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FINAL REPORT

Opening of the Session

1. The 50th Directing Council of the Pan American Health Organization (PAHO), 62nd Session of the Regional Committee of the World Health Organization (WHO) for the Americas, was held at the Headquarters of the Pan American Health Organization in Washington, D.C., from 27 September to 1 October 2010. The Council adopted 17 resolutions and 5 decisions, which appear at the end of this report. The agenda and list of participants are attached as Annexes A and C, respectively.

2. Dr. Esperanza Martínez (Paraguay, outgoing President) opened the session and welcomed the participants. Opening remarks were made by Dr. Mirta Roses (Director, Pan American Sanitary Bureau, [PASB]), Ms. Kei Kawabata (Social Sector Manager, Inter-American Development Bank), Mr. José Miguel Insulza (Secretary-General, Organization of American States), and Mr. Bill Corr (Deputy Secretary of Health and Human Services, United States of America, Host Country). Dr. Margaret Chan (Director-General, World Health Organization) also addressed the Council via video. The text of their remarks may be found on the webpage of the 50th Directing Council.¹

Procedural Matters

Appointment of the Committee on Credentials

3. Pursuant to Rule 31 of the Rules of Procedure of the Directing Council, the Council appointed Chile, Jamaica, and Nicaragua as members of the Committee on Credentials (Decision CD50(D1)).

Election of the President, Two Vice Presidents, and the Rapporteur

4. Pursuant to Rule 16 of the Rules of Procedure, the Council elected the following officers (Decision CD50(D2)):

President: Mexico (Dr. José Angel Córdoba Villalobos)

Vice President: Peru (Dr. Oscar Ugarte Ubilluz)

Vice President: Saint Lucia (Hon. Keith Mondesir)

Rapporteur: Canada (Dr. Karen Dodds)

¹ http://new.paho.org/hq/index.php?option=com_content&task=view&id=3149&Itemid=2401&lang=en

5. Dr. Mirta Roses (Director, PASB) served as Secretary ex officio, and Dr. Jon Kim Andrus (Deputy Director, PASB) served as Technical Secretary.

Establishment of the General Committee

6. Pursuant to Rule 32 of the Rules of Procedure, the Council appointed Cuba, Panama, and Uruguay as members of the General Committee (Decision CD50(D3)).

Adoption of the Agenda (Document CD50/1, Rev. 2 and Rev. 3)

7. The Council adopted the provisional agenda contained in Document CD50/1, Rev. 2, with one change: the progress report on implementation of the WHO Framework Convention on Tobacco Control (item 8.6-E) was moved from Matters for Information to Program Policy Matters (Decision CD50(D4)). The Council also adopted a program of meetings (Document CD50/WP/1, Rev.1).

Constitutional Matters

Annual Report of the President of the Executive Committee (Document CD50/2)

8. Dr. Celsius Waterberg (Suriname, Rapporteur of the Executive Committee) reported on the activities carried out by the Executive Committee and its Subcommittee on Program, Budget, and Administration between September 2009 and September 2010, highlighting the items that had been discussed by the Committee but not sent forward for consideration by the 50th Directing Council and noting that he would report on other items as they were taken up by the Council. The items not sent forward included Nongovernmental Organizations in Official Relations with PAHO, the Annual Report of the Ethics Office, a report on the status of projects funded from the Holding Account, an update on contract reform at PAHO, amendments to the PASB Staff Rules, and a statement by a representative of the PAHO/WHO Staff Association. Details of the discussions and the action taken on those items may be found in the final report of the Committee's 146th Session (Document CE146/FR).

9. The Council thanked the Members of the Committee for their work and took note of the report.

Annual Report of the Director of the Pan American Sanitary Bureau (Document CD50/3, Rev. 1)

10. Following the projection of a video that provided an overview of the Organization's work during the previous year, the Director presented her Annual Report, the theme of which was "Promoting Health, Well-being, and Human Security in the Americas." She highlighted some of the ways in which PAHO technical cooperation had contributed to human security in Member States in seven major areas: health economics,

food security, environment, personal security, community security, social protection, and disease control, citing specific examples of activities carried out in each area. The major public health events that had occurred in the Region during 2009 and 2010—including the influenza pandemic and the devastating earthquakes in Haiti and Chile—had been poignant reminders of the importance of, and the links between, health and human security. Those events had also been vivid reminders that human security was every bit as important as national and property security.

11. During the year PAHO had supported Member States' efforts to cope with the effects of the global economic crisis through sustainable financing solutions, more equitable distribution of scarce resources, and the reorganization of health systems applying a primary health care approach. For example, PAHO had worked with social security institutions and funds using a primary health care approach to improve the management and allocation of resources in health services with a view to reducing demand for hospital care, increasing ambulatory and home-based care, ensuring earlier detection and treatment of chronic diseases, and incorporating health promotion into all levels of care.

12. In the area of food security, PAHO had supported efforts to improve early detection, treatment, and follow-up of severe acute malnutrition and had also supported projects to improve food and nutrition security for children and to fight anemia in children and pregnant women. To enhance food safety, the Organization had supported efforts to harmonize food safety legislation, regulation, and inspection and had provided technical cooperation for the development of food safety policies and plans at country level.

13. With regard to environmental, personal, and community security, PAHO had worked with other United Nations agencies to support the publication of an atlas of childhood environmental risks in Argentina and was currently helping to develop a manual of procedures to combat environmental contamination and tools for detecting and responding to related health problems at the local level. The methodology would be made available to other Member States to encourage the production of similar tools. Initiatives relating to personal and community security had included support to local health authorities to build capacity with regard to occupational health and efforts to address workplace violence and other forms of violence, in particular gender-based violence and violence among youth. In addition, the Organization had worked with national and departmental authorities to increase access to health care and improve the quality of life and nutritional status of persons displaced by violence and disasters.

14. PAHO's support for pandemic preparedness efforts over the previous few years had paid off in a strong response to pandemic (H1N1) 2009. The Organization had quickly mobilized interdisciplinary teams of experts and had provided assistance in surveillance of respiratory diseases, infection control, laboratory diagnosis, and risk

communication. It had also worked to ensure access for Member States to the pandemic vaccine through the PAHO Revolving Fund for Vaccine Procurement.

15. Some of PAHO's most important work in promoting human security during the year had been its support for Haiti and Chile following their earthquakes. In both countries, the Organization had played a crucial role in coordinating relief efforts in the health sector. In Haiti PAHO had coordinated the activities of foreign medical teams and mobile clinics. In Chile, a key PAHO contribution had been support for the development and implementation of a comprehensive environmental health plan, a mental health action plan, and a strategy and manual on post-disaster care for people with disabilities.

16. Human security promised to remain a major focus of PAHO's technical cooperation in the future, particularly in the light of the growing interdependence between peoples and countries in the Region and around the world. The gaps between the more and the less privileged would continue to create situations of instability that must be addressed by giving attention to all the components of human security, with strong emphasis on reducing inequities, since no individual, family, community, or country could be completely secure when the security of others was at risk. That was the message that health authorities must stress as they advocated for increased investment in public health, strengthening of health systems, and intersectoral efforts to address all aspects of human security. For its part, PAHO would continue to promote health as a key contributor to human security and better quality of life for all the peoples of the Americas.

17. The Council commended PAHO for its work during the year and congratulated the Director for her report, which highlighted the critical role of health in human security and in national and regional development agendas. It was recognized that there was now greater interdependence between the local and global levels with respect to health issues and greater appreciation of the fact that health problems did not respect national boundaries, as had been made abundantly clear by pandemic (H1N1) 2009, which had spread rapidly and posed a threat to human security around the globe. Delegates applauded PAHO's swift and decisive response to the pandemic and emphasized the need for joint effort and coordinated international responses to diseases with the potential for international spread. Appreciation was also expressed for PAHO's efforts to facilitate access to the pandemic vaccine. It was pointed out that the response to the pandemic had afforded the opportunity to highlight the importance of immunization against other vaccine-preventable diseases, such as measles and rubella. The importance of maintaining high immunization coverage against those diseases in order to achieve regional and global disease elimination goals was underscored.

18. Numerous delegates stressed the need for a global response to the growing epidemic of chronic noncommunicable diseases and urged health officials from all Member States to participate in the high-level meeting of the United Nations General

Assembly on prevention and control of noncommunicable diseases, to take place at United Nations headquarters in New York in September 2011. Chronic diseases were a grave threat to human security and development, and political commitment and a multisectoral approach—involving the financial, foreign affairs, education, trade, and agriculture sectors—was needed to address them. It was considered especially urgent to address the rising rates of obesity and other risk factors for chronic disease among children. At the same time it was pointed out that there continued to be serious infectious threats to health in the Region and that some of them, such as dengue, were being exacerbated by climate and environmental change. Close collaboration between countries was needed to bring such diseases under control and to mitigate the environmental and social factors that were contributing to their persistence. The Delegate of Brazil noted that his country would host the World Conference on Social Determinants of Health in October 2011. That event would afford the opportunity for countries to come together to undertake a detailed assessment of the impact of social determinants on health and quality of life.

19. Delegates mentioned a number of other health issues requiring ongoing attention from both the Bureau and Member States, noting that many of them were on the Council's agenda. One was health system reform and the challenge of achieving universal coverage. A closely related challenge was health care financing. Delegates called on PAHO to assist Member States in developing systems that would enable them to make the most efficient use of limited resources. The need to increase technology transfer and to develop technological capacity in countries of the Region, especially for the production of vaccines and other pharmaceutical products, was emphasized. The importance of monitoring and evaluating progress towards the health-related Millennium Development Goals, particularly Goals 4 (Reduce child mortality) and 5 (Improve maternal health) was highlighted. In that connection, Member States were encouraged to adopt the global accountability framework being developed by the United Nations in partnership with governments and other stakeholders in order to facilitate reporting and tracking of progress on maternal and child health. Several delegates emphasized the importance of tobacco control activities, especially to counter efforts by the tobacco industry to market tobacco products to children and young people. The importance of sustained effort to eliminate neglected diseases such as Chagas disease, onchocerciasis, and trachoma was also stressed, and attention was drawn to the need to continue fighting HIV/AIDS and the stigmatization and discrimination associated with it.

20. The Director thanked delegates for their comments and for the information provided on health initiatives under way in their respective countries. She acknowledged the growing importance of the issue of chronic diseases and said that additional information on the Organization's activities in that regard would be provided during the discussion of the progress report on the implementation of the Regional Strategy and Plan

of Action for an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity and Health (see paragraphs 257 to 266 below).

21. The Council thanked the Director and took note of the report.

Election of Three Member States to the Executive Committee (Document CD50/4)

22. The Council elected Grenada, Peru, and the United States of America to the Executive Committee, replacing Bolivia, Mexico, and Suriname, whose periods of office on the Committee had expired.

23. The Council adopted Resolution CD50.R3, declaring Grenada, Peru, and the United States of America elected to membership on the Executive Committee for a period of three years and thanking Bolivia, Mexico, and Suriname for their service.

Program Policy Matters

Program and Budget 2008–2009 End-of-biennium Assessment/Interim PAHO Strategic Plan 2008-2012 Progress Report (Document CD50/5)

24. Dr. Celsius Waterberg (Representative of the Executive Committee) reported that the Executive Committee had examined the methodology for assessing the implementation of the 2008-2009 Program and Budget and the Strategic Plan for the period 2008-2012, and heard a report on the preliminary findings of the assessment. The Committee had been pleased to learn that the majority of the strategic objectives and Region-wide expected results were on track, and had urged the Bureau to redouble its efforts with regard to those that were considered to be at risk of not being achieved by the end of 2012.

25. Several delegates had remarked that the information presented in the assessment report seemed to reflect some incongruities. It had been pointed out, for example, that Strategic Objectives 5 and 9 ranked last in terms of programmatic priority, but were both classified as “overfunded,” whereas the strategic objectives that ranked first, second, and third were all “underfunded.” It had been suggested that, in light of the funding problems shown in the report, it might be advisable to review the approach used to prioritize the strategic objectives. Support had been expressed for the Bureau’s efforts to obtain more un-earmarked voluntary contributions to fill the funding gaps identified in the report. The Committee had encouraged the Bureau to apply the lessons learned in 2008-2009 to its work in the current and future bienniums and to continue to integrate gender and intercultural perspectives into all its programs and activities. The Committee had also applauded the Bureau’s progress in implementing results-based management.

