

*directing council*

PAN AMERICAN  
HEALTH  
ORGANIZATION

XXVIII Meeting

*regional committee*

WORLD  
HEALTH  
ORGANIZATION

XXXIII Meeting



Washington, D.C.  
September-October 1981

INDEXED

Provisional Agenda Item 15(a)

CD28/33 (Eng.)  
5 August 1981  
ORIGINAL: ENGLISH

STATUS OF THE EVALUATION OF PAN AMERICAN CENTERS: CARIBBEAN EPIDEMIOLOGY CENTER (CAREC)

This document describes the evaluation and mid-term review of the Caribbean Epidemiology Center (CAREC). The Evaluation Report, developed in accordance with the procedure approved by the 82nd Meeting of the Executive Committee, was submitted to the Director of the Pan American Sanitary Bureau. (See Document CD27/23.) The Team was composed of Dr. Laurence Charles, Antigua; Dr. Robert de Caires, United States of America; Dr. Paulo de Almeida Machado, Brazil; and Dr. David Sencer, United States of America. The following Governments provided written responses to the key issues raised during the evaluation: Barbados, Bermuda, British Virgin Islands, Cayman Islands, Guyana, Jamaica, St. Vincent and the Grenadines, and Trinidad and Tobago. In addition, responses were received from the Overseas Development Administration (ODA) (United Kingdom) and from the University of the West Indies. (A summary matrix of these official responses is contained in Document CD27/23, ADD. I.) The mid-term review spans three periods: Center growth and development, 1975 to 1979; consolidation and priority setting, 1980 to 1984 (Resolution XXIX of the XXVII Meeting of the Directing Council), and the future, 1985 and beyond.

The 86th Meeting of the Executive Committee reviewed the above and its findings are reflected in Resolution XV (Annex V). Subsequently, the Seventh Conference of Ministers Responsible for Health in the Caribbean (Belize, 14-16 July 1981) analyzed all available documents and reaffirmed in Resolution No. 29 (Annex VI) its support of the Center. The Directing Council is invited to review these documents, paying particular attention to the financial deficit for the current biennium as a result of the ODA indication that it will not pay the 1980 CAREC quota.

In September 1980 the Government of Trinidad and Tobago appointed a special committee to conduct an independent review of CAREC and report their findings at the Cabinet level. At the request of the Host Government, PAHO sent a Senior medical officer to Port-of-Spain to meet with the special committee. The special committee made its report to the Government of Trinidad and Tobago on 9 April 1981.

In accordance with Resolution XXIX of the XXVII Meeting of the Directing Council, all available documentation, precis minutes and background information on the evaluation process were circulated to the Chairman and Members of the CAREC Council on 4 November 1980. (See Annex III for list of attachments.)

A communication was received from the Overseas Development Administration of the United Kingdom (ODA) on 10 December 1980 indicating that the financial authorities in the United Kingdom refused to consider a further period of funding for CAREC and that it appeared doubtful that ODA would fund CAREC in 1980-1981. Over the period December 1980 through March 1981, PAHO provided additional information and detailed budgetary projections for the 1980-1985 period for use by ODA. During the CAREC Council meeting, ODA representatives indicated that, while no funds would be available for 1980, every effort would be made to obtain some funding for the 1981-1984 period.

A summary analysis and briefing document was prepared by the Secretariat in February 1981 for use by the Scientific Advisory Committee (SAC) in its recommendations to the Director of PASB and the Council on the program priorities for the future. (See Annex II.) The SAC met on 16-18 March 1981 and submitted its recommendations to the CAREC Council, which met on 13-15 April. Its report is contained in Annex I.

During the period 26 January to 5 February 1981 an evaluation was conducted of a CAREC extrabudgetary project, "Epidemiology Surveillance and Training." The purpose of the three-year project is to improve the health status of Caribbean populations through a reduction in the incidence and prevalence of infectious diseases. The project is funded by the U.S. Agency for International Development (AID). (See Annex IV.)

An analysis of the management costs of administering the Center was also undertaken. It is widely recognized that there are many variable and complex factors involved in determining institutional costs. A recent United Nations Report<sup>1</sup> defined such costs as including expenditures for management and administration of a long-term, continuous nature, e.g., governing body costs, core staff costs, buildings, office

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<sup>1</sup>"Assistance by the United Nations System to Regional Intercountry Technical Cooperation Institutions," December 1980, Report by UN Joint Inspection Unit.

supplies and equipment, utilities, and vehicles. The Pan American Centers are an important mechanism in PAHO's program of technical cooperation with the countries. Each Center is unique in the mix of functions it provides, its technical emphasis and sphere of operation, and each has its own specialized arrangements, which encompass the sharing of costs related to technical and administrative direction. These arrangements are covered by bilateral and multilateral agreements in which host governments and participating governments agree to provide a wide range of specific resources in the form of grants and/or in-kind services. The estimated cost of technical and administrative direction for CAREC in 1982 is \$302,230, which represents 22.3 per cent of the total annual CAREC costs of \$1,356,509 (regular budget plus member government contributions). These calculations were arrived at utilizing a proportionate allocation of the Center Director costs and 100 per cent allocation of the Administrator and administrative staff and general operating costs of the institution. Inflation rates in Port-of-Spain have ranged from 14.7% in 1979 to 17.5% in 1980 and 15.6% in early 1981.<sup>1</sup>

The 7th Conference of Ministers Responsible for Health in the Caribbean, Belize, 14-16 July 1981, in Resolution 29 "reiterated its complete commitment to the aims and objectives and its strongest support for the continuation of CAREC as a regional institution up to and beyond 1985." In addition, the Conference requested that the Director of PASB initiate urgent discussions with ODA.

In summary, the documentation available from all the various sources clearly indicates the Center (in concert with the countries) has accomplished a great deal during the 1975-1980 period and should continue beyond 1985.

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<sup>1</sup>\*Source: International Financial Statistics, International Monetary Fund (IMF)

The budget projections for 1980-1985 are as follows:

	<u>1980-1981</u>	<u>1982-1983</u>	<u>1984-1985</u>
	\$	\$	\$
CAREC Member Governments	1,664,064*	2,070,869*	2,577,694*
PAHO/WHO Regular	620,100	793,400	893,500

\*Included in this amount is the quota obligation of ODA amounting to \$372,372 in 1980-1981; \$450,570 in 1982-1983; and \$545,190 in 1984-1985. However, in March 1981, ODA indicated that it would not pay the portion for the 1980 quota. In June 1981, PAHO was informed by ODA that £55,000 (approximately US\$102,426) would be contributed for 1981, and for the four following years its contribution would be a reducing percentage rate determined on an annual basis. For the 1980-1981 biennium this means a financial deficit of \$288,929. (This includes the 1979 supplemental assessment of \$18,983.)

