearly overlapped other program areas, notably tourism and water and sanitation, and said that those linkages would be emphasized more in future reports on the Program. In regard to the objectives, he pointed out that achievement of the objectives on reduction of production and marketing losses and improved competitiveness would occur as a consequence of the Program's efforts in relation to the other objectives, in particular surveillance and implementation of more efficient inspection and control systems, such as HACCP. He also agreed fully that the same measures and approaches could not be applied to all countries because their situations and problems differed; the Program recognized that fact and applied it in its technical cooperation with the countries. As for PAHO's linkages with other international agencies in the area of food safety, the Organization, through

INPPAZ, worked closely with FAO, particularly in relation to normative and regulatory matters, and with both FAO and WHO on application of the Codex Alimentarius. He also noted that INPPAZ had recently launched a Website with links to organizations and agencies working in the area of food safety and food protection. With respect to the suggested inventory of laboratories, he said that INPPAZ had information on all the laboratory resources in the Region and that the existing information would be enhanced at a meeting held on 8-12 December 1997 to plan the organization of an inter-American laboratory network.

The Director noted that some of the items brought before the Subcommittee were new issues or initiatives that required discussion and action by the Governing Bodies, while others were existing programs that were presented for review. This item fell into the latter category. The delegates' comments indicated that they were satisfied with the orientations and activities of the Program. Dr. Alleyne said that he personally had been somewhat disappointed with the progress made toward establishing effective national commissions on food protection in the countries. He asked the delegates, when they returned to their countries, to explore ways of promoting increased collaboration between the health and agricultural sectors and putting functional commissions in place.

Laboratory strengthening was a centerpiece of the Program. Accurate diagnosis was essential to determine the pathogenic agents of FBDs and plan appropriate control actions. Since PAHO recognized that INPPAZ would never be able to address all the diagnostic needs in the Americas, it was promoting the establishment of a network of national laboratories. As the Subcommittee had pointed out, water was often a factor in the transmission of foodborne illnesses, and it was therefore also necessary for laboratories to have the capacity to assess water quality.

The data in the document, which indicated that the majority of foods implicated in FBD outbreaks were prepared in the home, pointed up the crucial need for health education and promotion of good sanitary practice at all levels. If that finding was confirmed when more extensive data were available from the countries, the Organization would need to adjust its technical cooperation accordingly, perhaps placing as much emphasis on education and dissemination of information as on laboratory strengthening and diagnosis.

On the subject of linkages with other international organizations, the Director said that he was concerned that some of the discussions and decisions taking place within the World Trade Organization might not take due account of the health implications of food production and trade. He felt that there should be mechanisms for coordination between the health and commercial sectors in order to ensure that health interests were considered as world traffic in foods increased.

Finally, in response to the questions concerning transfer of responsibilities from INPPAZ to PANAFTOSA, he noted that the latter center had not yet relocated to its new site. The Organization planned to move slowly in transferring responsibility for zoonoses to PANAFTOSA until it was fully functional in its new headquarters and was in a position to accept that responsibility. Nevertheless, the aim continued to be to shift INPPAZ's zoonosis activities to PANAFTOSA and make food protection the dominant role of the Institute. He reiterated the Organization's gratitude to the Argentine government for its financial, moral, and political support of INPPAZ.

Communication and Health (Document SPP29/6)

Dr. Gloria Coe (Coordinator, Health Communication Unit) described the Organization's approaches and activities in the area of health communication, which had been defined as "a process of presenting and evaluating persuasive, engaging, and attractive educational information leading to healthy individual and societal behaviors." Hence, the focus of health communication was behavior. Dr. Coe traced the history of PAHO's involvement in and commitment to health communication and information programs, which dated back to the Organization's earliest years. That commitment had since been reinforced in various forums, including the primary health care conference in Alma-Ata and the health promotion conference held in Ottawa in 1986, as well as through numerous resolutions of both PAHO and WHO. She then described two major studies conducted in the 1960s, one at Stanford University in the United States and the other in North Karelia, Finland, which had clearly shown the effectiveness of health communication in discouraging undesirable behaviors and promoting health.

Because of the demonstrated success of health communication, projects funded by international and bilateral agencies, such as the World Bank and the United States Agency for International Development (USAID), now routinely included a health communication component. Throughout the Region, the importance of health communication was increasingly recognized in both public institutions and the private sector, which was realizing that "health sells." As a result, health ministries faced the challenge of developing policies and programs to guide health communication efforts and ensure the availability of accurate information.

PAHO's technical cooperation activities in this area were geared toward helping Member States to develop effective health communication and information programs. The Organization's health communications capabilities were concentrated in the Health Communication Unit within the Division of Health Promotion and Protection and the Office of Public Information under the Deputy Director's Office. In addition, there were communicators working in several of the PAHO/WHO Representative Offices and the Pan American centers. The document described some of the Organization's technical cooperation activities with ministries of health, ministries of education, universities, and

the mass media. The Subcommittee was asked to comment on the document and recommend any changes it deemed appropriate in PAHO's activities and approaches to health communication.

Ms. Bryna Brennan (Chief, Office of Public Information) noted that the document described the activities of both the Office of Public Information, the function of which was to promote the work of the Organization as well as to transmit health messages, and the Health Communication Unit, whose focus was more on health promotion. She invited the Subcommittee to comment, in particular, on how PAHO could best assist the countries in the area of public information and how that aspect of health communication might be better coordinated with the health promotion aspect.

The Subcommittee commended PAHO for its recognition of the importance of health communication as a means of changing behaviors that were at the root of many health problems. It was pointed out that not all health professionals and policy-makers were convinced of the value of investing in health communication, despite the fact that it had been shown to prevent disease and thereby reduce health care costs. Hence, one way in which the Organization might assist the countries could be through the development of studies or indicators to demonstrate the cost-effectiveness of health communication. Another important role for PAHO was to serve as an authoritative source of accurate information on health in the Region and to support the health ministries as the primary sources of information at the national level. With the advent of technologies such as the Internet, huge amounts of health information had become accessible to broad segments of the population; however, because that information was not always reliable and its sheer volume could be overwhelming, it was important to ensure that people in the countries had access to a legitimate source of technically valid information.

The need to develop alternative, preferably horizontal, communication techniques to reach poor communities was underscored. It was pointed out that 25%-30% of the population of Latin America was not being reached and remained poorly informed. As a result, it had proven extremely difficult to achieve changes in behaviors and attitudes in relation to health problems such as cholera, which had been successfully addressed through public information and health education campaigns in some population groups. Similarly, it was considered essential to tailor health messages to the characteristics of the target audience. Differences between Latin America and more developed regions in the general context of communication and media coverage were also highlighted.

It was pointed out that the media could be a powerful tool for conveying positive health messages, but they could also subvert many of the changes sought by the health sector, sometimes through subliminal messages, such as smoking by characters in films or television programs. Young people might be particularly vulnerable to such messages. In relation to television programming, the tremendous health communication potential of

soap operas, which were widely viewed throughout the Region, was stressed by various delegates.

Given the power of the media to influence behavior and public agendas, it was considered essential for governments, in particular the ministries of health, to strive to establish good relations and make allies of the media. It was suggested that governments had a dual role with regard to health communication: one role was to provide information directly and carry out activities to promote and protect health, while the other was to dispel rumors or exaggerations and correct misinformation that might be disseminated through the mass media. That duality often placed them in a role of rivalry or conflict with the media.

Several delegates described health communication experiences and initiatives under way in their countries. This sharing of experience was seen as extremely valuable, and it was proposed that PAHO consider holding a “health communication fair” in conjunction with a future session of the Directing Council to give the countries the opportunity to present their experiences and learn from one another.

With regard to the document, it was suggested that it should address the issues of communication between governments and their citizens and communications between governments and between PAHO and governments, as well as the role of PAHO in facilitating linkage between governments. It was also felt that the integration and interaction between PAHO’s social communication activities and its public information activities should be clarified. The Subcommittee considered that the Organization’s primary focus should be social communication, which was oriented toward health promotion, although the importance of strengthening PAHO’s institutional image and credibility was recognized. In addition, the document should devote more attention to the use of new modes of communication such as the Internet. Finally, it was suggested that the section on the Organization’s technical cooperation provide more specific information on the activities planned or under way, including priorities and measurable objectives.

Dr. Coe said that the Health Communication Unit, in collaboration with the Office of Public Information, was actively seeking ways of working with hard-to-reach poor and rural communities, using both traditional and alternative communication strategies. She noted that reaching those populations was a great challenge not only for PAHO but for the field of communication as a whole. With regard to the interaction between her unit and the Office of Public Information, she explained that the work of the two areas frequently overlapped and they collaborated with one another; however, they were two distinct programs with different orientations and objectives. Responding to the comments on the potentially negative messages that could be transmitted by the media, she noted that one of PAHO’s priority strategies was promotion of media literacy through

elementary and secondary school programs to help young people to decode media messages. She also acknowledged the need to address the challenges created by dissemination of excessive, and sometimes inaccurate, information via the Internet and other communication media. Finally, she noted that some of the publications of the Health Communication Unit and the Office of Public Information were available for the delegates and would be mailed to any other countries that wished to have them.

The Director said that he believed that the next version of the document should address only the technical cooperation aspects of the Organization's work in the area of health communication. PAHO's primary objective was to help the ministries of health to be more effective in transmitting information that would bring about change in behaviors, practices, and attitudes relating to health, not only at the individual level but in society as a whole. The Organization also sought to help the ministries to forge better relations with the media so as to encourage accurate and appropriate reporting on health issues.

In relation to the surfeit of health information available through the Internet and other sources, he pointed out that, in reality, there was a surfeit of raw data, which had not been organized into information that would yield the knowledge required for wise decision-making. Collecting and organizing data to provide useful information to the countries was another of PAHO's aims in the area of health communication. As for the problem of unwillingness in the health sector to invest in health communication activities, it was undoubtedly related to long-held attitudes among medical professionals, who had traditionally been reluctant to deal with the media or justify their actions to the public. Changing those attitudes would take time, but the Organization would continue to try to persuade health workers that health communication was as important as health programs for the prevention and control of diseases.

