

XXXII MEETING OF THE DIRECTING COUNCIL

The XXXII Meeting of PAHO's Directing Council, XXXIX Meeting of the WHO Regional Committee for the Americas, was held at PAHO Headquarters in Washington, D.C., on 21-25 September 1987. Representatives of thirty-eight Member and Participating Governments attended the event.¹ Observers from the Governments of Spain and Portugal, 10 intergovernmental organizations,² and 32 nongovernmental organizations were also present. Also attending was Dr. Alfred Grech, Chairman of the WHO Executive Board. PAHO's Executive Committee was represented by its Chairman, Dr. Norman Gay of the Bahamas, and its Vice-Chairman, Dr. Manuel Quijano Narezo of Mexico.

The following Directing Council officers were elected: President, Dr. Guillermo Soberón Acevedo of Mexico; Vice-Presidents, Dr. Rubén Villeda Bermúdez of Honduras and Dr. Ilda María Urizar de Arias of Peru; and *Rapporteur*, Dr. Karen Sealey of Trinidad and Tobago. Dr. Carlyle Guerra de Macedo, Director of the Pan American Sanitary Bureau (PASB), served as Secretary *Ex Officio*.

Budget and Finance

The Council approved an effective working budget for the 1988-1989 financial period amounting to US\$121,172,000 (Resolution 2). Some 45% of this (\$54,503,400) was earmarked for improvement of health system infrastructures, and roughly 30% (\$35,380,100) was allocated for work in health science and technology. Lesser amounts were allocated for administrative functions (\$15,800,500 for direction, coordination, and management, and \$15,488,000 for program support activities). As in previous years, the assessments of PAHO's Member and Participating Countries were determined in accord with the scale adopted by the Organization of American States (Resolution 3).

¹ Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, the Dominican Republic, Ecuador, El Salvador, France, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, the Kingdom of the Netherlands, Mexico, Nicaragua, Panama, Paraguay, Peru, St. Christopher and Nevis, Saint Lucia, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago, the United Kingdom, the United States of America, Uruguay, and Venezuela.

² The Caribbean Community, the Hipólito Unanue Agreement, the Inter-American Development Bank, the Inter-American Institute for Cooperation on Agriculture, the International Committee of Military Medicine and Pharmacy, the Organization of American States, the United Nations, the United Nations Children's Fund, the United Nations Development Program, and the United Nations Economic Commission for Latin America and the Caribbean.

Annual Reports and Election of Executive Committee Members

The Council took note of the annual reports of the Chairman of the PAHO Executive Committee (Document CD32/4) and the Director of the Pan American Sanitary Bureau (Official Document 215), expressing satisfaction with changes in the latter report's structure and content (Resolutions 4 and 5).

In addition, the Council elected the Governments of El Salvador, Panama, and Uruguay to three-year terms on PAHO's Executive Committee, upon expiration of the terms of Brazil, Colombia, and Honduras (Resolution 8).

Report of the Advisory Committee on Health Research

The Council acknowledged the recommendations made to the Director in the report of the Advisory Committee on Health Research. It then asked the Director to study this report with a view to implementing its recommendations to the extent permitted by available resources and the priorities established for the 1987–1991 quadrennium (Resolution 13).

Social Security Institutions

To help reduce coordination problems existing between ministries of health and social security institutions in the Americas, the Council recommended (Resolution 11) that Member Governments follow strategies with certain specific aims. Among those aims:

- extend social security coverage to the entire population, thus avoiding separate ministry of health and social security program “clienteles”;
- make resource use more efficient by means of joint health ministry/social security activities—including joint investment plans; joint information, programming, and budgeting processes; joint selection, incorporation, and use of medical technology; joint organization of supply, maintenance, and other support components; and development of common systems for the organization and administration of local services;
- make more rational use of health sector financing by coordinating social security contributions and public budget allocations, by tightening up on production costs, and by making outlays in accord with existing priorities;
- study ways of increasing health sector financing; and
- develop firm joint decentralization policies that permit financing to be used at the local level, that encourage local functional integration of the two services, and that promote reconciliation of their respective outlooks in each country.

The Council also urged Member Governments to take advantage of their experiences in coordinating health sector institutions and to share those experiences. In addition, it asked the PASB Director to do the following:

- help get social security entities included in PAHO's technical cooperation programs at the national level;
- encourage countries and groups of countries to exchange their health service experiences, especially those relating to institutional coordination within the health sector;
- establish an adequate mechanism (such as an advisory group) to help PAHO promote improved health ministry/social security coordination;
- strengthen PAHO's working relationships with international organizations and agencies involved in fields related to social security, so as to help improve technical cooperation in this area;
- circulate information among the governments that is relevant to the above coordination problems; and
- promote follow-up measures directed at evaluating the progress achieved and provide an account on this subject in the next Annual Report of the Director.