Annexes

PAHO/WHO  
CARIBBEAN EPIDEMIOLOGY CENTRE

APPENDIX TO THE MINUTES OF THE  
VII SCIENTIFIC ADVISORY COMMITTEE  
MEETING

POLICIES AND GUIDELINES FOR THE FUTURE OF CAREC

1. INTRODUCTION:

- 1.1 In approaching the responsibilities outlined in PAHO Directing Council Resolution XXIX, specifically "the development of recommendations regarding the policies and guidelines for the future of CAREC beyond 1984", the CAREC Scientific Advisory Committee (SAC) reviewed the Multilateral Agreement for the operation of the Trinidad Regional Virus Laboratory and briefing document -- The Caribbean Epidemiology Centre "CAREC" (SAC 81/8). The SAC, in its discussions on the future aims and functions of CAREC, was conscious of the constraints in finances and personnel under which the Centre must operate. SAC agreed that the basic functions, as had been set out, were being handled by CAREC, and the minimum staff to do this had been established. Thus, to make new programme activities possible, consolidation will be continued and it may be necessary for some existing responsibilities to be handled on to appropriate national or regional bodies. There will be an increasing need to develop information to enable health planners to allocate scarce resources appropriately. In the future, the countries are committed to developing appropriate infrastructure and technologies for controlling morbidity and mortality through the primary health care system to attain the goal of Health for All by the Year 2000. As Member Countries develop this infrastructure and capacity to deal with selected diseases, CAREC may have to adjust its priorities and utilization of resources.
- 1.2 These guidelines have been developed by members of the SAC for CAREC Council; they have not been reviewed by Member Countries and may not adequately reflect their priorities. However, these guidelines may serve as a basic document for future discussions.

2. HEALTH NEEDS OF THE COUNTRIES:

- 2.1 CAREC is recognized as the most important resource of expertise in epidemiology in the Caribbean, with its success in the past due largely to intervention in communicable diseases with the development and some involvement in implementation of the strategies for controlling these diseases.

- 2.2 Economic and social improvements will, with existing disease control programmes change the pattern of disease in Caribbean countries, thus changing the nature and quantum of the demands on the health care resources in the region.

The expected overall pattern will be a need to further consolidate the existing resources devoted to communicable diseases, with an increasing commitment being devoted to non-communicable diseases. To this end and as stated above, there are other resources available for the Caribbean region within PAHO and country levels. Also the incorporation of a programme directed towards non-communicable diseases within the general health services of the countries could lead to redistribution of existing resources especially at the primary care level. An indication of this change in the dedication of selected resources can be seen in the "Review of Mortality and Morbidity in the English Speaking Caribbean" (SAC81.9). It should be emphasized, however, that the need will continue to devote resources to communicable disease control and prevention activities.

### 3. CAREC'S ROLE:

- 3.1 CAREC should remain a service-oriented organization. As in the past, future programmes should be developed only in close collaboration with the Member Countries and should be built upon the strengths that the Centre has developed in surveillance, epidemiology, laboratory work and training.
- 3.2 CAREC will be expected to help the countries by producing the information needed for rational decision making in determining resource allocations among various activities in health. This may not be by serving a documenting function but by means of surveillance, epidemiology and computer technology, and by making predictions of changing disease patterns, regionally and nationally.
- 3.3 Such a service can only be given on the basis of adequate current surveillance data. The preliminary "Review of Morbidity and Mortality in the English Speaking Caribbean" needs to be institutionalized with data obtained regularly from as many of the countries as possible.
- 3.4 In the development of the future programme for CAREC, the SAC recommends emphasis on the controllable and preventable diseases. It is expected that several important diseases may be added to these categories during the next few years and involvement in the identification and field testing of control and prevention methods against diseases of importance in the region would be a valid CAREC research activity. The SAC recommends that applied research activity should continue at CAREC, directed at areas relevant to the Caribbean and not

impinging on CAREC's service functions. Close collaboration with the regional universities is recommended. Modification of the administrative support services must be adequate and follow any changes in program direction. CAREC must continue its commitment to train West Indians for positions at CAREC and in the Caribbean region.

### 3.5 Communicable Disease Surveillance:

- 3.5.1 The gains made in 1970's and 1980's in reducing infectious disease mortality need to be maintained. Now and beyond 1985, communicable diseases will remain a major concern and ongoing surveillance will be required to monitor the status of disease control in the Caribbean. CAREC must keep abreast of new developments in the field, e.g., rapid diagnostic methods and new vaccines. Better control of diseases causing childhood mortality will lead to a shift of interest towards disease causing significant morbidity and economic cost.
- 3.5.2 CAREC must continue to foster self-reliance in the individual Member Countries in the area of infectious disease surveillance and control, commensurate with their capacities, but must also continue the dissemination of surveillance information on diseases of international importance to the countries' health authorities. Additionally, CAREC must maintain an ability to respond to requests for assistance in respect of epidemics or disasters.
- 3.5.3 CAREC should develop, in consultation with other institutions, basic information on costs and benefits of selected infectious disease interventions, to enable health administrators to allocate resources appropriately: areas might include sexually transmitted diseases, hepatitis, enteric infections, rubella, water borne and insect transmitted diseases. Assistance from national and regional consultants should be sought.
- 3.5.4 Now and in the future, CAREC can play an important role extending the technical expertise developed by PAHO/WHO in selected disease programme areas. The current assignment of a technical officer in the Expanded Programme on Immunization is an example of this. If resources are made available to CAREC, other PAHO/WHO programme functions may be implemented through the Centre, e.g., diarrhoeal disease control, tuberculosis, leprosy, sexually transmitted diseases, nosocomial infections, and dengue.

### 3.6 Laboratories:

- 3.6.1 CAREC should stimulate the strengthening of laboratory services in the countries in support of infectious diseases surveillance,

training in new techniques and continuing proficiency testing and the maintenance of quality control.