26. Dr. Isaías Daniel Gutiérrez (Area Manager, Planning, Budget, and Resource Coordination, PASB) reported that the Organization remained on track to achieve all of the strategic objectives established under the Strategic Plan 2008-2012. At the end of the

first biennium of the period covered by the Strategic Plan, only 4 of the 16 objectives had been considered to be at some risk of not being achieved by the end of 2012 and none had been considered to be “in trouble” (i.e., likely not to be achieved). The implementation rate for the total budget had been 94% for the biennium: 99% for the regular budget and 89% for the portion of the budget derived from other sources (mainly voluntary contributions). A total of \$281 million² had been mobilized from other sources, which had covered 81% of the funding gap for the biennium.

27. In the light of the Executive Committee’s comments, the Bureau had clarified the information in the report concerning the alignment between the programmatic priority ranking of the strategic objectives and the allocation of funds. That relationship was depicted in Figure 9 in Document CD50/5, which made it clear that there was a significant degree of misalignment. That situation was due to two factors: 65% of the regular budget was allocated to staff costs and the majority of the voluntary contributions received by the Organization were earmarked for specific purposes. Those two factors made it difficult to redistribute resources among the strategic objectives in order to fill funding gaps.

28. The Directing Council welcomed the progress made towards achievement of the strategic objectives and applauded the transparency and commitment to results-based management evident in the report. That progress was considered particularly praiseworthy in view of the unforeseen challenges that had arisen during the biennium, notably the economic and financial crisis, pandemic (H1N1) 2009, and several natural disasters in the Region. Delegates applauded the structure and detail of the document, which enabled them to analyze the activities undertaken in respect of the various strategic objectives and the budget—including voluntary contributions—devoted to each one. Information was requested on how the Bureau prioritized voluntary contributions (e.g., by country, by subregion, by disease burden, or on the basis of some other criterion). It was hoped that the Bureau would retain the same approach to evaluation in future bienniums in order to ensure that the information presented was comparable and to facilitate the assessment of progress with regard to the baselines identified in 2007.

29. Concern was expressed about the apparent lack of alignment between the allocation of budget resources and the prioritization of the strategic objectives, and the Bureau was urged to continue its efforts to fill funding gaps, in particular through the mobilization of a larger proportion of non-earmarked voluntary contributions, and to identify implementation barriers and redirect resources as needed. Particular concern was expressed about Strategic Objective 4 (Reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals), which was the top-ranked programmatic

² Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

priority and yet the report indicated that it was both underfunded and significantly misaligned. It was suggested that the proportion of the budget allocated to support the strengthening of health systems and the achievement of universal coverage should also be increased. It was also suggested that the Bureau should review some indicators with a view to ensuring that the targets envisaged would translate into real progress, especially in respect of the health-related Millennium Development Goals. Member States were encouraged to give careful attention to the report's recommendations on the implementation of national policies and plans aimed at achieving the targets established under the Strategic Plan.

30. Dr. Gutiérrez said that regular budget funds were allocated in line with the Regional Program Budget Policy (see paragraphs 33 to 40 below). As to voluntary contributions, if they were flexible they could be distributed among the various strategic objectives as needed, but if they were earmarked they had to be used for the purposes specified by the donor. Decisions with regard to the reallocation of resources were made every six months when evaluations were conducted in order to assess the extent to which the biennial workplans developed by national authorities in collaboration with the PAHO/WHO representative had been implemented. While some resources could be redirected to cover funding gaps identified during the evaluations, the Bureau's ability to move funds was constrained by the fact that almost two-thirds of the regular budget was allocated to cover costs associated with staff posts, and it was difficult to transfer posts from one area to another. The Bureau was, however, mindful of the problems with the alignment of funds and programmatic priorities and was seeking ways to rectify them.

31. Dr. Gina Tambini (Area Manager, Family and Community Health, PASB), responding to the comments concerning Strategic Objective 4, said that the technical teams within her area were working with counterpart teams at the subregional and country levels to make the best use of monitoring and evaluation tools in order to ensure that the Organization's technical cooperation was contributing as effectively as possible to the reduction of morbidity and mortality among children and other vulnerable groups.

32. The Council took note of the report.

Evaluation of the Regional Program Budget Policy (Document CD50/6)

33. Dr. Celsius Waterberg (Representative of the Executive Committee) reported that the Executive Committee had reviewed the proposed methodology and procedure for evaluating the Regional Program Budget Policy adopted in 2004 and had heard a report on the preliminary findings of the evaluation. The Committee had been informed that the policy had been correctly implemented and that, overall, its development and implementation had been a success for both the Bureau and Member States. Nevertheless, it had been recommended that the policy's core funding threshold should be reviewed, as in some cases there had been evidence that the funding floor might be too low to ensure a

minimum level of operations. It had also been recommended that the policy should be made more flexible in order to allow for greater discretion in the allocation of funds. The Committee had viewed the evaluation as evidence of the Organization's commitment to results-based management. Delegates had stressed that the evaluation should examine the resource allocation formula in the light of new challenges and changing circumstances, and that resources should be allocated with an eye to ensuring sufficient funding for the strategic objectives that had been determined to be underfunded and/or at risk of not being achieved by the end of 2012. Delegates had also emphasized the importance of ensuring that the allocations to Member States were sufficient to enable them to meet the indicator targets under the Strategic Plan and, more generally, to participate effectively in the work of the Organization.

34. Mr. David O'Regan (Auditor-General, Internal Oversight and Evaluation Services, PASB) summarized the main findings of the evaluation of the Regional Program Budget Policy, namely: the policy had been correctly implemented in accordance with the criteria approved by the 45th Directing Council in Resolution CD45.R6 and its strict allocation formula had provided a clear, transparent, and consistent methodology for the allocation of regular budget resources to the regional, subregional, and country levels. However, the evaluation had also found that the allocation formula had left little room for flexibility in resource allocation, and the Internal Oversight and Evaluation Services (IES) therefore recommended that consideration be given to introducing qualitative factors into the policy in order to allow for greater flexibility. He recalled that during the Executive Committee's discussion of this item, he had suggested that "discretionary elements" should be incorporated into the policy; however, after completing the evaluation, IES was now of the view that injecting discretion into budgetary decision-making might damage transparency and clarity and was therefore recommending that well-defined qualitative factors (for example, the special needs of small island developing States) should be introduced instead.

35. As noted by the representative of the Executive Committee, the evaluation had revealed that the minimum allocation threshold for some countries had been too low, as evidenced by the need to mobilize additional extra-budgetary resources in order to ensure a minimal level of operations. The evaluation had also found that the variables used in the health needs index formula (life expectancy and per capita income) should be updated at least every two bienniums in order to ensure that they remained relevant. IES recommended that the population-smoothing factor included in the health needs index should be reexamined and that alternative methods of smoothing the impact of differences in population size should be considered. The introduction of allocation ceilings, in addition to the current allocation floors, should also be considered. There was limited scope to promote the Millennium Development Goals under the budget policy in its current form, as it was not programmatic in nature. Nevertheless, the country variable allocation provided for under the policy was designed to encourage countries to make

special efforts towards the achievement of the Goals. The country variable allocation represented only 2% of the total regular budget, which was perhaps too modest.

36. The evaluation had revealed that implementation of the policy at the subregional level had tended to be lower than at the regional and country levels. IES was of the view that it might be helpful to identify a single “business owner” within the Bureau to take responsibility for the allocation of subregional resources. IES also recommended that consideration should be given to the feasibility, desirability, and impact of transferring regional and subregional staff posts to countries with low regular budget allocations, which could have important implications for the distribution of resources throughout the Organization. Extension of the current budget policy into the next biennium (2012-2013) should also be considered so as to give the Organization sufficient time to develop and decide on the next policy, which would then be implemented from 2014-2015.

37. In the discussion that followed Mr. O’Regan’s presentation, the Delegate of Barbados underscored the need to ensure sufficient funding for the implementation of the recently approved subregional cooperation strategy for the Caribbean subregion. She noted that such support would be critical to the success of the transition to the Caribbean Public Health Agency (CARPHA) (see paragraphs 55 to 58 below).

38. Mr. O’Regan thanked the delegate for highlighting the issue of subregional cooperation. The subregional component of the Regional Program Budget Policy had proved a challenge to implement from both a programmatic and a budgetary standpoint. As he had said, IES believed that the designation of a single “business owner” within the Bureau would bring greater clarity with respect to subregional allocations.

39. Dr. Socorro Gross-Galiano (Assistant Director, PASB) said that the Bureau would proceed to draw up the next Regional Program Budget Policy in accordance with the timeframe and procedure set out in Document CD50/6.

40. The Council took note of the report.

Modernization of the PASB Management Information System (Document CD50/7 and Corr.)

41. Ms. Miriam Naarendorp (Representative of the Executive Committee) reported that the Executive Committee had examined the various options for modernizing the Bureau’s management system, which had been proposed by a committee appointed by the Director to oversee the modernization project and were set out in Document CD50/7. The Committee had appreciated the detailed comparison of PAHO’s and WHO’s guiding principles, which showed that PAHO had unique requirements that could not be entirely met by the WHO Global Management System (GSM). Although the need for full integration with the GSM had been acknowledged, it had been clear that implementation of the GSM without some modifications would not be feasible.

42. The consensus of Committee members had been that both options 1(c) and 3 would avoid the disadvantages associated with adopting the GSM without modification. Both options would enable PAHO to maintain its autonomy, while also facilitating information-sharing with WHO. However, delegates had voiced concerns about how the modernization process would be financed and expressed reluctance to envisage increases in assessed contributions in order to cover the costs. The Committee had asked the Bureau to provide regular updates on the cost of the process.

43. Bearing in mind the separate legal status of PAHO and other factors, the Committee had decided to recommend options 1(c) and 3 as the most advantageous for the modernization of the PASB Management Information System, and had requested a more detailed analysis of those two options, including the risks and costs involved in their implementation. The Committee had also called for a detailed dialogue with WHO and other entities involved with the GSM, as well as with other United Nations agencies using enterprise resource planning software, and had requested the Director to present a financing plan that would include proposed sources of funding for the modernization process.

44. Dr. Isaías Daniel Gutiérrez (Area Manager, Planning, Budget, and Resource Coordination, PASB) gave an update on the further work undertaken since the Executive Committee meeting in June 2010, including a one-week visit to WHO to examine aspects of the GSM system; visits to other agencies that were using the GSM (e.g., UNAIDS); to other United Nations agencies operating different management information systems; and to vendors of such systems. Based on that work and subsequent analysis, the Bureau recommended the adoption of option 3, namely a baseline enterprise resource planning software product combined with PAHO-specific functionality. The reasons for that recommendation were detailed in paragraph 14 of Document CD50/7. Implementation of that option could start in July 2012 and would take about two years, at an approximate cost of \$20 million, of which it was proposed that about half would be funded from the Holding Account and half from a post occupancy charge to be levied on all PAHO-funded posts. A detailed description of the stages of implementation was provided in paragraph 15 of Document CD50/7.

45. The Council welcomed the additional information provided about the various options and the implications of the choice to be made, observing that the report responded to many of the concerns that had been raised by the Executive Committee. It was agreed that PASB's special legal status must be preserved. At the same time it was stressed that PASB's system must be fully integrated with the GSM, and it was pointed out that there would be advantages to both PASB and to WHO if their respective management information systems were as closely aligned as possible. The Council decided that, for all the reasons set forth by the Bureau, option 3 was the best means of meeting those conditions. However, several delegates requested further information about the concept of a post occupancy charge.

