

*executive committee of
the directing council*



PAN AMERICAN
HEALTH
ORGANIZATION

*working party of
the regional committee*

WORLD
HEALTH
ORGANIZATION



99th Meeting
Washington, D.C.
June 1987

Provisional Agenda Item 3.1

CE99/17 (Eng.)

5 May 1987

ORIGINAL: ENGLISH-SPANISH

REPORT OF THE SUBCOMMITTEE ON PLANNING AND PROGRAMMING

The Director is pleased to transmit to the 99th Meeting of the Executive Committee the Final Report of the Eighth Meeting of the Subcommittee on Planning and Programming, which was held in Washington, D.C., 1-3 April 1987. As Committee members may recall, the Executive Committee at its 98th Meeting, for practical reasons, decided to postpone the December 1986 meeting of the Subcommittee.



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



Washington, D.C., 1-3 April 1987

SPP8/FR, Rev. 1 (Eng.)
7 April 1987
ORIGINAL: ENGLISH-SPANISH

F I N A L R E P O R T

FINAL REPORT

The eighth meeting of the Subcommittee on Planning and Programming of the Executive Committee met at the Headquarters of the Pan American Health Organization in Washington, D.C., from 1 to 3 April 1987.

The following members of the Subcommittee, elected by the Executive Committee, were present: Brazil, Colombia, Mexico, and the United States of America. Also present were the following members invited by the Director in consultation with the Chairman of the Executive Committee: Bahamas, Canada, and Venezuela.

OPENING OF THE MEETING

In the absence of the Chairman and the Vice Chairman of the previous meeting, Dr. Ramón Alvarez Gutiérrez, Rapporteur of the seventh meeting, welcomed the participants and opened the meeting.

OFFICERS

In accordance with Rule 14 of the Rules of Procedure of the Subcommittee, elections were held for the officers of Chairman, Vice Chairman and Rapporteur. The officers of the Subcommittee were as follows:

<u>Chairman:</u>	Dr. Ramón Alvarez Gutiérrez	Mexico
<u>Vice Chairman:</u>	Mrs. Marlyn Kefauver	United States of America
<u>Rapporteur:</u>	Mrs. Veta F. Brown	Bahamas
<u>Secretary</u> <u>ex officio:</u>	Dr. Carlyle Guerra de Macedo	Director, PASB
<u>Technical Secretary:</u>	Dr. José Romero Teruel	Chief, DAP/PASB

AGENDA

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

1. Opening of the Meeting
2. Election of the Chairman, Vice Chairman and Rapporteur

3. Adoption of the Agenda
4. Development of PAHO's General Policies of Technical Cooperation in the Quadrennium 1987-1990
5. Preliminary Information and Discussion of PAHO's Program Budget for 1988-1989
6. Technical Cooperation Among Developing Countries (TCDC) in the Field of Research
7. Technical Cooperation Among Developing Countries (TCDC) in Border Areas
8. Hiring Under Local Conditions of Employment for the Mobilization of National Resources
9. Other Matters

DEVELOPMENT OF PAHO'S GENERAL POLICIES OF TECHNICAL COOPERATION
IN THE QUADRENNIUM 1987-1990

The XXII Pan American Sanitary Conference, by Resolution XXI, approved the document "Orientation and Program Priorities for PAHO during the Quadrennium 1988-1990." This approval was the culmination of a process directed to the definition of PAHO's technical cooperation policies, a process in which the Subcommittee on Planning and Programming participated by reviewing all the earlier resolutions of the Governing Bodies and the principles embodied in the Plan of Action, the Strategies of Health for All, and the Seventh General Program of Work.

As a result, for the first time in PAHO's history the Secretariat began a new administrative period with a doctrinary base that had been determined by the Pan American Sanitary Conference and that indicated the criteria and priorities that were to orient the general policies of technical cooperation during the quadrennium.

The Secretariat reported to the Subcommittee on the action taken since September 1986 to comply with Resolution XXI. This action has included, notably, the following events.