- 3.6.2 CAREC laboratories must be able to respond to the changing patterns among the communicable diseases. The extent to which they should, in the future, be enabled to support the envisaged surveillance activities in non-communicable diseases will need careful consideration, particularly in respect to the availability of alternative laboratory support of appropriate quality.
- 3.6.3 There will be a need for CAREC laboratory services to be maintained for the support of the surveillance system, adequate maintenance and replacement of equipment, and a logical depreciation policy.
- 3.6.4 Reference services and serological surveys will be required as indicated by the changing patterns of disease and the needs of the individual Member Countries. Changes in microbiology in the mid and later 1980's will include greater emphasis on serological methods of diagnosis and the use of immunological techniques for the detection of microbial antigens. CAREC should take the lead for the introduction of appropriate new technologies into the laboratories of the countries and undertake evaluation of commercial microbiological testing kits.

### 3.7 Training Activities:

- 3.7.1 The major part of the Centre's training activities has been directed towards the surveillance teams. All 19 Member Countries have benefitted in various ways. CAREC has also participated in training courses for medical students and other health personnel at the universities in the region and students have undertaken projects at CAREC for master degrees.
- 3.7.2 CAREC must retain the capacity to provide training in the epidemiology and surveillance of infectious diseases.
- 3.7.3 Training should continue after 1984, but methodology and techniques will necessarily change to make the best use of limited resources. More emphasis will need to be placed on the training of trainers to enable relevant modern epidemiological concepts to be imparted to an ever increasing body of health personnel. Similarly, appropriate new laboratory techniques can be disseminated by CAREC in conjunction with the laboratory trainers in the region. Continuing education programmes in these fields should also be supported. CAREC should prepare and use audio visual



materials for the transfer of appropriate information to all sections of the health team.

- 3.7.4 Between now and the termination of the current multilateral agreement a number of new institutions for the training of a variety of health personnel will be established in Trinidad and Tobago and some other Member Countries. Of particular significance is the expected opening of the Mount Hope Medical Complex (in Trinidad) in 1984 where medical and veterinary students and nurses will receive their entire professional training. CAREC will have the unique opportunity to assist in the development of the relevant orientation of instruction in epidemiology at the complex. These relationships should be formalized by joint staff appointments and the expertise at CAREC should be utilized in developing both undergraduate and postgraduate programmes in epidemiology, medical microbiology, and entomology. CAREC's virology programme in particular will be of interest to both the medical and veterinary schools.
- 3.7.5 The morbidity and mortality report will be further developed to give greater prominence to non-communicable diseases and with regular data from most of the Caribbean countries, will provide a valuable feedback of information for health personnel to assist in their continuing education. Additionally, the non-communicable disease data should be useful in the development of training programmes directed at the control and prevention of non-communicable diseases.

BRIEFING DOCUMENT  
THE CARIBBEAN EPIDEMIOLOGY CENTER  
"CAREC"

A. ESTABLISHMENT OF CENTER

In 1972 the Government of Trinidad and Tobago requested the Pan American Health Organization (PAHO) to study the possibility of establishing a basic disease surveillance program for the Caribbean. A study of the situation by an ad hoc Advisory Committee and the willingness of the Government of Trinidad and Tobago to provide the lands and premises of the Trinidad Regional Virus Laboratory (TRVL) resulted in a Bilateral Agreement signed in August 1974 for the establishment of the Caribbean Epidemiology Center. This Agreement provided for PAHO to administer the Center. Some of the key components of this Agreement involved the unique and cooperative relationship with the Trinidad Public Health Laboratory (TPHL) wherein services of the Public Health Laboratory operate under the jurisdiction of the Ministry of Health, while the scientific procedures and standards and use of common facilities operate as a Department of the Center. The Center Director is designated by the Director of the Pan American Sanitary Bureau (PASB). He serves as chief technical and administrative officer of the Center and is responsible to the Director PASB through the Chief of the Division of Disease Prevention and Control.

A Multilateral Agreement was established in October 1974 containing the objectives of the Center and the formal mechanism for expanding the TRVL nucleus into an International Center. Participating governments and organizations are; Antigua, Bahamas, Barbados, Belize, Bermuda, British Virgin Islands, Cayman Islands, Dominica, Grenada, Guyana, Jamaica, Montserrat, St. Kitts/Nevis/Anguilla, Saint Lucia, St. Vincent, Suriname, Turks and Caicos, the Overseas Development Administration of the United Kingdom, University of the West Indies and PAHO.

Both Agreements are valid for all participants (signatories) through 31 December 1984 with the Multilateral Agreement subject to a review at the end of 1979.

The objectives of the Center established by the participating governments and organizations can be summarized as follows:

- . Development and consolidation of communicable disease surveillance systems within each country.
- . Development of supporting laboratory services for the surveillance system in parasitology, bacteriology and entomology and of diagnostic services in virology.
- . Development of training schedules relative to the surveillance and laboratory services.

- . Carrying out research relevant to the work of the Center in the countries.

The multilateral agreement also established a Scientific Advisory Committee (SAC) and a Council for the Center. The role of the SAC is to advise PAHO/WHO and the Council of the Center on the planning and management of the Center. The Council is required to report to the Director of PAHO on the work of the Center and the budgetary projections for the coming year. The Director in turn provides a report to the Conference of Ministers Responsible for Health in the Caribbean on the work of the Center and any recommended budgetary changes. This Agreement also allows for the addition of other governments or territories to join as participants in the Center, with the concurrence of the Conference of Ministers Responsible for Health. During 1977 Suriname became a participating member of CAREC.

The XX Pan American Sanitary Conference (1978) requested the Director PASB to carry out an evaluation of the 10 Pan American Centers. The Evaluation Model approved by the 82nd Meeting of the Executive Committee was first field tested at CAREC, and has now been utilized in five Centers. Since this evaluation process coincided with the requirements for a mid-term review of CAREC, it was considered by PAHO to be most propitious to initiate the evaluation program with CAREC.

Briefly the frameworks for these are:

1. Mid-Term Review

The focus of this process is the current and future role of the Center within the terms of the 10-year multilateral agreement from 1975 to 1984.

2. Evaluation of Pan American Centers

This process was initiated by the resolutions of PAHO's Governing Bodies. Evaluation examines the program of the Center in the context of the overall PAHO program. Considerable attention is given to the discrete phases of the Evaluation Model which allows the Center to provide its independent analysis of goals, objectives, accomplishments, problems and proposals for the future, etc., and which provides for the countries served to give their independent view of the impact of the Center and recommendations for the future, etc.