AIDS in the Americas

Recognizing that the acquired immunodeficiency syndrome (AIDS) epidemic poses an unprecedented threat to public health in the Americas, the Council fully supported the global response being implemented through the World Health Organization Special Program on AIDS (Resolution 12). It also agreed to review the situation in the Americas annually, to monitor use of the hemisphere's resources, and to report annually to the WHO Director-General.

The Council urged its Member Countries to develop, implement, and sustain strong national AIDS prevention and control programs along the lines recommended by the WHO Special Program on AIDS. It also urged them to:

- strengthen national epidemiologic surveillance activities;
- mobilize and coordinate national and international resources to prevent and control AIDS;
- maintain and strengthen national health systems in order to combat this epidemic;
- see that accurate information about AIDS is provided to their citizens;
- continue permitting freedom of international travel, without restrictions based on knowledge of infection with human immunodeficiency virus (HIV);
- provide periodic situation and progress reports to PAHO/WHO; and
- seek to develop the Special Program on AIDS within the framework of the policy for health systems strengthening and development, making use of the AIDS crisis to promote the needed changes in health services.

The Council also asked the PASB Director to use the resources available for the following purposes:

- to coordinate regional AIDS prevention and control activities with the global program in establishment of a PAHO/WHO Special Program on AIDS;
- to provide technical support on an urgent basis to national AIDS prevention and control programs;
- to develop AIDS control activities, especially those related to health care;
- to promote, coordinate, and conduct epidemiologic studies and related research supporting regional control efforts;
- to disseminate technological, epidemiologic, and other information vital to national AIDS prevention and control programs;
- to promote interinstitutional exchanges of technical and resource information at the operational level;
- to provide annual reports to the Regional Committee for the Americas; and
- to take further steps that may be needed to combat the epidemic.

Emergency Preparedness and Disaster Relief Coordination

The Council endorsed the recommendations of the Meeting on International Health Relief Assistance held at San José, Costa Rica, on 10–12 March 1986. It also urged PAHO's Member Countries to strengthen their health emergency preparedness programs, to give top priority to a rapid and objective assessment of health needs following a sudden disaster, and to notify PAHO promptly of that assessment's results.

In addition, it asked the Director to strengthen technical cooperation with Member Countries for development of health emergency preparedness programs and for assessment of health needs in the event of a disaster. It also asked him to disseminate timely authoritative information (in consultation with the affected country's health authorities and in coordination with WHO and the United Nations Disaster Relief Office) concerning types of health assistance that might be appropriate as well as types considered unnecessary or counterproductive (Resolution 10).

Women, Health, and Development

The Council urged Member Countries to take various steps that would improve health services for women—among them implementing regional strategies previously approved by the XXII Pan American Sanitary Conference; providing access for all women to comprehensive health services; attaining equality for women with regard to the

quality and coverage of available health services; effectively pursuing solutions for distinctively women's problems; and conducting the operational research needed to better identify women's health problems, specific needs as seekers of health services, and specific situation as providers of the same.

It also asked the PASB Director to continue efforts to increase the representation of women in PAHO; to promote increased participation by women in regional meetings (including technical and scientific meetings), fellowships work, and training activities; to step up the resource mobilization needed to apply the approved regional strategies and conduct specific activities under the Program on Women, Health, and Development; to support research directed at women's needs; and to report back to the Directing Council every two years on activities pursued and the progress made in preventing maternal mortality and in assuring all women maternity without risk (Resolution 9).

Management of WHO Resources

On this subject, the Council affirmed that there was full agreement between the principles embodied in the general WHO policies for managing WHO resources and the current mandates and guidelines for implementing PAHO's cooperation policy in the Americas, as set forth in a variety of Governing Body documents and resolutions. The Council also pledged the cooperation of the Region of the Americas in the effort to improve the use and management of WHO resources. However, it expressed concern regarding a proposed process (described in WHO document EB81/PC/Conf. Paper No. 1, Rev. 1) for the appointment of Regional Directors and pointed out the incompatibility of this process with the present PAHO Constitution (Resolution 16).

NIH Centenary

Noting the hundredth anniversary of the U.S. National Institutes of Health (NIH), the Council resolved to honor that organization for its "outstanding achievements in health research, training, and development," and to commemorate its centennial year with presentation of a special commemorative plaque (Resolution 1).

More complete information on the Directing Council proceedings, including the precise text of each of the resolutions cited, is contained in the Final Report of the XXXII Meeting of the Directing Council, PAHO document CD32/FR, 25 September 1987.