46. Dr. Gutiérrez expressed appreciation for the Council's support of the Bureau's proposal, and assured Member States that PASB's management information system would be fully aligned with the GSM. Like the other regions, PAHO was already reporting all the information that WHO required, and the future PASB management information system would meet all GSM requirements. Total integration might not be possible, since the two systems were different, but through interfaces PASB would be able to meet all WHO reporting requirements.

47. He explained that the post occupancy charge concept had already been used within WHO to finance certain of its functions, and was in fact already being applied to all WHO-funded posts in the Americas. It was envisaged that a similar charge would be introduced, of perhaps 8% to 12%, applicable to all PAHO posts, which would provide sufficient resources to finance option 3.

48. The Director observed that the question of computer systems was a complex one and that arriving at a decision about which option was best because many of those involved in the decision-making process, including herself, were not computer experts. She believed that Member States appreciated the complexity of the issue and was grateful for their support and input as the Bureau sought to reach the right decision on the way forward. As she had said on previous occasions, she had some concerns about the concept of integration of PASB with WHO. Nevertheless, she recognized that Article 54 of the WHO Constitution envisaged such integration and was keenly aware that, as Director, her role was a managerial and administrative one and that she was bound to respect the policy decisions taken by Member States. It was for that reason that she had been very cautious in moving forward with the selection of the right management information system for the Bureau.

49. The Council adopted Resolution CD50.R10, approving modernization of the PASB Management Information System by means of commercial enterprise resource planning software, approving the use of up to \$10 million from the Holding Account for the modernization, and requesting the Director to begin detailed project preparations, research additional sources of funding, and report on progress to the Directing Council in 2011.

***National Institutions Associated with PAHO in Technical Cooperation
(Document CD50/8)***

50. Dr. Marthelise Eersel (Representative of the Executive Committee) reported that the Executive Committee had welcomed the proposal of a standardized procedure for formalizing relations between PAHO and national institutions through their designation as national institutions associated with PAHO in technical cooperation. However, several delegates had expressed the view that the term "national institution associated with PAHO in technical cooperation" as it was defined in Document CE146/12 could not

apply to some of the institutions mentioned. Private institutions, professional and academic associations, and civil society organizations, for example, were autonomous entities, and while they might well work in coordination with ministries of health, they could not be subject to their guidance. Other delegates had disagreed, stressing that all activities relating to public health should come under the guidance of the national health authority. Several delegates had also emphasized that institutions should not be allowed to nominate themselves for designation as national institutions associated with PAHO in technical cooperation, but should instead be nominated by ministries of health. It had been suggested that the concept of monitoring should be incorporated into the proposed procedure and that ministries of health should play a lead role in monitoring the activities of the national institutions recognized under the proposed policy and procedure.

51. The Committee had adopted Resolution CE146.R17, recommending that the 50th Directing Council approve a new category of relationship with institutions to be known as National Institutions Associated with the Pan American Health Organization in Technical Cooperation. The definition of the term “national institutions associated with the Pan American Health Organization in technical cooperation” had been modified in the light of the Committee’s comments.

52. The Council also welcomed the proposed procedure for recognizing national institutions associated with PAHO in technical cooperation. It was felt that formalizing relations between PAHO and such institutions which would help to strengthen capacity at the national level for the achievement of the health-related Millennium Development Goals and other health goals. Delegates expressed confidence in PAHO’s ability to serve as a catalyst and coordinator of joint initiatives between the public, private, and civil society sectors, but also pointed out that some of the details of the proposal would need to be worked out as arrangements with national institutions were formalized. For example, the relationship between Letters of Agreement and the formalization procedure needed to be clarified, as it was not clear whether Letters of Agreement covered the allocation of resources or the actual formalization of the relationship between PAHO and the national institution. Clarity about PAHO’s working relationship with such national institutions and with the WHO collaborating centers was also needed, particularly with respect to institutions that served in both capacities. Several delegates remarked that they looked forward to the formalization of relations between PAHO and specific institutions in their countries.

53. Dr. Juan Manuel Sotelo (Area Manager, External Relations, Resource Mobilization and Partnerships, PASB) observed that the effort to develop procedures for identifying national institutions associated with PAHO in technical cooperation was in keeping with the Bureau’s country-focused technical cooperation policy and its desire to utilize national talent and optimize synergies in its work with countries. The Bureau would take care to ensure that there was no conflict between its relations with national institutions under the new arrangement and its existing relations with the WHO

collaborating centers and that the work of the national institutions complemented but did not duplicate the work of the WHO collaborating centers. The new procedure would be reviewed regularly and any needed adjustments would be made.

54. The Council adopted Resolution CD50.R13, approving the procedures for the identification, designation, and monitoring of national institutions associated with PAHO in technical cooperation.

Review of the Pan American Centers (Document CD50/9)

55. Dr. Marthelise Eersel (Representative of the Executive Committee) reported that concern had been expressed during the Executive Committee's discussion of this item about the role of the Caribbean Epidemiology Center (CAREC) in providing laboratory support to the Caribbean States, particularly in view of the merging of the five subregional public health institutions in the Caribbean, including CAREC, into the new Caribbean Public Health Agency (CARPHA), which was expected to be fully operational by mid-2014. The Assistant Director had assured the Committee that the Organization was providing all needed support to facilitate the transition to CARPHA, which would assume all the functions of CAREC, including those relating to laboratory support.

56. The Committee had adopted Resolution CE146.R9, recommending that the 50th Directing Council adopt a resolution taking note of the successful transfer of the administration of the Institute of Nutrition of Central America and Panama to the Institute's Directing Council, and urging Member States to continue to collaborate with the Bureau in assessing whether the Pan American Centers continued to offer the most appropriate and effective modality of technical cooperation and, where appropriate, transferring their administration and operations to Member States or subregional organizations.

57. In the ensuing discussion within the Council, several delegations voiced support for the creation of CARPHA and appreciation for PAHO's continued support of the transition process. It was pointed out that the transition was taking place in the midst of a global economic and financial crisis, which made the Organization's continued support all the more critical. The Delegate of Peru reported that on 2 October 2010 PAHO and his Government had concluded an agreement on the transformation of the Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS) into the Regional Technical Team on Water and Sanitation (ETRAS) and noted the need to modify paragraph 3(d) of the proposed resolution on this item (contained in Document CD50/9) accordingly.

58. The Council adopted Resolution CD50.R14 with the amendment concerning CEPIS.

Plan of Action on Safe Hospitals (Document CD50/10)

59. Ms. Miriam Naarendorp (Representative of the Executive Committee) reported that the Executive Committee had expressed strong support for the proposed Plan of Action on Safe Hospitals and commended PAHO for its efforts to improve the disaster resilience of the Region's hospitals. Several delegates had described work in progress in their countries to enhance the safety of hospital buildings and facilities, while others had described exercises involving the evaluation of hospitals on the basis of the Hospital Safety Index, with several noting that the Index had provided the credibility needed to persuade politicians and financial officials that changes and improvements were required. Delegates had stressed the need for technical cooperation and training to enable Member States to implement the Plan of Action. The need for research on how to build hospitals that would withstand both hurricanes and earthquakes had also been highlighted.

60. The Committee had adopted Resolution CE146.R6, recommending that the 50th Directing Council approve the Plan of Action.

61. The Directing Council welcomed the Plan of Action on Safe Hospitals. Several delegates praised the Hospital Safety Index as a very useful tool for assessing hospital vulnerabilities. Some countries had already used it; others would be applying it, with the Bureau's help, to their hospitals in the coming years. Several delegates described the administrative structures they had put in place to coordinate evaluation of hospital safety and the administrative bodies that were responsible for taking measures to improve it. They observed that the esteem in which PAHO was held by politicians and financial officials had helped to ensure that safety requirements were incorporated into the building specifications for hospitals. Others explained the regulatory standards that existing and new hospitals had to meet in order to gain approval, and described training systems that were in force or being developed for hospital safety evaluators.

62. It was suggested that the terms of reference of the plan of action should be widened beyond hospitals to cover all health facilities and that, in addition to natural disasters in the usual sense, the plan should cover fireproofing of hospitals. It was also pointed out that the Plan of Action must apply not only to new health facilities but also to existing ones, to ensure that they, too, would remain functional in the event of a disaster. One delegate observed that there was a need not only to train health personnel in disaster procedures but also to make the population at large aware of how to react in the event of a calamity.

63. Dr. Jean Luc Poncelet (Area Manager, Emergency Preparedness and Disaster Relief, PASB) thanked Member States for their support for the plan of action. He assured the Council that the plan was intended to cover all kinds of health facilities, not just hospitals in the strict sense and, as objective 6 of the plan made clear, it also covered existing facilities, not just new and future ones. He urged the delegations to take back to

their countries the enthusiasm that they had expressed for the plan of action so that, with the support of technical experts and political authorities at the national level, the plan of action could be implemented and 18,000 hospitals in the Region could be made truly safe.

64. The Council adopted Resolution CD50.R15, approving the plan of action.

Strategy for Health Personnel Competency Development in Primary Health Care-based Health Systems (Document CD50/11)

65. Dr. Celsius Waterberg (Representative of the Executive Committee) reported that the Executive Committee had welcomed the strategy for health personnel competency development in health systems based on primary health care, observing that it would assist countries in aligning their health professionals' training with population health needs. Several delegates had stressed the importance of training health personnel at the primary care level in the management of chronic noncommunicable diseases. The strategy's focus on the use of new teaching methods, and technologies had been applauded. Delegations had welcomed, in particular, the emphasis on creating learning networks throughout the Region, which would enable countries to share online courses and programs at little or no cost, although it had been pointed out that language might be a barrier to the use of such networks.

66. Several delegates had noted that the document on the item lacked any mention of the need to strengthen cultural and social sensitivities among primary health care personnel working, for example, in indigenous communities. One delegate had expressed concern at the reference in the document to global public goods and the sharing of open educational resources, emphasizing the need to respect copyrights and other aspects of intellectual property protection. The reference to "global public goods" had subsequently been removed from the proposed resolution on the item, which the Committee had adopted as Resolution CE146.R8.

67. The Council welcomed the strategy, affirming that it would contribute to the achievement of universal health care and to the attainment of many health goals, such as desired levels of vaccination, which could not be realized without adequate personnel trained in primary health care. Strengthening health systems based on the central concepts of the primary health care approach would require transformation of the existing workforce and changes in the range of competencies and skill mixes available, in the methodologies for training of health care workers, and in the manner in which they were deployed and managed. It was stressed that health workers at all levels of the health care system needed to fully understand the concept of primary health care, which tended to be misunderstood as being simply basic health care, and it was pointed out that an important aspect missing from the strategy was training of tertiary-level health personnel in the primary health care approach. Also, the strategy should ensure that competencies were

aligned with the level of complexity of the tasks to be carried out by health workers, as different levels of work required different competencies, which in turn required different learning methods.

68. Several delegates reported that their ministries of health were currently assessing competency gaps in their health workforce and requested ongoing PAHO support in making accurate estimations of those gaps and developing a health human resources plan, covering areas such as needs assessment, workforce planning, recruitment, training both locally and abroad, and retention. Delegates also described the training courses and systems established in their countries to train medical personnel at various levels. Some also reported on campaigns to encourage more health professionals to work at the primary health care level. A representative of the International Federation of Medical Students' Associations said that her organization encouraged involvement of medical students in community-based care and rural outreach projects from early in their medical education as a means of giving students a broader understanding of the primary health care approach and attracting more physicians to careers in family and community medicine. She also suggested that increasing diversity among medical students, making the physicians of tomorrow representative of the cultural and geographical diversity of a country, would be a way to increase the number of doctors who chose to work in rural and vulnerable settings. Several delegates described their countries' work in training medical students from other countries in the Region, or, as in the case of Cuba, the presence of teams of doctors from one country working as trainers in others.

69. Some delegates felt that both the strategy and the proposed resolution on the item should place more emphasis on the need to cultivate cultural sensitivity among health workers and recognition of the fact that there were different visions of health and how it was achieved, including through the use of traditional medicine. It was stressed that knowledge of multicultural aspects of health should be incorporated into the training of all medical personnel and it was suggested that indigenous and other ethnic groups should work alongside primary health care workers so as to develop capacity to provide appropriate care in their communities. The proposed resolution was subsequently amended accordingly.