Health of the Elderly (Document SPP29/4)

Dr. Martha Pelaez (Regional Advisor on Aging and Health) presented the new conceptual framework for PAHO technical cooperation in the area of aging and health. She noted that one of the major health successes of the 20th century was increased longevity; however, with that success had come the challenge of developing a new paradigm for addressing the health needs and enhancing the quality of life of the growing numbers of persons over the age of 60 in all countries of the Region. Unfortunately, for many people, surviving to an older age created a situation of triple jeopardy characterized by greater poverty, loneliness and isolation, and reduced access to health care due to age discrimination. Under the current paradigm, older people tended to be viewed as a burden, rather than as resources capable of contributing to the development and strengthening of the family and society.

PAHO's technical cooperation program was aimed at changing those perceptions and promoting healthy and active aging, which research indicated was closely linked to avoidance of disease and disability, maintenance of high physical and cognitive functions, and sustained engagement in social and productive activities. The proposed plan of action on aging and health emphasized a holistic approach, applying the perspectives of the WHO Global Program on Aging, namely: a life course perspective, a health promotion perspective, a gender perspective, an intergenerational perspective, and an ethical perspective.

The plan included three major programmatic components: (1) a focus on the health of older persons, including development of access to adequate primary health care and actions to address caregiving issues and identify community alternatives to institutional care; (2) involvement of older persons in promoting healthy environments and healthy lifestyles, integrating them into the healthy communities movement; and (3) emphasis on older persons as agents of change, encouraging volunteerism among the elderly and developing their advocacy skills. Activities for the period 1998-2002 would be concentrated in six areas: (1) research and strengthening of the information base in order to provide the Member States with reliable data and information on aging-related issues; (2) dissemination of information, including strengthening of information networks; (3) advocacy and social communication, as key activities for changing stereotypes about aging; (4) human resource development, especially at the primary care level, to enable health workers to meet the new challenges of caring for an aging population; (5) development and evaluation of policies, plans, and programs to meet current needs and put in place the necessary infrastructure for addressing future needs; and (6) mobilization of resources, without which none of the other activities would be possible. The Subcommittee was asked to comment on the new conceptual framework and on the appropriateness of the proposed plan of action.

The Subcommittee expressed unequivocal support for the conceptual framework and the holistic approach to the issue of health and aging presented in the document. It commended PAHO for recognizing that a model that combined both social and medical solutions—rather than a strictly biomedical approach—was essential in order to meet the needs of the elderly. Because many of the factors that affected healthy aging fell outside the health sector's sphere of action, multisectoral collaboration was considered essential. It was also considered critical to take immediate action in order to put in place the necessary infrastructure to care for the elderly before the full impact of the demographic transition was felt. One of the most important areas for action was the development of community- and family-based alternatives to institutional care. In this connection, modern housing and living arrangements—with their emphasis on nuclear, rather than extended, families—were identified as factors that contributed to the isolation and exclusion of older persons.

The importance of protecting the dignity of the elderly was underscored, as was the importance of integrating older persons fully into society and empowering them to contribute to the development and well-being of their families and communities. It was emphasized that for the elderly, as for the general population, health was not merely the absence of disease, but was a state of complete physical, mental and social well-being. It was also pointed out that, ultimately, society as a whole benefited from measures that improved the quality of life and gave greater dignity to the elderly.

With regard to the document and the proposed lines of action, research and creation of a database on aging were considered priorities. In addition to collecting data on the situation of the elderly, it was suggested that the Organization also compile information on programs and policies on aging in order to facilitate sharing of experiences among the countries. More information on human resource development and the Organization's efforts in the area of teaching on gerontology and geriatrics was requested. The need to incorporate into that teaching emphasis on use of pharmaceuticals among the elderly and on nutrition as a basis for good health was emphasized, as was the importance of extending training in care of the elderly to all allied health professionals. In the area of social communication and advocacy, it was suggested that one way to foster change in perceptions about aging and the elderly would be to promote the development of a specialty in journalism similar to health journalism, but with a focus on aging-related issues.

The need to prioritize technical cooperation strategies and tailor them to the needs of the countries was highlighted. It was pointed out that the document on aging and health, like most of the other documents examined by the Subcommittee, contained mainly generic strategies, such as research, advocacy, information dissemination, and resource mobilization, that were equally applicable to all the Organization's lines of action. In the current context of scarce resources, it was considered essential to establish clear priorities and plan technical cooperation to address specific needs and provide support to the countries in specific areas.

Dr. Pelaez acknowledged the need for research and the value of information-sharing between countries. The Organization was currently sponsoring a multicenter research project that was expected to yield not only a solid base of information on the situation of the elderly in the seven participating countries but also a proven methodology that would enable other countries of the Region to undertake epidemiological studies of their elderly populations. In addition, the project would also provide the elements for developing an agenda for technical cooperation over the next 10 years. Among other things, the study would look at the nutritional status of older people, the amount of physical activity they engaged in, and "intergenerational transfers," or how older people contributed to the well-being of their families and vice versa. It would also examine the use of pharmaceuticals and non-traditional medicines among the elderly, with a view to

better understanding what kind of educational programs need to be developed to enable older people to take better care of themselves and receive more appropriate care from health professionals.

One of the program's main objectives was to enhance care for the elderly at the primary care level, which meant not just providing health workers at that level with the tools they needed for the care of older persons, but also developing strategies for promoting healthy aging. In the area of policy development, the program was collaborating with the Program on Public Policy and Health to provide technical cooperation to the health commission of the Latin American Parliament on issues relating to aging and to develop model legislation on aging and health. The location of the technical cooperation program on health of the elderly within the Program on Family Health and Population and its horizontal collaboration with various other PAHO programs reflected its intergenerational and multisectoral focus.

The Director stressed the need for the health sector and health organizations such as PAHO to take the lead in addressing the host of issues that would arise over the next several decades as a result of population aging in the Region. In order to do that, the Organization must look at its own response capacity and seek innovative ways of enhancing its own internal capacity despite resource limitations. It must also take advantage of the technical capabilities and resources of other program areas, for example for the collection and analysis of data. Finally, it must hone its ability to present well-founded and well-structured proposals in order to mobilize extrabudgetary resources for work in this critical area.

With regard to the comments on technical cooperation strategies, he emphasized that PAHO's technical cooperation was always planned in response to needs and priorities identified by the countries. He noted that the whole issue of cooperation responses and priorities would be discussed in depth at the March 1998 session of the Subcommittee, when the Organization's strategic and programmatic orientations for the next quadrennium would be examined. In the meantime, however, the Secretariat could incorporate more specificity into the document on PAHO's technical cooperation strategies in the area of aging and health. The next version of the document would contain more specific information on how PAHO would strengthen its own internal capabilities in this area, as well as on how it would provide technical cooperation in response to national priorities.

Hantavirus (Document SPP29/8)

Dr. Steven Corber (Director, Division of Disease Prevention and Control) outlined the activities PAHO was carrying out in response to the emerging problem of Hantavirus infection. He recalled that the first cases of Hantavirus pulmonary syndrome (HPS) had been detected in the southwestern United States in 1993, although the existence of prior cases had been demonstrated through retrospective analysis of blood samples. Since then, cases had occurred in Argentina, Brazil, Chile, Uruguay, Paraguay, and Canada. Other countries were considered to be at risk, since there were many varieties of both the virus and wild rodents, the reservoir for the virus, in the Region.

In September 1997, the 40th Directing Council had adopted a resolution (CD40.R14) requesting the Director to establish a task force to issue recommendations on epidemiological surveillance, diagnosis, treatment, and prevention of Hantavirus infection/disease; support and promote horizontal cooperation between Member States; and prepare a report to the 25th Pan American Sanitary Conference. The document submitted to the Subcommittee was a report on the activities undertaken thus far in compliance with that resolution.

Those activities included technical assistance to several countries in response to outbreaks; financial support for studies to identify the reservoir of the virus in Argentina and implement control measures; organization of a subregional meeting on HPS to share epidemiological information and determine the needs for diagnostic laboratories, production of reagents, research, and epidemiological surveillance; and sponsorship of technical cooperation among countries. In December 1997, the Organization expected to publish guides on clinical aspects of the disease and on Hantavirus reservoirs. A more comprehensive technical guide to Hantavirus in the Americas would be prepared during the first half of 1998 in collaboration with experts from the countries and the task force created pursuant to Resolution CD40.R14. Other future activities would focus on strengthening of surveillance and laboratory diagnostic capacity and promotion of regional production of the antigens necessary for diagnosis of the infection.

The Subcommittee considered the Organization's response to Hantavirus an excellent example of PAHO's ability to provide timely and appropriate technical cooperation, as well as facilitate technical cooperation among countries. Several of the delegates provided updates on the situation and on recent initiatives in their countries. The Delegate from Argentina announced that the health ministers of the MERCOSUR countries had recently agreed to form a subregional coordinating commission on Hantavirus. The United States Delegation reported that the National Institute of Allergies and Infectious Diseases had designed a clinical trial and was interested in the possibility of enrolling patients from South America in a placebo control double-blind study of ribavirin.

Given the lack of knowledge about HPS, it was considered essential to develop educational materials for both health professionals and the general public and to arrive at regional consensus regarding the case definition. Laboratory strengthening, including training of human resources and establishment of reference laboratories, was also viewed as critical. Several delegates stressed the importance of investigating environmental conditions, notably the El Niño phenomenon, that might lead to increased prevalence of the disease and of implementing special measures in border areas to prevent its introduction. The need to disseminate accurate information in order to allay public fears aroused by incorrect or exaggerated media reports was also emphasized.

Dr. Corber remarked that the Organization's past experience in dealing with communicable diseases, its knowledge of the capabilities of the various countries, and previous training programs had helped it to mount a rapid response to Hantavirus and activate communication networks and partnerships between countries. In response to the comments on strengthening of laboratories and development of a case definition, he said that PAHO was working actively in both areas. Efforts were under way to establish a network of laboratories, including three reference laboratories, and support had been provided for some training activities. The two interim guides to be published in December 1997 and the more comprehensive publication to be prepared in 1998 would assist in the training and education of both health workers and the public.