B. EVALUATION OF CAREC

The Evaluation team selected by the Director of PASB in 1979 consisted of: Dr. Paulo de Almeida Machado, former Minister of Health in Brazil and currently Director of the National Council of Science and

Technology; Dr. Laurence Charles, Sr., Antigua, retired from WHO and currently serving as a consultant to PAHO in Leprosy and Tropical Diseases; Dr. Robert de Caires, born in Guyana and formerly with PAHO serving in Jamaica and the Area I office and recently retired from the USPHS; and Dr. David Sencer, former Director of the Center for Disease Control located in Atlanta Georgia and currently Vice President, Becton Dickinson and Company of New Jersey.

The self-audit was completed by CAREC staff on 28 May 1979. The team reviewed the self-audit data with the center director on June 4-6 1979.

A questionnaire containing 10 key issues and accompanied by a brief summary on the self-audit was circulated to the participants of the Multilateral Agreement and to other interested Governments and Country Representatives on 1 August 1979.

Responses were received from the following governments and country representatives: St. Vincent; CR, Trinidad and Tobago; ODA; British Virgin Islands; Guyana; Cayman Islands; Barbados; Bermuda; Chairman CAREC Council; Chairman SAC.

Team visits during 1979 included Barbados, Saint Lucia and Trinidad and Tobago.

A preliminary report was prepared and submitted to the Director PASB. In view of the importance of the Host Governments comments, the Director sent a letter to Trinidad and Tobago on 3 January 1980. This letter requested the governments opinion regarding some tentative proposals for 1984 and beyond, based on the Study Team preliminary deliberation.

During the spring 1980 an interim report on the 10 issues was received from Trinidad and Tobago and a response was received from Jamaica.

The Study Team in the absence of further information regarding the future submitted their report to the Director PASB on 19 June 1980. A member of the Team also visited Grenada during the Meeting of Conference of Ministers Responsible for Health in July 1980, and a further elaboration of their report was submitted on 29 July 1980.

The precis minutes of the meeting of the Directing Council provide the background on their deliberation.

C. IMPACT OF MID-TERM REVIEW

The period 1980-1984 essentially marks a new era for the Center. The pressures of inflation and increased operating costs require emphasis on consolidation and fiscal restraint, with emphasis on improving management and productivity so that needed services can continue. This policy has application to all Pan American Centers and can be summarized by the following quote from Resolution XXIX of the XXVII Meeting of the Directing Council:

"Guided by the trends that appear to be emerging from the on-going evaluations of the five Pan American Centers that point to: program consolidation on the basis of the priorities of the countries served; the need for strengthening program management; the responsibility of the countries being served by the Centers to assume a growing role in the programmatic and financial activities of the Centers; and recognition that the fundamental role of the Organization in relation to the Centers should be one of coordination and management, in accordance with the context of PAHO/WHO policies and strategies."

Responses from governments indicated that it is now time for consolidation and some expressed concern that new areas of endeavor might intrude on basic priorities.

Another very important aspect to consider is that the Center is not a separate or isolated institution but rather a very important part of the PAHO and National programs in the Caribbean.

The PAHO budget ceiling approved for the 1980-81 biennium for CAREC is \$620,100. The Organization is currently formulating budget proposals for the 1982-1983 biennium which will be considered by the PAHO Directing Council in September 1981. For planning purposes, the level of funding that will be included in the 1982-83 budget for CAREC will be \$699,900.

CENTER INITIATIVES FOR THE 1980-1984 PERIOD

The transition from the first five years of growth and expansion to the next five-year period of consolidation and priority selection poses a different challenge to CAREC. A brief summary of Center initiatives are as follows:

IMPROVEMENT ONE - As of 31 December 1980 one epidemiologist, one entomologist, one laboratory superintendent and the Administrator were all West Indians. The statistician post was currently vacant but there is a West Indian trainee who will take over the post in late 1981. The second epidemiologist post will hopefully be filled in 1981 by a West Indian candidate. Two virology posts will be consolidated and held by a West Indian.

With regard to the bacteriologist post, it has proved extremely difficult to find West Indians with medical bacteriological expertise who are willing to leave the conditions of employment security in the United States, Canada or the United Kingdom. As far as we are aware, there are no suitable candidates available within the West Indies without weakening hard-pressed government services. However, it has been the declared intention of the Center to recruit a West Indian for the bacteriologist post, and to this end efforts are being made to create a post in the LDC's for a bacteriologist funded by the European Development Fund. This project would also include funds for a post in the United Kingdom for a West Indian to undergo a three-year training program in microbiology. If this comes about, the need for the post of bacteriologist at the Center should be reviewed.

IMPROVEMENT TWO - The finding that progress towards national capability and self-reliance has lagged during the first five years recognizes the great difficulties that this presents. Many of the constraints are by their nature outside CAREC's control. However, as increases in the number of countries that have adopted epidemiological surveillance, laboratory support, data collection and rapid exchange of information as basic components of their health services suggests, they are moving towards self-reliance to as great an extent and with as much speed as their circumstances will allow. Recognizing this problem, PAHO sought and obtained a grant of US\$1.2 million from USAID (grant expires 30 September 1982) to strengthen and improve epidemiological surveillance and training. This extra-budgetary support will assist the Center in carrying out its functions much more efficiently to convene meetings, deliver services, and provide for the establishment of a training unit including training officer, audio-visual technical staff and equipment.

IMPROVEMENT THREE - The basic priorities of the Center have been communicable disease prevention and control. The health priorities of the Governments and territories for epidemiology and health care delivery appear to be changing. For example, the relative importance of cardiovascular disease, diabetes and cancer has increased in some countries and are becoming more frequently discussed at ministerial meetings. The advice and recommendations of the SAC are most important for the period (1981 to 1984), particularly in the analysis of program priorities.

IMPROVEMENT FOUR - This will require a significant monitoring effort by the Center to control expenditures in accordance with program priorities. The economic climate is such that reprogramming of additional funds over planned budget ceilings will be most difficult to obtain. It is therefore important for CAREC to develop a proposed budget for 1981-85 similar to the 1975-79 projection contained in the Agreement. It is noted that primary responsibility

for determining such budget projections rests with the participating Member Governments and organizations which signed the Agreement. Two important contributions are necessary as an important first step for the development of this comprehensive five-year Center budget. These include a proposed program and budget projection from the Center for 1981-85 based on program priorities established by the SAC and a commitment from the host Government and participating Governments/organizations regarding levels of funding for the remaining period of the Agreement (to 31 December 1984). Recommendations and options for the future beyond 1985 can then be determined at the appropriate time by the CAREC Council and PAHO Governing Bodies.