70. The Council considered that training through *e-learning* had many advantages. The Region had an abundance of teaching materials and courses to share, and the use of networks would enable such sharing at little or no cost. However, the *e-learning* method might be hard to establish in some countries owing to a lack of reliable Internet connectivity. Delegates described *e-learning* initiatives already ongoing or in development: Suriname, for example, was establishing an online Master of Public Health program in coordination with Tulane University in the United States, and Brazil had recently launched an open university financed by the Ministry of Health which was providing training in primary health care and family health, and was linked to the PAHO

Virtual Public Health Campus. It was suggested that the Virtual Public Health Campus should also provide courses in English.

71. Several delegates, particularly from the Caribbean countries, pointed out that international recruitment of health personnel was a serious threat to their health systems. Countries of modest resources spent considerable money on training health personnel and were then unable to retain them. It was essential that all Member States adhere to the recently adopted WHO Code of Practice on the International Recruitment of Health Personnel. Member States sought support from the Bureau and from other countries to avoid weakening of their health systems through depletion of their health workforce. At the same time, it was pointed out that governments needed to instill in the health personnel a readiness to remain in their countries, in particular by creating favorable working environments that would motivate such personnel and foster their professional growth.

72. One delegate expressed concern with regard to paragraph 19 of Document CD50/11, which referred to development of a learning policy “aimed at all entities in the health system.” He pointed out that implementing that aspect of the strategy would be difficult for Member States with a federal system of government, since decisions about curricula were made at the subnational level. He also pointed out that the concept of “global public goods” should be removed from paragraph 20(e), reflecting the changes made by the Executive Committee to the proposed resolution, and stressed that copyrights and other intellectual property protections must be respected.

73. Dr. José Luis Di Fabio (acting Area Manager, Health Systems based on Primary Health Care, PASB) thanked the delegates for their contributions of knowledge and experience. He agreed with the comments about the need for incorporation of multiculturalism into health worker training and said that PASB was supporting the network of indigenous health worker training institutions in the Region, and would continue and expand that process.

74. Dr. Charles Godue (Senior Adviser, Human Resources for Health Development, PASB) observed that the strategy was based on a network of learning resources and was intended to be not only a way of facilitating access to training programs, but rather a composite mechanism to support health personnel in all aspects of their education, enabling them to share knowledge and experience. That approach would not only result in a better trained health force; it could also help countries to retain their health personnel. The training network should provide students with both theoretical knowledge and with a practical understanding of the issues confronting the countries of the Region in relation to health care, including the special needs of indigenous communities, the problems associated with migration of health personnel, and other issues raised by the Council.

75. The Bureau was aware of the concern about the need to provide training resources in English and was working to support learning networks in the English-speaking Caribbean subregion. With regard to the comments on “global public goods” and the copyright issue, he explained that while the reference to global public goods had been taken out of the resolution, it had remained in the strategy document because the focus of the strategy was on sharing of open-source education resources. Where copyrights existed, they would, of course, be respected, but the main thrust of the strategy was, rather than constantly reinventing the same training materials, to enable countries to share existing resources through open networks, making use of licenses such as those offered by the organization Creative Commons.

76. The Council adopted Resolution CD50.R7.

Health and Human Rights (Document CD50/12)

77. Dr. Celsius Waterberg (Representative of the Executive Committee) reported that the Executive Committee had welcomed the concept paper on health and human rights as a valuable contribution to the analysis of the complex relationship between health and human rights and to the protection of health-related rights. The Committee had felt that the paper would also be valuable in guiding PAHO’s response to the growing demand for technical cooperation with Member States on matters relating to health and human rights. Delegates had affirmed their governments’ commitment to the principle, enshrined in the WHO Constitution, that everyone had the right to the highest attainable standard of health. However, it had been pointed out that while some countries recognize that right in their constitutions and legislation, it was not a legally enforceable right under the domestic law of all countries, particularly those in which responsibility for health came under the jurisdiction of subnational levels of government. It had also been pointed out that the human rights instruments mentioned in the paper did not apply uniformly to all Member States.

78. The Committee had expressed general agreement with the content of the concept paper and voiced support for the proposed resolution on the item. However, a number of refinements and modifications to both had been suggested. In view of the many suggested amendments to the proposed resolution, the Committee had decided to form a drafting group under the leadership of the Delegation of Mexico in order to reach consensus on a revised version of the resolution. The revised text produced by the drafting group had subsequently been adopted by the Committee as Resolution CE146.R16.

79. The Council also welcomed the concept paper and commended PAHO for its efforts to call attention to the linkages between health and human rights. The paper’s emphasis on the rights of groups in situations of vulnerability was particularly welcomed. Numerous delegations described measures put in place in their countries to protect the rights of such groups and to ensure their access to appropriate health services, with

several indicating that the right to health was enshrined in their national constitutions. Several delegates also reported that their countries had established specific departments within their ministries of health or other government agencies to deal with issues relating to health and human rights. It was pointed out, however, that despite such measures, women and children in the Region continued to die of preventable causes and the disabled, the elderly, migrants, persons living with HIV/AIDS, sex workers, and other vulnerable groups continued to experience discrimination and stigmatization at the hands of health workers.

80. It was also pointed out that in order to ensure that people enjoyed the highest attainable standard of health, it was essential to ensure access to sanitation and safe drinking water, adequate nutrition and housing, safe working conditions, education and information on health, and other socioeconomic determinants of health. Several delegates underlined the importance of ensuring women's access to information on their sexual and reproductive rights, including the right to decide how many children they wished to have, to access family planning methods, and to be protected from sexual violence. The importance of culturally sensitive health services in order to ensure respect for the health-related rights of indigenous populations and other ethnic groups, as well as better health outcomes for such groups, was stressed. The importance of a rights-based approach to health care reform was also highlighted. In that connection, the need to eliminate discriminatory health insurance practices, such as denial of care to individuals with pre-existing conditions, was underscored. Citizen participation in health policy-making was seen as a means of ensuring respect for health-related rights.

81. The need to raise awareness of the health-related provisions of binding international human rights instruments—among health professionals, but also among policy-makers, lawyers, judges, law enforcement personnel, and other authorities—was emphasized, as was the need to put in place laws and policies at national level to ensure implementation of the instruments to which States were parties. Several delegates noted the value of collaboration and exchanges of experience between countries in order to identify best practices with regard to health and human rights and to provide training and technical cooperation to build capacity and create enabling environments within Member States to monitor, assess, and oversee health service compliance with international human rights instruments. It was felt that the proposal put forward in the concept paper would provide a solid basis for such collaboration and for the ongoing work of the Organization with respect to health and human rights.

82. Mr. Javier Vásquez (Advisor, Office of Gender, Diversity, and Human Rights, PASB) thanked the Council for its strong expression of support for PAHO's work in this area and expressed gratitude to the members of the Executive Committee for their hard work in refining the concept paper and proposed resolution, the ultimate aim of which was to achieve equity with regard to health. Training for health personnel to make them aware of their obligations under human rights instruments was a major focus for the

Organization. Indeed, training workshops on many of the specific matters mentioned by the Council, including the rights of the disabled and elderly and women's sexual and reproductive rights, had already been conducted in various countries of the Region. A challenge for the future would be to identify indicators that would confirm the positive impact of rights-based approaches in, for example, reducing disability and preventing illness. As a step towards meeting that challenge, PAHO had recently undertaken an exhaustive analysis of the application of human rights instruments in the context of mental health services in 18 countries of the Region and would shortly be publishing the results in a document entitled "Supporting the Implementation of Mental Health Policies in the Americas: A Human Rights Law-based Approach. Findings, Trends and Targets for Public Health Action."

83. The Council adopted Resolution CD50.R8 on this item.

Strategy and Plan of Action for the Reduction of Chronic Malnutrition (Document CD50/13)

84. Ms. Miriam Naarendorp (Representative of the Executive Committee) reported that the Executive Committee had applauded PAHO's efforts to reduce chronic malnutrition and supported the evidence-based multi-sectoral approach set forth in the strategy. The Committee had felt that the strategy would address both the determinants and the effects of chronic malnutrition and help to eliminate a health problem that remained disturbingly prevalent in some parts of the Region. However, it had also suggested a number of ways in which the strategy and plan of action might be enhanced. For example, it had been suggested that the reference standard being used to define low height-for-age should be specified and that the strategy and plan of action should address both overnutrition and undernutrition, given the alarming rise in childhood obesity in the Region. The Committee had also made a number of suggestions with respect to the goals, objectives, and indicators in the plan of action.

85. The importance of monitoring and evaluation of progress under the plan of action and of national programs and initiatives had been stressed, and it had been suggested that evaluation processes should involve several institutions so as to ensure an objective and independent assessment. The Bureau had been encouraged to form an internal technical team to support countries in their planning, implementation, monitoring, and evaluation processes. Several amendments, including references to the problems of overweight and obesity, had been introduced into the proposed resolution on this item, which the Executive Committee had adopted as Resolution CE146.R12, recommending that the 50th Directing Council endorse the strategy and approve the plan of action.

86. In the ensuing discussion within the Council, Member States voiced strong support for the strategy and plan of action and affirmed their commitment to the achievement of the goals established under the plan of action. Particular support was

expressed for the components of the strategy focusing on capacity-building and strengthening of health systems based on the primary health care approach. It was felt that the strategy and plan of action would contribute to the achievement of several of the Millennium Development Goals. The long-term effects of malnutrition on health, development, and economic productivity were highlighted, and the need to address socioeconomic determinants that contributed to malnutrition was underlined, as was the need for intersectoral and interdisciplinary approaches. The importance of promoting food self-sufficiency and a return to traditional diets and indigenous foods was emphasized. Promotion of breastfeeding and appropriate complementary feeding was also seen as a key strategy for reducing malnutrition.

87. Delegates emphasized the importance of ante- and post-natal care and regular child growth and development monitoring in order to identify children at risk and take timely action to address any nutrition-related problems identified, particularly during the first five years of life, which represented a critical window of opportunity for breaking the intergenerational cycle of malnutrition. It was recognized that low-height-for age was the best indicator of chronic malnutrition and was also a good proxy indicator of living conditions of the population and of the effect of medium- and long-term interventions for poverty reduction. However, it was pointed out that it was equally important to monitor other aspects of malnutrition, such as anemia and iodine deficiency, which remained prevalent in the Region, even in countries where undernutrition was not a problem. It was also pointed out that the plan of action established the goal of preventing an increase or reducing the prevalence of overweight and obesity, but failed to establish a target in percentage terms or to identify a target population for the goal. It was suggested that the plan should establish intermediate targets so that a midterm evaluation could be undertaken and any necessary corrective measures implemented.

88. It was pointed out that government interventions alone could not solve the problem of chronic malnutrition and that public-private partnerships and increased collaboration between countries were therefore essential. International partnerships and international coordination of efforts to address malnutrition were also considered crucial, and the work of the Pan American Alliance for Nutrition and Development was applauded. Delegates also expressed gratitude for the support their countries had received from the Caribbean Food and Nutrition Institute. It was suggested that a technical group should be formed under the coordination of PAHO to support national planning processes and to assist in the subsequent implementation, monitoring, and evaluation of the strategy and plan of action.

89. Several delegations stressed the critical need to address not only undernutrition but also overnutrition in order to reduce overweight and obesity, especially among children, stem the rising tide of chronic disease in the Region, and contain health care costs. The need to promote healthy diets and lifestyles and to educate the public about healthy behaviors and good nutrition was underscored. The role that the mass media

could play in encouraging such behaviors was highlighted. School health and nutrition programs were also seen as a means of filling nutritional gaps and promoting healthy eating habits. The Delegate of the Netherlands proposed that a Pan American Forum on Obesity—with a special focus on childhood obesity—should be held in Aruba from 8 to 11 June 2011.