At a meeting of PAHO Country Representatives and Directors of Pan American Centers held in December 1986, the document and the implications of its adoption were discussed prior to the completion of the programming process for 1987.

For the purpose of disseminating the document more widely, PAHO issued a special publication entitled "Basic Principles for Action of the Pan American Health Organization, 1987-1990" which included, along with

the document on Orientation and Program Priorities for PAHO for the Quadrennium 1987-1990, the Managerial Strategy for the Optimal Use of PAHO/WHO Resources in Direct Support of Member Countries approved by the Executive Committee in June 1984, and the Regional Program Budget Policy approved by the Directing Council in September 1985. The publication was forwarded to all the Member Countries in February 1986 and served as a basis for general discussions by PAHO staff that same month.

The formulation of both the Annual Operating Program Budget for 1987 and the Biennial Program Budget for 1988-1989 was carried out within the action framework set forth in Resolution XXI of the XXII Pan American Sanitary Conference. In view of this, the members of the Subcommittee received copies of the instructions, standards and forms used in the preparation of the operating program budget for 1987 and the proposed biennial program budget for 1988-1990, in which the Secretariat pointed out the need to consider the orientations and priorities mentioned above.

During the discussion, members of the Subcommittee expressed concern in relation to the classification of programs. PAHO's Secretariat explained that the proposed classification retains the same program base as the Seventh General Program of Work; that is to say, it is fully compatible with the WHO Program Classification and represents an essential step toward automation of the Organization's annual operating program budget systems.

The substantive aspect of Resolution XXI defining the need for a transformation of the National Health Systems based on a development of the service infrastructure that facilitates the implementation of priority health programs was considered as a key element in the discussions of the country-level technical cooperation program and in the subsequent development of PAHO-supported projects and initiatives. This implies adjustments to the structure of the Secretariat and a reaffirmation of PAHO's policy of research in support of the development of priorities.

In calling for a strengthening of the health services infrastructure, for development of the health sector's financial analysis and resource management capabilities, for improvement of the national health information systems, and for integration of health manpower education and training, Resolution XXI recognizes the importance of the level of direct linkage of service with the community and with the definition of functions and responsibilities of health personnel at all levels (operative subparagraphs 3a, 3b, 3c and 3d). The need to bring these four components together and to make them operative has led the Secretariat to propose a strategy model based on the conceptual and operational development of Local Health Systems (SILOS, after the acronym for the Spanish equivalent, Sistemas Locales de Salud), a model that recognizes the efforts toward political, technical and administrative decentralization increasingly being made in many countries of the Region.

The model was discussed by the members of the Subcommittee. Although the benefits of decentralization of the health sector were recognized, the importance of integration and coordination of SILOS within the National Health System was stressed. It was also necessary to identify those factors that might have a negative impact on the process of decentralization, as activities in the health sector could not be accomplished in isolation to the overall political posture and community framework. The notion of SILOS will be to have clearly defined responsibilities at the local level and enlist public participation and involvement at the community level.

Some members of the Subcommittee expressed misgivings concerning the proposed emphasis on the strategy model for strengthening of local health systems as a formula for extending the application of priorities at the country level. In conclusion, it was recommended that the Secretariat examine the proposal more thoroughly, and that its principal objectives be clarified in the light of the need for a transformation of the health systems, the Organization's resources at the country level, and further discussion with national governments.

PRELIMINARY INFORMATION AND DISCUSSION OF PAHO'S PROGRAM BUDGET FOR 1988-1989

The Director and his staff summarized the projected estimates for the 1988-1989 PAHO and WHO Regular Program Budgets. Overall, the estimated increase between 1986-1987 and 1988-1989 is 7.9%, with no program growth.

