



## XXIII PAN AMERICAN SANITARY CONFERENCE

### XLII REGIONAL COMMITTEE MEETING

WASHINGTON, D.C.

SEPTEMBER 1990

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Provisional Agenda Item 3.1

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ORIGINAL: SPANISH

ANNUAL REPORT OF THE CHAIRMAN OF THE EXECUTIVE COMMITTEE (presented by Dr. Héctor Borges Ramos)

Article 4.F of the Constitution of the Pan American Health Organization (PAHO), in which the functions of the Pan American Sanitary Conference are described, establishes that that body shall consider the annual report of the Chairman of the Executive Committee. That constitutional formality is fulfilled through the following presentation of the report on the activities carried out by the Executive Committee during the period between September 1989 and September 1990, when its 104th and 105th Meetings were held.

#### 104th MEETING OF THE EXECUTIVE COMMITTEE

The 104th Meeting of the Executive Committee took place on 30 September 1989 at the Headquarters building in Washington, D.C. It was attended by representatives of each of the Members--namely, Barbados, Brazil, Canada, El Salvador, Haiti, Panama, Trinidad and Tobago, Uruguay, and Venezuela--as well as observers from Argentina, the Bahamas, and the United States of America.

One plenary session was sufficient for consideration of all the items on the agenda.

The following Officers of the Committee were elected unanimously: Dr. Héctor Borges Ramos (Venezuela), Chairman, Dr. Emanuel Hosein (Trinidad and Tobago), Vice Chairman, and Roberto Bastos Carreiro (Brazil), Rapporteur.

In place of the United States of America, which had completed its term of office, the Committee elected Barbados to join Canada, Uruguay, and Venezuela as members on the Subcommittee on Planning and Programming. In addition, the Committee elected Haiti and Brazil as members of the Subcommittee on Inter-American Nongovernmental Organizations in Official Relations with PAHO, to replace the United States of America and Saint Lucia, whose terms on the Committee had ended. Panama is also a member of this Subcommittee.

In keeping with its custom, the Committee conducted a thorough analysis of the recently concluded XXXIV Meeting of the Directing Council and set the dates for the 105th Meeting of the Executive Committee and the XXIII Pan American Sanitary Conference.

## 105th MEETING OF THE EXECUTIVE COMMITTEE

It has been considered preferable, in describing the Committee's work, to report on the matters addressed in the order in which they appeared on the Meeting's agenda, rather than according to the chronological progress of the discussions.

### 1. OPENING OF THE MEETING

The 105th Meeting of the Executive Committee was held in Washington, D.C., at the Headquarters building from 25 to 29 June 1990.

Participating in the work of the Meeting were representatives of the following Member Governments of the Committee: Brazil, Canada, El Salvador, Haiti, Panama, Trinidad and Tobago, Uruguay, and Venezuela. In addition, there were observers from Colombia, Costa Rica, Chile, Cuba, and the United States of America; five intergovernmental organizations; and five nongovernmental organizations. The Subcommittee on Planning and Programming was represented by one of its members, and the Special Subcommittee on Women, Health, and Development was represented by its Chairman.

In the absence of the Vice Chairman, Dr. Emanuel Hosein (Trinidad and Tobago), the Committee, in accordance with its Rules of Procedure, elected Mrs. Glenda Maynard (Trinidad and Tobago) to serve as Vice Chairman pro tempore.

In the absence of the Rapporteur, Dr. Roberto Carreiro (Brazil), the Committee, again in accordance with its Rules of Procedure, elected Dr. Carlos Abadía (Panama) to serve as Rapporteur pro tempore. Later, in the absence of Dr. Abadía, the Committee elected Dr. Eduardo Lasalvia (Uruguay) to serve as Rapporteur pro tempore.

A total of nine plenary sessions and one private session were held in five days of intense work, during which the Committee satisfactorily carried out the important functions assigned to it under the Constitution of the Organization. Contributing decisively to the success of the Meeting was the effective and untiring support given by the Director, Dr. Carlyle Guerra de Macedo, and his staff.

The Committee dealt with the following matters, which resulted in a series of decisions and resolutions.

### 2. PROCEDURAL MATTERS

#### Item 2.1: Adoption of the Agenda

In its first plenary session, the Executive Committee adopted the provisional agenda (Document CE105/1, Rev. 2) presented by the Director.

Item 2.2: Representation of the Executive Committee at the XXIII Pan American Sanitary Conference, XLII Meeting of the Regional Committee of WHO for the Americas

Pursuant to Article 14 of the Rules of Procedure, at the first plenary session it was decided to designate the Rapporteur, Dr. Carlos Abadía (Panama), together with the Chairman, Dr. Héctor Borges (Venezuela), to represent the Executive Committee at the XXIII Pan American Sanitary Conference, XLII Meeting of the Regional Committee of WHO for the Americas. It was also decided to designate Dr. Eduardo Lasalvia (Uruguay) and Dr. Glenda Maynard (Trinidad and Tobago) as alternate representatives for Dr. Borges and Dr. Abadía, respectively.

Item 2.3: Provisional Agenda of the XXIII Pan American Sanitary Conference, XLII Meeting of the Regional Committee of WHO for the Americas

At its ninth plenary session, the Executive Committee, in its Resolution XVIII, adopted the provisional agenda (Document CE105/3) prepared by the Director for the XXIII Pan American Sanitary Conference, XLII Meeting of the Regional Committee of WHO for the Americas, with two modifications: deletion of Item 4.2 "Report of the Advisory Committee on Health Research," and addition of a new Item 6.4, "Headquarters Building."

3. COMMITTEE AND SUBCOMMITTEE REPORTS

Item 3.1: Report of the Subcommittee on Planning and Programming

In the absence of the Chairman of the Subcommittee, Dr. Taitt, the report (Document CE105/25) was presented by Mr. Boyer (member of the Subcommittee). Mr. Boyer indicated that since the last meeting of the Executive Committee the Subcommittee on Planning and Programming had met twice, once in December 1989 and again in April 1990, both times under the chairmanship of Dr. Taitt (Barbados). Each of the two meetings had been attended by representatives of Barbados, Brazil, Canada, the United States of America, Mexico, Uruguay, and Venezuela. In addition, the Subcommittee had analyzed the technical cooperation programs in Ecuador and Trinidad and Tobago with the participation of their respective Ministers of Health and the PAHO Representatives in the countries. Among the questions examined by the Subcommittee that were not covered under other items of the Executive Committee's agenda was the new Communications for Health Program, the basic aspects of which were presented by the Secretariat. Key points mentioned were the need to enlist up-to-date communication methods and the importance of equipping people with the knowledge that will enable them to make informed decisions. Reference was also made to activities that had been carried out, including the two AIDS teleconferences and the television special, Health for All. This

new strategy of enlisting the media and advanced communications technology corresponded to a change in approach that the members of the Subcommittee had welcomed favorably.

On the matter of sectoral adjustments in health, the document before the Subcommittee had proposed that such adjustments be regarded as opportunities to implement PAHO's mandate and make national health systems more equitable, efficient, and effective. The members of the Subcommittee had recognized the importance of PAHO's participation in the development of such operations in the Region.

On the subject of the PAHO research program, the Secretariat had presented an analysis of the results achieved and the difficulties encountered. To a large extent these difficulties were due to incompatibility between the structure of the program of work and the human resources profile of the Organization.

With regard to external debt vis-à-vis health programs, the Secretariat had recently explored the possibility of converting external debts into resources for health. The application of this idea might have the potential of providing the Member Countries with additional resources to help them meet their national health priorities and perhaps, for some of the countries, offering some relief from their debt burden. The mechanism underlying debt-for-health conversion is not unlike other types of debt conversion in that it represents cancellation of a portion of public or private debt in return for an agreement to utilize the equivalent of the canceled debt to increase health resources. This item had generated great interest among the members of the Subcommittee.