90. Dr. Manuel Peña (Coordinator, Pan American Alliance for Nutrition and Development) said that he had taken careful note of the Council's comments, which would be incorporated into the strategy and plan of action.

91. The Council adopted Resolution CD50.R11, endorsing the strategy and plan of action.

Strengthening Immunization Programs (Document CD50/14)

92. Dr. Celsius Waterberg (Representative of the Executive Committee) reported that the Committee had affirmed the importance and the effectiveness of immunization as an essential public health tool and had expressed strong support for the Expanded Program on Immunization and the PAHO Revolving Fund for Vaccine Procurement. The Committee had also supported PAHO's efforts to strengthen national immunization programs with a view to achieving vaccination coverage levels of 95% or above and maintaining past gains with respect to the control of vaccine-preventable diseases, while also working to achieve new successes. The need for increased surveillance of events supposedly attributable to vaccination or immunization, or ESAVI, had been highlighted. Such surveillance had been considered necessary in order to allay public concerns about vaccines and maintain confidence in immunization programs. One delegate had suggested that the reference to immunization as a public good should be removed from the proposed resolution on this item because there was no internationally agreed definition of the term "public good". Others, citing the Region's stunning successes in eradicating, eliminating, and controlling vaccine-preventable diseases, had argued that immunization was unquestionably a public good. The Committee had ultimately agreed to maintain the reference to immunization as a public good, but had qualified it by changing the wording of the third preambular paragraph. The Committee had adopted Resolution CE146.R7 on this item.

93. The Directing Council expressed broad and enthusiastic support for the concept paper on strengthening immunization programs. It was recalled that the Americas had been the first Region to establish a program of technical and administrative support to Member States for disease prevention through affordable vaccination, a program that had become an example of best practice emulated by other regions. Thanks to immunization by highly trained and committed health care workers, the Region had also been the first, for example, to have eradicated poliomyelitis and eliminated indigenous measles, and was well on the way to eliminating rubella and congenital rubella syndrome. Some

delegates affirmed that immunization should be defined as a public good, with a number of them stressing that the health of populations must take precedence over the commercial interests of vaccine-producers. Mention was made of the lessons learned from pandemic (H1N1) 2009, such as the need to improve data on vaccination coverage in order to identify low-coverage areas at the subnational level and avoid errors in interpretation of coverage data, and Member States appealed to PAHO for assistance in that regard. The importance of increasing epidemiological surveillance of vaccine-preventable diseases, including through sentinel sites, was highlighted, as was the need to assess and strengthen national capacity for vaccine production and to enhance diagnostic laboratory capabilities. It was suggested that strategic networks should be set up to encourage innovation, development, and production of biological agents at the regional level.

94. All delegates who spoke emphasized the importance of the Expanded Program on Immunization and the Revolving Fund for Vaccine Procurement, praising those mechanisms as means of facilitating access to vaccines, particularly costly new ones. Some delegates asked whether the 13-valent pneumococcal conjugate vaccine would be available through the Revolving Fund. Other delegates expressed concern that there was still no vaccine for dengue, to which the Delegate of Mexico responded that phase 2 and 3 clinical trials of a dengue vaccine were under way in his country and that it was hoped that the vaccine would be available in 2014. Delegates from two Caribbean countries noted that their ineligibility for financing from the GAVI Alliance made it difficult to ensure universal vaccination coverage, the more so as their countries had a high burden of diseases that were targeted by some of the more novel and expensive vaccines. It was hoped that PAHO could assist in making those vaccines more easily accessible to all Member States. One delegate remarked that he was encouraged to learn that PAHO had been holding discussions with the GAVI Alliance with a view to ensuring that the people of the Region would have full access to important new vaccines at affordable cost.

95. Delegates described the activities being carried out under their national immunization programs and their successes with regard to control and elimination of diseases. Attention was drawn to the importance of campaigns to raise awareness of the advantages of immunization and the dangers of the related diseases. One delegate said that the anti-vaccination movement had made inroads even among health professionals in her country, which had hampered the H1N1 vaccination program. It was suggested that the proposed resolution should address that issue.

96. Dr. Cuauhtémoc Ruiz Matus (Senior Advisor, Comprehensive Family Immunization, PASB) said that the Bureau would draft an additional subparagraph regarding anti-vaccination campaigns for the proposed resolution. He underscored the importance of providing timely and accurate information to health professionals and to the public as a means of countering such campaigns. Replying to the question on the supply of pneumococcal conjugate vaccine, he said that the Revolving Fund had issued a

call for bids and had received proposals for the 10-valent and 13-valent vaccines; those proposals were being studied, and the results would be communicated in due course.

97. Dr. Socorro Gross-Galiano (Assistant Director, PASB) assured the Council that PAHO would continue strengthening its support for immunization activities, with a view to enabling future generations to grow up free from many of the diseases of the past.

98. The Council adopted Resolution CD50.R5.

Strategy and Plan of Action for the Elimination of Mother-to-child Transmission of HIV and Congenital Syphilis (Document CD50/15)

99. Ms. Miriam Naarendorp (Representative of the Executive Committee) reported that the Executive Committee had welcomed the proposed Strategy and Plan of Action for the Elimination of Mother-to-child Transmission of HIV and Congenital Syphilis, and had commended PAHO for its leadership of efforts to eliminate vertical transmission of the two infections. Committee members had endorsed the elimination goal and expressed the hope that the adoption of the proposed resolution on the matter would help to mobilize action and support for the goal's achievement by 2015, thereby also contributing to the attainment of the Millennium Development Goals. The Committee adopted Resolution CE146.R15, recommending that the 50th Directing Council endorse the strategy and approve the plan of action.

100. The Council also welcomed the proposed strategy and plan of action and endorsed the goal of eliminating mother-to-child transmission of HIV and congenital syphilis by 2015, which was considered to be feasible from both a biological and a programmatic and financial standpoint. It was pointed out, however, that meeting the goal would require strong commitment and hard work, especially by health care workers in primary care and maternal and perinatal care services. It was also pointed out that progress towards the goal might be hindered by the current economic climate and by the loss of funding from the Global Fund to Fight Aids, Tuberculosis and Malaria for some Member States. It was recommended that the strategy should be costed and that it should have a greater focus on male involvement. PAHO was encouraged to draw on the lessons learned from other disease elimination initiatives in implementing the strategy and plan of action.

101. Delegates expressed gratitude for PAHO's leadership of regional efforts to reduce congenital syphilis and HIV infection and called for ongoing support from the Organization and from bilateral cooperation agencies as Member States set about implementing the strategy and plan of action. The Delegate of Suriname reported that the chief medical officers of the Caribbean subregion had met earlier in the year to discuss the issue and had identified several crucial areas that needed strengthening, including testing and treatment algorithms, validation and availability of rapid diagnostic tests, patient record systems, monitoring and evaluation systems, and special programs targeting men. Other areas in which support was considered necessary included scaling

up of maternal and child health services at the primary health care level, strengthening of HIV and syphilis surveillance, improvement of HIV and syphilis screening and early treatment services for pregnant women and for newborns, and enhancement of laboratory testing. The Delegate of the Bahamas urged accreditation of the reference laboratory at the Caribbean Epidemiology Center (CAREC) in order to enable it to verify the elimination of mother-to-child transmission of HIV and congenital syphilis.

102. Several delegations noted that the activities to be undertaken under the plan of action would, like the strategy and plan on chronic malnutrition (see paragraphs 84 to 91 above) and other initiatives discussed by the Council, contribute to the achievement of the Millennium Development Goals and to safe motherhood and improved neonatal health. The importance of a multidisciplinary approach, with close coordination between maternal and child health services and programs for the prevention and control of HIV and other sexually transmitted infections, was emphasized. An integrated approach with community involvement at the local level was also seen as critical. The importance of ensuring treatment for men diagnosed with syphilis in order to prevent infection or reinfection of their female partners was underscored. The need to adapt the strategy and plan of action to the conditions, needs, and health system structure of each country was stressed, as was the need to incorporate multiethnic, multilingual, and multicultural perspectives. The value of sharing experiences between countries was highlighted, especially between countries that had already eliminated congenital syphilis and were close to eliminating mother-to-child transmission of HIV and countries that had made less progress in that regard. Numerous delegates affirmed their Governments' willingness to collaborate with other Member States and with the Bureau in implementing the resolution on this item. Member States were encouraged to consider signing the statement of commitment adopted during a WHO technical consultation on the elimination of congenital syphilis in July 2007.

103. Dr. Gina Tambini (Area Manager, Family and Community Health, PASB) thanked the Council for its support of the strategy and plan of action. She assured Member States that she had taken careful note of their comments and recommendations and that the Bureau would continue to work closely with them and with other partners in order to achieve the goal of eliminating mother-to-child transmission of HIV and congenital syphilis.

104. Dr. Socorro Gross-Galiano (Assistant Director, PASB) observed that successful implementation of the strategy and plan of action would enable the Americas to become the first region to eliminate vertical transmission of HIV and syphilis. She emphasized that PAHO was working hard to ensure the sustainability of HIV/AIDS prevention and control activities in the Region, particularly in light of the current economic and financial crisis, the high cost of antiretroviral drugs, and changes in the eligibility policies of the Global Fund.

105. The Council adopted Resolution CD50.R12, endorsing the strategy and approving the plan of action.

***Strategy and Plan of Action for Chagas Disease Prevention, Control, and Care
(Document CD50/16)***

106. Dr. Marthelise Eersel (Representative of the Executive Committee) reported that the Executive Committee had expressed strong support for the Strategy and Plan of Action for Chagas Disease Prevention, Control, and Care and commended PAHO's leadership of regional efforts to prevent and control Chagas disease. The Committee had welcomed the progress made in combating the disease in the Region, but had stressed the need for ongoing joint effort in order to achieve the goal of eliminating Chagas disease as a public health problem by 2015. To that end, the importance of continued vigilance in non-endemic and formerly endemic areas had been underscored. The need for attention to the social and environmental determinants that had contributed to the disease's persistence was also highlighted. Delegates had emphasized the need to step up efforts to prevent transmission of *Trypanosoma cruzi* through modes other than the vector-borne mode. Several delegates had commented that food-borne transmission was a concern in their countries.

107. The Committee had highlighted the need for research, particularly on insecticide resistance and on rapid and affordable diagnostic methods. The need for human resources training had also been emphasized, and it had been suggested that a third goal relating to strengthening of human resources training should be added to the plan of action. Training and research promotion had been identified as important roles for PAHO, as had support and cooperation to improve the availability of and access to the drugs used to treat Chagas disease. It had been emphasized, however, that PAHO should ensure that its technical cooperation augmented existing efforts and did not duplicate activities or resources. The Executive Committee had adopted Resolution CE146.R14, recommending that the 50th Directing Council endorse the Strategy and approve the Plan of Action for Chagas Disease Prevention, Control, and Care.

108. The Council applauded the strategy and plan of action and supported the goal of interrupting vector-borne domestic transmission of *Trypanosoma cruzi* by 2015, although one delegate suggested that 2020 might be a more realistic target, given the disease's evolution and continued prevalence in the Region and the relatively slow progress to date towards its control and eventual elimination. Numerous delegations highlighted the linkages between Chagas disease and poverty and stressed the need for multisectoral action in order to address the socioeconomic determinants that contributed to the disease's occurrence. Like the Executive Committee, the Council underlined the need for surveillance and screening in non-endemic and formerly endemic areas, since the disease could spread into or reappear in such areas as a result of population migration, deforestation, and changes in the vector's habitat. Screening of pregnant women was

considered particularly important in order to prevent congenital transmission of the infection. The need for joint action between countries and for coordination between departments within ministries of health (including those concerned with maternal and child health, primary health care, and disease surveillance) was highlighted. Training for medical personnel to ensure their ability to recognize the disease was also viewed as essential.