The WHO Regular portion, reviewed by the XXII Pan American Sanitary Conference (September 1986), acting as the WHO Regional Committee, will be for the decision of the May 1987 World Health Assembly. Due to changes in the pension calculations introduced by the United Nations General Assembly, the increase for this Region has been adjusted to 8.3% from the 8.8% increase recommended by the Conference. The Subcommittee was informed that, in view of the possibility that a portion of the quota assigned to some of the Member States might not be paid, the Director-General of WHO had presented to the Executive Board a contingency plan for 1988-1989 in which a reduction of \$50 million is assumed. This plan is to be examined by the World Health Assembly concurrently with the biennial budget. The Director suggested that once more complete information was available on what might happen in the biennium 1988-1989, the Subcommittee on Planning and Programming, taking into consideration the priority criteria approved at the XXII Pan American Sanitary Conference, might discuss and approve at its next meeting, by delegation of the Governing Bodies, a contingency proposal for the Americas in the event this should be necessary.

The PAHO Regular estimate for 1988-1989 is \$121,171,800, which represents an overall increase of 7.7% with no program growth.

Program growth in Country Programs is 5.5%, and Country Programs increase from 35.4% of the total 1986-1987 Program Budget to 36.9% of the total 1988-1989 Program Budget.

The Subcommittee expressed general satisfaction with the projected increase. However, the continuing need to restrain growth while at the same time taking action to ensure that national budgets are effectively utilized within the Organization's established priorities, was pointed out.

The Subcommittee focused mainly on the revised program classification structure shown as Table B in the documentation. This subject was also discussed during the previous agenda item on the Development of PAHO's General Policies of Technical Cooperation in the Quadrennium 1987-1990.

The Subcommittee was concerned with the apparent percentage of total decrease in Health System Infrastructure, despite the high priority given to this area by resolution of the Governing Bodies. Within this part, there were obvious real reductions in such programs as Health Education and Community Participation.

Under the part related to Health Services and Technology, concern was expressed over the percentage reductions in Environmental Health, real reduction in Prevention and Control of Alcohol and Drug Abuse, and the increase in General Communicable Disease Prevention and Control Activities at the apparent expense of specific programs. Concern was expressed with the increase in the Foot-and-Mouth Disease Program.

The Subcommittee was also concerned with the percentage increase in Program Support (Administration) and the impression such an increase made.

The Director and his staff explained that the decrease in Health System Infrastructure is due mainly to the transfers of part of Health Information Support to Public Information within the Direction, Coordination and Management section, and Document Reproduction and Language Services to Administration. These transfers were made in an effort to more accurately reflect the functional organization.

It was also explained that, having transferred to Administration the areas of Language Services, Documents Reproduction, and Administrative Analysis, the Program Support (Administration) part of the program budget would have decreased from 11.6% of the total to 11.4%, rather than the 13.2% shown.

The Subcommittee did not feel that these activities should be shown under Administration and suggested that they be included in more pertinent sections of the budget.

The Director and his staff explained that the decreases in such programs as Health Education and Community Participation and Prevention and Control of Alcohol and Drug Abuse were due to countries not including funds in these programs at the time of programming the technical cooperation.

There was no real decrease in Environmental Health, although the Ecology Center had been shifted from Community Water Supply, Sanitation and Housing Services to Control of Environmental Health Hazards. It was also noted that this program is heavily funded by extrabudgetary sources. The increase in Foot-and-Mouth Disease was completely related to cost increases in Brazil which were not reflected in the 1986-1987 base.

The increase in General Communicable Disease Prevention and Control Activities facilitated the ability of countries to address these matters globally. The Subcommittee made the remark that special provisions will have to be made for programs such as AIDS.

It was generally appreciated that the PAHO/WHO regular budget could not demonstrate the implementation of national governments' action relative to priority programs of the Governing Bodies as certain elements may be financed from extrabudgetary funds procured with the assistance of PAHO or specifically from national budgets.

The Secretariat was requested to make a careful review of the Subcommittee's recommendations.