He acknowledged the importance of environmental conditions as a factor in transmission of the disease. The first cases in the United States had been discovered after a year of heavy rains, which were thought to have brought the rodent population into closer contact with the human population, thereby increasing the potential for exposure to the virus. In view of that situation, there was reason to be concerned about the possible impact of El Niño. Primary prevention through rodent control was the key to stopping the spread of the virus. The document to be published in 1998 would contain recommendations on the risks associated with rodents and rodent control, as well as on possible measures to be applied in border areas.

The Director emphasized the importance of technical cooperation among countries. The Secretariat had always felt it was the proper role of the Organization to facilitate such interchange and collaboration. He also informed the Subcommittee that the Organization was forming a small task force to study the risks posed by El Niño, including the possibility of a recrudescence of HPS due to climatic conditions and ecological changes. More information on the task force would be provided at a later date.

Other Matters

The Director reminded the Subcommittee that, pursuant to a decision by the 121st Session of the Executive Committee, the next session of the Subcommittee would be held on 30 and 31 March 1998. One of the most important items on the agenda would be the proposed strategic and programmatic orientations for 1999-2002, which the Secretariat was in the process of drafting in consultation with representatives of every country in the Region.

He also noted that the biennial congress of the Latin American Union Against Sexually Transmitted Diseases (ULACETS) was to be held in Lima, Peru, during the first week of December. AIDS would be a major topic of discussion at that event, and the directors of national AIDS programs were generally invited to attend as official representatives of their governments. However, he was somewhat concerned that a group of directors of national AIDS programs from several countries had recently formed a horizontal technical cooperation group, which, he feared, might be assuming some responsibilities that belonged to the Governing Bodies of the Organization. While PAHO enthusiastically supported horizontal cooperation initiatives, it would not want the authority of the governments to be undermined. He would be writing to the ministers of health to formally express his concerns, but he invited the Members of the Subcommittee to express their views on the situation.

Most Members of the Subcommittee were unaware of the group's existence and indicated that their national AIDS program directors would be attending the Lima meeting as representatives of their governments. It was pointed out that the national directors were subject to the authority of the ministers of health and were obliged to support the policies established by their respective ministries. Several delegates noted that the concern raised by the Director pointed up the need to reexamine the broader issue of international cooperation and the nature of PAHO's relations with the ministries of health, particularly in view of the increasingly prominent role played by NGOs. The need to create true partnerships, rather than relationships of dependence, between the Organization and the ministries was underscored. It was suggested that these issues be examined as part of the discussion of the strategic and programmatic orientations at the next session of the Subcommittee.

CLOSING OF THE SESSION

The President expressed his gratitude to the Members of the Subcommittee for the confidence they had invested in him by electing him to the presidency. He thanked the officers and delegates for their valuable contributions and declared the session closed.



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



SUBCOMMITTEE ON PLANNING AND PROGRAMMING OF THE EXECUTIVE COMMITTEE

29th Session, 1-2 December 1997

SPP29/FR (Eng.)
Annex A

AGENDA

Document No.

- | | | |
|-----|---|------------------------|
| 1. | Opening of the Session | |
| 2. | Election of the President, Vice President, and Rapporteur | |
| 3. | Adoption of the Agenda and Program of Meetings | SPP29/1 and SPP29/WP/1 |
| 4. | Prevention and Control of Tobacco Use | SPP29/3 |
| 5. | Health of the Elderly | SPP29/4 |
| 6. | Surveillance and Prevention of Foodborne Diseases | SPP29/5 |
| 7. | Communication and Health | SPP29/6 |
| 8. | Health and Tourism | SPP29/7 |
| 9. | Hantavirus | SPP29/8 |
| 10. | Other Matters | |



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



SUBCOMMITTEE ON PLANNING AND PROGRAMMING OF THE EXECUTIVE COMMITTEE

29th Session, 1-2 December 1997

SPP29/FR (Eng.)
Annex B

LIST OF DOCUMENTS

Document No.

Title

WORKING DOCUMENTS

SPP29/1	Provisional Agenda
SPP29/2, Rev. 1	Provisional List of Participants
SPP29/3	Prevention and Control of Tobacco Use
SPP29/4	Health of the Elderly
SPP29/5	Surveillance and Prevention of Foodborne Diseases
SPP29/6	Communication and Health
SPP29/7	Health and Tourism
SPP29/8	Hantavirus

INFORMATION

Rules of Procedure for Sessions



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



SUBCOMMITTEE ON PLANNING AND PROGRAMMING OF THE EXECUTIVE COMMITTEE

29th Session, 1-2 December 1997

SPP29/FR (Eng.)
Annex C

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OFICINA SANITARIA PANAMERICANA**

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Secretario ex officio de la Sesión***

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Director

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Asesores del Director***

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Deputy Director

Dr. Mirta Roses
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Mr. Thomas Tracy
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Ms. Janice A. Barahona



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



SUBCOMMITTEE ON PLANNING AND PROGRAMMING OF THE EXECUTIVE COMMITTEE

30th Session, 30-31 March 1998

SPP30/FR (Eng.)
31 March 1998
ORIGINAL: SPANISH

FINAL REPORT

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FINAL REPORT

The 30th Session of the Subcommittee on Planning and Programming of the Executive Committee was held at the Headquarters of the Pan American Health Organization in Washington, D.C., on 30 and 31 March 1998.

The Session was attended by delegates of the following Members of the Subcommittee elected by the Executive Committee or designated by the Director: Argentina, Bahamas, Canada, Ecuador, Panama, Peru, and the United States of America. Also present were observers for Antigua and Barbuda, Bolivia, Chile, Cuba, and Mexico.

OFFICERS

The following Members elected as officers by the Subcommittee at its 29th Session in December 1997 continued to serve in their respective positions:

<i>President:</i>	Bahamas	Dr. Merceline Dahl-Regis
<i>Vice President:</i>	Ecuador	Dr. Rafael A. Veintimilla
<i>Rapporteur:</i>	Peru	Dr. Pablo Augusto Meloni

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

OPENING OF THE SESSION

The President opened the Session and welcomed the participants. The Director added his welcome to the participants. For the benefit of newcomers to the Subcommittee, he reviewed its history and purposes, noting that it provided a relatively informal setting for Member States to discuss policy and program issues and provide valuable feedback for future meetings of the Governing Bodies. He encouraged all members and observers to express their views during the discussions of the documents and presentations. He also encouraged the participants to view the documents before the Subcommittee as works in progress, which would undergo modification based on their comments. Finally, he pointed out that, as had been noted in prior Subcommittee sessions, some documents were being presented for information purposes only and need not be forwarded to the Governing Bodies.

ADOPTION OF THE AGENDA AND PROGRAM OF MEETINGS (Documents SPP30/1, Rev. 1 and SPP30/WP/1)

In accordance with Rule 2 of its Rules of Procedure, the Subcommittee adopted the provisional agenda prepared by the Director and a program of meetings.

PRESENTATION AND DISCUSSION OF THE ITEMS

Population and Reproductive Health (Document SPP30/8)

Ms. Carol Collado (Acting Coordinator, Family Health and Population Program) reviewed the development of the concept of reproductive health and the advances made in this area and then described PAHO's activities to promote reproductive health in the Region. She pointed out that the term "reproductive health" had originally been taken to mean family planning services, with emphasis on the population level. However, in accordance with the current amplified definition—formulated at the International Conference on Population and Development (ICPD) in 1994 and based on the WHO definition of health—reproductive health was conceived of as "a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes." Reproductive health was thus understood to be a lifelong process and an integral part of human development, and the focus of reproductive health activities had shifted away from the population level and more toward the individual and defense of the human rights and capacity for self-determination of every person.

This amplified concept called for new approaches on the part of PAHO and the Member States to promote and enhance the reproductive health of the Region's population. Reproductive health planning should incorporate a multisectoral approach, include activities throughout the lifecycle, and take into account the individual, family, community, and population levels. An integrated reproductive health services package should include sex education and counseling; safe motherhood activities; control of sexually transmitted diseases, including cervical cancer; care for complications from unsafe abortions, recognizing that they constitute a serious public health problem; a gender perspective, including attention to the reproductive health needs of men; family planning and counseling; and attention to other health needs related to reproduction.

The framework for PAHO's activities in relation to reproductive health was provided by the various policies and plans of action on population, reproductive health, family planning, and maternal mortality adopted in the past decade by the Governing Bodies. In addition, the Organization had a mandate to support and promote international decisions adopted at conferences such as the ICPD, the Fourth World Conference on

Women, and others. Given PAHO's global view of the Region and its relationship with the countries and their institutions, it was ideally positioned to serve as a catalyst in helping countries work toward an integrated vision of reproductive health that would promote quality of life and sustainable development. The expected outcomes that PAHO hoped to achieve through concerted effort to improve reproductive health in the countries included clearer policy and legislative guidelines; health care models offering quality, appropriate attention, access to the underserved, and user-friendly services; reduction in indexes of prevalent health problems; and a healthier, better-informed and empowered public.

The document contained a set of recommendations for action in the countries aimed at promoting reproductive health and improving reproductive health services. The Subcommittee was asked to comment on the recommendations and the document as a whole and suggest ways in which they could be improved.

The Subcommittee agreed that the document presented an accurate and complete description of the major factors that influenced reproductive health, and it endorsed the outcomes that PAHO hoped to achieve. However, it considered that the document should contain more specific information on how the Organization expected to operationalize the ideas in the document and how it would serve as a catalyst for action in the countries. Several delegates said that a key role for PAHO was dissemination of information on reproductive health care models that had been applied in the countries, including both models that had been successful and models that had failed, in order to enable the countries to learn from one other's experiences and adapt successful models to their own needs. It was suggested that case studies of models and best practices might be included in the next version of the document.

Various delegates emphasized that PAHO should seek to strengthen and support national reproductive health programs in achieving the objectives they themselves had established. The need to respect cultural values and existing legislation in the countries was underscored. With regard to legislation, it was pointed out that it was difficult to legislate reproductive health rights and practices, and it was suggested that it might therefore be better, in the recommendations and expected results, to omit or change references to legislative instruments and guidelines.