The Director had reported on his participation in the VII Summit Meeting of Presidents of Central America, held in Montelimar (Nicaragua), and he had distributed a copy of the Declaration of Montelimar, section 15 of which reaffirms that the health of the Central American people is a political priority, which involves maintaining and strengthening joint health programs, conceived as a bridge for peace and understanding between the people of the area. Accordingly, the Presidents had agreed to suggest to their Ministers of Health that they immediately undertake an assessment of progress over the last five years under the Plan for Priority Health Needs in Central America and Panama (PPS/CAP) and that a new health initiative be developed for Central America. In support of this effort, they requested the collaboration of PAHO and WHO, among other organizations.

The Committee did not consider it necessary to adopt a resolution on this item.

Item 3.2: Report of the Special Subcommittee on Women, Health, and Development

Dr. Maynard presented the report (Document CE105/19) in her capacity as President of the Subcommittee. She indicated that the Subcommittee, consisting of representatives of Canada, El Salvador, Trinidad and Tobago, Uruguay, and Venezuela, had held its tenth meeting from 2 to 4 April 1990.

Advantage had been taken of the tenth anniversary to recall the Subcommittee's origins and review the achievements of the past decade. In addition, criteria had been established for guiding technical cooperation in the area of Women, Health, and Development in the context of the Organization's strategic orientations and program priorities for the quadrennium 1991-1994.

The President of the Subcommittee referred to the report contained in Document CE105/19 and called the Committee's attention to the recommendations that had been formulated on the various topics examined. In particular, resolutions had been adopted relating to the following agenda items: Item 4.1, "Review of the Resolutions of the Governing Bodies of PAHO on Women, Health, and Development"; Item 5, "Criteria to Orient Technical Cooperation in Women, Health, and Development"; Item 5.1, "Conceptual Precisions on Women, Health, and Development"; Item 5.2, "Strategic Orientations and Program Priorities for Women, Health, and Development for the Quadrennium 1991-1994"; and Item 5.3; "Conclusions of the Study on the Epidemiological Profile of the Health of Women in the Region of the Americas." In addition, it had approved the Plan of Activities for the Regional Program on Women, Health, and Development, 1990-1991.

In conclusion, the President of the Subcommittee stressed that Women, Health, and Development is not a program that can be considered in isolation; it must be associated with other programs in order to strengthen the interconnections on which health and development depend, not only for women but also for men.

In the discussion, it was suggested that an adequate procedure for translating the Subcommittee's task into future action might be a resolution concisely encapsulating the various recommendations contained in the Subcommittee's report. It was also asked where the focal points referred to in the report would be located.

The Director pointed out the exemplary position of PAHO in this area, since it has a specific program on Women, Health, and Development and even has projects with extrabudgetary funding, and he predicted that the Region of the Americas will probably be the only WHO Region to meet the goal of having 30% women on its professional staff. With regard to

the national focal points, he felt that they should be coordinated through the Ministries of Health but that their activities should not be limited to those that can be carried out by the Ministries.

The Committee did not consider it necessary to adopt a resolution on this item.

Item 3.3: Report of the Award Committee of the PAHO Award for Administration, 1990

The Award Committee of the PAHO Award for Administration, 1990, made up of representatives of Brazil, Canada, and Uruguay, met on 27 June and presented its report at the seventh plenary session, following which the Executive Committee adopted Resolution IX, in which it resolves to take note of the decision of the Award Committee to grant the PAHO Award for Administration, 1990, to Dr. Pedro A. de Armas H., of Venezuela, for his outstanding work in the area of health administration.

4. PROGRAM POLICY MATTERS

Item 4.1: Orientation and Program Priorities for the Pan American Health Organization in the Quadrennium 1991-1994

Mr. Boyer (Representative of the Subcommittee on Planning and Programming) presented the Subcommittee's report in regard to this item. He indicated that the Subcommittee had received a preliminary version of the document "Strategic Orientations and Program Priorities of the Pan American Health Organization during the Quadrennium 1991-1994" (Document CE105/24), which it had examined thoroughly, and that it had been in general agreement with its structure and content. In particular, it had strongly endorsed the suggestion that the Member Countries participate actively in PAHO's programs. In addition, it considered that it was important for PAHO to continue to set its own priorities, with the active participation of the Member Countries and the Subcommittee.

Dr. López Acuña (PAHO) explained that the document "Strategic Orientations and Program Priorities of the Pan American Health Organization during the Quadrennium 1991-1994" incorporated the recommendations of the Subcommittee. He added that the orientations and priorities approved by the Governing Bodies for the next quadrennium will constitute the doctrinal basis for encouraging the Governments to transform their national health systems and for guiding the technical cooperation activities of the Secretariat. He emphasized that the document is a frame of reference, not a plan of action, a program budget, or an inventory of priority problems.

In view of the deteriorating economic and social situation and the steady rise in unmet social needs, issues related to the development process will be of greatest concern to the Region in the 1990s.

Accordingly, there is a regional agenda for health, which may be articulated in terms of six major challenges that need to be faced in order to accomplish the transformation of national health systems in the Americas: to overcome the deficit in health services coverage; to improve the capacity to identify population groups that have the greatest public health needs; to formulate policies and programs that are geared to the attainment of equity in health; to increase efficiency in the sector; to reallocate resources to activities that are most effective; and to reorganize the sector so that it can move forward in the modernization process. It will be necessary, he said, to decide on how the Pan American Health Organization is to respond to these challenges during the quadrennium 1991-1994. Dr. López Acuña then reviewed, with assistance of slides, the seven strategic orientations presented in the document: reorganization of the health sector; health in the development process; incorporation of women into health and development; management of knowledge; use of social communication to promote health and development; cooperation among countries; and mobilization of resources.

Dr. López Acuña went on to point out that the program priorities fall into two broad groups: those corresponding to development of the health service infrastructure (economic analysis of the sector; sectoral financing; methodological development of programming; evaluation of technology and the quality of care; policies for continuing education), and those corresponding to priority lines for program action (environmental protection; promotion of physical and mental health; food and nutrition; maternal, child, and adolescent health; control and elimination of communicable diseases; prevention and control of drug abuse).

In the discussion that followed, there was praise, in general, for the work that went into the preparation of the document and, in particular, for the emphasis that it placed on certain aspects, such as development, use of communications media, decentralization, institutionalization, cooperation, and integration. However, some members of the Committee commented on the document's excessive complexity and the apparent confusion between program priorities, strategies for addressing those priorities, and instruments for putting the strategies into practice. At the same time, it was recognized that the strategies and recommendations were oriented toward real problems, and for this its authors were congratulated.

The Director expressed satisfaction with the comments on the document and pointed out that it was not easy to prepare a study that combined strategic orientations, on the one hand, with the definition of action-oriented program priorities, on the other. In any case, it was necessary to improve the document as a whole, make it more logically coherent, and establish guidelines for active, direct, and sustained participation by the Member Governments. Finally, it was agreed to simplify the language of the document, the final version of which will be submitted to the XXIII Pan American Sanitary Conference for its consideration.

As a result of the discussion, the Committee adopted Resolution IV at its sixth plenary session, which suggests that the XXIII Pan American Sanitary Conference adopt a resolution that would approve the document "Strategic Orientations and Program Priorities for PAHO during the Quadrennium 1991-1994" once the suggestions made by the Executive Committee have been incorporated, and would request the Director to apply these orientations and priorities in the budget preparation process throughout the quadrennium 1991-1994, ensure that the structure and operations of the Secretariat reflect these orientations and priorities, circulate the document on strategic orientations and program priorities among the Member Governments, and transmit the document to the Director-General of WHO and donor-country cooperation agencies. The resolution would also request the Member Governments to take the orientations and priorities into account in the formulation of their national health policies.