TCDC IN RESEARCH IN THE VETERINARY PUBLIC HEALTH PROGRAM

The concept of technical cooperation among developing countries (TCDC) is the sharing of experience and skills between two or more developing countries. It involves building new and reinforcing existing "bridges" of contact and communication among themselves, for a continuous process of mutual collaboration. An example was presented of such a concept in the field of research in veterinary public health that is operationalized through the Pan American Foot-and-Mouth Disease Center in Brazil and the Pan American Zoonoses Center in Argentina. These two Centers, which serve as "focal points" of technical excellence for veterinary public health in the Hemisphere, reinforce the existing "bridges" of contact and communication research among the PAHO Member Countries. Both of these Centers were established in the 1950s at the behest of the countries themselves.

The research activities that lead to the development of the suckling mouse brain (SMB) antirabies vaccine involved the deliberate and voluntary sharing or exchange of technical resources, skills and capabilities between two or more developing countries. The pioneering studies on the SMB antirabies vaccine were conducted at a national research institute in Chile. Because of the potential promise of the then new vaccine, the countries decided to transfer the research towards its development to CEPANZO.

Another example of TCDC, particularly among Brazil, Chile, Argentina, Paraguay, and Uruguay, was demonstrated in the extensive studies and field testing undertaken at PANAFTOSA and in the countries themselves in relation with the foot-and-mouth disease oil-adjuvanted vaccine developed through collaborative research, which stands today as one of the most potent tools for the control and eventual eradication of foot-and-mouth disease in Latin America.

Since 1976, HPV has collaborated with the Government of Peru in developing a program for research on the conservation, reproduction and utilization of neotropical nonhuman primates. This is a classic example of TCDC research reciprocity. On the one hand, a developing country makes available one of its renewable natural resources for use in biomedical research in another country, while on the other hand, the same developing country receives technical cooperation to undertake research in the management of its renewable natural resources, namely nonhuman primates. This reciprocity involves bilateral and multilateral cooperation whereby two or more states agree to provide assistance in their respective areas of excellence. The experience in Peru is now being expanded to Venezuela, Bolivia, Brazil and Colombia. PAHO's Veterinary Public Health Program has also been instrumental in the implementation of border agreements between countries for the control of tuberculosis, brucellosis, rabies, and foot-and-mouth disease.

PANAFTOSA serves as the Secretariat for the South American Commission for the Control of Foot-and-Mouth Disease (COSALFA). COSALFA was initiated, organized and managed primarily by the developing countries themselves. COSALFA strengthens the capacity of developing countries to identify and analyze together the main issues related to foot-and-mouth disease, and to formulate the requisite regional and national strategies through pooling of knowledge and joint studies by existing institutions.

Three case studies have been presented in the document: 1) joint action between countries (joint undertakings with shared objectives) in epidemiological surveillance of vesicular diseases in animals in Central America and Panama; 2) exchanges and reciprocity in the area of technical cooperation in national tuberculosis laboratories in Latin America; and 3) transfer of resources, goods or services from one country to another-- agreement between Brazil, Paraguay and PAHO for supply of vaccines and technical cooperation for rabies elimination.

During the discussions, the Subcommittee commented that the animal health program of PAHO has traditionally been a model of cooperation and that the field of veterinary public health, by virtue of its disease-specific orientation, works very nicely in promoting TCDC in research, particularly in vaccine development and application. The Pan American Centers, referring to CEPANZO and PANAFITSA, have an important and major role to play in promoting TCDC in research. They are capable of providing a focus by bringing together scientists from the different countries, in addressing common interests, and in having the necessary physical facilities to carry out TCDC research activities. The members commented on the possibilities of the Pan American Centers in promoting TCDC in research, which are based upon the creativity of the staff and the flexibility of the administrative structure that will enable them to function within their capacity and existing resources. It was suggested that a guideline should be provided for TCDC in research that could be used at the national level. Likewise, a framework criteria should be developed in which research should be pursued within the context of TCDC. The Subcommittee was informed that efforts are now underway to promote collaborative research between the centers and the countries, to be undertaken in national institutions so as to complement local capabilities, particularly in the areas of diagnosis of parasitic zoonoses (such as cysticercosis). It was highlighted that the principal objective of promoting TCDC in research is to develop new knowledge for immediate applicability, and it was pointed out that in the case of the PAHO Veterinary Public Health Program the two specialized centers have been effectively integrated as program instruments of technical cooperation.