The multisectoral approach advocated in the document was applauded, as was the emphasis on providing appropriate reproductive health services for men and boys. It was pointed out that cervical cancer was an increasingly important reproductive health problem in the Caribbean subregion and it was suggested that this disease be included among the reproductive health problems discussed in the document. It was also felt that the document should focus more on quality of care in reproductive health services and on quality monitoring and development of instruments to enable the countries to detect problems in a

timely manner. Questions were asked regarding PAHO's collaboration with UNFPA and the Organization's participation in the five-year review being undertaken by the United Nations Commission on Population and Development as follow-up to the ICPD.

Ms. Collado agreed with the suggestion to clarify the section in the document on PAHO's role and describe its activities in more concrete terms. It was also important to share information on unsuccessful experiences to enable other countries to learn from them and utilize resources more effectively. The Organization's efforts were directed toward facilitating action in the countries, and one of the ways it did that was through dissemination of successful experiences. She also agreed that quality was a lightning rod around which all the actors who intervene in reproductive health could be mobilized, and she cited the results of a joint PAHO/UNFPA project that had examined quality of care in reproductive health care institutions. In one maternity hospital, it was found that the hospital usage rate had doubled as a result of improvements in quality of care and coordination with different bodies within the community. PAHO was disseminating information on that experience to other countries so that they might adapt it to their own situations.

In response to the questions concerning PAHO's collaboration with UNFPA, she said that the Organization was working with that agency in regional and country projects on quality of care, education of health professionals in reproductive health, sexual and reproductive health of adolescents, and other areas. The next version of the document would contain more information on joint initiatives with other agencies. With respect to the five-year follow-up on the ICPD, the Secretariat, through WHO, had provided some input for the documents being prepared and would welcome the opportunity to be more involved in that process. As for the comments regarding cervical cancer, Ms. Collado said that, in revising the document, the Program would take into account the suggestion that cervical cancer be included among the reproductive health problems and indicators; she also noted that the Family Health and Population Program worked closely with the unit within PAHO that was developing a plan of action on cervical cancer.

The Director pointed out that reproductive health was a very broad topic—so broad that it at times seemed to encompass virtually all aspects of life. The Secretariat had attempted to reduce it to only those issues that fell within the area of reproductive health per se and that were within the Organization's sphere of action, as defined by the Governing Bodies. Otherwise, it would be impossible to carry out any effective action or develop indicators to reflect progress. PAHO's technical cooperation in this area depended on the priorities and objectives established by the countries and on their cultural norms and practices. The Organization would never be part of any initiative that did not respect the culture and traditions of each country. Similarly, it did not try to influence national legislation; PAHO's role in regard to legislation was to provide model

legislation and information about laws on reproductive health existing in the countries for national lawmakers to study and adapt to their own purposes.

The Secretariat considered that the strengths of PAHO technical cooperation in this area were its capacity for advocacy to address specific problems in specific countries, resource mobilization at both the international and national levels, and support for training and research. In the revised version of the document the Secretariat would try to be more specific in regard to best practices and successful models for reproductive health care and the priority areas for regional action.

Provisional Draft of the Program Budget of the World Health Organization for the Region of the Americas for the Financial Period 2000-2001 (Document SPP30/10)

Mr. Michael Usnick (Chief of Budget) introduced this item. He reminded the Subcommittee that the document contained only the regional proposal for the WHO portion of the program budget for the Region of the Americas for 2000-2001. The combined PAHO/WHO budget for that period would be submitted to the Governing Bodies in 1999. The instructions from the Director-General of WHO had provided for no overall program growth and had called for regional proposals to be submitted without mandatory or inflationary cost increases with respect to the 1998-1999 program budget. Accordingly, the proposed allocation for the Americas was US\$ 82,686,000.

Mr. Usnick also drew the Subcommittee's attention to Resolution EB101.R10, adopted by the WHO Executive Board in January 1998, noting that, if the resolution were also adopted by the World Health Assembly in May 1998, it could significantly affect regional budget allocations. The resolution sought to establish more objective and equitable criteria for establishing the allocations, which in the past had been set on the basis of history and previous practice. A group of experts had developed two models for reallocating regional budgets. The model approved by the Board would utilize the Human Development Index (HDI) of the United Nations Development Program, adjusted for population and possibly level of immunization coverage. Application of this approach would result in significant reductions of the WHO budget allocations to several regions, thus making it possible to redistribute larger proportions of funds to Africa and eastern Europe, where socioeconomic conditions had deteriorated markedly in the last decade. The allocation for the Americas would decrease by 19.6%, or \$16.2 million for the 2000-2001 biennium. The reduction for some other regions would be even greater (almost 50% in the case of Southeast Asia).

While the Secretariat endorsed the principle of equity and greater support for the countries in greatest need, it was concerned that the resolution called for reallocation of only the regional budgets; the WHO Headquarters budget would not be affected. If

Headquarters were to participate in the adjustment, reducing its budget by 12.5%, or \$35 million, the impact on the regions would be much less (13.1% versus 19.6% for the Americas), while not affecting the total budget of WHO.

The Director suggested that the Subcommittee's discussion should focus mainly on the reallocation scheme proposed under Resolution EB101.R10, noting that, since the regional proposal had been straight-lined, there was little to discuss until 1999, when the combined budget would be presented. In regard to the proposed reallocations, he pointed out that, while everyone agreed that a change was needed to make WHO budget allocations more equitable and that more attention needed to be paid to Africa, there was disagreement about how the reallocation should be accomplished. The Secretariat had three main objections to the method proposed by the WHO expert group, namely: it would result in drastic budget cuts in some regions; WHO Headquarters would not participate in the reduction; and, in the Secretariat's view, the HDI-based reallocation model was flawed.

In the Subcommittee's discussion of this item, the majority of the delegates agreed that the reallocation method was unfair. While all delegates agreed on the need for a more equitable distribution of the budget, several observed that the reallocation proposed by the Executive Board seemed to penalize those regions that had made the most progress in improving health conditions. In addition, it was pointed out that the regional figures tended to mask differences between individual countries and that conditions in some countries in the Americas were similar to those in some African countries. It was suggested that the regional approach might not be the most appropriate method of reallocation because it did not take account of the tremendous disparities and inequities that existed within regions, especially the Americas. It was also suggested that PAHO should look at other approaches and possibly develop an alternative proposal.

One delegate emphasized the need to take account of all resources available for technical cooperation in the area of health, including extrabudgetary and bilateral resources, and focus on making the most effective use of scarce resources. He pointed out that the debate within WHO and PAHO of Resolution EB101R.10 should not be viewed as a competition for resources but as an opportunity to reexamine international cooperation and how resources for that purpose were allocated. Another delegate noted that all the Executive Board members from the Americas had voted in favor of the resolution. He expressed concern that if the reallocation scheme were not approved by the World Health Assembly, an opportunity for significant reform of WHO—which everyone felt was needed—would be lost until the 2003-2004 biennium. He also pointed out that the resolution allowed for a certain degree of flexibility, which would make it possible to modify the formula and remedy anomalies, notably the proposed 48% reduction of Southeast Asia's allocation. Other delegates responded that the decision to

vote in favor of the resolution had come after lengthy discussion within the Executive Board and had been more the result of a need to end the debate than of true conviction that the proposed formula was the best way to reallocate resources.

The Delegate of the United States of America said that, as in the 1998-1999 biennium, his Government would again oppose any increase in the budgets of both WHO and PAHO and would, in fact, pursue reductions which would make it easier for many Member States, including his own, to meet their quota obligations. He also requested further information on how the Secretariat intended to distribute funds among the programs and which programs would receive priority in light of the proposed reallocations to the regions.

Mr. Usnick said that the Secretariat was unaware of any plans for an increase in the WHO budget and reiterated that the initial planning level established by the Director General called for no cost increases.

In response to the question regarding priorities, the Director said that he could not provide a definite answer until the combined PAHO/WHO budget had been developed. However, several areas would certainly continue to receive priority attention, including health services, the renewal of the health-for-all initiative, adolescent health, and others. In addition, as always, the Secretariat would be mindful of the priorities identified by the Executive Board, although he and others within PAHO questioned the appropriateness of setting priorities at the global level and felt strongly that the Organization should respond to the priorities established by the countries.

While he understood the difficulties that some countries were having in meeting their quota obligations, Dr. Alleyne felt he would be remiss if he did not make every effort to prevent any reduction in the PAHO budget. The Organization simply could not address the growing technical cooperation needs in the Region and carry out the programs approved by the Member States without sufficient funding.

In regard to the proposed budget reallocation, he agreed that the time had come to reexamine the distribution of resources among the regions. However, he did not agree with the proposed reallocation formula. As he had pointed out at the Executive Board session, the HDI was not an appropriate indicator for resource allocation. It had not been designed for that purpose and it was a poor indicator of equity. A formula must be found that took account of the inequities within regions. In order to arrive at a more equitable approach, it was necessary to recognize that WHO and PAHO were not funding organizations and to consider the potential for mobilization of resources within regions, particularly in the case of the European Region. Interregional solidarity should be encouraged. At the same time, regions that had made efficient use of their resources and

had been successful in promoting interregional collaboration should not be penalized in the reallocation process. Moreover, there could be no equity if WHO Headquarters did not share in the budget reductions. Equity meant not only that all should share in the profits but also that all should share in the pain. Above all, it was essential to apply common sense and never lose sight of the fact that the Member States were the most important actors in the process. The Secretariat would present a more detailed paper at the Executive Committee session in June 1998, which would explore some of the approaches that might be taken in order to allocate WHO resources more equitably.

