

General

REPORT OF THE SUBCOMMITTEE

SUBCOMMITTEE ON LONG-TERM PLANNING AND PROGRAMMING OF THE
EXECUTIVE COMMITTEE OF PAHO

Report to the 92nd Meeting of the Executive Committee

The Subcommittee met at the PAHO Headquarters in Washington, D.C., 11, 12 and 13 April 1984. The following Governments, all members of the Executive Committee, were present at the session: Canada, Cuba, Panama, United States of America, and Uruguay (see Annex for List of Participants).

OPENING OF THE MEETING

Dr. H. David Banta, Deputy Director, opened the meeting and welcomed the members of the Subcommittee. The Subcommittee was informed that the Delegation of Cuba experienced certain difficulties in attempting to travel to PAHO Headquarters. There was, therefore, the option of either continuing the meeting as scheduled or of suspending the session. The consensus of the Subcommittee was to suspend the session until the following day, when the Cuban Delegation was expected to be present.

The meeting was reopened on Thursday, 12 April, at which time the Director, Dr. Carlyle Guerra de Macedo, greeted the delegates. Among other things, he asked if the Subcommittee could meet on the morning of Friday, 13 April, for the purpose of a closed session to discuss Item 8 of the Agenda.

Subsequently, Dr. Banta gave a summary of the background of each of the items which had been included in the provisional agenda of the Subcommittee.

. OFFICERS

The following persons were elected officers of the subcommittee:

<u>Chairman:</u>	Mr. Norbert Préfontaine	CANADA
<u>Vice-Chairman:</u>	Dr. Carlos Mígues Barón	URUGUAY
<u>Rapporteur:</u>	Dr. Benigno Argote	PANAMA
<u>Secretary</u> <u>ex officio:</u>	Dr. José Romero Teruel	Pan American Sanitary Bureau

AGENDA

The provisional agenda was approved unanimously.

- 1) Item 1: Opening of the Meeting
- 2) Item 2: Election of the Chairman, Vice Chairman and Rapporteur
- 3) Item 3: Adoption of the Agenda
- 4) Item 4: Managerial Strategy for the Optimal Use of PAHO/WHO Resources in Direct Support of Member Countries
- 5) Item 5: Evaluating the Strategies for Health for All by the Year 2000
- 6) Item 6: National and International Financial and Budgetary Implications of the Regional Strategies and the Plan of Action for Health for All by the Year 2000
- 7) Item 7: Guidelines for the Promotion of TCDC/ECDC in the Health Sector with the Collaboration of PAHO
- 8) Item 8: The Program and Budget Process and Calendar Utilized by PAHO/WHO
- 9) Item 9: Other Matters

Item 4. Managerial Strategy for the Optimal Use of PAHO/WHO Resources in Direct Support of Member Countries

An identically titled document served as background for the discussion. It was presented by Mr. Mark Schneider, who described the differences between the current version of the background document and the version which was presented to the XXIX Meeting of the Directing Council in 1983. The majority of those differences reflected comments made during that meeting. In this version, the concepts of equity, efficiency and technical excellence have been further developed and explained. More precise definitions also have been included concerning the role of the Country Representative, the planning function, as well as the concepts of decentralization and administrative development.

The Subcommittee members considered the document and made several suggestions and recommendations. The document, for example, should be complemented with further analyses detailing the operational mechanisms. Likewise, flow charts or other illustrations of elements of the strategy would be useful, particularly describing the structural and administrative changes. The importance of the concept of flexibility in the management process was emphasized, along with the importance of its contribution to equity in the use of resources in the technical cooperation programs.

The participants agreed with the idea that PAHO Country Representatives (CR's) play a vital role in the Organization in that they represent the basic unit for the coordination of technical cooperation and for the joint administration of the Organization's resources in the countries. Likewise, it was recommended that the Bureau provide the necessary support to CR's in order to improve and update their technical and administrative capabilities.

The Subcommittee recognized that the goal of technical excellence cannot be fulfilled solely by the personnel of the Office; rather it also requires incorporating the ideas and scientific skills found outside the Organization. The Organization must facilitate the flow of talents, ideas and individuals comprising that technical excellence to the members countries.