109. The need to develop better tests for diagnosis of the disease and increase the availability of drugs for its treatment was underscored. To that end it was agreed that the proposed resolution on this item should call on Member States to explore and, where appropriate, promote a range of incentive schemes for research and development, including addressing, where appropriate, the delinkage of the cost of research and development and the price of health products, for example through the award of prizes. It was emphasized that the research and development agenda for the Region should be established by Member States. It was pointed out that endemic countries should endeavor to estimate their need for drugs to treat Chagas disease so that producers would know how much to produce and the drugs could thus be made available at affordable prices. In addition, it was suggested that it might be useful to create a regional stockpile of drugs that could be accessed by countries as needed and to increase the availability of diagnostic tests and drugs for treatment through the Regional Revolving Fund for Strategic Public Health Supplies.

110. The Delegate of Peru reported that the interruption of *T. cruzi* transmission had recently been certified in one more department of his country and requested that the data on Peru presented in Annex A of Document CD50/16 be updated accordingly.

111. The Council adopted Resolution CD50.R17, endorsing the strategy and approving the plan of action.

Health, Human Security, and Well-being (Document CD50/17)

112. Ms. Miriam Naarendorp (Representative of the Executive Committee) said that the Executive Committee had welcomed the opportunity to discuss the subject of health, human security, and well-being, but had raised some questions and concerns with regard to certain of the ideas and proposals put forward in the concept paper and the proposed resolution on the item. Members had agreed on the importance and topicality of the issue of human security, but had felt that more work was needed in order to elucidate the concept and its relationship to health and to clarify what PAHO's role should be with regard to the matter. Several delegates had noted that some of the issues and actions mentioned in the paper went beyond the sphere of action of public health and had also pointed out that many of the public health issues discussed in the paper were already being addressed under the Strategic Plan 2008-2012 and under other resolutions, strategies, and plans of action adopted by the Governing Bodies in recent years.

113. Some members of the Committee had therefore felt that the development of a policy, strategy, and plan of action as proposed in the resolution might be redundant and duplicate existing efforts. It had been suggested that, instead, the concept of human security should be integrated into the various areas of work of the Organization, and it had been pointed out that such an approach would be in keeping with the multidimensional and multisectoral nature of the issue. However, some delegates had felt that it might be appropriate to develop a policy on health and human security with a view to promoting greater understanding of the concept and facilitating its incorporation into existing strategies and plans of action. The Committee had adopted Resolution CE146.R18 on the item.

114. The Council supported the concept of a linkage between health and human security, particularly in the light of new shared health threats facing the international community, many of which were highly complex and transnational in nature; an example was pandemic (H1N1) 2009. Delegates agreed with the view put forward in the document that health was a multidimensional phenomenon, the production and protection of which depended on the interplay among various economic, political, environmental, social, and cultural factors. Support was also expressed for the notion that health was directly linked to human security as it promoted social empowerment and addressed basic uncertainties beyond the security that the State could provide. The Council identified numerous threats to human security: communicable disease, climate change, violence, natural disasters, substance abuse, and others. It was pointed out that those threats had the potential to reverse the health achievements of States and therefore undermine the human security of their populations.

115. Delegates felt that the paper made a welcome contribution to understanding of the concept of human security. It was acknowledged there was no unambiguous or universally accepted definition of the concept and it was noted that a working group of the United Nations General Assembly was currently working on such a definition. Nevertheless, it was pointed out that, even in the absence of an internationally agreed definition, PAHO could continue its work aimed at exploring and elucidating the relationship between health and human security. It was also pointed out that the concept of human security would be reduced to meaningless rhetoric until decisive action was taken to lift millions of people out of poverty, feed millions of hungry people, and address the socioeconomic and environmental factors that were threatening the very survival of the human race.

116. Some delegates supported the guidelines for future action put forward in the document, while others felt that all aspects of the topic were covered in some form or other under PAHO's existing programs and activities. For example, it was noted that several of the strategic objectives in the Strategic Plan 2008-2012 already included areas of work related to human security. Several delegates stressed the need to clarify and delimit PAHO's specific role with respect to the topic and to determine how the

Organization could best incorporate the various facets of human security into its work. While some support was expressed for the development of a strategy and plan of action, the consensus of the delegates who spoke on this item was that, rather than seeking to develop new mandates for the Organization, the Bureau should strive to incorporate a human security dimension into existing policies, plans, and programs. Particularly at a time of economic stringency, it was felt that resources should not be expended on developing a strategy or plan of action. Similarly, it was considered premature to undertake to provide human security training for PAHO personnel and Member States, as envisaged in the proposed resolution on the topic.

117. Several proposals were made for enhancements to the proposed resolution. Some delegates thought that it should call for further discussion and analysis of the concept of human security in the context of health, taking into account ideas expressed in the outcome documents of various relevant United Nations conferences. One delegate suggested that the resolution should acknowledge the need to promote economic and social development, citizen participation, social inclusion, equity, and education and to fight poverty, disease, and hunger in order to foster human security.

118. Dr. Luiz A. Galvão (Area Manager, Sustainable Development and Environmental Health, PASB), responding to the reservations expressed on the matter of training, explained that the idea was only to clarify for personnel in PAHO and Member States the relationship between health and human security, since there was a great deal of confusion about the concept in the health sector, although it had been under discussion for a number of years.

119. The Director added that the concept of “security”, meaning reduction of risks and vulnerabilities, had always been an essential component of public health activities, for example in relation to food security and social security. She assured the Council that the Bureau was not proposing a new mandate or plan of action; rather, it was seeking to clarify the relationship between health and human security and to explore how the Organization’s fundamental strategies, such as those for health promotion, primary health care, and social protection, could contribute to human security.

120. The Council adopted Resolution CD50.R16 on this item.

Strategy on Substance Use and Public Health (Document CD50/18, Rev. 1)

121. Dr. Celsius Waterberg (Representative of the Executive Committee) reported that the Executive Committee, while welcoming PAHO’s efforts to address the problem of substance abuse from a public health perspective, had expressed reservations about some aspects of the proposed strategy. It had been suggested that the strategy should take a broader and more integrated approach and address the larger issue of harmful use of psychoactive substances, following the model of the WHO Global Strategy to Reduce Harmful Use of Alcohol. Several delegates had felt that some conceptual clarification

was needed in order to precisely identify the sphere of action of public health and the role of PAHO in relation to the problem. It had been pointed out that some of the activities envisaged under the strategy proposed in June fell well outside the realm of demand reduction, which—together with treatment—should be PAHO's focus.

122. The Committee had underlined that the strategy should place much more emphasis on treatment of substance abuse from a public health perspective and should address problems such as lack of access to appropriate treatment for persons with substance abuse problems and stigmatization and social exclusion of such persons. The need for intersectoral and community-based approaches to prevention, treatment and rehabilitation had been stressed. The Committee had also highlighted the importance of ensuring consistency and complementarity between the proposed PAHO strategy and related initiatives of other organizations in the United Nations and inter-American systems, especially the hemispheric drug strategy adopted by the Inter-American Drug Abuse Control Commission (CICAD) of the Organization of American States in May 2010.

123. In view of the reservations expressed, the Committee had not felt that it was in a position to endorse the strategy as proposed in Document CE146/13, Rev. 1. It had therefore decided to form a working group to undertake a more rigorous examination of the proposal and facilitate consensus on a revised proposal to be submitted to the 50th Directing Council. The outcome of the group's work was contained in Document CD50/18, Rev. 1.

124. The Council welcomed the revised strategy and thanked the Executive Committee for its efforts. Like the Committee, the Council underscored the need for a public health approach to the problem of substance use, including targeted interventions for high-risk groups and community-based programs. Such programs were considered especially important for youths and women. It was pointed out that women, in particular, were often reluctant to accept in-patient treatment because they did not wish to leave their families. The importance of early detection and treatment of substance abuse problems was stressed, as was the need to increase the numbers of adequately trained personnel to manage treatment and rehabilitation and provide counseling for persons with such problems. It was hoped that the Strategy for Health Personnel Competency Development (see paragraphs 65 to 76 above) would help to address that need.

125. Several delegates highlighted the need for strategies to reduce both demand for and supply of psychoactive substances. The importance of enforcing existing laws against the sale of alcohol and tobacco products to minors was underscored, as was the need for stronger sanctions against businesses that targeted youths in advertising and other promotional initiatives for such products. Delegates also emphasized the need for collaboration between countries and intersectoral cooperation in demand and supply

reduction efforts. Cooperation with mental health programs and authorities was considered especially important.

126. Numerous delegations reported on their national substance abuse prevention and control plans, programs, and strategies, noting the alignment between those efforts and the proposed regional strategy. Several delegates mentioned awareness-raising campaigns and school-based prevention initiatives targeting youths in their countries. Others described community-based programs using primary health care approaches. Several referred to legislative efforts aimed at controlling the supply of psychoactive substances and ensuring the availability of treatment for persons with substance abuse problems. Many delegates identified alcohol as the most frequently consumed psychoactive substance in their countries and underscored the need for a coordinated and integrated approach to the problems of substance abuse and harmful use of alcohol.

127. The importance of collaboration between PAHO and other organizations, especially the OAS, in developing the plan of action for implementation of the strategy was emphasized. The need to complement, not duplicate, the objectives and priorities set out in the hemispheric drug strategy of the Inter-American Drug Abuse Control Commission was also stressed.

128. Dr. Luiz A. Galvão (Area Manager, Sustainable Development and Environmental Health, PASB) said that the Bureau's collaboration with the Executive Committee in revising the strategy had yielded an end result that truly represented a collective effort and provided a model for collaboration with Member States in developing future strategies and position papers. He thanked delegates for their input, which would help to further enhance the strategy. He assured the Council that PAHO was working closely with the OAS in regional efforts to stem substance abuse and would continue to do so in the future.

129. Dr. Socorro Gross-Galiano (Assistant Director, PASB) added her thanks to the members of the Executive Committee and other Member States that had participated in the revision of the strategy and encouraged similar participation in the development of the plan of action, which should incorporate the best practices derived from the experiences of the countries of the Region.

130. The Council adopted Resolution CD50.R2, endorsing the strategy and requesting the Director to prepare a 10-year plan of action for its implementation.

Roundtable on Urbanism and Healthy Living (Document CD50/19, Add. I and Add. II)

131. A roundtable discussion was convened to allow countries to explore possible solutions to the health challenges associated with urbanism. The President opened the discussion, observing that the world was urbanizing at an unprecedented rate. While 13% of the world's population had lived in cities in 1900, by 2005 the figure had grown to

49%. Cities attracted migrants because of their potential to improve peoples' quality of life and well-being through economies of scale and the availability of education and employment opportunities, food, and medical care. However, while medical care was generally more readily available in urban areas than in rural areas, in the Region of the Americas extremely rapid urban growth was exceeding cities' capacity to provide services and overtaxing health care services as they struggled to provide care to people suffering from chronic noncommunicable diseases such as cancer, diabetes, respiratory and cardiovascular disorders while also grappling with communicable diseases that spread easily in urban environments, such as sexually transmitted infections, HIV/AIDS, dengue, yellow fever, and tuberculosis.

132. Health in urban areas was also being greatly affected by climate change. While climate change also affected rural areas, its impact on people in urban areas was greater simply because a larger percentage of the population lived in cities. The health sector in the Americas must be prepared to contend with the health effects of climate change, especially in urban areas. In December 2010 Mexico would host the Sixteenth session of the Conference of the Parties to the United Nations Framework Convention on Climate Change, which would afford a prime opportunity for the countries of the Region to highlight the concerns of the health sector with respect to climate change.

133. Dr. Jacob Kumaresan (Director, WHO Center for Health Development, Kobe, Japan) introduced the topic, noting that over half of the world's population today lived in cities and by 2050, seven out of 10 would do so. In Latin American and the Caribbean, 80% of the population currently lived in urban settings. Some 110 million people, or approximately a quarter of the population of the Region, lived in slums. Cities were confronted by a triple threat: infectious diseases exacerbated by poor living conditions; noncommunicable diseases and conditions fueled by unhealthy diets or physical inactivity, tobacco, and alcohol abuse; and injuries, road accidents, violence, and crime. While urbanization and the growth of cities were associated with economic prosperity, at an aggregate level urban populations demonstrated the world's most obvious health disparities in low-, middle-, and high-income countries alike. The health-related Millennium Development Goals would not be reached unless those urban health inequalities were addressed urgently.