Disaster Mitigation in Health Facilities (Document SPP30/6)

Dr. Claude de Ville de Goyet (Chief, Emergency Preparedness and Disaster Relief Program) described the Organization's efforts to promote disaster mitigation measures in hospitals and other health facilities and outlined the foundations for a PAHO plan of action for disaster mitigation. The Organization's major concern was the health impact of damage or destruction of health facilities by natural disasters, including not only the immediate injury or death of persons inside the facility when a disaster struck, but also the long-term impact of unavailability of the health facility to provide care during the emergency period and thereafter. Research had confirmed that the cost of implementing disaster mitigation measures prior to a disaster was small compared to the cost of rebuilding or repairing hospitals and other health facilities afterwards. Nevertheless, despite the evidence of the benefits of disaster mitigation and the existence in the Region of considerable expertise in vulnerability analysis and mitigation methods, there continued to be a lack of high-level multisectoral political commitment and allocation of resources to reduce the vulnerability of health facilities.

In response to the proclamation of the International Decade for Natural Disaster Reduction (1990-1999) and the recommendations of the International Conference on Disaster Mitigation in Health Facilities (held in Mexico in 1996), PAHO had mounted an interprogrammatic effort to prepare technical materials and general guidelines to serve as basic tools for the adoption of disaster mitigation measures in both new and existing hospitals and health facilities. The interprogrammatic action plan outlined in the document was geared toward promoting full implementation of the recommendations of the Conference and achieving institutionalization of disaster mitigation in the health sector development plans of the Member States. The activities under the plan would be concentrated in three main areas: promotion of institutional coordination and inclusion of disaster mitigation criteria in hospital accreditation, maintenance, and upgrading programs; reinforcement of policies and programs for disaster mitigation; and training and information dissemination, especially through the PAHO/WHO Collaborating Center for Disaster Mitigation in Health Facilities.

Multisectoral political support at the highest levels was essential to effectively reduce the vulnerability of the Region's health facilities to disasters. PAHO would continue to work—and would continue to seek the collaboration of national health officials—in order to ensure that disaster mitigation received due attention at presidential summits and other high-level meetings in the Region and that disaster mitigation and vulnerability reduction criteria were included in all health infrastructure projects financed by the international development banks and other funding agencies. The Subcommittee was asked to comment on the strategies and plan of action presented in the document.

The Subcommittee commended PAHO, in particular the Program on Emergency Preparedness and Disaster Relief, for its leadership in the area of disaster mitigation and response and expressed unanimous support for its efforts to promote the adoption of disaster mitigation measures in the Region's health facilities. Several delegates emphasized the complex and multisectoral nature of disaster mitigation and the consequent need to mobilize political support and promote a culture of disaster mitigation. Political leaders must be persuaded of the high cost, in both economic and political terms, of failing to take action to reduce the vulnerability of health facilities. The need to reduce both the functional and the structural vulnerability of health facilities in order to protect their response capacity was underscored, as was the need for personnel training in disaster preparedness.

It was pointed out that the document focused almost exclusively on hospitals and took little account of the fact that hospitals relied heavily on community services such as transportation, roadways, and potable water supply. Reducing the vulnerability of those services was considered an essential aspect of mitigating disasters and safeguarding hospitals' capacity to deliver timely care in the wake of a disaster. In this connection, several delegates noted that if lending institutions were convinced of the importance of disaster mitigation in health facilities, they might incorporate disaster mitigation criteria into other construction and infrastructure projects that they funded, which would help to further reduce the fatalities, injuries, and damages caused by disasters. Ideally, disaster mitigation would be incorporated into all urban planning.

Dr. de Ville said that the international development banks tended to see themselves strictly as lending institutions and considered that it was not their responsibility to set criteria relating to preventive maintenance and disaster mitigation. He pointed out that the member countries of the banks, especially those that were major financial powers, could have considerable influence in this regard. At the same time, health ministries at the national level should continue to advocate the incorporation of appropriate criteria into the infrastructure projects funded by international lending institutions. He agreed that, ideally, disaster mitigation should encompass all buildings and dwellings and should be incorporated into urban planning. However, as a health organization with limited resources, PAHO believed

that it must limit its activities to its areas of expertise, hence the focus on hospitals and other health facilities. He reiterated that broad, high-level political support would be required in order to extend the concept of disaster mitigation into other sectors. The Organization would utilize an international meeting planned for 1999 to mark the close of the International Decade for Natural Disaster Reduction as a forum to promote adoption of the recommendations of the Mexico conference.

The Director observed that it was often difficult to persuade national officials that there should be a continuum incorporating disaster mitigation as well as emergency relief and response activities, which should, in turn, result in permanent measures that would help mitigate future disasters. As the Organization could not carry out mitigation measures itself, its role consisted of pointing out the consequences of not retrofitting vulnerable institutions and putting in place measures to protect facilities under construction. He agreed that disaster mitigation was a multisectoral issue; however, as was the case with many such issues, one sector had to take primary responsibility. Because the health sector would bear the principal burden of failure to take action to make health facilities less vulnerable to the disasters that would inevitably occur, the ministries of health and PAHO had a responsibility to continue to urge both governments and international financing agencies to support disaster mitigation measures.

Strategic and Programmatic Orientations for the Pan American Sanitary Bureau, 1999-2002 (Document SPP30/3 and Corrig. I)

This item was introduced by Dr. Germán Perdomo (Office of Analysis and Strategic Planning), who described the process that had led to the drafting of the proposed Strategic and Programmatic Orientations (SPOs) and outlined the content of the document. The SPOs provided the policy framework for programming the work of the Organization, whose mission was to cooperate technically with the Member States, promote technical cooperation among them, and facilitate international coordination in health. The SPOs were derived from a comprehensive analysis of the needs and priorities of the countries. At the same time, they represented the Region's response to the new global policy of Health for All in the Twenty-first Century (HFA21) and the Ninth and Tenth General Programs of Work of WHO and thus also reflected those global policy orientations.

In developing the SPOs, the Secretariat had carried out a broad analysis of the situation in the Region, taking into account not only health conditions, but also political, economic, social, demographic, and environmental circumstances, as well as major trends such as globalization, State reform and decentralization, and the changing roles of international cooperation agencies. In addition, it had carried out a series of consultations within the Organization and with officials at the national level. This process had revealed that progress had been made in some areas—notably, reduction of mortality and the

incidence of some diseases—but that there continued to be huge inequalities between population groups in health status and access to health care. Consequently, as in the 1995-1998 quadrennium, the achievement of equity had been identified as the primary challenge for the period 1999-2002. A set of regional goals had also been established with a view to overcoming inequities in relation to health conditions, health determinants, and health policies and systems. The specific goals for each area were included in the document.

The Secretariat believed that the strategic orientations adopted in the previous quadrennium remained valid and were sufficiently broad in scope to cover the spectrum of needs in the Region, and it therefore proposed that those five orientations remain the same. For each strategic orientation—namely, health in human development, health promotion and protection, environmental protection and development, health systems and services development, and disease prevention and control—the Secretariat had developed a set of programmatic orientations, which represented the areas that would be stressed in its technical cooperation. Dr. Perdomo summarized the programmatic orientations listed in the document for each strategic orientation. He concluded by noting that in all the national consultations carried out by the Secretariat questions had been raised about the feasibility of the proposed regional goals and orientations, and he emphasized that none of them would be feasible without a true commitment on the part of the Governments to address the health inequities in their respective countries and on the part of the Secretariat to implement the policy proposals through its technical cooperation.

Dr. Juan Manuel Sotelo (Chief, Office of Analysis and Strategic Planning) elaborated on what Dr. Perdomo had said regarding the policy framework for the Organization's technical cooperation, as well as its functional approaches to technical cooperation, technical cooperation among countries, and the system for planning, programming, monitoring, and evaluation of technical cooperation (AMPES). The main element in the policy framework was the SPOs, which would be adopted by the Pan American Sanitary Conference in September 1998. The SPOs, in turn, were shaped by the policy orientations of the World Health Organization, in particular the Ninth General Program of Work, which was currently in effect, and the Tenth General Program of Work, which would become effective in the same year as the SPOs (1999). The Tenth General Program of Work was inspired largely by the new Global Policy on Health for All in the Twenty-first Century.

HFA21 was the result of a dynamic consultation process that had examined the lessons learned in the application of the strategies of Health for All by the Year 2000 and primary health care. It was an action-oriented policy that considered health a human right, emphasized certain core values—including social justice and equity in the provision of services and the allocation of resources—and sought to create conditions in

which people would have, universally and throughout their lives, the opportunity to reach and maintain the highest attainable level of health. The policy had three main objectives: (1) to increase life expectancy and quality of life, (2) to achieve equity in health, and (3) to ensure access to health care of good quality. It identified two main strategic lines of action: (1) consider health a central component of development and identify and act on the determinants of health, and (2) develop sustainable health systems that responded to the needs of the population.

PAHO's strategy of technical cooperation was carried out through six functional approaches: (1) mobilization of human, financial, political, and institutional resources; (2) information dissemination; (3) training; (4) development of policies, plans and standards; (5) research promotion; and (6) direct technical assistance. These six approaches constituted a "taxonomy" for the classification of technical cooperation that enabled the Organization to define its work more precisely and establish expected outcomes. The taxonomy also provided a framework for planning, programming, and evaluation through AMPES. Another very important aspect of PAHO's technical cooperation was promotion of technical cooperation among countries and the Pan American approach, which would be discussed in greater detail under a separate agenda item.

Turning to AMPES, Dr. Sotelo described the basic structure and operation of the system, which had been examined by the Subcommittee on several prior occasions. He then invited the Subcommittee to comment on how the document might be refined prior to its submission to the Executive Committee.

The Subcommittee applauded the document's holistic approach, which reflected the complexity and diversity of the health situation in the Region and took account of the changing context in which the work of the Organization was being carried out. In general, the situation analysis was considered complete and accurate, although it was pointed out that some of the trends and phenomena described were not occurring in all countries. The Subcommittee also found that the document accurately reflected the issues discussed and the priorities identified during the national consultations, and a number of delegates commended the Secretariat for visiting the countries to obtain input prior to drafting the SPOs.