D. FUTURE (1985 AND BEYOND)

The development and acceptance of a plan for the future role of the Center is dependent on several key contributions, recommendations and decisions regarding levels of commitment and health needs.

A brief summary of the situation at present is as follows:

Host Government

- In September 1980 the Government of Trinidad and Tobago appointed a special committee to conduct an independent review of CAREC and report their findings at the Cabinet level. The terms of reference for this committee (as submitted to CAREC on 20 September 1980) are as follows:

- a) The extent to which CAREC has achieved and discharged its defined aims and functions from 1975 to date;
- b) The desirability and feasibility of the transfer of laboratory services, other than virology, to the TPHL;
- c) The future role and governing of CAREC in the light of:
  - i) developments in the Ministry of Health since 1975,
  - ii) the decision of the Government of Trinidad and Tobago to establish the Mount Hope Medical Complex and its involvement in teaching and research,
  - iii) the decision of the Government of Trinidad and Tobago to establish the National Institute of Higher Education Research Science and Technology (NIHERST) and that organization's responsibility for higher education and research, and

- iv) the suggestion that PAHO will withdraw completely by 1987 and that the "laboratory facilities and services currently directed by CAREC come under the direct control of Trinidad and Tobago."
- d) What methods of training and recruitment are most likely to achieve the objectives of filling senior posts by West Indians."

- It is understood that the special committee has made its report to the Trinidad and Tobago Government, from which a response to the the Director PASB is awaited.

#### Overseas Development Administration

The intervention at the XXVII Meeting of the Directing Council and the several written responses by ODA clearly indicate that "in the existing economic climate in which the United Kingdom found itself, it was unlikely that similar funds would be available in the period 1980-1985 for CAREC." In fact, a recent December 1980 letter from ODA further indicated that unless expenditures for CAREC could be justified for the 1975-79 period, their 1980-81 contribution could be deleted. This is a serious concern for the Council, particularly due to the fact that the Agreement is valid through December 1984 and the approximate 15% reduction of CAREC funding support from ODA would have a serious impact on services and staffing during the 1980-85 period.

#### CARICOM

On 26 January 1981 CARICOM submitted a brief response to the questionnaire and indicated a positive attitude regarding CAREC accomplishments. They cited a concern about the lack of a disease control programme for the Caribbean Community as a whole, stressed the importance of non communicable disease control (obesity, hypertension and diabetes) and the importance of the statistical service at CAREC.

#### PAHO

- To provide a better understanding of the PAHO perspective for the future, it is important to review the policies and criteria which the Governing Bodies have established for Multinational or Pan American Centers. Some key points which will be reiterated are as follows:

Pan American Centers are part of the appropriate PAHO Program of Work.



- . To recommend to Member Countries which are the seat of multinational centers receiving funds from the PAHO budget that they study the possibility of assuming a progressively larger share of the operating budget of these centers while maintaining their multinational character.
- . In their own or related fields, multinational centers should support, assist and supplement the programs of the countries (the policy of self-reliance).

. In addition, some examples of guidelines established in the Pan American Centers Study (CSP20/3) are as follows:

- each Center to re-define its current objectives and functions, and review and update agreements as appropriate,
- center proposals for long-range program and budget projections,  
  
cost/benefit analysis requiring complete information from centers on cost of operations and costs of discrete services provided to countries.

#### DIRECTING COUNCIL

Resolution XXIX of the XXVII Meeting of the Directing Council requests the Director of PASB to:

c) Consolidate the deliberations of this Council, noting the overwhelming expressions of participating Governments that CAREC should be maintained as a regional institution for the Caribbean area, and provide them as information additional to the Interim Report of the Evaluation Team, for use by the CAREC Council in accordance with the terms of the Multilateral Agreements.

d) Communicate with the CAREC Council for the development of recommendations regarding the policies and guidelines for the future of the Center beyond 1984, and convey these recommendations to the PAHO Executive Committee and Directing Council in 1981;

#### CAREC INTERIM PROPOSAL

With support of SAC a review of program priorities should be established and attention given to a review of the multilateral agreement and the potential importance of certain non-communicable diseases in the Caribbean.

A preliminary review based on program assumptions made by CAREC senior staff, calls for the minimum staff for the efficient operation of the surveillance laboratory and training facilities as follows:

- a) Director P.5
- b) Epidemiologist Communicable Disease and Editor CAREC  
Surveillance Report P.4
- c) Epidemiologist P.4
- d) Medical Virologist P.4
- e) Virologist P.2
- f) Bacteriologist P.4
- g) Entomologist/Parasitologist P.4
- h) Statistician P.3
- i) Administrator P.2
- j) Laboratory Superintendent P.1

These staff are supported by 65 locally recruited staff, the majority working in the laboratories. The above list also shows the current grading of the various posts within the PAHO Professional System, and provides a basis for budgeting purposes. However the program assumptions used for the above analysis will have to be reassessed, since the program analysis and priority recommendations of the SAC will serve as the basis for determining the minimum staff necessary for CAREC operations within available resources.

(copy)

AM/487/80

4 November 1980

Mr. A. Z. Preston  
Chairman, CAREC Advisory Council  
Vice Chancellor  
University of the West Indies  
Assembly Hall  
Kingston 7, Jamaica, W.I.

Dear Mr. Preston:

In accordance with Resolution XXIX of the XXVII Directing Council (Attachment 1), specifically operative paragraph 3 (d), the CAREC Council is asked to develop recommendations for the future of CAREC beyond 1984. As you will see, I have been requested to convey these recommendations to the PAHO Executive Committee and Directing Council next year. The Committee meets first, in June 1981. To allow time for Secretariat review, translations, and dispatch to Member Governments before the meeting, we will need to have your recommendations no later than 28 February 1981.

To assist you in your review, and in keeping with operative paragraph 3 (c) of the same resolution, I am sending you herewith copies of the Precipitous Minutes of the deliberations of the Directing Council (Attachment 2). These pertain to discussions of both the agenda item and the resulting resolution. As you may know, the Minutes are prepared in the language of the speaker, but translations have been made so that you will have the entire text in English.