Item 4.2: Provisional Draft of Program Budget Proposal of the World Health Organization for the Region of the Americas for the Biennium 1992-1993

Mr. Boyer (Representative of the Subcommittee on Planning and Programming) explained that the tentative proposal presented to the Subcommittee in April 1990 regarding regular funds from the WHO budget had indicated an overall cost increase of 8.9% over the program budget for 1990-1991 of \$65,027,000. As a result, the Subcommittee had agreed to present to the 105th Meeting of the Executive Committee a tentative proposal of \$70,806,000, adjusted to take into account the professional salary increases approved by the United Nations, so that the Committee could make its recommendations to the XXIII Pan American Sanitary Conference in September 1990.

Mr. Milam (PASB), presenting the report on this item (Document CE105/16), explained that the Conference, in its capacity as Regional Committee of WHO for the Americas, is required to make recommendations to the Director-General of WHO. The Region's proposal will be part of the global proposal to be presented to the WHO Executive Board in January 1991 and to the World Health Assembly in May 1991.

The combined PAHO and WHO proposal for 1992-1993 will be submitted to the Subcommittee on Planning and Programming, to the Executive Committee, and to the Directing Council in 1991.

In the meantime, the WHO regular proposal was based on the program projected in Official Document 226 of May 1989.

Table I of Document CE105/16 shows the maximum cost increases. Country program activities are being held to a maximum cost increase of 11.0% over the 1990-1991 base, and regional and intercountry activities to a maximum increase of 9.0%, for an overall in the proposal of 9.9%.



Table II gives the distribution of the budget by location, and Table III, the distribution of the proposal according to the WHO Program Classification Structure.

Referring to Table II in Document CE105/16, the Director pointed out that without any increase in real costs it had been possible to transfer resources so that Cooperation with Countries represented 88.1% of the WHO budget for 1992-1993, Technical and Administrative Direction, 11.4%, and Governing Bodies, 0.5%.

At its fifth plenary session the Executive Committee adopted Resolution III, in which, among other things, it thanks the Director for presenting a tentative WHO regular program budget proposal for the biennium 1992-1993, which includes an increase in funds allocated to country programs while at the same time proposing no overall program increase and recommends to the XXIII Pan American Sanitary Conference, XLII Meeting of the Regional Committee of WHO for the Americas, that it approve the 1992-1993 proposal of \$71,491,000 by adopting a resolution in which the Director is requested to transmit to the Director-General of WHO a request amounting to \$71,491,000 for the Region of the Americas for the biennium 1992-1993, for consideration by the WHO Executive Board and the World Health Assembly in 1991.

Item 4.3: Acquired Immunodeficiency Syndrome (AIDS) in the Americas

Dr. Zacarías (PASB) presented the report on this item (CE105/7 and ADD. I). He indicated that as of 1 June 1990, 46 países or territories in the Americas had reported a total of 161,048 AIDS cases to PAHO. These cases represented 61% of the world total, and five countries--the United States of America, Brazil, Canada, Haiti, and Mexico--continued to account for more than 95% of all the reported cases in the Region. North America reported the largest number of cases, with a total of 136,463. The percentage distribution in Latin America and the Caribbean was as follows: Brazil, 41% of the cases; Mexico, 19%; the Latin Caribbean, 16%; the Southern Cone, 4%; the Central American Isthmus, 5%; the countries of the Andean Area, 7%; and the countries of the English-speaking Caribbean, 9%.

Dr. Zacarías pointed out that the geographical distribution of AIDS cases was not homogeneous and that there were some territories and smaller islands in the Caribbean which had had an exceptionally high number of cases relative to their populations. In the larger countries the cases were concentrated more in urban areas and certain states and provinces.

With regard to the patterns of transmission, some of the countries were observing, along with homosexual transmission among men, greater heterosexual transmission, with considerable increases in the number of HIV-infected women.

Dr. Zacarías went on to refer to the continuing problem posed by blood transmission in many countries of the Americas, where transfusion services cannot guarantee that all transfused blood is screened. In addition, he cited a rapid increase in transmission via contaminated syringes and needles among endovenously injected individuals. He also referred to perinatal transmission. Another important factor in HIV transmission is prostitution, since it has been demonstrated that other sexually transmitted diseases contribute significantly to the transmission of HIV.

With regard to prevention, there have been mass education campaigns directed toward the population to risk, since there is still no effective vaccine available against AIDS. Since 1987, PAHO has promoted the establishment of national prevention and control programs in all the countries of the Region. In general, the plans for the Regional Program reflect the strategies of the Global Program: prevention of sexual, blood-borne, and perinatal transmission and reduction of the impact of the AIDS epidemic on individuals and society as a whole.

In the discussion, there was general praise for the quality of the report presented by the Secretariat. Some aspects were pointed out that the members of the Committee considered to be especially important, and a number of suggestions were made. In particular, emphasis was placed on the need for accessible technology for the diagnosis of HIV infection. Mention was also made of the problem posed by classical diseases such as tuberculosis, which are often associated with AIDS infection. Stress was placed on the importance of disseminating information on AIDS and HIV infection through mass education and the effective use of communications media.

The Director said there is a general feeling that the battle against AIDS is being lost. With the disease's incidence on the rise, along with the rates of infection, it would appear that, at least in the short term, prevention activities have failed. But he warned against the risk of becoming resigned to "peaceful coexistence" with AIDS and consequent indifference on the part of funding agencies to provide resources with which to combat the disease. Another cause for concern is the shifting epidemiological pattern of transmission. He said that it should be recommended, or rather considered essential, that priority be given to this disease at the country and Regional levels, and he warned against excessive dependency on external financing by the national programs. He mentioned that the Governing Bodies of WHO had recently approved changes aimed at facilitating decentralization of the global program, particularly in terms of the mobilization of financial resources. Finally, he pointed out that the Research Program was collaborating with four scientific institutions in the Region in an initiative to produce a diagnostic method that did not depend on scientific precision instruments.

Taking the subsequent discussion into account, Resolution V was adopted at the seventh plenary session, in which the 105th Meeting of the Executive Committee recommended to the XXIII Pan American Sanitary Conference that it endorse the targets for the AIDS program in the Americas, that it urge the Member Governments to identify and mobilize adequate internal and external resources for ensuring efficient participation in AIDS prevention and control at the national level, and that it request the Director of PASB, in coordination with GPA/WHO, to strengthen regional managerial and resource mobilization capacity in support of national AIDS prevention programs.

Item 4.4: Plan of Action for the Eradication of Indigenous Transmission of Wild Poliovirus

Dr. de Quadros (PASB) presented the report on this item (Document CE105/13). Speaking of the work of the Expanded Program on Immunization (EPI), he indicated that in 1989 immunization coverage in the Americas had reached its highest historical level. Unfortunately, however, some countries had only recently included DPT and measles vaccines along with polio in their immunization campaigns. With regard to national activities aimed at eradicating the indigenous transmission of wild poliovirus, in 1989 the polio campaign had made notable progress in all the countries of the Region, and of the several cases reported, only 28 were confirmed. There also continued to be noticeable improvements in the epidemiological indicators, one of which indicators was the incidence of flaccid paralysis in the population under 15 years of age. According to data collected by EPI, at least one annual case of acute flaccid paralysis is to be expected for every 100,000 children under 15 years of age.

In 1989 a total of 24 cases of wild virus were registered in the Region (13 in Mexico, 1 in Venezuela, 5 in Colombia, 2 in Ecuador, 1 in Peru, and 2 in Brazil). It was expected that transmission would be interrupted in 1990.

With regard to the future challenges for the Organization and the Member Countries, Dr. de Quadros pointed out that many lessons had been learned since the Director first proposed the eradication of poliomyelitis in the Americas. It had been seen that the efforts made really did contribute to the improvement of immunization coverage and to the control of other diseases using advanced techniques. Ways had been found to approach the control of neonatal tetanus, and it was seen that interagency coordination was very important. Thanks to such coordination, more than US\$110 million had been obtained from USAID, Rotary International, UNICEF, the Inter-American Development Bank, and other agencies. These external resources had made it possible, in turn, to mobilize more than \$430 million in the countries themselves in behalf of the Program.