TECHNICAL COOPERATION AMONG DEVELOPING COUNTRIES (TCDC) IN BORDER AREAS

At its previous meeting the Subcommittee on Planning and Programming agreed to include on its Agenda a report on the use of TCDC in border health programs. In response to this decision, a document was prepared by the PAHO/WHO offices in Mexico, Belize and El Paso with the cooperation of the External Relations Coordination Office at Headquarters and on the basis of information obtained from the three countries.

Mexico/Belize and Mexico/United States Experiences

a) Mexico/Belize:

This is a recent experience that began with the signing of a Letter of Intent by the two Governments in 1984. The participants are essentially the State of Quintana Roo, for Mexico, and Belize. Border meetings attended by delegates from both countries have been held in the past two years. The agreement includes activities in the following fields: epidemiological surveillance, malaria and dengue control, control of diseases preventable by vaccination, training, laboratory support, and supply of insecticides and basic drugs. The program has been progressing satisfactorily to date.

b) Mexico/United States:

The two countries are separated by one of the world's longest borders (some 2,000 miles). The population of the 10 border states (six in Mexico and four in the United States) totals about 60 million inhabitants, and the border is crossed annually by approximately 300 million people. There is a situation of economic interdependence in the border area, with some 680 binational industries. Health conditions on either side of the border differ in terms of mortality and morbidity rates, environmental health patterns, and services provided.

In 1942 PAHO/WHO established the El Paso office to extend support to programs involving cooperation between the two countries. A year later the United States-Mexico Border Public Health Association was established for the purpose of helping to resolve common health problems along the border and with the specific objectives of promoting exchanges of information and improving communication between staff of the two countries, serving as a forum for the discussion of common problems, and fostering collaborative efforts aimed at their solution.

The Association's structure includes a General Assembly, which meets annually, an Executive Committee, Binational Councils, and Conference Groups, including the so-called Federal-PAHO Group consisting of the Secretaries of Health of the two countries and the Director of PASB, the State Authorities Group, and the Health Professionals Group. The office in El Paso acts as the Association's Executive Secretariat, and its basic role has been to report on major health problems, promote the policies of the Organization, coordinate activities between the two countries, provide technical support, mobilize resources, and serve as the Association's Secretariat.

Three periodical publications are issued to support its activities: Boletín Epidemiológico (Epidemiological Bulletin), Salud Fronteriza (Border Health), and Noticias (a newsletter).

The Association's main areas of activity are: communicable disease surveillance and control, noncommunicable disease control, environmental health, human resource development, research, and technology transfer.

The participants in the discussion pointed out that the presentation had helped to clarify the purpose of the analysis of border experiences and the significance of TCDC in those experiences, matters which had not been made sufficiently clear in the reference document. It was also noted that the leading factor in developing cooperation among countries is the political will to cooperate. The existence or non-existence of highly structured intergovernmental agreements was not regarded as a basic condition for cooperation among countries.

The role of PAHO in the examples studied was recognized. This role has been particularly important in facilitating an informal relationship between the parties on either side of the border. To a certain extent PAHO has played the role of a focal point for the development of activities.

The exchange of information, especially epidemiological information, was cited as one of the benefits achieved. This has facilitated the immunization programs and the development of methodologies for the treatment of certain diseases such as tuberculosis.

The success of the United States-Mexico border program has hinged to a large extent on the existing will to cooperate on the part of the two countries and on the great flexibility of action. In the case of Mexico-Belize, the decision of both countries has been the major factor and it is possible to demonstrate in this case that there are activities in which the less-developed country has made a positive contribution to the implementation of joint actions agreed upon. Examples of this are found in malaria control or in the immunization programs.