134. WHO had developed an urban health equity assessment and response tool that enabled policy-makers to analyze health inequalities and to prioritize appropriate actions. In November 2010, a Global Forum of municipal leaders and national ministers from multiple sectors would be held in Kobe to agree on actions to reduce health inequities in cities. At the same time the WHO/UN-HABITAT Global Report on urban health inequities would be launched, providing evidence-based information to help national and municipal leaders take relevant actions.

135. Dr. Nils Daulaire (Director, Office of Global Health Affairs, United States Department of Health and Human Services) delivered a keynote address in which he pointed out that urbanization was the dominant demographic event of the present times. As nearly 80% of the population of the Region of the Americas lived in urban areas, public health activities would necessarily have to address urban issues. Cities offered opportunities for education and employment, and were seen as providing greater access to services such as health care. The underlying assumption was that city residents would therefore be healthier than their rural counterparts. But in fact morbidity and mortality rates were often higher in urban areas, with urbanization itself presenting threats to health and well-being in the form of infectious diseases susceptible to high-density transmission, lifestyle- and environment-related diseases, and intentional and unintentional injuries.

136. At the extreme, megacities had overwhelmed the capacity of local governments to provide services. Particularly in their marginal neighborhoods, barrios, and slums, access to health care and other basic services, including sanitation, was limited or nonexistent. However, even in more well-off urban areas in developed countries, substantial health disparities were seen. Rather than biology or genetics, such health differences were accounted for by social inequities and differences in stress, behavior, lifestyle, and other environmental factors. Health ministries must use a mix of strategies and interventions because local situations differed, but whatever the strategy, the role of local government was essential for reducing health disparities.

137. In 2009 the United States Surgeon General had issued a call to action to local governments to develop policies and plans for healthy homes, and had offered training of health care providers and home-visiting programs to identify home deficiencies and assist families living in unsafe home situations. Simple checklists had been provided to guide individuals, families, and property owners in taking measures to make homes safer.

138. At a global level, in the early 1980s WHO had launched the Healthy Cities initiative, calling for empowerment of communities and cities to address local health problems. The United States Centers for Disease Control and Prevention had implemented elements of WHO's Healthy Cities initiative through its Healthy Community Design Initiative. The objectives included promoting physical activity, increasing access to healthy foods, improving air and water quality, minimizing the effects of climate change, decreasing mental health stresses, and providing for access to livelihood education and resources. To assist municipalities in implementing healthy community designs, the CDC had developed guidance toolkits, which could be readily made available to interested parties in other countries. An important tool in the Healthy Community Design Initiative was the health impact assessment, used to evaluate a health policy objectively before it was implemented. It was used to bring potential public health impacts and considerations into the decision-making processes for projects and policies both within the health sector and outside it, in fields such as transportation or land use.

139. Overall, the steps being taken by the United States were consistent with those outlined by the Director-General of WHO on World Health Day 2010. They included promoting urban planning for healthy behaviors and safety, improving urban living conditions, ensuring participatory urban governance, building inclusive and accessible cities, and making urban areas resilient to emergencies and disasters. Some of these actions were within the scope of ministries of health, but others were the domain of other sectors. Through coordination and joint planning, ministries of health must serve as catalysts to ensure that those other sectors took account of health impacts in their own planning and programs.

140. Following the foregoing introductory remarks, delegates participated in one of three discussion panels. All panels discussed the following four questions: (1) How to develop relevant intersectoral initiatives to modify health determinants in urban settings? (2) What role does the Ministry of Health play in planning geared to a healthy future for cities? (3) How should health services and other relevant sectors act in managing cities to prevent and control the health risks associated with climate change? and (4) What needs to be done for the Pan American Sanitary Bureau and the Member States to provide support and follow up in this area?

141. Dr. Socorro Gross-Galiano (Assistant Director, PASB) presented the final report of the discussion groups (Document CD50/19, Add. II), highlighting the main points that had emerged from the discussions. The discussion groups had recognized that meeting health goals in urban environments would require effective instruments and strategies to strengthen the health sector's links with other sectors, since sectors outside the health sector could have a greater ability to address health determinants in urban populations. National and local authorities should identify the key actors with whom intersectoral collaboration was essential and create mechanisms that would foster the maintenance of those ties and promote the inclusion of important aspects of health in all policies. Public health criteria should be included in urban planning, through the incorporation of health in all policies by means of the use of the urban health equity assessment and response tool.

142. The roundtable had also identified changes needed in the design and structure of health services—especially, primary health services—that served urban populations. The barriers that hindered the work of ministries of health and their capacity to reorient health services must be recognized in order to adapt them to the social, economic, and population dynamics of cities, bringing services closer to users and achieving adequate coverage. Similarly, changes were required in their design and organization of regard to primary health care services in order to adapt to the population, social, and economic dynamics in cities.

143. Delegates had requested PASB to increase collaboration in developing the necessary tools—including adaptation of health/epidemiological surveillance, health

impact assessment, monitoring instruments for urban decision-making—and facilitating the sharing of best practices and lessons learned. The discussion groups had highlighted the need for tools to identify the effects of climate change, especially where it had a bearing on the persistence, reemergence, or spread of infectious vector-borne diseases or the worsening of the epidemic of chronic noncommunicable diseases. The discussion groups had also examined the need for PAHO to draw up a preliminary regional strategy and plan of action in the area of urban health and a resolution for presentation to the 51st Directing Council.

144. Member States had been invited to endorse a regional statement calling attention to the implications of climate change for health, to be presented by the Secretariat of Health of Mexico at the Sixteenth session of the Conference of the Parties to the United Nations Framework Convention on Climate Change, to be held in Cancún, Mexico, from 29 November to 10 December 2010. Ministers of health and other representatives of the health sector had been encouraged to participate in the climate change conference.

145. The Council took note of the discussion and report.

***Strengthening National Regulatory Authorities for Medicines and Biologicals
(Document CD50/20, Rev. 1)***

146. Dr. José Luis Di Fabio (acting Area Manager, Health Systems based on Primary Health Care, PASB) recalled that the need to strengthen the capacity of regulatory authorities to ensure the quality, safety, and efficacy of medicines had been highlighted during the Executive Committee's 146th Session by the delegation of Argentina with support from many others, and that the Committee had requested the Bureau to prepare a document on the matter for consideration by the 50th Directing Council. Comments on a draft version had been received from Member States electronically, leading to the revised version submitted to the Council.

147. He observed that while the primary responsibility for the quality, safety, and efficacy of medicines or biologicals lay with the manufacturer, it was government regulatory authorities that had to ensure that that responsibility had been met, to which end those authorities had to carry out a whole series of monitoring and supervision activities. The document and resolution were intended to strengthen those regulatory functions, promote harmonization and standardization of regulatory practices across the Region, and encourage cooperation between regulatory authorities that already had solid procedures and those that still had some way to go.

148. The document proposed a process for evaluating regulatory capacity in each country and identifying weaknesses with the aim of progressing to a situation in which the findings and competencies of one country's regulatory agency could be recognized in others, thereby optimizing human and financial resources and leading ultimately to the establishment of a single reference regulatory authority for the entire Region. Various

tools for that evaluation process had been developed by WHO, including one to evaluate the capacity of regulatory authorities for medicines and another for prequalification of vaccines, but it was intended to take the development further and create a single tool for evaluating all aspects of the regulatory process. Another aim of the proposal put forward in the document was to enhance the ability of national regulatory authorities to participate in assuring the quality, safety, and efficacy of products procured by PAHO on behalf of Member States, especially when such products had not been prequalified by WHO.

149. The Directing Council welcomed the document and the proposed resolution and endorsed the goal of Region-wide uniformity of standards and practice, which would help to eliminate unnecessary delay in the global development and availability of new medicines, while also ensuring their quality, safety, and efficacy. The Council also supported the proposal for developing and implementing a process for evaluating national regulatory authorities' performance in terms of the basic functions established by WHO. Countries would thereby have a framework for ensuring that regulatory and enforcement functions met certain standards and could thus gain acceptance at regional and international level.

150. It was observed that at a time of rapid technical advance, and also a time when the profits potentially to be gained from new medical products were considerable, it was essential to ensure that such products had been subject to a robust quality assurance process and been certified by capable regulatory authorities before they reached the market. The diversity of active pharmaceutical ingredients, the fact that many populations in the Region consumed medical products from sources outside national borders, and the increasing complexity of supply chains globally made the regulation of medicines and biologicals an international public health issue on which Member States must work together.

151. Several delegates described the drugs approval and quality assurance systems in their own countries and thanked PASB for its help in developing those systems and in upgrading and modernizing their countries' regulatory bodies. They hoped that such support would continue, and that it would be bolstered by the proposed initiative. It was agreed that the creation of reference regulatory authorities could be very helpful to countries whose own regulatory capacities were still relatively weak. One delegate, while generally agreeing with the procedures for designating regulatory authorities outlined in Annex A of Document CD50/20, Rev. 1, encouraged PASB to establish a transparent and robust system, not only for initial designation of regional reference agencies, but also for ongoing quality assessments in the future. He noted that such efforts would require a commitment of significant resources, both financial and technical. A number of delegations stressed the need for strong regulatory authorities to oversee the quality of the large quantities of medicines purchased by PAHO through its procurement mechanisms on behalf of Member States.

152. It was pointed out that CARICOM had spent more than a decade on consultation and research on the establishment of a regulatory framework that would take account of cultural and organizational differences among the Caribbean countries and assure the quality of medicines and biologicals, while preventing the circulation of counterfeit products. It was felt that those efforts would be bolstered by the PAHO initiative. At the same time, it was noted that in many of the smaller Caribbean islands national regulatory authorities were non-existent or rudimentary. That situation was alleviated to some extent by the existence of the Pharmaceutical Procurement Service of the Organization of Eastern Caribbean States (OECS), which ensured the quality and safety of medicines and biologicals purchased in the public sector. However, there was a growing private sector that was totally unregulated. One delegate recommended that a roster of accredited suppliers, readily accessible to the public and to national authorities, should be established in cooperation with the OECS authorities.

153. Another delegate pointed out that South America was largely dependent on imported pharmaceuticals, there being virtually no development of new medicines in the subregion. Growth in the subregional pharmaceutical market was 12% a year, but was the result of rising prices rather than increased volume of sales. It was also a market where the user lacked access to information. Against that background the strengthening of drug regulatory bodies was crucial in order to ensure the quality, safety, and efficacy of medicines. There was also a need for development of medicines for the subregion's specific epidemiological needs, for agreements with biotechnology laboratories to have access to their new products, for regional purchasing mechanisms, and for an observatory of quality and prices throughout the Americas, similar to the recently launched drug price observatory for the Andean Community, based in Peru

154. Dr. Di Fabio thanked the delegates for their comments and congratulated the Executive Committee for having raised an important topic. In response to the comment about the need for transparent processes, he noted that Annex A of the document put forward a proposal for the development of procedures that were standardized and therefore transparent. Responding to the comments of delegates from the English-speaking Caribbean, he acknowledged that it would not be possible for all countries of the subregion to fulfill all drug regulatory functions and that it would be necessary to work collaboratively in order to be able to define the minimum level of functions that each country should be able to carry out, while at the same time envisaging the establishment of a subregional regulatory authority. With reference to the idea of a roster of suppliers, he suggested that, rather, a roster of reference regulatory authorities would be created and that thereby the products that were registered with those authorities would be recognized as being of suitable quality, in a manner very similar to the list of products and vaccines prequalified by the World Health Organization.

155. Dr. Socorro Gross (Assistant Director, PASB) said that the Region's capacity for production and innovation was growing, and it was therefore necessary also to strengthen

its regulatory capacity. She expressed appreciation to the Member States that were providing technical and financial support for that purpose and affirmed that cooperation among countries would serve to enhance the capacity of regulatory authorities in countries where such strengthening was needed.