The delegates expressed support for the regional goals, which would provide concrete results toward which the countries and the Secretariat could strive. The goals were considered realistic, especially because they were percentage goals, not specific rates or numeric targets. In regard to the SPOs themselves, the Subcommittee endorsed the continued focus on equity as the primary objective. However, several delegates questioned the advisability of maintaining the same strategic orientations, given that the

document indicated that the majority of the goals and targets established for the preceding quadrennium had not been achieved. It was generally agreed that the document should contain more information about why the goals had not been met and an examination of the impediments that had prevented their achievement, as well as an analysis of the extent to which those same impediments would hinder attainment of the goals established for 1999-2002.

The Subcommittee made a number of specific suggestions for improving the document. Several delegates thought that it should be shorter and more condensed, in particular the situation analysis at the beginning. It was pointed out that the programmatic orientations listed under each strategic orientation tended to overlap or duplicate one another and it was suggested that this section of the document be simplified and clarified. It was also considered important to prioritize the numerous programmatic lines of action in order to identify the areas in which PAHO would devote the majority of its time and resources in the next four years. In addition, the relationship between the SPOs and the macropolicies, HFA21 and the Ninth and Tenth General Programs of Work, should be clarified.

One delegate noted that the language in the document was rather vague in regard to what the output would be and encouraged the Secretariat to utilize more action-oriented terminology and to articulate the objectives more clearly, which would make it easier to measure progress later on. In regard to the strategic orientation “health systems and services development,” another delegate underscored the need to ensure that health—not economic, political, or other issues—was the main focus of health reform proposals. He also felt that the document should give greater attention to the emergence of health markets and to the need to regulate these market processes. Under the same strategic orientation, it was recommended that more emphasis be placed on the idea of sustainability of health reforms and health system responses. In relation to the strategic orientation “disease prevention and control,” a delegate pointed out that, in keeping with the views expressed at the sessions of the Governing Bodies in 1997, oral health should be identified as a priority area for action. Finally, it was suggested that the SPOs should incorporate the revised definition of health approved by the WHO Executive Board in January 1998 and proposed for adoption by the World Health Assembly in May 1998: “A dynamic state of complete physical, mental, spiritual, and social well-being and not merely the absence of disease or infirmity.”

Dr. Perdomo thanked the delegates for their thoughtful and constructive suggestions. The Secretariat’s objective in presenting the document to the Subcommittee had been to obtain insights that would enable it to produce the clearest possible enunciation of the Organization’s policy orientations in order to facilitate the Executive Committee’s consideration of this item, and that objective had been fully achieved. In

regard to the situation analysis, he acknowledged that it did not describe in detail all the determinants of health in individual countries; however, the aim had been to present a broad overview of the trends and factors that influenced the health situation in the Region. With respect to the apparent duplication or overlap of the programmatic orientations, he pointed out that many of the proposed lines of action—such as training of human resources and promotion of political commitment in relation to various health issues—were cross-cutting and were applicable to various strategic orientations. Nevertheless, the Secretariat would endeavor to simplify and clarify the programmatic orientations as much as possible. It would also try to make the language make more action- and results-oriented with a view to facilitating measurement of progress. As for prioritizing the lines of action, he emphasized that the Secretariat must set its priorities based on the priorities established by the countries.

Dr. Sotelo explained that the Secretariat was proposing that the same five strategic orientations be retained for basically two reasons. First, the work begun during the 1995-1998 quadrennium was not yet complete and the goals established had not been achieved, in particular the primary goal of reducing inequities. Second, the countries were still in the process of incorporating the five strategic orientations into their national policies. It was therefore considered important to maintain continuity in terms of the overall policy orientations for 1999-2002. The proposed programmatic orientations, on the other hand, reflected considerable change and innovation with respect to the preceding quadrennium. In regard to the measurement of results, he observed that one of the problems that had hindered assessment of the results obtained from application of the current SPOs was the lack of appropriate indicators; the Secretariat was working on the development of tools and indicators that it hoped would make it easier to determine results in the case of the SPOs for 1999-2002.

At the request of the Director, Dr. Daniel López Acuña (Director, Division of Health Systems and Services Development) responded to the comments regarding health reform and regulation of market processes. He pointed out that several of the programmatic orientations in the area of health reform were aimed specifically at strengthening the steering role of the ministries of health and enabling them to fulfill their regulatory functions in the context of structural and functional reorganization of the sector. The Organization was already working on this line of action and would continue to do so in the next quadrennium with a view to ensuring that health reform measures were, in fact, oriented toward improving health and ensuring greater equity in access to health services and in health financing and insurance schemes.

The Director noted that in the SPO proposal the Secretariat had tried to focus explicitly on what it would do to help the countries resolve their problems, and it had therefore eliminated the section on responsibilities of the countries that had been included

in the SPOs for the previous quadrennium. In regard to the comments concerning the vagueness of the language in the document, he said that the Secretariat had developed what might be called a “taxonomy of action words,” which was intended to clearly state what the Secretariat would do and what its responsibilities would be. That language would be applied in the next biennial programming exercise, but it might be difficult to incorporate it into the SPO document because it was not a programming document as such. As for the impediments that had hindered progress in 1995-1998, part of the problem, as Dr. Sotelo had indicated, was that the goals had not been defined clearly enough to allow measurement of progress. Moreover, four years was a rather short time to see significant advances in many areas. Nevertheless, the Secretariat would attempt to analyze the impediments and the extent to which they were likely to be overcome in the new quadrennium. His quadrennial report to the Pan American Sanitary Conference would also look more closely at the areas in which the greatest and least progress had been made and would analyze the factors that had aided or hindered the Organization’s efforts.

He was enormously pleased that the Subcommittee agreed that equity should remain the primary objective of the Organization’s technical cooperation. Based on the Secretariat’s analysis of the situation and its discussions with the countries, it believed that the five strategic orientations established in the previous quadrennium represented the best approach for addressing the countries’ needs in relation to that objective. As for the prioritization of the programmatic orientations, as Dr. Perdomo had said, the Secretariat did not consider that it had the authority to impose an order of priorities. It tried to assist the countries in defining their priorities, and it identified regional priorities. The programmatic orientations set out in the document were intended to be broad enough in scope to allow the Organization to address both national and regional priorities.

The Secretariat would revise the document on the basis of the delegates’ comments, although obviously it might not be possible to incorporate all of them. It would also take into account any additional comments that anyone might wish to submit in writing.

Climate Change and Infectious Diseases: The Implications of El Niño (Document SPP30/5)

Dr. Stephen Corber (Director, Division of Disease Prevention and Control) introduced the document on this item, which had been prepared in collaboration with several other units within the Organization—notably the Program on Emergency Preparedness and Disaster Relief—in response to Resolution CD40.R13, “Health Emergency Preparedness for Disasters Caused by El Niño,” adopted by the Directing Council in 1997. The document reviewed the specific associations that had been found

between the climatological phenomenon known as El Niño and the Southern Oscillation (ENSO) and patterns of infectious disease transmission.

Dr. Roberto Chuit (Regional Adviser on Communicable Diseases) described the characteristics and effects of ENSO and presented information about its potential and actual impact on infectious diseases. ENSO could have four possible effects on weather: (1) near normal conditions; (2) a weak El Niño with slightly higher-than-normal rainfall; (3) very heavy rainfall and flooding; and (4) cooler-than-normal waters offshore, with higher-than-normal chance of drought. The occurrence and duration of these effects varied in different parts of the Region, which meant that disease patterns might also vary within an area affected by El Niño. Predictions for 1997 had indicated that weather in the southern United States and northern Mexico would be wetter and colder than usual, with flooding in many places; in the Amazon, dryer-than-normal conditions were predicted, while higher-than-usual rainfall was anticipated in the southern portion of South America. In the Andean Area, Peru and Ecuador were expected to be warmer and wetter than usual, which would make flooding likely.

Dr. Chuit cited the results of various studies that had failed to find any conclusive evidence linking ENSO to increased transmission of several of the most important infectious diseases in the Americas, including malaria, dengue, cholera, leptospirosis, and hantavirus. In fact, ENSO-related droughts appeared to have led to reductions in some diseases. However, he also pointed out that in many cases data were lacking or the data that existed were of poor quality. Moreover, it must be borne in mind that disease transmission was influenced by many other factors, such as endemicity of the disease, vector reservoirs, migration of the population, and environmental and sanitation conditions. The effects of an El Niño event would vary with the severity and manifestations of the event. In general, however, El Niño could be expected to exacerbate any existing conditions that were favorable to disease transmission. Effective epidemiological surveillance and risk factor assessment were crucial to enable countries to foresee and address the potential health effects of El Niño. In addition, the incorporation of climate forecasting into existing diseases surveillance, emergency preparedness, and prevention programs would help to lessen the health impact of ENSO and other climate anomalies.

The Subcommittee was asked to provide input on PAHO's role in addressing health effects that could occur due to these environmental phenomena.

Given the lack of definitive data on the relationship between El Niño and disease transmission, the Subcommittee considered that it would be more useful to expand the scope of the document and explore the effects of climate change in general on health, as well as the implications of El Niño as a natural disaster that may cause enormous damage to infrastructure and basic services, such as sanitation. It was pointed out that it would be

necessary to monitor climate change and its effects on disease transmission in the same place and at the same time in order to draw valid conclusions about cause and effect. In regard to the role of PAHO, the consensus was that the Organization was already playing an appropriate role by helping the countries to enhance their disease surveillance and reporting systems and linking all the countries in the Region in identification and reporting of disease outbreaks. It was also pointed out that PAHO technical cooperation at the country level might facilitate the participation of national experts who were not usually players in public health but whose expertise might improve surveillance and prevention efforts and help to reduce the human suffering caused by flooding and other climate-related phenomena.

The Director and Dr. Chuit thanked the delegates for their suggestions, which would be taken into account in revising the document for presentation to the Executive Committee. The Director said that the next version would contain more data and a broader analysis of the effects of climate change in general on health and environmental conditions.