In order to provide you with as complete documentation as possible, in chronological order, I am sending you herewith the following material.

1. My memorandum of instruction to the Director of CAREC, dated 29 March 1979 (Attachment 3).
2. The Self Audit Outline for CAREC transmitted with that memorandum (Attachment 4).
3. A summarization of the CAREC response to the Self Audit (June 1979) (Attachment 5).

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4 November 1980

4. The 10 Key Issues regarding CAREC identified by the Study Team requiring inputs from participating governments and organizations (Attachment 6).
5. My letter of transmittal of these Issues, dated 1 August 1979, and the list of recipients (Attachment 7). Replies were requested by 1 November 1979.
6. My letter to the Minister of Health, Trinidad and Tobago, the Host Government, dated 3 January 1980 (Attachment 8), to which a reply is still awaited. I have been informed that the Government has recently appointed a Committee to determine its role in the future of CAREC.

The documents relating to CAREC studied by the XXVII Directing Council are attached as follows:

- (a) Attachment 9 is CD27/23 of 29 July 1980, Status of the Pan American Centers--a brief general introduction.
- (b) Attachment 10 is CD27/23, ADDENDUM 1, which contains three annexes. Annex I is a summary of the replies received, as of February 1980, from 10 governments and the Overseas Development Administration (ODA), U.K. Please note that responses have not been received from nine governments and CARICOM.

Annex II is the Elaboration of the Evaluation Report to me from the Evaluation Team. A copy of their letter of transmittal dated 29 July 1980 is appended (Attachment 11).

Annex III is the preliminary Report to me from the Team, transmitted with their letter of 19 June 1980, copy appended (Attachment 12).

- (c) Attachment 13 is CD27/23, ADDENDUM IV, dated 25 August 1980, a Report on the Pan American Centers. The text relating to CAREC will be found on pages 75-83.

For your information, Addenda II and III are not enclosed, since they pertain to CFNI and INCAP, respectively.

In the documents, references have been made to various resolutions of PAHO's Governing Bodies, the Conference, the Directing Council and the Executive Committee. While the texts of some of these are included in

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the documentation, copies of the five major ones, which established the policies of the Organization in relation to centers, are attached, so that in making your review and recommendations you will be aware of the directives under which PAHO operates.

- (i) Attachment 14 is Resolution XXXVII of the XIX Directing Council, October 1969, Multinational Centers. Operative paragraphs 3 and 5 refer specifically to funding, and paragraph 4 to the possibility of national centers.
- (ii) Attachment 15 is Resolution XXXVIII of the XVIII Pan American Sanitary Conference, October 1970, which establishes the general guidelines for the establishment and operation of multinational centers.
- (iii) Attachment 16 is Resolution XXXI of the XX Pan American Sanitary Conference, October 1978, Pan American Centers. Operative paragraph 2 defines the term "Pan American Center." You will note that, as the CAREC SAC and Council report to the Ministers of Health of the Caribbean, who determine to a significant degree the technical and financial affairs of the Center, CAREC does not strictly conform to this definition. The Scientific Advisory Committee of CEPANZO and PANAFTOSA, for example, report to the Director of PASB.
- (iv) Attachment 17 is Resolution XXI of the XXVI Directing Council, October 1979, Evaluation of the Pan American Centers, which required the greatly accelerated evaluation schedule.
- (v) Attachment 18 is Resolution XXII of the 84th Meeting of the Executive Committee, Status of the Evaluation of the Pan American Centers. It calls attention to the growing role of the participating countries in the activities of the Center, and to the fundamental function of the Organization.

During the discussions at the XXVII Directing Council on both the agenda items on the Centers and the resolutions, references were made to the classification of Pan American Centers into "Hemisphere-wide" (Regional) and subregional centers. In PAHO/WHO parlance the Region (with a capital R) refers to the Region of the Americas. The term "Regional" therefore equates with "hemisphere-wide." Subregional refers to groups of countries within the Region; well-established groups in the Americas are the Andean, Central America and Panama, and CARICOM countries. Tables

4 November 1980

I and II are taken from CD27/23, ADDENDUM IV (Attachment 19), which list the Centers according to this classification.

Reference was also made in the discussions to the term "Associated National Center." This nomenclature is discussed and defined in document CSP20/3, Pan American Centers, of the XX Pan American Sanitary Conference, 1978. Please see the marked passages, on pages 26-30, of CSP20/3, attached herewith (Attachment 20).

I trust that you will find the enclosures helpful and look forward to receiving your recommendations on the future of CAREC beyond 1984. Copies of this letter and attachments are being sent to the members of the CAREC Council.

Sincerely yours,

Héctor R. Acuña, M.D., M.P.H.  
Director

Encls.

cc: Dr. Philip Brachman  
Dr. Philip Boyd  
Mr. Hubert Blackett  
Mr. D. Fairweather  
Dr. Mervyn Henry  
Dr. Penelope Key  
Mr. Fitzgerald Louisy  
Mr. A. Z. Preston  
Dr. E. Walrond  
D  
DPC  
RDC  
Director, CAREC

ATTACHMENTS

(DOCUMENTS CIRCULATED TO CAREC MEMBER GOVERNMENTS)

1. Resolution XXIX, Status of the Evaluation of the Pan American Centers
2. Precis Minutes CD27/SR/13 and CD27/SR/15 of the XXVII Directing Council, October 1980
3. Dr. Acuña's memorandum dated 29 March 1979 on the Mid-Term Review of CAREC
4. Caribbean Epidemiology enter (CAREC) - Self-Audit and Multilateral Agreement
5. Mid-Term (1975-1979) Review of the Caribbean Epidemiology Center Summary of the Self-Audit Data
6. Key Issues Regarding CAREC Identified by the Study Team Requiring Inputs from Participating Governments and Organizations
7. Letter of transmittal of the Key Issues sent by the Director, dated 1 August 1979
8. Letter to the Minister of Health, Trinidad and Tobago, sent by the Director, dated 3 January 1980
9. Status of the Evaluation of Pan American Centers, CD27/23
10. Report to the Director of the Pan American Sanitary Bureau of the Evaluation Team on the Review of CAREC 1974-1979, CD27/23, Add. I
11. Letter to Dr. Acuña, dated 29 July 1980, from the CAREC Evaluation Team which accompanied Annex II, Elaboration of the Evaluation Report
12. Letter to Dr. Acuña, dated 19 June 1980, from the CAREC Evaluation Team which accompanied Annex III, Preliminary Report
13. Report on the Pan American Centers, CD27/23, Add. IV
14. Resolution XXXVII, Multinational Centers, XIX Meeting of the Directing Council
15. XVIII Pan American Sanitary Conference, CSP18.33
16. XX Pan American Sanitary Conference, Resolution XXXI
17. XXVI Directing Council, October 1979, Resolution XXXI, Evaluation of Pan American Centers
18. 84th Meeting of the Executive Committee, June 1980, Resolution XXII, Status of the Evaluation of the Pan American Centers
19. Tables I and II of Document CD27/23, Add. IV
20. Pan American Centers, CSP20/3