It was now necessary to redouble efforts to increase vaccination coverage, improve epidemiological surveillance, eliminate neonatal tetanus, and control measles, as well as to introduce new vaccines such as a triple viral vaccine against rubella, paratiditis, measles, and hepatitis B.

The discussion focused on activities undertaken in the Region of the Americas in recent years to eradicate poliomyelitis within the framework of the Expanded Program on Immunization.

The Director called attention to the efforts undertaken in the Americas during recent years to eradicate poliomyelitis within the framework of the EPI. He recalled that the countries of the Region had succeeded in mobilizing \$430,000,000 for the polio campaign. It can now be said that transmission of wild poliovirus is on the verge of being interrupted in the Americas and that the goal of eradicating poliomyelitis by the year 2000 can be attained. The recorded history of humankind exalts conquests and victories in the case of conflicts and wars; now hundreds of thousands of health workers are writing the history of other conquests--some of them already enshrined, such as the eradication of smallpox, and others soon to be achieved.

As a result of the discussion, the Executive Committee adopted Resolution VI at its seventh plenary session. Among other things, this resolution recommends to the XXIII Pan American Sanitary Conference that it adopt a resolution recognizing the critical role played by USAID, IDB, UNICEF, CIDA/CPHA, and Rotary International in the last five years and requesting that these and other agencies provide financial and technical support for the activities outlined in the document "Child Health: Accelerated Immunization Program in the Americas." The resolution would also urge the Governments to assign the necessary funds for the procurement of vaccines; it would reiterate that all the Member Governments should take measures to maintain universal coverage with all vaccines, increase measures aimed at controlling neonatal tetanus, and further strengthen the control of measles; it would emphasize to the Member Governments that adoption of the new classification of wild poliomyelitis cases was critical for interruption of the indigenous transmission of poliovirus; and it would request the Director to make every effort to sustain the activities needed in order to halt the transmission of wild poliovirus, take all steps needed to ensure agency coordination and funding for Phase II of the project, and present a progress report to the 1991 Meeting of the Directing Council on the findings of the International Certification Commission on poliomyelitis eradication and on the funding of Phase II.

Item 4.5: Scientific and Technical Health Information

Ms. Kefauver (Representative of the Subcommittee on Planning and Programming) reported that at the meeting held in April 1990 the Secretariat had presented a document describing the Regional Scientific

and Technical Health Information Program, including activities carried out by PAHO in collaboration with BIREME and other Pan American Centers such as CEPIS, CLAP, etc. The members of the Subcommittee had recognized the importance of scientific and technical information and had urged that PAHO publications be targeted toward all professionals in the health services, not just medical professionals.

Dr. Bobenrieth (PASB) referred to the report on this item (Document CE105/14), which covers the legal and administrative bases, scientific publications, scientific and technical health documentation and information, and the outlook for the future. He pointed out that all of PAHO's regional technical programs and the Pan American Centers were using information dissemination as a means of supporting the strategies in their specific areas of action. In this connection he cited the Expanded Textbook and Instructional Materials Program; the Health Situation and Trend Assessment Program; and the Program for Scientific and Technical Health Information (HBI). The aim of the PAHO publications policy is to disseminate essential up-to-date knowledge that will promote technical cooperation between PAHO and the Governments. Accordingly, the Organization will undertake to strengthen the existing national information networks and promote the creation of such systems in those countries that do not yet have them.

With regard to scientific publications, Dr. Bobenrieth stated that PAHO will continue to make special efforts to increase the capacity and resources of its national counterparts and will cooperate with them in carrying out inventories of their publications and assessments of their needs.

In the discussion, reference was made to the role of biomedical information programs in some of the countries and the importance of cooperative efforts between the Ministries of Health, the universities, the health system, and PAHO. In addition, attention was called to the importance of PAHO's participation and ongoing support, particularly through BIREME and HBI. It was stressed that the national public health authorities should be the coordinators and distributors of the information.

The Director emphasized four aspects that he considered especially important: scientific and technical information within the Organization as a whole, in particular through the Scientific and Technical Information Program and the technical programs of the Pan American Centers; use of the mass media (television, radio, press); use of up-to-date technologies, including satellite communications and CD-ROM compact disks; and finally, access to scientific and technical information by the health services at all levels, including the primary level.

As a result of the discussion, Resolution VII was adopted at the seventh plenary session. In it, the Committee recommends, inter alia, that the Conference resolve to urge the Governments to assign high priority to scientific and technical health information and to further the creation of biomedical journals and other publications, and it requests the Director to strengthen PAHO's role in the improvement of biomedical communications in order to ensure that this information permeates all levels of the health care system, and to seek the extrabudgetary funding necessary to accomplish these objectives.

Item 4.6: Environmental Protection

Ms. Kefauver (Representative of the Subcommittee on Planning and Programming) said that in its report the Subcommittee had pointed to the serious deterioration of the environment in both urban and rural areas of the Region, and she went on to say that the potential impact of this situation on the health of the population was taking on great importance in the Governments' programs. In response to this concern, PAHO had intensified its efforts to improve environmental health conditions. Six technical documents had been prepared on key environmental health issues in the Region, together with a document on the theme "Health, the Environment, and Poverty." The Subcommittee felt that education was essential to improving environmental health conditions and that it would have a multiplier effect for future generations.

Mr. Dávila (PASB), presenting the report on this item (Document CE105/15), indicated that the document constitutes a position paper for implementation of the new priority set by the Director of PAHO around the theme "Health and Environment." Traditionally, he said, the most critical environmentally related health problems had involved risks of a physical or biological nature. These traditional problems were now becoming more complex owing to the effects of development. As a result of the growing interaction between man and the environment, humankind was facing problems of worldwide dimensions, such as global warming, acid rain, depletion of the ozone layer, deforestation, progressive desertification, contamination of the ocean, etc. But in many cases more attention was being given to the quality of natural resources and to the effects on flora and fauna than to health problems.

The report proposes a way of dealing with the problems posed by environmental health needs in the Americas. Health promotion in the 1990s should have a much more ecological approach. The role of governments will be to promote private and community action and to act directly through coordinated efforts. In order for this to happen, it will be necessary to continue to develop national capabilities. It will also be necessary to mobilize external resources for the development of regional technical cooperation projects aimed at improving national capacity and incorporating consideration for health implications within development projects.

In the discussion that followed, emphasis was placed on the relationship between the countries' economic difficulties, deterioration of the environment, and the effect of these on health. It was pointed out that solution of the environmental problem depended on multisectoral approaches and the political will of the Governments. At the same time, it was felt that more support should be given to environmental health programs at the regional level. One representative suggested that PAHO draft a law to stop the dumping of wastes in smaller countries. Reference was also made to the desirability of increasing technical cooperation in order to better deal with environmental problems, and to the need to mobilize resources for such cooperation.

The Director pointed out that one of the major challenges was to strike a balance between the need for progress, on the one hand, and the urgency of preserving the environment and making rational use of natural resources, on the other. He added that WHO/PAHO has a role in three different areas in which it is irreplaceable: to promote recognition of the importance of health within the framework of international cooperation in this area; to contribute the necessary methodological instruments; and to cooperate directly with the Governments in helping them to assume their health-related responsibilities in the area of environmental protection.

As a result of the discussion, the Committee adopted Resolution VIII at its seventh plenary session, in which it recommended that the XXIII Pan American Sanitary Conference adopt a resolution urging the Governments to strengthen the administrative and technical capabilities of national and local institutions, to formulate national environmental health strategies, and to improve intersectoral cooperation. The resolution would also request the Director to provide technical cooperation for the strengthening of national capabilities, to promote activities and cooperate closely with national and international health and development agencies, to promote cooperation between and among countries in the area of environmental protection, and to take the necessary steps to mobilize extrabudgetary funds.