The Subcommittee discussed the Organization's plan to publish in the near future a reference manual on sources of financial and technical resources from bilateral, multilateral and private entities. In this area, the Subcommittee also emphasized that the AMRO programming and evaluation system (AMPES) should develop as a practical instrument to transmit PAHO's programs to the countries. Furthermore, it was recommended that it would be useful for the Subcommittee to receive a more detailed explanation of the AMPES, its different components, and the steps underway to improve it.

Item 5. Evaluating the Strategies of Health for All by the Year 2000

Document DGO/84.1--which has been drafted in Geneva at the Office of the Director General of WHO--served as background for the discussion and was presented by Mr. Dixon. The Subcommittee noted that the presentation explained the steps that WHO in general and PAHO specifically intend to undertake in this area. The Subcommittee decided to include a summary of the presentation with the document for distribution to the member countries of the Executive Committee.

On the one hand, the document from Geneva was viewed as a useful instrument which, although it must be revised, could perform a catalytic role for national evaluations. Its revision should remove existing problems involving its adaptation and its operational applicability to the Region.

A matter of concern was whether this document had been tested at the country level. It was explained that the document resulted from a mandate of the Governing Bodies of WHO. It had undergone several revisions at the global level. Finally, it was noted that the document presents only suggested guidelines for the countries. Furthermore, it was pointed out that at various stages of the preparation of this document, PAHO's Secretariat had communicated to Geneva its reservations regarding the document.

Subcommittee members emphasized that the implementation of the document should be adjusted and adapted, and the format perhaps field tested. It was pointed out, however, that any such field tests should not delay the Region's ability to meet the global monitoring and evaluation timetable of the process of health for all.

Item 6. National and International Financial and Budgetary Implications of the Regional Strategies and the Plan of Action for Health for All by the Year 2000

The background document presented by Mr. Jiménez and Mr. Landmann served as a basis for the discussion. Although the available data from the countries did not include sufficient information to permit firm projections, negative repercussions of the crisis on the social sector in general, and in particular on the health sector, are becoming visible.

The Subcommittee noted the effort undertaken to produce the document. It was pointed out that other data contained in studies by the Economic Commission for Latin America (ECLA) also could be used to present additional information on countries not previously cited in the regional economic summaries.

The Subcommittee considered the recommendations contained in the background document, and emphasized the importance of an in depth review of the impact of technology on health costs. It was concluded that it is feasible and essential for the health sector of each country to undertake economic studies. The benefit from this analysis would not be limited to broadening the health sector's understanding of the impact of socioeconomic factors on health conditions. It would help as well to promote communications between the health sector and the economic and financial sectors, and would facilitate the sector's being considered a priority within natural development plans. Given the need to improve information systems in order to permit the realization of economic studies, the Organization intends to support the countries in developing those systems and in carrying out studies in this area.

Finally, taking into consideration the decline in real income among the populations of the Region, it recommended that governments review the financing of the health sector in their countries. That review should be undertaken with the objective of moving toward the fulfillment of the principles of equity and solidarity, among other ways by extending the coverage of the social security system and promoting its integration into the public health system.

Item 7. Guidelines for the promotion of TCDC/ECDC in the health sector with the collaboration of PAHO

The document presented by Dr. José María Salazar, from the Secretariat, examines priority areas for action, and the role of PAHO in the promotion and support of the concept of TCDC/ECDC.

The Subcommittee endorsed the recommendations contained in the document, including the idea that a group of experts, at the regional level, should analyze and define specific and concrete proposals for technical cooperation activities among different countries. This effort should be supported by PAHO in order to stimulate the TCDC/ECDC process. The Subcommittee emphasized that, given all the work that has been carried out for several years in studying this concept, it was now time to design concrete actions at the country level. Strengthening UN mechanisms supporting TCDC/ECDC also was urged as a means to increase activities in this field.

Item 8. The Program and Budget Process and the Calendar Used by PAHO/WHO

In closed session, the Director informed the Subcommittee of the complexity of the PAHO budget formulation process, noting that he personally was responsible for coordinating the different processes. He was referring to the WHO budget allocation to PAHO and PAHO's own budget which includes the former. As a result, there are 25 distinct phases

required during the elaboration of the budget, six consultations with the Governing Bodies and the preparation of four documents. Therefore, it is necessary to make cost projections four years in advance, within an environment of uncertainty, exacerbated by the internal dynamics of the Region's economic crisis and aggravated by the absence of projections by the countries themselves of their needs. For these reasons, the original costs which served as the basis for the budget ceiling of WHO and of the Region, have diminished recently. These costs are therefore below, at the present time, the estimates being made by WHO.