EXTRACT FROM MID TERM EVALUATION EPIDEMIOLOGICAL  
SURVEILLANCE AND TRAINING  
JANUARY 26 - FEBRUARY 5, 1981

Future Directions

A. CAREC as a Regional Institution

All ministries visited expressed a very strong appreciation of and need for CAREC services. Their confidence in and use of CAREC is further confirmed by the greater than 95% level of national contributions.

Although need for and use of CAREC services vary with individual country capability, all countries have a need for CAREC in one or more of the following areas: disease investigation and control, training (epidemiology, statistics, laboratory), laboratory reference-(bacteriology), laboratory services-(virology), proficiency testing technical assistance-(epidemiology), EPI, and laboratory.

Although the future of CAREC is beyond the scope of this evaluation, the center evaluation team believes that maintaining CAREC as a regional resource is essential.

B. Increasing West Indian Professional Personnel at CAREC

During the last year, significant progress has been made in recruiting highly qualified West Indians for senior level positions within CAREC. Further progress in this area requires a commitment to the Center and its activities beyond 1985. CAREC has a defined program to increase the number of West Indian nationals on its professional staff.

C. Importance of CAREC to Industry and Development

The economic impact of disease in general and epidemics, in particular, is a major concern of all Caribbean countries. Diseases such as yellow fever, dengue, malaria, and food poisoning can cause considerable morbidity, mortality, and suffering to the region's population. In addition, industry can be disrupted, tourism can suffer long term damage and all regional countries incur increased costs due to surveillance, quarantine and post health activities, (e.g. yellow fever in Trinidad and Tobago, dengue in Jamaica and typhoid in Dominica). The effect of a disease outbreak on economies based to a large extent on attracting tourism is potentially devastating.

The importance of CAREC as a training and resource center to develop national capabilities to detect, (surveillance) confirm (laboratory) and respond appropriately to these disease outbreaks cannot be underestimated.



D. AID Surveillance/Laboratory Training Assistance

1. Progress to Date

- a) Project activities (21 of 24 activities) identified in the implementation plan are on track.
- b) Initial training activities have been carried out in epidemiology and laboratory.
- c) The evaluation identified both significant progress as well as areas of deficiency.
- d) Although some deficiencies were generalized and can be corrected through regionwide approaches, future improvement will in large part require specific country approaches to identify and correct deficiencies in organization, skills, and knowledge. This is especially true for the disease surveillance, epidemiologic services, and EPI.

2. Current Project Activities

Many CAREC activities, some AID funded, some with other funding have significantly contributed to achievement of Project Objectives and should be continued including:

Surveillance

- Epidemiology Training
- Assistance in Epidemic Investigation (decreasing as national competence develops)
- Phone consultation as Epidemic Investigation (increasing)
- CAREC Epidemiology Bulletin
- Special Epidemiology Studies

Laboratory

- Laboratory Training
- Laboratory Proficiency Testing
- Reference Services for Bacteriology and Parasitology
- Laboratory Services for Virology
- On-site consultation/training

Expanded Program on Immunization

- Training
- Equipment Supply
- Supervision/Evaluation

3. Areas for Program Intensification

In two areas, surveillance and EPI, problems are country specific and require on-site evaluation, problem identification and solution. For each country, current activities need assessment and specific objectives and plans of action need to be developed to further strengthen national capability.

- a) Frequency and duration of on-site visits;
- b) Training needs - at each level: central ministry, physicians, nurses, public health inspectors;
- c) Development of monitoring and supervisory systems to measure progress toward predetermined objectives.

E. Areas for Program Re-direction during months 19-36

- 1) Now that most initial training has been completed, future training will need to be more specific to meet country needs with their capability in terms of interest, implementation, and support.
- 2) Current training is being largely measured in terms of inputs. Although course objectives are in general well recognized, no formal written course objectives or plan of evaluation were available with the training officer. Using the talents of the new training officer, and outside consultation if necessary, specific objectives and evaluation plans need to be developed for each training course.

Training evaluation needs to measure the impact of performance at the country level.

- 3) The major cause of morbidity and mortality in urban and rural children is gastroenteritis. Approaches to treatment are archaic and ineffective. New approaches in terms of nutritional counseling and oral rehydration not being used in any of the countries visited need to be developed.

- 4) To maintain deputy epidemiologist in their current position, a career structure needs to be developed.
- 5) Recognition of training through certification of participation should be instituted immediately and retroactively.

F. Areas for New Program Development

1) Now that a basic core staff in epidemiology, statistics and laboratory have received training, future needs must include:

- a) Continuing Education  
Advance Training Courses  
Workshops  
On-Site Visits

The interchange of information, experience, and future opportunities is essential to maintain morale and motivation for Deputy Epidemiologists and Laboratory Directors.

- b) Training of Replacement Personnel

2) In that the basic goal of this project is the reduction of morbidity and mortality, particularly in children under five, new initiatives are needed to confirm and further define major causes of morbidity and mortality in this population group.

3) With the further definition of major causes of morbidity and mortality, it is important to find effective means of disease prevention and control of major priority problems through operational research. In terms of current knowledge of disease epidemiology in Caribbean countries the determination of the effectiveness of oral rehydration in treatment of gastroenteritis and the feasibility of its use at the local level is of high priority.

4) The future of health in many areas of the Caribbean will be dependent on the interaction of nurses with the community. Currently impact on project activities of these very important implementors is limited. Extension of CAREC activities in terms of disease surveillance, disease prevention and disease control for this group is probably the single most important challenge of the 80's.

5) Patterns of disease in the Caribbean are changing. Non-infectious diseases (accidents, diabetes, hypertension, and mental illness) are currently the major adult causes of mortality and morbidity. If CAREC is to meet the needs of its constituents, it will have to increasingly allocate resources to noncommunicable diseases.