The Director of PASB said that the Organization would be interested in examining and promoting cooperative activities in other border areas of countries of the Region. In the case of Central America, there are health problems which are common and, in some instances, even difficult problems such as that of the refugees. In Honduras and Nicaragua the Ministers of Health have continued the dialogue. In the Andean region, the border between Venezuela and Colombia is particularly promising, but no special activity is apparent at present. In the Amazon Region there are many agreements, and the area where the borders of Brazil, Peru and Colombia converge is perhaps the most appropriate one for special attention. Activities have recently taken place along the borders between Brazil and Venezuela and between Venezuela and Guyana, especially in the field of malaria control. In the Southern Cone there are two border areas with considerable potential, both of which include major hydroelectric development projects: Argentina-Paraguay and Brazil-Paraguay. The Argentina-Bolivia border area, where cooperative activities are also in progress, is also important. A border with extraordinary potential is the one between Haiti and the Dominican Republic on the island of Hispaniola.

In spite of the difficulties involved in the analysis and promotion of border activities in other countries of the Hemisphere, the Director of PASB said that the Organization was interested in continuing to examine the potential for TCDC in border areas, bearing in mind the lessons learned from the two examples studied on this occasion.

HIRING UNDER LOCAL CONDITIONS OF EMPLOYMENT FOR THE
MOBILIZATION OF NATIONAL RESOURCES

This item was included on the Agenda in order to permit full discussion on the implementation of Resolution XIX of the XXII Pan American Sanitary Conference, particularly in relation to the specific request to the Director to issue rules for regulating the contracts of national personnel. Pursuant to this request, the Secretariat prepared, as a priority, in consultation with officials of the Organization and with staff representatives, proposed Staff Rules which were attached as Annex III to Document SPP8/4 of the Subcommittee on Planning and Programming.

The Secretariat introduced the document mentioned and made an overall review of the situation pertaining to nationals assigned to some of the countries and Centers of the Hemisphere in relation to previous discussions at the Executive Committee meeting of 1986, as well as at the Pan American Sanitary Conference. The Secretariat provided information relevant to the application of the proposed new rules, particularly with reference to the cost of human resources foreseen and with reference to the possible number of posts to be established, including persons already in positions pending formalization of the personnel system envisaged. Exchanges of views during the discussions were such as to make it necessary for the representatives of the Secretariat to provide additional information related to the detailed application of the proposed rules and to answer several comments made by representatives of the Subcommittee. The subject matter generated questions from all members of the Subcommittee, and some reservations were expressed.

The representatives of the Secretariat indicated that they were considering implementation of the proposed rules on a limited basis, with particular emphasis on the PAHO Centers such as PANAFTOSA, CEPANZO, ECO and CLAP. It was further indicated that the implementation would initially be for support staff, while its application to national professionals would be decided later on in light of additional studies. The Director indicated that there was a possibility that the proposed system would be extended to other Centers and to some PWR offices to be determined in the future.

It was the consensus that several of the rules would need clarification. It was recommended that their wording should be revised in order to make it more precise. Also the definition of "national employee" should become part of the rules. In addition, manuals should be produced to define criteria, procedures and mechanisms for the application of the rules. The Secretariat was requested to prepare a document to explain the proposed rules with regard to the purpose and intention of the Administration in their application, particularly in the light of the questions raised by the Subcommittee. The Director of PASB was in agreement with the above recommendations.

In addition, the Director clarified that establishment of the new staff category would only be justified if the costs did not exceed 70% of the corresponding costs under the United Nations system and if the

procedure did not involve an excessive degree of administrative and legal complexity. He reported in this regard that it had been decided not to implement the new system at the Washington Headquarters (costs) or in Lima, Peru (excessive complexity). He reiterated that the Organization would continue to operate within the United Nations system and that staff hired under that system would be normally in charge of all essential activities.

OTHER MATTERS

1. Members of the Subcommittee presented recommendations on the conduct and progress of the meetings. The earlier request that the documents be sent in advance was repeated, as was the request that the Secretariat make a greater effort to summarize topics when presenting them. Mention was also made of the need to clarify which are the major questions on which comments and Subcommittee decisions are needed.