Technical Cooperation Among Countries: Pan Americanism in the Twenty-first Century (Document SPP30/4)

Dr. Mirta Roses (Assistant Director of PAHO) presented the document prepared by the Secretariat on this item, which reviewed the history and progress of technical cooperation among countries (TCC) in the Region in the past two decades and outlined some of the challenges and prospects for TCC in the coming century. She began by describing various agreements, resolutions, and plans of action adopted in the United Nations and Inter-American systems which had shaped the history of TCC in the Americas, including the Buenos Aires Plan for Promoting and Implementing Technical Cooperation among the Developing Countries (TCDC), adopted by United Nations General Assembly in 1978; Resolution 50/119, adopted by the General Assembly in 1995, which set out new orientations for TCDC; national programs and funds for horizontal cooperation established under the aegis of the Organization of American States; and the Strategic Plan for Partnership in Development 1997-2001 formulated by the Inter-American Council for Integral Development (CIDI).

Within WHO and PAHO, technical cooperation among countries had been promoted at the International Conference on Primary Health Care at Alma-Ata and through numerous resolutions of both organizations. A document presented by PAHO at the Interregional Consultation on TCDC Programming in Health, convened by WHO in Jakarta in 1993, established that for the Region of the Americas the concept of TCC, rather than TCDC, would be promoted—that is, technical cooperation among all countries of the Region, regardless of their level of development. The document also

defined the principles that should be upheld in TCC proposals prepared with PAHO/WHO cooperation, namely: solidarity, sovereignty, dignity, equity, capacity development, and sustainability.

TCC was financed mainly out of national budgets. However, because the budgets of some countries were insufficient to ensure implementation of many bilateral and multilateral cooperation agreements, mobilization of external cooperation was important. One modality was through triangular cooperation arrangements, in which developed countries financed cooperation between less developed countries. In addition, in the 1988-1989 budget, PAHO had established a financing mechanism specifically to stimulate TCC, although prior to that time the Organization had been supporting TCC through the regional and country programs and through the WHO/PAHO Collaborating Centers. Dr. Roses gave several examples of TCC projects carried out between neighboring countries, countries in the same subregion, countries with areas of common interest in science and technology, and cooperation between countries under bilateral agreements providing for long- and medium-term contributions of human and technology resources.

For the countries, the challenges in the twenty-first century would include creation of national systems for the coordination of external cooperation, documentation of results and evaluation of experiences in TCC in the health field, and development of TCC in the health area through bilateral accords. For cooperation agencies in general, the principal challenge would be to effectively utilize the capabilities existing in the Region in the technical cooperation they provided. For PAHO, the challenges would include maintenance of TCC as a major strategy in the SPOs for 1999-2002, improvement of the designation and utilization of the collaborating centers, and development of methodologies for training in management and implementation of TCC in the area of health.

The Subcommittee agreed that TCC was an extremely valuable instrument for promoting sustainable development, particularly in the current context of diminishing international cooperation resources. It was agreed that there was tremendous untapped potential for cooperation among the countries of the Americas and that better advantage should be taken of the capabilities existing at the national level. At the same time, it was pointed out that a great deal of cooperation takes place through informal arrangements between countries and therefore would not be reflected in official data. Cooperation among neighboring countries to address shared health concerns or achieve common objectives was considered especially important, since diseases and other health problems know no borders. In addition, TCC was seen as a way to promote solidarity and forge closer ties between countries. Various delegates described cooperation experiences under

way between their countries and neighboring countries or countries within subregional integration groupings such as MERCOSUR and CARICOM.

In general, the Subcommittee found the document to be a good historical analysis of technical cooperation among the countries and a good source of guidance for developing TCC in the future, building on past experience. Among the principles of TCC defined in the document, solidarity, sovereignty, and sustainability were considered most important. With regard to the financing modalities mentioned, triangular arrangements were viewed as particularly advantageous, given that bilateral cooperation agreements and projects between developing countries were often not fully implemented owing to lack of funding. However, it was pointed out that triangular cooperation was more complicated to carry out than bilateral cooperation. It was also emphasized that cooperation between developing and developed countries was mutually beneficial and that, with regard to issues such as health reform and community-based care, for example, the developed countries could learn a great deal from the experiences of their less-developed cooperation partners.

Promotion of TCC and assistance in the design, coordination, and implementation of projects were identified as crucial roles for PAHO. In order to enhance the Organization's support for TCC, it was suggested that the functions of the PAHO/WHO Representative Offices (PWRs) be reexamined with an eye to coordinating the efforts and pooling the resources of PWRs in neighboring countries, for example by sharing consultants. It was also suggested that PAHO promote cooperation projects of at least two years' duration in order to encourage greater stability and sustainability. Several delegates expressed concern about the fact that, according to the figures presented in the document, only 60% of the funds allocated for TCC in the PAHO budget were being utilized. In regard to the challenges for PAHO mentioned by Dr. Roses, more information was requested on the role of the collaborating centers and how the Organization would seek to make better use of them to promote TCC. More information was also requested about PAHO's role in technology transfers through the modality of technical cooperation among countries.

One delegate suggested that, as had been proposed at the Subcommittee's 29th Session, the Governing Bodies should undertake a broader discussion of technical cooperation and the role of PAHO in light of the participation of new actors, notably NGOs, the decrease in resources for international cooperation, and the context of change and uncertainty alluded to in virtually all the documents examined by the Subcommittee.

Dr. Roses, responding to the questions regarding the collaborating centers, noted that they had a fairly vertical relationship with individual countries and there was not much interaction between centers. PAHO was seeking to promote greater horizontal cooperation by the centers. In regard to technology transfers, she mentioned several

examples, including the Revolving Fund for Vaccine Procurement and the Supply Management Project in the Aftermath of Disasters (SUMA), through which technology was transferred. As for the degree to which the funds allocated for TCC were being utilized, she pointed out that PAHO was one of few international cooperation agencies that had earmarked funds specifically for the promotion of TCC. The percentage of funds used had increased considerably; however, there were still obstacles to be overcome before they would be fully utilized, including training of personnel to manage TCC cooperation projects and coordination of the activities of the various sectors that were often involved in projects.

The Director added that part of the reason that the funds were not being 100% utilized was that the Organization insisted on a high degree of rigor and specificity in TCC projects in order to ensure that the moneys available were being used as effectively as possible. He also acknowledged that it was often difficult to collect information on the amount of technical cooperation that was actually occurring among countries because much of it took place outside the framework of formal agreements. He stressed the importance of PAHO's decision to promote technical cooperation among all countries, which the Organization viewed as a fundamental departure from the TCDC approach still espoused in most other agencies of the United Nations system. PAHO felt strongly that all countries, regardless of their level of development, had an interest in health and therefore a need to cooperate in the area of health.

He disagreed with the idea that multilateralism was on the decline. In fact, there was evidence that countries around the world were looking increasingly toward the United Nations and other multilateral agencies for the solution to many problems. He therefore encouraged the delegates to view TCC not as a substitute for multilateral cooperation but as a complement to it. He did agree with the suggestion that the whole issue of technical cooperation merited further study. Certainly, at some future time the Governing Bodies could consider it and examine how PAHO's technical cooperation differed from that of other agencies. Nevertheless, he would not want anyone to be left with the perception that PAHO was unaware of the need to modify and adapt its technical cooperation in response to changing circumstances. He noted that in November 1995 the Organization had sponsored a seminar entitled "Rethinking International Technical Cooperation in Health," which had been the culmination of a two-decade process of reexamining the work and mission of PAHO. The Organization's approach to technical cooperation was not cast in stone; however, an unshakable principle was that its priorities were based on the countries' priorities.

Finally, in regard to the role of the collaborating centers, he proposed that a separate document be prepared and that this topic be discussed at a future session of the Subcommittee.

Bioethics (Document SPP30/7)

Dr. Juan Antonio Casas (Director, Division of Health and Human Development) introduced this item. He recalled that when the Regional Program on Bioethics was created by the Directing Council in September 1993 it had been agreed that the work of the Program would be evaluated after five years of operation. The document before the Subcommittee represented a review of the Program's activities in preparation for the evaluation, which would take place in 1999 and be reported to the Executive Committee at its 126th Session in 2000. The Subcommittee was asked to comment on those activities and suggest specific aspects that should be considered in the evaluation.

Dr. Julio Montt (Director, Regional Program on Bioethics) then reported on the evolution of the Program since it began operating in May 1994. The Program had been established at the University of Chile with support from the Government of Chile in response to demands from the Member States for a technical cooperation program to address the ethical problems posed by rapid scientific and technological advances in the health field, as well as economic, social and political issues relating to health. Bioethics provided a methodology for resolving conflicts of values and reaching agreement with regard to "civil ethics," or agreement among societies with regard to certain basic values, independent of religious, political, or other convictions. As a technical cooperation program of the Organization, the Program's functions were resource mobilization; training; dissemination of information; development of policies, plans and standards; research; and direct technical cooperation.

During 1994, the Program had convened a meeting of representatives from 17 Latin American and Caribbean countries to ascertain the most important bioethical issues and establish thematic orientations to guide its work. The outcome had been the following five thematic areas: bioethics in public health; clinical and medical ethics; research ethics; training and education in bioethics; and current and emerging problems resulting from scientific and technological advances and the emergence of new diseases. Dr. Montt highlighted some of the activities carried out by the Program and the impact of its work in each of the thematic areas. He concluded by noting that, despite relatively limited resources, in its four years of existence the Program had become a significant presence both in the Region and the world, and its technical cooperation services were in increasing demand. In the future it would continue to support the Member States in seeking responses to the ethical challenges they faced in medical practice and the organization and delivery of health services, public health, biomedical research, education of health professionals, and the quest for equity and justice in the allocation of health resources.

The Subcommittee commended Dr. Montt on the Program's numerous accomplishments during its short existence, especially in the areas of information dissemination and education. The Subcommittee also expressed its gratitude to the Government of Chile and the University of Chile for their support of the Program. Several delegates remarked that it had clearly filled a need in the Region. Technical cooperation for the organization of hospital bioethics committees and national bioethics commissions or associations was considered one of its most important contributions. It was pointed out that the Program seemed to have focused mainly on Latin America, and it was suggested that it should look more closely at the experiences of Canada and the United States in bioethics and seek areas of complementarity and collaboration.