EXECUTIVE COMMITTEE OF  
THE DIRECTING COUNCIL

PAN AMERICAN  
HEALTH  
ORGANIZATION

WORKING PARTY OF  
THE REGIONAL COMMITTEE

WORLD  
HEALTH  
ORGANIZATION



86th Meeting

86th Meeting CD28/33 (Eng.)  
ANNEX V

## RESOLUTION XV

### EVALUATION OF THE CARIBBEAN EPIDEMIOLOGY CENTER

THE EXECUTIVE COMMITTEE,

Having reviewed Document CE86/24 and deliberated on the current and future implications for the Caribbean Epidemiology Center;

Acknowledging the positive responses submitted by the Governments of the Caribbean relating to the achievements and the importance of the Center;

Mindful of the requirements of the participating signatories of the Multilateral Agreement extending to December 1984; and

Recognizing the important role of the Caribbean Epidemiology Center in health and development in the Caribbean area and concerned about its financial problems,

#### RESOLVES:

1. To take note of the budgetary level for CAREC in 1982-1983 (\$793,400), as set out in the proposed program and budget (Official Document 169).
2. To thank the Governments that have expressed their views and ideas regarding the Center.
3. To request the Directing Council to encourage the United Kingdom to adhere to the spirit of the 10-year commitment of the Multilateral Agreement for CAREC.
4. To thank the Director for making the Evaluation Report and the recommendations of the CAREC Council available.
5. To request the Director to present the results of the deliberations of the Executive Committee to the XXVIII Meeting of the Directing Council.
6. To request the Director to enlist the cooperation of the CAREC Council in conveying to the Meeting of Ministers Responsible for Health in the Caribbean the importance of solving the financial problem and PAHO's firm intention to continue to adhere to the spirit of the 10-year Multilateral Agreement.

(Approved at the tenth plenary session,  
26 June 1981)

SEVENTH CONFERENCE OF MINISTERS RESPONSIBLE FOR  
HEALTH IN THE CARIBBEAN  
(Belize, 14-16 July 1981)

RESOLUTION NO. 29

CARIBBEAN EPIDEMIOLOGY CENTRE (CAREC)

THE CONFERENCE,

Having studied -

- (a) document CMH 81/7/34 on the work of CAREC in 1980;
- (b) the Report of the Seventh CAREC Council;
- (c) the Centre's programme of work and budget for 1981/82;
- (d) the report of the Committee of Officials;
- (e) the report of the Rampersad Committee on CAREC recommendations which have been accepted by the Government of Trinidad and Tobago,

Noting -

- (a) that the CAREC Council considered that PAHO had fulfilled its obligations under the first five years of the Multilateral Agreement and recommended that the terms and spirit of the Multilateral Agreement should be fulfilled through the end of 1984;
- (b) that the Government of Trinidad and Tobago had clearly stated its satisfaction with the work of the Centre to 1979 and its commitment to the work of the Centre throughout the time of the Multilateral Agreement;
- (c) that the Government of Trinidad and Tobago, through a Cabinet report submitted to the Member Governments, had set out proposals for the future of CAREC;

- (d) that the ODA had not accepted the interim Five-Year Review of CAREC until it had -
- (i) the full support of the CAREC Council;
  - (ii) a clear written commitment by the Government of Trinidad and Tobago; and
  - (iii) budget projections for CAREC through 1984 and for this reason had not paid its quota for 1980;
- (e) further that those requirements had now been met and ODA had offered to pay £55,000 for 1981 and to subscribe in principle to CAREC through 1985;
- (f) that current financial problems may affect the programme,
1. REITERATES its complete commitment to the aims and objectives and its strongest support for the continuation of CAREC as a regional institution up to and beyond 1985;
  2. THANKS the Director of PAHO and CAREC Council for the report and endorses this minimum service programme set out for 1981/82 and the budget projections;
  3. THANKS CAREC for the production of the "Review of Morbidity and Mortality in the English-speaking Caribbean" and REQUESTS that further analysis be carried out to help with the planning and evaluation of health care in the Region;
  4. URGES all Governments to improve the collection and analysis of health data;
  5. URGES CAREC to continue with PAHO its effort to recruit and train West Indian nationals for senior posts in the Centre and to create suitable training positions for technologists so as to prepare a Centre of high quality for continuation after 1984;
  6. URGES all Governments to meet their financial obligations to the Centre;

7. THANKS the Government of Trinidad and Tobago, the Scientific Advisory Committee and the Council of CAREC for their proposals for the future and REQUESTS the Director of PAHO, in association with the Secretary-General of CARICOM, to commence negotiations with the Government of Trinidad and Tobago and the participating Governments for the development of a new agreement for CAREC beyond 1984;

8. THANKS the USAID for its assistance and requests the Director of PAHO to approach the USAID for continued funding for bridging the period through 1984;

9. ENDORSES the request for the participation by ODA and the European Development Fund (EDF) suggested by Trinidad and Tobago, and REQUESTS that the Secretary-General of CARICOM approach the EDF for funding for CAREC, especially for training as an urgent priority both up to and beyond 1984;

10. RECOMMENDS that the participating Governments, further to their Resolution 20 of 1980, take further responsibility for running the Centre and that the country quota contribution be increased by 12 per cent over 1981 assessments;

11. REQUESTS the Director of PAHO to initiate urgently discussions with the ODA to obtain the maximum financial input from the ODA to CAREC for the period 1981 to 1985;

12. SUPPORTS the efforts by the Director of PAHO to develop collaboration between the Government of Canada and CAREC in epidemiology, technical services, maintenance, etc.;

13. REAFFIRMS its support for the Caribbean Leprosy Control Programme;

14. REQUESTS the Director of PAHO to submit to the Emmaus Suisse Foundation a proposal for funding for the Leprosy Programme in the LDCs and Barbados;

15. NOMINATES Mr. G. M. Cassell, Permanent Secretary, Ministry of Health, Montserrat, to serve on the CAREC Council for two years and Dr. H. White, Director of Laboratory Services, Barbados, and Dr. A. D'Souza, Chief Medical Officer, Saint Lucia, to serve on the Scientific Advisory Council for two years.

Note: Mr. D. Miller, Permanent Secretary for Jamaica, was appointed to the Council for two years in 1980.