2. Interest was shown in bringing the Subcommittee's meetings closer in time to the meetings of PAHO Representatives, Coordinators and Managers. In this respect a recommendation was approved that the next meeting be held at the beginning of the second week of December so that members of the Subcommittee could participate in the final part of the meeting of Representatives scheduled for the first week of December.

3. The following agenda topics were suggested for the next meeting:

- Presentation and discussion of the strategy pertaining to Local Health Systems (SILOS) and their role in the decentralization process and the development of the health services infrastructure.
- Additional information on advances in the AMPES system.
- Presentation of a PAHO/WHO Contingency Plan (if any).
- Continuation of the analysis of specific TCDC areas to be determined by the Secretariat.

The following topics were suggested for the first meeting in 1988:

- Presentation of a document on the analyses of PAHO/WHO technical cooperation at country level carried out during 1986 and 1987, including the analysis of the use of the Organization's resources.
- Follow-up on the use of hiring under local conditions of employment.

4. It was finally decided that the Rapporteur will be responsible for presenting the Subcommittee conclusions at the meeting of the Executive Committee in June.



PAN AMERICAN HEALTH ORGANIZATION
EXECUTIVE COMMITTEE OF THE DIRECTING COUNCIL



SUBCOMMITTEE ON PLANNING AND PROGRAMMING

Washington, D.C., 1-3 April 1987

SPP8/2
26 March 1987
26 marzo 1987

LIST OF PARTICIPANTS
LISTA DE PARTICIPANTES

LIST OF PARTICIPANTS
LISTA DE PARTICIPANTES

BAHAMAS

Mrs. Veta F. Brown
Under Secretary
Ministry of Health
Nassau

BRAZIL
BRASIL

Dr. José Alberto Hermogenes
de Souza
Secretário Geral
Ministério da Saúde
Brasília, D.F.

CANADA

Mr. Norbert Préfontaine
Assistant Deputy Minister
Intergovernmental and
International Affairs Branch
Department of National Health
and Welfare
Ottawa, Ontario

Dr. André Moineau
Senior Medical Adviser
Intergovernmental and International
Affairs Branch
Department of National Health and
Welfare
Ottawa, Ontario

COLOMBIA

Dr. Alfonso Figueroa Meluk
Secretario General
Ministerio de Salud
Bogotá

MEXICO

Dr. Ramón Alvarez Gutiérrez
Coordinador de Asesores del
Secretario de Salud
Secretaría de Salud
México, D.F.

UNITED STATES OF AMERICA
ESTADOS UNIDOS DE AMERICA

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

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

VENEZUELA

Dra. Rosario D'Alessio
Directora Sectorial de
Planificación y Presupuesto
Ministerio de Sanidad y
Asistencia Social
Caracas

SECRETARIAT
SECRETARIADO

Dr. Carlyle Guerra de Macedo
Director

Dr. Robert F. Knouss
Deputy Director

Dr. Luis Carlos Ochoa Ochoa
Assistant Director

Mr. Thomas M. Tracy
Chief of Administration

Dr. George A. O. Alleyne
Area Director, Health
Programs Development

Dr. Luis Jorge Osuna Sanz
Area Director, a.i., Health
Systems Infrastructure

Dr. José Romero Teruel
Chief, Analysis and Strategic
Coordination

Dr. José M. Salazar
Chief, External Relations
Coordination

Dr. María Leite-Ribeiro, Chief
Research Coordination

Mr. Hernán Fuenzalida
Chief, Legal Affairs

Dr. Mário V. Fernandes
Chief, Veterinary Public Health

Mr. Jean Gauthier
Chief, Department of Personnel

Mr. James A. Milam
Chief, Budget Section

Dr. Daniel López Acuña
Analysis and Strategic
Planning Coordination

Dr. Irene Klinger
Analysis and Strategic
Planning Coordination

Mr. Mark L. Schneider
Analysis and Strategic
Planning Coordination