Item 4.7: Coordination between the Social Security and the Public Health Institutions

Mr. Boyer (Representative of the Subcommittee on Planning and Programming) said that the Subcommittee, in discussing this topic, had emphasized the importance of strategic development of social security programs in the context of the economic crisis that the Member Countries are facing. The Subcommittee had discussed the Organization's role in the area of social security and had felt that priority should be given to supporting the countries in the establishment of linkages between the social security institutions and the Ministries of Health. In addition, he felt that training activities should be promoted.

Dr. Castellanos (PASB), in presenting the report on this item (Document CE105/12), pointed out that coordination between social security and public health institutions continued to be an important issue in the Region. The results achieved to date had made for increased efficiency in the use of resources. However, true coordination and functional integration had only occurred in a small number of cases. In many countries there continued to be a lack of coordination on the part of the health services. The report cites the major changes that are taking place in the Region and their consequences for the health sector, and it estimates the prospects for the participation of social security in the health systems' efforts to reach the targets of Health for All by the Year 2000. The report refers to the plurality of institutions and resources in the countries of the Region and examines the prospects for social security to be conceived as an instrument of social policy.

Dr. Castellanos added that the need to reorganize the health systems was widely recognized in the Region, and that in this reorganization special consideration should be given to the progress being made in the countries toward the decentralization of policy-making and public administration. For these reasons, it is crucial to find solutions to the financing problems. In these processes, it is up to the Ministries of Health to strengthen the regulatory role of the health sector. At the same time, as far as the social security sector is concerned, it will be necessary to redefine the role of the institutions and gear them up to participate in health system development.

In the discussion that followed, it was emphasized that any process involving the coordination of public health and social security systems would be conceptually valid as long as it guaranteed the people's supreme right to health protection. It was noted that, in defining the participation of social security in health services delivery, it would be important not to pass on to social security any responsibilities that do not really correspond to it, and emphasis was placed on the need to spell out institutional responsibilities. Reference was made to coparticipation in the various mechanisms of user financing and to the importance of moving forward in the allocation of resources to different activities. The role of private sector institutions was also mentioned.

The Director called attention to the significant differences that exist between the social security schemes in the countries of the Region, which PAHO attempted to take into account in preparing its general proposals, and to the need for cooperation with the countries in promoting changes in these schemes. He pointed out that some weakness has been noted in the activities of the international organizations that have traditionally been concerned with social security, which creates a preoccupying gap in terms of general cooperation. PAHO is interested in seeing that this gap is filled.



On the positive side, there was increased interest on the part of development financing institutions, e.g. the IDB, the World Bank, etc., in analyzing the possibilities of the various social security systems, in expanding coverage, and in improving the quality of care. The Director added that it was the sixth time in the last 12 or 13 years that the Governing Bodies had addressed the subject of coordination between social security and public health institutions, which showed concern on the part of the Governments and the Organization, on the one hand, but, on the other, indicated a certain noncompliance with previous orientations and decisions.

Taking discussion into account, the 105th Meeting of the Executive Committee resolved in its ninth plenary session to suggest that the XXIII Pan American Sanitary Conference adopt a resolution accepting the report "Coordination between the Social Security and the Public Health Institutions" and emphasizing the validity of the recommendations contained in Resolutions CD30.R15 (1986) and CD32.R11 (1987) of the Directing Council. The resolution would also recommend to the Member Governments that they adapt their policies on social security to the needs of the various population groups, and it would request the Director to encourage these processes by promoting the incorporation of social security institutions into the national programming of technical cooperation provided by the Organization, to continue to emphasize the need for improvement or transformation of health systems, and to promote the mobilization of additional resources.

#### Item 4.8: Workers' Health

Dr. Durao (PASB) presented the report on workers' health (Document CE105/8), which contains an analysis of the situation in the countries of the Region, especially Latin America and the Caribbean. He pointed out that the aim of occupational health is "the adaptation of work to man and of each man to his job." It is therefore an important factor both in human development and in health promotion, and it impacts on the entire community. The good health of the working population is a social right and a prerequisite for optimum productivity and economic progress. Dr. Durao went on to refer to the tremendous repercussions of occupational accidents and to the importance of occupational diseases (silicosis, lead poisoning, and pesticides) and work-related diseases (infectious and parasitic diseases, cardiovascular and respiratory diseases, and various types of cancer). With regard to health services for workers, he pointed out that the responsibility for occupational health is shared between the Ministries of Health and Labor and the social security sector. Human and financial resources are scarce, he said, and budgetary allocations for workers' health programs are very limited, as they are for education and training as well. Finally, with reference to the possibilities for PAHO cooperation with the countries of the Region, the report proposes the development of training programs, the expansion of research capability and methods, and the promotion of multicenter projects.

During the discussion that followed, all the speakers had praise for the quality of the report. They congratulated the Secretariat on its work and commended Colombia for having proposed the inclusion of this item.

The members of the Committee emphasized the importance of the problem and stated that health in the workplace should be a priority component in the Region's programs. They pointed out the importance of education and information campaigns so that workers will know about the risks to which they are exposed. It was suggested that unions could play a role in this regard. The need for cooperation between the social security institutions and the Ministries of Health was emphasized, as was the importance of introducing occupational health into local health systems.

The Director referred to the problem of environmental risks for workers, especially the polluting and toxic substances that are generated in urban and rural workplaces.

In light of the discussion, the Committee adopted Resolution XIX at its ninth plenary session, which, among other things, resolves to request the Member Governments to give priority to the formulation of policies on occupational health and to the implementation of occupational safety and health laws, to increase the development of different forms of institutional workers' health care, to train the necessary human resources, to establish information and surveillance systems on occupational health, and to request the Director to give higher priority to workers' health in the formulation of program budgets during the quadrennium 1991-1994, as well as to promote and encourage mechanisms for greater mobilization of resources and increased capacity for PAHO technical cooperation in occupational health.

#### Item 4.9: Disability

Dr. Amate (PASB) submitted the report on disability (Document CE105/10) to the Executive Committee for its consideration. The report reviews the conceptual evolution of disability in the context of health in the Region of the Americas, the current situation, the PAHO Regional Program, and the role of nongovernmental organizations, and it predicts the trend of needs over the next decade.

Dr. Amate recalled that traditionally rehabilitation activities had been regarded as acts of charity and welfare. However, with proclamation of the International Decade of Disabled Persons by the United Nations, among other things, the disabled themselves have begun to strive for greater social integration and equal opportunities.

In response to these changes, PAHO has oriented its activities toward integration, with focus on proper utilization of resources.

The scant attention that has been paid to rehabilitation in the health programs of the Region has led in turn to an absence or limitation of rehabilitation services and to lack of access to general services. On the other hand, the information on disability that is currently available is not sufficient to give an idea of its prevalence and incidence, much less the situation of disabled persons in their social context or the extent to which the demand for services is being met. PAHO prepared a protocol for establishing a diagnosis that has made it possible to collect epidemiological information and provide the countries of the Region with an instrument for standardizing information and comparing the results. Dr. Amate added that the critical situation of disability care in the Region calls for action at all decision-making levels and that the countries should adopt explicit, integral policies, based on the principle of equal opportunity, which should take the place of the paternalistic criterion of protection. Community-based rehabilitation has been shown to be a valuable approach and should be supported by the Governments and PAHO as an alternative that takes advantage of social participation and intersectoral cooperation. Training, epidemiologically based research, and the collection and exchange of information should be carefully planned, since all development of actions and programs depends on these efforts.

In the discussion, the members of the Committee emphasized the importance of the document as a guide for future action. Attention was called to the dramatic problem in some countries of disabilities resulting from violence. Among the difficulties mentioned were human resources, lack of information, and insufficient coordination. It was pointed out that psychological rehabilitation and, in the case of adults, job rehabilitation are at least as important as physical and motor rehabilitation in facilitating social integration of the disabled. Also important are local planning, training, the exchange of information, and research on the establishment of viable rehabilitation services. It was emphasized that one of the most serious problems in the Region is lack of coordination, not only at the national level but also at the international level, and even among agencies within the United Nations system.