Several suggestions were made in regard to possible future areas of work for the Program, including examination of bioethics issues in relations between countries and in the framework of human rights conventions; implementation in the Region of the UNESCO Declaration on the Human Genome and Human Rights; development of position papers and guidelines to serve as a basis for legislation or regulation; examination of the ethical and policy implications of new reproductive technologies and their impact on the composition and values of society; and consideration of ethical issues relating to the health of indigenous peoples, especially in research conducted among these groups. Questions were asked regarding the Program's activities in the English-speaking Caribbean and the existence of bioethics programs within WHO and in other regions.

The observer for Chile said that his Government believed that the Program was playing a crucial role in helping the countries to address the ethical concerns that accompanied rapid changes in societies and health systems, and it would therefore continue to collaborate actively in the Program's development.

Responding to the questions concerning the work of the Program in the English-speaking Caribbean, Dr. Montt said that activities had been limited thus far owing to resource constraints and logistical problems, especially the lack of English translations of its publications and other information. However, the Program had recently acquired PAHO's machine translation software, which would enable it to produce translations rapidly and at relatively low cost for dissemination in English-speaking countries. In addition, the Program was investigating the possibility of organizing some meetings on bioethics in collaboration with the deans of schools of medicine in several Caribbean countries. He acknowledged that the Program's focus had been primarily on Latin America, although it was collaborating with several prominent bioethics centers in the United States. The Program had established fewer contacts with Canadian institutions only because it had not had the time in its four short years of existence; in the future, it

would seek to establish closer ties with bioethics institutes and associations in both countries.

He thanked the delegates for their suggestions regarding possible new areas of interest or activity for the Program and noted that, in fact, it was already working in areas such as dissemination of information to serve as a basis for legislation and bioethical issues in genetic research among indigenous groups in Chile and Argentina. However, the Bioethics Program was primarily a technical cooperation program, not an academic institution or a bioethics “think tank.” Its proper role was therefore to compile and disseminate the research and information generated by those institutions, rather than to produce the information itself. As for the UNESCO declaration on protection of the human genome, the Program had participated in the conference at which the declaration was discussed and was disseminating information about it to ministries of health and bioethics centers throughout the Region.

Dr. Montt was unaware of the existence of bioethics programs in any other regions. He noted that WHO had recently formed a steering group to deal with bioethical issues, and the Regional Program on Bioethics with headquarters in Chile had been designated as a focal point from the Americas for this group. However, the group’s main concern had been human cloning, which was not seen as a real issue for most of the countries of the Region, given their current research and technological capabilities. Other matters, such as doctor-patient relationships, patients’ rights, and allocation of health resources, were considered much more relevant and pressing concerns for the Program in its technical cooperation with the countries.

The Director agreed that, in order to make the most effective use of the Program’s limited resources and have the greatest impact, it was essential to limit its sphere of action to matters that were of direct practical interest to the countries. The Program would therefore continue to concentrate on the areas outlined in the document and mentioned by Dr. Montt in his presentation, especially the ethics of clinical practice and research. In regard to bioethics activities within WHO, he noted that the Organization’s involvement in this area had been relatively limited because it had relied on a separate agency, the Council for International Organizations of Medical Sciences (CIOMS), to bring together people to examine various bioethical issues, including the ethics involved in the HFA renewal initiative.

Although he did not generally single out individual staff members for praise at meetings of the Governing Bodies, the Director wished to thank Dr. Montt for his leadership and his contribution to the Program’s successful development. He also wished to formally express the Organization’s gratitude to the Ministry of Health and the University of Chile for their support of the Program.

PAHO Publications Program (Document SPP30/9)

The presentation on this item was given by Dr. Judith Navarro (Chief, Office of Publications and Editorial Services), who briefly reviewed the history and activities of the Publications Program. She noted that information exchange and dissemination had been a founding principle of the International Sanitary Bureau, the precursor to the Pan American Health Organization. The Organization had been publishing scientific and technical texts since the 1920s. Its first regular publication, the *Boletín de la Oficina Sanitaria Panamericana* (now called *Revista Panamericana de Salud Pública/Pan American Journal of Public Health*), was the oldest ongoing international public health journal in the world. Interestingly, the first issue of the *Boletín* had contained an article on the importance of cooperation among countries that remained quite current and apropos to the Subcommittee's discussion of this topic.

In the framework of the Strategic and Programmatic Orientations for 1995-1998, the Director had established four clearly differentiated information areas in which the Bureau would work: (1) information about health status and health services in the countries and in the Region; (2) development of national health information systems; (3) corporate information; and (4) scientific, technical, and policy-related information. The work of the Publications Program related to the last-mentioned area. The Program's primary objective was to produce publications of the highest quality that reflected the mission and objectives of the Organization, contributed to the understanding and solution of priority health problems, were affordable, disseminated original content, promised extended usefulness, were timely and relevant, and met quality standards for content and presentation.

The Program comprised four major components: the Editorial Service; Electronic Communications; Marketing, Distribution, and Sales; and the Information and Documentation Service (the Headquarters Library). The Editorial Service was responsible for publication of the Organization's multilingual, peer-reviewed monthly journal, *Revista Panamericana de Salud Pública/Pan American Journal of Public Health*, books, and official documents of the Organization. In the area of Electronic Communications, the main activities were maintenance of the PAHO Web site and dissemination of PAHO publications and other information via the Internet and on CD-ROM. In Marketing, Distribution, and Sales, the Program sought to promote PAHO publications among potential audiences worldwide, ensure access to them, and earn a return on the Organization's investment in publishing. As a result of recent efforts to enhance marketing and sales of PAHO publications, this component was largely paying for itself. Finally, the Publications Program was responsible for the Headquarters Library, which provided bibliographic services and was developing a computerized institutional memory project to manage all PAHO documentation.

The Subcommittee applauded the quality of the Program's work and its success in making optimum use of new communications technology to market and disseminate the Organization's publications externally, as well as to manage information internally through the automated institutional memory project. Several delegates indicated that their governments relied on PAHO publications as the most authoritative source of information on health in the countries of the Region. It was suggested that links to the Web sites of national ministries of health be added to the PAHO Web site as a means of facilitating access to that information. The Program was encouraged to step up its publication of materials in French in order to make information more accessible and increase its market share among French-speaking populations, particularly in Canada.

The Director was pleased to confirm that the countries were utilizing the Organization's publications and information, as disseminating timely and useful information was one of its primary objectives. He hoped that discussion of this item in the Governing Bodies would encourage other Member States to make more use of the information available in print and on the Internet. The suggestion of creating links to the Web sites of ministries of health was a good one and would be implemented.

Other Matters

The Director announced that a meeting of all the delegations from the Americas to the World Health Assembly would be held in Geneva on Monday, 11 May 1998, to discuss various matters, including the election of members from the Region to the Executive Board. At present there were four candidates for the three positions to be filled. He hoped that, as had been the custom in the Region, an agreement would be reached among the candidates prior to the elections so that there would be only three candidates.

After the elections, he would be meeting with the six Executive Board members from the Americas to inform them about several issues of particular interest to the Region. One was an agreement by the Board to recommend to the Assembly that the Governing Bodies of PAHO be invited to change the Organization's Constitution so as to elect the Director of PAHO every five years and to consider adopting the mechanism of a search committee, as in the European Region. Although the Member States would have the final say in the matter, the Director felt that such a change would be problematic for several reasons, notably because the Constitution established that the Director would be elected by the Pan American Sanitary Conference, which convened every four years. Another concern that he intended to discuss with the members from the Americas was the Assembly's decision to limit reimbursement of travel expenses to delegates from the least developed countries. According to the criteria set by the Assembly, Haiti would be the only country in the Region whose delegate would be eligible for reimbursement of travel expenses.

The Delegate of Argentina pointed out that the decision not to reimburse travel was intended to be a cost-saving measure. At the same time, however, there was a proposal to expand the membership of the Executive Board, which would raise costs. He urged all delegations from the Region to oppose that proposal.

CLOSING OF THE SESSION

The Director thanked the delegates for their obvious attention to the documents prior to the Session and their valuable contributions during the discussions of the items. The President said that it had been an honor for her country to serve as President of the Subcommittee during its 29th and 30th Sessions. She expressed her gratitude to the staff of PAHO for their support and to the delegates for their participation during the meetings and then declared the 30th Session of the Subcommittee closed.

Annexes



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



SUBCOMMITTEE ON PLANNING AND PROGRAMMING OF THE EXECUTIVE COMMITTEE

30th Session, 30-31 March 1998

SPP30/FR (Eng.)
Annex A

AGENDA

Document No.

1. Opening of the Session
2. Adoption of the Agenda and Program of Meetings SPP30/1, Rev. 1
3. Strategic and Programmatic Orientations for the
Pan American Sanitary Bureau, 1999-2002 SPP30/3 and Corrig. I
4. Technical Cooperation Among Countries: Panamericanism
In the Twenty-first Century SPP30/4
5. Climate Change and Infectious Diseases:
The Implications of El Niño SPP30/5
6. Disaster Mitigation in Health Facilities SPP30/6
7. Bioethics SPP30/7
8. Population and Reproductive Health SPP30/8
9. PAHO Publications Program SPP30/9
10. Provisional Draft of the Program Budget of the World Health
Organization for the Region of the Americas for the Financial
Period 2000-2001 SPP30/10
11. Other Matters



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

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LIST OF DOCUMENTS

Document No.

Title

WORKING DOCUMENTS

SPP30/1, Rev. 1	Provisional Agenda
SPP30/2	Provisional List of Participants
SPP30/3 and Corrig. I	Strategic and Programmatic Orientations for the Pan American Sanitary Bureau, 1999-2002
SPP30/4	Technical Cooperation among Countries: Panamericanism in the Twenty-first Century
SPP30/5	Climate Change and Infectious Diseases: The Implications of El Niño
SPP30/6	Disaster Mitigation in Health Facilities
SPP30/7	Bioethics
SPP30/8	Population and Reproductive Health
SPP30/9PAHO	Publications Program
SPP30/10	Provisional Draft of the Program Budget of the World Health Organization for the Region of the Americas for the Financial Period 2000-2001



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



SUBCOMMITTEE ON PLANNING AND PROGRAMMING OF THE EXECUTIVE COMMITTEE

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Annex C

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