However, the Director suggested that this situation also reflects the fact that PAHO's cost analysis is more refined than that of other regions, which makes cost comparisons with those regions difficult.

If the estimated excess amount of the WHO allotment were to be returned, it would reduce available funds to the Region. There would be a risk that if these initial calculations made during a period of uncertainty turn out to be mistaken, PAHO could not fund its existing programs.

The Director discussed possible alternatives of dealing with the situation. Although there was some support for the Director's proposals, the Subcommittee as a whole was not prepared to reach a consensus on this matter but urged the Director to continue examining various approaches. The two principal alternatives suggested by the Director were:

1. Seek from WHO approval for program growth in the countries.
2. Create a contingency fund which, without forming part of the country budgets, would permit reinforcing those programs in keeping with the needs produced by the current uncertain financial environment.

In terms of the priorities for country program growth, one would consider the attitude of a country in terms of changing its health practices in order to focus on HFA/2000. Three kinds of criteria should be included in this stage:

- a) Analysis of the trend toward change within the countries and the Region;
- b) Selection of problems, in relation to the mobilization of national resources, for their solution and cooperation among countries;
- c) Importance of the problem within the country.

Item 9. Other Matters

Definition of the Functions of the Long-Term Subcommittee of the Executive Committee in the Context of the New Management Approach of the Administration

The Director presented his views, which were discussed with the Subcommittee. The participants reached the basic conclusion that this body should retain its strictly advisory character, as a Subcommittee of the Executive Committee. As such, its functions should be directed, first, to assist the Committee in its analysis of important medium- and long-term strategic issues, and, second, to advise the Director with respect to issues related to the direction of the Organization.

The previously cited functions would include the following aspects:

- Analysis of the proceedings and of the planning objectives (short-, medium-, and long-term), trying to facilitate the articulation of the different stages of planning;
- Analysis of information systems, focusing principally on the need to define the PAHO and WHO systems at the country level;
- Discussion of the socioeconomic framework and of the long-term repercussions on the health sector;
- Analysis of PAHO budget processes and of the background and basis for their formulation;
- Study of aspects related to the development of medium- and long-term administrative systems, particularly those of personnel;
- Analysis of special or subregional programs, as well as some of those financed with extrabudgetary funds, concentrating principally on their formulation and evaluation.

Speakers emphasized the need to carefully define a limited number of issues for each meeting of the Subcommittee in order to avoid a superficial treatment of the different items. A restructuring of the Subcommittee was discussed in light of the new functions that might be assigned in the future. The Secretariat will prepare a study focussing on the composition, period of tenure of members and frequency of meetings.

PAHO Presence within Countries

Both the Director and the Subcommittee believe that the Country Office is vital for the administration of technical cooperation. It was emphasized that, in countries without permanent representative, mechanisms must be established to assure frequent and continuous contacts between the Organization, the Member Government and national institutions in order to convey the concept of a permanent presence in those countries.

LIST OF PARTICIPANTS

CANADA

Mr. Norbert Préfontaine
Mr. Percy Abols

CUBA

Dr. Ramón Prado

PANAMA

Dr. Benigno Argote

UNITED STATES OF AMERICA

Mr. Neil Boyer
Dr. Valerie Williams

URUGUAY

Dr. Carlos Miguez Barón

The Pan American Sanitary Bureau was represented by the following Staff:

Dr. Carlyle Guerra de Macedo
Director

Dr. H. David Banta
Deputy Director

Dr. George Alleyne
Director, Area of Health Programs'
Development

Dr. Luis Carlos Ochoa
Area Director, Health System
Infrastructure

Dr. José Romero Teruel
Program Coordinator, Analysis and
Strategic Planning

Dr. José María Salazar,
Program Coordinator, External
Relations

Mr. Roger Dixon
Program and Operation
Coordination

Mr. Wilburg Jiménez
Analysis and Strategic
Planning

Mr. James Milam
Budget Section

Mr. Mark Schneider
Analysis and Strategic
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Mr. Robert Landmann
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