The Director deplored the tragedy of disability in the developing countries, with its high prevalence among children and the poor. Disability is an expression of social violence which is manifested more as a form of exclusion than as marginalization. Also, it is important not to forget the violence associated with operations of war. He pointed out that when one speaks of rehabilitation it is necessary to bear in mind integration, both within the health services and in the social context. The concept referred to in PAHO as "community-based rehabilitation" includes the idea of prevention.

As a result of the discussion, the Executive Committee adopted Resolution XIV at its ninth plenary session, the text of which suggests that the XXIII Pan American Sanitary Conference adopt a resolution urging the Member Governments to designate a focal point in their Ministries of Health to ensure that the treatment requirements of the disabled are met by the health services, to eliminate all discriminatory legislation, and to insist on the improvement of community-based rehabilitation within their health problems. The resolution would also request the Director to continue his efforts to increase Secretariat collaboration with the Member Governments and nongovernmental agencies and to seek extrabudgetary funding from all sources that are in a position to collaborate with national or regional programs on disability.

Item 4.10: Calendar of Possible Eradication Targets to be Achieved in the Americas between Now and the Year 2000

The report on this item (Document CE105/18) was presented by Sir George Alleyne (Assistant Director, PASB), who recalled the leadership that the Region has shown in eradication and control efforts since 1947, the year when the Member Governments of the Organization undertook to eradicate Aedes aegypti from the Western Hemisphere. He went on to point out the difference between "eradication," a term that implies that the infection has disappeared from all countries of the world because transmission of the causative organism has ceased in an irreversible manner, and "elimination," which corresponds to the disappearance of transmission from a small or large area.

With reference to the current situation, the Assistant Director noted out that the plan calls for the elimination of poliomyelitis in 1990. The target date of 1995 has been set for the elimination of neonatal tetanus, 1992 for urban rabies, and the year 2000 for foot-and-mouth disease. Other diseases whose eradication or elimination is considered possible by the year 2000 are the nonvenereal treponematoses (yaws, endemic syphilis, and pinta). As for onchocerciasis, leprosy, Chagas' disease, and others, the lack of knowledge about their epidemiology makes it difficult to envisage any plan for their eradication. In conclusion, the Assistant Director said that the six features common to an effective eradication program are: definition of the scientific basis, determination of disease's epidemiology, effective surveillance, evaluation of the health services infrastructure, the setting up of intercountry agreements, and mobilization of resources.

The next speaker, at the invitation of the Chairman, was Dr. Hopkins, Project Director, International Task Force for Disease Eradication. Dr. Hopkins explained that the Task Force had been created in 1988 to undertake a systematic study of certain diseases with a view to determining their eradicability. Thus far it had concluded that polio and guinea worm were ready for eradication; that urban rabies and

blindness caused by onchocerciasis could be eliminated; and that the transmission of infections caused by yaws and other endemic treponematoses could be interrupted. Dr. Hopkins warned against inappropriate use of the concept of eradication, as it involves a very special tool that is not applicable in most cases. However, when it is applicable, it offers the highest possible cost-benefit ratio and makes it possible to mobilize political authorities and public health workers around a definite, highly exciting target.

In the discussion that followed, general satisfaction was expressed at the prospect of elimination or eradication of certain diseases in the Region. It was suggested that study be given to the possibility of combating other diseases such as Grade III malnutrition, rickets caused by vitamin D deficiency, scurvy due to vitamin C deficiency, keratomalacia due to vitamin A deficiency, pellagra, and iodine deficiency. Emphasis was placed on the important role that the pharmaceutical industry could have in the definition of eradication strategies. Attention was called to the danger of concentrating exclusively on the elimination of certain specific diseases to the neglect of others.

The Director pointed out that it was necessary to take three factors into account in making decisions on the goals of eradication or elimination: scientific-technical feasibility, the benefits to be gained from the eradication/elimination effort, and the magnitude of this effort compared with the possible benefits. Personally, he felt that it is necessary to conclude with the eradication of poliomyelitis and then to continue to focus efforts on the eradication of neonatal tetanus, urban rabies, and foot-and-mouth disease. It will also be necessary, he said, to study the possibility of eliminating measles, the treponematoses, and onchocerciasis, as well as some of the deficiency diseases, leprosy, and Chagas' disease.

As a result of the discussion, the Executive Committee adopted Resolution XII at its eighth plenary session, which resolves to recommend that the XXIII Pan American Sanitary Conference adopt a resolution which, among other things, would request the Director to consult with the Governments and present to the next meeting of the Governing Bodies a report on the status of the eradication/elimination effort in relation to those diseases for which decisions have already been taken to proceed toward eradication/elimination (poliomyelitis, neonatal tetanus, urban rabies, foot-and-mouth disease, and measles), to establish mechanisms to determine the feasibility of eradication/elimination of those diseases for which a possibility of eradication/elimination exists (onchocerciasis, leprosy, Chagas' disease, the nonvenereal treponematoses, iodine deficiency diseases, xerophthalmia due to vitamin A deficiency), and to provide technical cooperation to those Member Countries wishing to proceed toward eradication/elimination of diseases which may not be suitable targets for a regional effort.

Item 4.11: Regional Plan of Action for the Reduction of Maternal Mortality in the Americas

Dr. Yunes (PASB) presented the report on the Plan of Action, based on consideration of the greatest risks of disease and death for women who give birth in social, cultural and economic circumstances that are less than satisfactory. The Plan foresees a major change in the situation in the Region by the year 2000, characterized not only by an improvement in reproductive health, which will make it possible to reduce maternal mortality by more than 50%, but also by a significant increase in the coverage and quality of care. In order for this to happen, it will be necessary to eliminate the economic barriers preventing access to the services, adjust their operation to local situations, secure the necessary inputs, develop a network of birthing centers, step up the prevention of abortion and the timely treatment of its complications, strengthen national blood bank networks, and integrate traditional midwives into the health systems. It will also be necessary to strengthen national plans through regional and international cooperation activities. The viability of the Plan depends on the procurement of new funding and on effective use of the resources already available--\$300 million a year over a period of five years.

During the discussion, members of the Committee expressed satisfaction with the target of reducing maternal mortality to 50% of its current level by the year 2000. Reference was made to the relationship between maternal mortality and the use of contraceptives. The desirability of training health professionals from the perspective of women's health was pointed out, as was the importance of greater training for lay midwives. The role played by birthing centers in some of the countries was cited, with the example of a country where maternal mortality levels are minimal because 99% of all births take place in hospitals, blood transfusions are free and the service is efficient, and communication and information campaigns are effective.

As a result of the discussion, the Executive Committee adopted Resolution XV at its ninth plenary session, in which it recommends that the XXIII Pan American Sanitary Conference resolve to urge the Member Governments to develop a comprehensive policy for the care of women, set targets for the reduction of maternal mortality by 50% within the next 10 years, carry out programs for the dissemination of information, and design plans for the reduction of maternal mortality. The resolution would also request the Director to support activities to prevent maternal morbidity and mortality and to make a progress report at the meeting of the Directing Council in 1993.

5. ADMINISTRATIVE AND FINANCIAL POLICY MATTERS

Item 5.1: Report on the Collection of Quota Contributions

In presenting this item (Document CE105/21 and ADD. I) at the first plenary session, Mr. McMoil (PASB) noted that on 1 January 1990 the total arrears of contributions due for years prior to that date had amounted to \$37,407,966. Payments on those arrears received from 1 January to 20 June 1990 had amounted to \$19,964,786. As of 20 June 1990 the arrears amounted to \$17,443,180, while on the same date in 1989 they had been \$14,591,374.

As of 20 June the collection of contributions in respect of 1990 assessments had amounted to \$10,439,306, representing 16% of current year assessments, compared with 23% at the same date in 1989.

With regard to the application of Article 6.B of the PAHO Constitution to those Member Governments in arrears in the payment of their contributions, Mr. McMoil noted that as of the opening of the XXXIV Meeting of the Directing Council in September 1989 there had been eight Member Governments subject to the application of Article 6.B, namely: Bolivia, Dominican Republic, Guatemala, Guyana, Haiti, Nicaragua, Peru, and Suriname. The Council had referred their situations to a Working Party for study. The XXXIV Meeting of the Directing Council, after examining the report of the Working Party, had commended the Government of Haiti on its continued effort to reduce its quota arrears and had adopted a resolution enabling the Governments of Bolivia, Nicaragua and Suriname, in view of their initial efforts to make payment pay and of their commitment to make additional payments, and had requested the Director to notify the Government of the Dominican Republic that its voting privileges would be suspended as of the commencement of the XXIII Pan American Sanitary Conference unless the Secretariat had received all payments scheduled under the plan approved in 1987.

At the opening of the 105th Meeting of the Executive Committee, the Governments of Antigua and Barbuda, Bolivia, Dominican Republic, Guatemala, Guyana, Honduras, Nicaragua, Peru, and Suriname owed more than two full years of quota contributions and might be subject to the application of Article 6.B as of the opening of the XXIII Pan American Sanitary Conference.

At its fifth plenary session, the Executive Committee adopted Resolution I, in which it recommends to the XXIII Pan American Sanitary Conference that the voting restrictions contained in Article 6.B of the PAHO Constitution be strictly applied in the case of those Member Governments which by the opening of that meeting have not complied with the provisions of Resolution III of the XXXIV Meeting of the Directing Council as they apply to their quota payment situations.

Item 5.2: Financial Report of the Director and Report of the External Auditor for 1988-1989

Under this item, Mr. Press, representative of the External Auditor, introduced the report on the accounts of PAHO for the 1989-1990 financial period and on the accounts of the Institute of Nutrition of Central America and Panama (INCAP) for 1989, stating that these accounts had been audited in accordance with Regulation 12 of the Financial Rules and Regulations of PAHO and adding that the report referred mainly to the financial statements of INCAP. As a result of action taken by PAHO and by INCAP, coupled with the fact that the necessary adjustments had been made in the financial statements, the External Auditor had been able to give a clear opinion on the INCAP accounts for 1989 and on the PAHO accounts for 1988-1989.

Mr. McMoil (PASB), after briefly reviewing the financial reports for PAHO, the Caribbean Epidemiology Center (CAREC), and the Food and Nutrition Institute of Central America and Panama (INCAP), stated that the Financial Report for 1988-1989 reflected the key financial aspects of the Organization as of 31 December 1989.

Highlighting some of the comments made by the Director in the Report, Mr. McMoil said that the Organization had continued to maintain steady growth in program delivery. Total expenditures during 1988-1989 had been \$310,173,706, reflecting an increase of 28% over expenditures for 1986-1987. Collection of current quota assessments had continued to decline compared with collection rates in previous financial periods. Nonetheless, the Organization had been able to implement approximately 97% of the effective working budget approved for 1988-1989. Commitments against this budget of \$121,172,000 had totaled \$117,544,143. The quota contributions received in the last weeks had exceeded the amount expected, resulting in an operating surplus of \$962,201. The level of trust fund expenditures in 1988-1989 had totaled \$59,530,789, compared with \$32,061,927 in 1986-1987, corresponding to an increase of 86%.

With regard to the Caribbean Epidemiology Center (CAREC), expenditures against all funds in 1988-1989 had totaled \$4.37 million, compared with \$3.3 million in 1986-1987. Although regular budget income had been reduced from \$2.5 million to \$2.3 million, the expenditures under this budget had decreased to \$1.7 million, yielding a surplus of \$614,000 as of 31 December 1989.

According to the financial statement for the Caribbean Food and Nutrition Institute (IANC), expenditures against all funds had been approximately \$2.3 million, including \$1.5 million for personnel costs. Regular budget income had increased to \$527,000, and expenditures to \$523,000, yielding a modest surplus of \$4,000.



Regarding the Institute of Nutrition of Central America and Panama (INCAP), 1989 expenditures from all sources had been \$6.3 million, compared with \$5.3 million in 1988. Under the regular budget, income in 1989 had exceeded expenditures by \$365,000. However, accounts receivable and unidentified disbursements amounting to \$335,000 had been written off, leaving a surplus at the end of 1989 of \$30,230.

As could be seen in the statement of quota contributions on page 81 of the Report, collections had totaled \$246,222 during 1989, compared with \$315,415 in 1988. Quota arrears as of 31 December 1989 had totaled \$668,516, compared with \$614,738 at the end of 1988. The Secretariat had provided substantial assistance advisory assistance, and INCAP's management had made a strong effort to correct the financial situation that had existed 1988.

The Director noted that the "conservative" policy adopted by the Organization had made it possible to regulate expenditures during a time of economic difficulties for all the countries. In 1988-1989, thanks to extrabudgetary funds, the trust funds had increased by 86%, and almost 45% of all expenditures had been financed from extrabudgetary funds. In 1990 more activities will have been programmed using outside resources than under the regular budget, which bears out the Organization's credibility. In summing up, he noted that CAREC's financial situation was very favorable, that the level of activities of CFNI had remained stable even though the collection of quota contributions from the Governments had not improved, and that the fragility of INCAP's financial structure had presented another type of risk, since 70% of its budget comes from extrabudgetary funds, 20% from the Bureau, and approximately 5% from quota contributions by the Member Countries, whose payments continue to be in arrears. In conclusion, he cited the surplus of \$962,000 for the biennium 1988-1989, which was achieved thanks to careful regulation of expenditures vis-à-vis the resources available, to payments on quota contributions received in the final months of the biennium, and to the unexpected increase in Miscellaneous Income. In view of the foregoing, he felt justified in being optimistic about the future, especially given the expectation that the Government of the United States of America will be paying up all its quota contributions by 1990, i.e. 100% of the contributions for current and future years and \$14,000,000 of arrears from previous years. The Director suggested that the surplus be used to help offset the increase in quota contributions for the biennium 1993-1994.

The Rapporteur presented Resolution II on this item, which was adopted at the fifth plenary session. In it, the 105th Meeting of the Executive Committee takes note of the Financial Report of the Director for 1988-1989, transmits it together with the Report of the External Auditor to the XXIII Pan American Sanitary Conference, endorses the Director's proposal to credit the surplus of \$962,201 toward reducing the quota contributions of the Member Governments relative to the Program

Budget for the Biennium 1992-1993, and congratulates the Director on his efforts to maintain a sound and balanced financial position for the Organization.

Item 5.3: Amendments to the Staff Rules of the Pan American Sanitary Bureau

In presenting the report on this item (Document CE105/5 and ADD. I) at the eighth session, Mr. Gauthier (PASB) informed the Executive Committee that the amendments were being presented pursuant to decisions taken by the United Nations General Assembly at its forty-fourth session (1989), based on recommendations of the International Civil Service Commission, and that they were identical to those approved by the WHO Executive Board at its meeting in January 1990 and by the World Health Assembly in May 1990.

Based on these amendments, an increase of less than 5% was being introduced in the salary scales for staff in the professional and higher categories. In principle, these increases also covered incumbents of ungraded posts, in view of previous decisions by the Executive Committee. In other amendments, there was an increase in dependents' allowances in respect of disabled children, additional steps were introduced in some of the categories for staff whose salaries had been frozen at the top of their grade, and the 18-month home leave cycle had been eliminated. In addition, the retirement age had been extended to 62 for newly recruited staff, and the education grant had been increased at certain designated duty stations. The budgetary implications of the amendments presented in Document CE105/5 amounted to \$1,700,000. To this it was necessary to add the additional cost of the amendments proposed for PAHO in ADD. I, amounting to \$500,000, corresponding to the new schedule of terminal remuneration, the determination of salary on promotion, the rates of staff assessment in professional and higher categories, post adjustment, mobility and hardship allowance, etc.

Document CE105/5 contained a draft resolution to approve, effective 1 July 1990, the Director's proposal to (a) establish the annual salary of the Deputy Director at \$67,000 (with dependents) or \$60,485 (without dependents), and (b) to establish the annual salary of the Assistant Director at \$66,000 (with dependents) or \$59,485 (without dependents). In addition, it was recommended that the XXIII Pan American Sanitary Conference establish the annual salary of the Director at \$73,942 (with dependents) or \$65,370 (without dependents), effective 1 July 1990.

This resolution was adopted unanimously at the same session. It constitutes Resolution X of the 105th Meeting of the Executive Committee.

At its ninth plenary session, the Committee approved an adapted version of the amendments to the Staff Rules presented by the Director as contained in the annexes to Documents CE105/5 and CE105/5, ADD. I. It

corresponds to Resolution XVI, in which the Committee confirms the amendments to the PAHO Staff Rules.

Item 5.4: Hiring under Local Conditions of Employment for the Mobilization of National Resources

Mr. Gauthier (PASB), in presenting the corresponding report (Document CE105/6), reviewed the history of this item, which dated back to the XXII Pan American Sanitary Conference. Resolution XIX of that Conference, on the recruitment of national support personnel, gave the Organization the right to recruit personnel in accordance with national laws. In addition, it requested that staff rules be prepared and reports be presented, which in fact had been done. The new system was to be implemented on a limited basis, and posts already established and filled with international personnel were to be excluded. In 1989 the Executive Committee had asked the Secretariat to develop criteria and guidelines regarding the kind of posts that would remain under the United Nations Common System. These criteria appeared in Document CE105/6. It was made clear that PAHO would continue to be an international organization and that the system of hiring under local conditions would only be applied on a limited basis. During the last year only 11 positions of this type had been created. It was intended to present a final report at the 107th Meeting of the Executive Committee.

During the discussion, attention was called to the importance of proceeding cautiously in the implementation of the new system, and questions were asked about the competitiveness of the salaries at the local level and on application of the system in only some of the countries.

The Director explained that the only Country Representative Office which had applied the system was the one in Brazil, because of the need for staff to administer projects funded from extrabudgetary sources. He indicated that in other countries the need had not been as pressing and that in some of them labor legislation was so complex that it would be very cumbersome to comply with it. He said that the salaries of the Office were competitive when compared with the rest of the market, especially the public sector. The procedure was the same as that used to determine the salary scale for the United Nations; the only difference was in the elements being compared.

At its ninth plenary session, the Executive Committee adopted Resolution XVII, which takes note of the progress achieved in implementing Resolution XIX of the XXII Pan American Sanitary Conference, reiterates the principles enunciated in that resolution, and endorses the criteria and orientations contained in Document CE105/6.

Item 5.5: PAHO Building Fund and Maintenance and Repair of PAHO-owned Buildings

Mr. Tracy (Chief of Administration, PASB) presented the report on this item (Document CE105/9) at the eighth plenary session. He reported that in May 1990 the World Health Assembly had approved two new projects which had been approved by the Executive Committee in June 1989, namely: replacement of the air handlers in the Headquarters building, and modernization of the building's fire and safety systems, at a cost of \$293,000 and \$326,000, respectively. WHO would pay 25% of the cost of these projects.

Document CE105/9 contains two new items. The most important, removal of the asbestos insulation from the old air handlers, would represent a cost of \$200,000. If approved by the World Health Assembly, WHO would pay \$50,000 and PAHO \$150,000. The second item, replacement of the roof on the PWR Office in Peru, would cost \$22,000, of which WHO would pay \$5,000.

The Director reported to the Committee that it had been decided at the end of 1989, for lack of better alternative, to purchase a house for PAHO in Haiti at a cost of \$210,000 (plus \$130,000 for necessary repairs), which was charged to unused funds from the Haiti cooperation program for the biennium 1989-1990. The house accommodates the entire staff of the Haiti Office, which makes it possible to save about \$2,000 in monthly rent. He then consulted with the Committee on the desirability of accepting a 99-year rent-free lease (en comodato) on buildings offered by the Governments of Colombia and Guyana. Repair costs would be borne by the Bureau, and, in order to charge the cost of repair and maintenance to the PAHO Building Fund, it would be considered that these buildings belong to the Organization.

At the same plenary session the Executive Committee adopted Resolution XI, based on the draft resolution included in Document CE105/9, in which the Committee resolves to approve the proposed phasing of the project on the air handlers as described in Document CE105/9, to increase the funds for asbestos removal to \$200,000, and to approve the project to replace the conference room roof of the PAHO building in Peru at an estimated cost of \$22,000.

6. GENERAL INFORMATION MATTERS

Item 6.1: Statement by the Representative of the PAHO/WHO Staff Association

In his presentation to the Committee at the seventh plenary session, Mr. Yerg, Representative of the PAHO/WHO Staff Association, referred to Document CE105/11, which reviews the major points of concern

to the staff. Mr. Yerg expressed satisfaction with the recent review of professional salaries, which would result in the first salary increase in 10 years. However, there were other matters of concern, such as the impact of certain policies on health and retirement benefits. He referred to the special interests of staff in the Region, whose circumstances were not always taken into account in decisions made in Geneva. He called for a combined effort by the Governments, the Administration, and the staff to ensure the best possible conditions of employment. In conclusion, he expressed concern over the fact that the recommendations of the Board of Appeals were rarely accepted and stressed the need to appoint an ombudsman.

Item 6.2: Resolutions and Other Actions of the Forty-third World Health Assembly of Interest to the Executive Committee of PAHO

In presenting the report on this item (Document CE105/26), Dr. Knouss (Deputy Director, PASB) pointed out that a number of the questions dealt with in the resolutions adopted by the World Health Assembly had been discussed by the Executive Committee, such as those concerning women, children, and AIDS (Resolution WHA43.10). Others, such as iodine deficiency disorders, the reduction in demand for illicit drugs, and the strengthening of support for countries with serious economic problems, were addressed in the strategic orientations and program priorities for the quadrennium 1991-1994. Of special interest to the Region is Resolution WHA43.8, on Andean cooperation in health, which urges the Member States, WHO, and other international and nongovernmental organizations to endorse the Andean Cooperation in Health Initiative and requests the Director-General to support the Regional Office and the Governments in the promotion of this effort.

Item 6.3: Operational Activities for Development of the United Nations System

Mr. Boyer (Representative of the Subcommittee on Planning and Programming) referred to Resolution 44/211 adopted by the United Nations General Assembly at its fortieth fourth session. This resolution, which among other things declares the intent to redistribute staff and implement economies at the headquarters of the international organizations, could have major implications for WHO and PAHO.

Dr. Teruel (PASB), presenting the report on this item (Document CE105/23), explained that Resolution A/RES/44/211 was being brought to the attention of the Governments at the request of the Director-General of WHO. The text contains 27 clauses, in the course of which it is stated that the national plans and priorities are the only viable framework within which to carry out national programming of operational health sector activities within the United Nations system. The resolution in question will be considered by the WHO Executive Board again in January 1991.

The Director pointed out that Resolution A/RES/44/211 of the General Assembly would represent a revolution in the way the Organization does its work and poses dangers for sectoral cooperation. In particular, the channeling of financing for cooperation through the UNDP threatens the allocation of specific budgets for different sectors. Another risk is that, given the way in which decisions are taken in the development process at the country level, it would undermine the importance of the health sector.

#### Headquarters Building

The Executive Committee decided to include this item on the agenda for the Conference as a result of an agreement reached in a closed session held on 28 June 1990 in which the Organization's space needs at its Headquarters in Washington, D.C., were reviewed and analyzed.

After considering the various alternatives for dealing with the space shortage, the members of the Committee endorsed the idea of proceeding with the construction of a new Headquarters building in Washington, D.C., and requested the Director to submit a proposal to that effect to the XXIII Pan American Sanitary Conference.