156. The Council adopted Resolution CD50.R9.

WHO Framework Convention on Tobacco Control: Opportunities and Challenges for its Implementation in the Region of the Americas (Document CD50/26)

157. Dr. Celsius Waterberg (Representative of the Executive Committee) reported that the Executive Committee had reviewed a report on progress in implementing the Framework Convention on Tobacco Control in the Region. The Committee had commended the Bureau's efforts to assist countries in implementing the Framework Convention, and various delegates had provided updates on measures taken in their countries to that end. Attention had been drawn to the need to address the gender aspects of the issue, given the worrying increase in tobacco use among girls. The Delegate of Canada had reported that her Government had been working with other countries on the drafting of guidelines on the implementation of Articles 9 and 10 of the Convention, relating to content regulation and disclosure regulation, in preparation for the November 2010 session of the Conference of the Parties to the Convention.

158. The Directing Council welcomed the report and the proposed resolution. The latter was seen as a manifestation of the PAHO Member States' determination not to backtrack from the advances that had been made so far in implementing the Framework Convention. The Council urged Member States that had not yet ratified the Convention to consider doing so. Some delegates expressed the view that States that were not working towards the goals of the Framework Convention were making the task harder for those that were and were also encouraging illicit trade in tobacco products.

159. Numerous delegations reported on steps taken by their countries to implement the provisions of the Convention, including bans or restrictions on tobacco advertising and sponsorships; enlarged warnings on cigarette packs, often including graphic imagery; prohibition of smoking in public places and means of transportation; prohibition of the sale of toy or candy cigarettes; prohibition of the sale of cartons containing fewer than 10 packs as a means of keeping the price of a carton discouragingly high; elimination of duty-free concessions for tobacco products; and educational initiatives, such as traveling units that visited schools and universities to present information on the harmful health effects of smoking and also on the penalties for violation of anti-tobacco laws.

160. Other measures taken in the various countries included educational programs aimed at preventing people, particularly children, from starting to smoke and persuading current smokers to stop. Such programs made use of a variety of media and communication techniques, including street theater, to convey their messages. Some

countries had restricted the use of potentially misleading terms such as “mild,” “light,” or “ultra-light” in descriptions of tobacco products. Others had decreed that all workplaces, including those in the private sector, must be smoke-free. Primary health care practitioners were being trained in the area of smoking cessation, and technical manuals on implementation of certain specific articles of the Framework Convention were being developed. Delegates called for vigilance against attempts by the tobacco industry to introduce new forms of tobacco product into their countries, such as tobacco-based candies or so-called “e-cigarettes” which were being marketed as a safe and non-addictive way to circumvent bans on smoking in public places.

161. Some countries had found it difficult to reduce tobacco use through higher taxes, since the increased prices did not appear to have had much impact. In some cases, legislation was being drafted that would raise prices further, thereby raising additional revenue to support new health structures that were being established to deal with the effects of tobacco use. The experience of countries that had enacted tobacco legislation showed that constant revision was needed to close the loopholes that enabled the tobacco industry to bypass tobacco control laws and regulations. It was suggested that the Bureau could play a role in that process by distributing information on legislation, policies, and guidelines, perhaps through a special website or portal.

162. The Bureau’s assistance was also requested in implementing measures in support of Article 13 of the Framework Convention, dealing with tobacco advertising, promotion, and sponsorship. It was pointed out that in that area, a regional approach was needed because of globalization, the reach of cable television, the Internet, and other media. It would therefore be necessary to identify appropriate regional partners to lead the process. Discussions on that article had been included in the agenda for the Fourth session of the Conference of Parties, which would also consider a draft protocol on illicit trade in tobacco products. One delegate stated that she had a number of concerns about such a protocol since its extensive enforcement mechanism would require that additional resources be allocated to the Customs service.

163. The Delegate of Canada gave an update on Canada’s preparation of guidelines on implementation of Articles 9 and 10 of the Convention, which Canada would submit at the Conference of the Parties, and to which vigorous opposition from some stakeholders was expected.

164. Some delegates noted that they were currently engaged in legal disputes with tobacco industry, which was attempting to thwart their tobacco control efforts. The Delegate of Paraguay reported that while two presidential decrees setting regulations on smoke-free places and labeling of tobacco products had been promulgated, they were currently suspended because of constitutional challenges by the tobacco industry, which with support from some legislators had put forward a draft law that would undo the tobacco control measures put in place so far. The Ministry of Health was counting on the

President to veto that legislation. The controversy had resulted in very wide discussion of the issues among the public, and it was hoped that the response of the population would persuade the Senate to support the presidential veto.

165. The Delegate of Uruguay reported that Philip Morris International had filed a lawsuit against his Government, claiming that the measures that Uruguay had put in place in fulfillment of the Convention violated the terms of an old bilateral investment treaty between Uruguay and Switzerland, site of the company's operations center. His Government was currently mounting its defense and had received expressions of support from numerous governments and NGOs. It hoped to garner even more support at the fourth session of the Conference of the Parties to the Framework Convention, which was to be held in Uruguay. He stressed that Uruguay was not going to back down. On the contrary, the Government intended to put in place additional legislation against tobacco use.

166. Dr. Luiz Galvão (Area Manager, Sustainable Development and Environmental Health, PASB) welcomed the updates on the measures taken to implement the Convention. He had taken note of the suggestion concerning PASB's facilitating the exchange of information about legislation and assured the Council that the Bureau would provide that support. PASB was hoping for a high level of participation by the Region at the Fourth session of the Conference of the Parties, which would be an opportunity to continue the discussion on ways to continue contributing to the implementation of the Framework Convention.

167. The Director said that the Bureau would continue to support Member States in their efforts to implement the Framework Convention, including through the provision of information about legislation adopted in the various countries and identification of loopholes in laws that could lead to lawsuits of the sort that Uruguay was currently facing.

168. The Council adopted Resolution CD50.R6, expressing support for Uruguay in its efforts to implement the Framework Convention and urging Member States to oppose attempts by the tobacco industry to obstruct the implementation of public health measures designed to protect the population from the consequences of tobacco consumption.

Administrative and Financial Matters

Report on the Collection of Quota Contributions (Documents CD50/21 and Add. I)

169. Dr. Celsius Waterberg (Representative of the Executive Committee) reported that the Executive Committee had been informed in June that the collection of 2010 assessments had totaled \$24.1 million and that since that date additional contributions totaling slightly over \$12.9 million had been received. Sixteen Member States had made payments towards their 2010 assessments, 11 of them having paid in full. Over 78% of

arrears had been paid, leaving an outstanding balance of only \$7.1 million. The combined collection of arrears and current year's assessments as of mid-June totaled \$49.3 million, as compared with \$38 million at the same point in 2009.

170. Ms. Sharon Frahler (Area Manager, Financial Resources Management, PASB) explained that Document CD50/21 showed the situation of quota contributions as at 31 July 2010, and Document CD50/21, Add. I updated it to 20 September 2010. Since that date, a further \$1,000,000 had been received from Argentina. Total contributions owed as at 1 January 2010 for the current and prior years had amounted to \$131 million, of which \$81 million had now been received. That was the second-highest level of quota receipts by September in over 10 years. That \$81 million comprised \$54.4 million for 2010 assessments and \$26.4 million in arrears. Thus, the outstanding balance of quota contributions had been reduced to only \$6 million, the lowest level of arrears seen for many years.

171. A total of 20 Member States had paid their quota contributions for 2010 in full, 9 had made partial payments, and 10 Member States had made no payments for the current year. All Member States with deferred payment plans were in compliance with those plans, and no Member State was subject to the provisions of Article 6.B of the PAHO Constitution. Five Member States had made voluntary contributions totaling \$236,505 to the trust fund established to support the priorities identified in the alternate budget scenario presented to the 46th Directing Council.

172. The Director, recalling that the beginning of the preceding biennium had seen much concern as to how the global financial crisis would affect countries' ability to meet their international commitments, expressed her gratitude to Member States for their efforts to continue paying their contributions to PAHO, which, in her view, reflected the importance that Governments attached to the health of their populations.

173. The Council took note of the report.

***Financial Report of the Director and Report of the External Auditor for 2008-2009
(Official Document 337)***

174. Dr. Celsius Waterberg (Representative of the Executive Committee) reported that the Executive Committee had heard presentations on the Financial Report of the Director by PASB's Chief Accountant and a representative of the External Auditor. The Chief Accountant had summarized the content of the Financial Report, noting that the Organization had ended the 2008-2009 biennium with an excess of regular budget income over expenditure of \$4.2 million. Expenditures from the regular budget for the biennium had totaled \$195.4 million. Total expenditures from the regular budget, trust funds, and other funds had amounted to \$547 million. Net income from quota assessments during the biennium had totaled \$183.1 million. Miscellaneous income had totaled \$23.5 million and total income received for purchases of vaccines and other

public health supplies through the Organization's various procurement mechanisms had amounted to \$745.7 million.

175. The representative of the External Auditor had informed the Committee that the External Auditor had found no weaknesses or errors that had been considered material to the accuracy or completeness of the Organization's accounts and had therefore issued an unqualified audit opinion. The External Auditor had also determined that the Organization had taken appropriate action on previous audit recommendations and had concluded that the overall financial results showed that PAHO had been able to respond well to the turbulence in financial markets and to safeguard surplus capital held for investment. In addition, the Auditor had found that PAHO was making good progress towards the implementation of the International Public Sector Accounting Standards (IPSAS) and was already producing fully IPSAS-compliant financial statements. The Committee had been informed that the biggest financial liability relating to the implementation of the IPSAS was the provision of after-service health insurance coverage for staff, which was estimated to cost \$181 million.

176. The Executive Committee had welcomed the unqualified audit opinion and had been pleased to note the Organization's sound financial health. However, the Committee had expressed concern over the very large amount that would need to be set aside to fund staff members' future entitlements and sought information on whether PAHO envisaged creating a reserve fund for that purpose. The Committee had encouraged the Bureau to take prompt action to implement the External Auditor's recommendations in regard to implementation of the IPSAS, oversight and internal controls, and other matters.

177. In light of the \$4.2 million excess of income over expenditure during the biennium, the Committee had been asked to consider authorizing the transfer of an additional \$2 million from the Holding Account to the Master Capital Investment Fund, as provided for under Resolution CSP27.R19 of the Twenty-seventh Pan American Sanitary Conference. The Committee had been informed that \$2 million of the surplus had already been transferred into the Master Capital Investment Fund, in accordance with the same resolution. The Committee had adopted Resolution CE146.R2, authorizing the requested transfer.

178. Following Dr. Waterberg's report, a delegate expressed appreciation for the recommendations made by the External Auditor, especially with regard to oversight and control, particularly in the field offices, where his report had noted some irregularities in procurement, and also with regard to implementation of the IPSAS.

179. The Council took note of the report.

***Charge Assessed on the Procurement of Public Health Supplies for Member States
(Document CD50/22)***

180. Dr. Celsius Waterberg (Representative of the Executive Committee) reported that the Executive Committee had discussed a proposed change in the charge assessed on the procurement of public health supplies. It had been explained that an increase of the current charge, from 3% to 3.5%, was considered necessary in order to help cover the cost of staff time devoted to procurement on behalf of Member States. The Committee had been informed that none of the current 3% assessed charge was used for staff and other costs: rather, it was all contributed to the capitalization accounts of the various procurement funds.

181. The Executive Committee had acknowledged the value of PAHO's procurement services and generally supported the proposed increase in the charge, although some delegates had wondered whether a 0.5% increase would be sufficient. One delegate had proposed that the charge should be increased to 4% and that the second 0.5% of increase should be used to help fund the modernization of the PASB management information system.

182. Following further explanations by Bureau staff, the Executive Committee had agreed to recommend an increase of 0.5%, as proposed, and had adopted Resolution CE146.R3, recommending that the Directing Council approve an increase in the charge to 3.5%, effective 1 January 2011.

183. Following Dr. Waterberg's report, a delegate voiced support for the increase, emphasizing that the regular budgets of international organizations should not disproportionately subsidize activities funded with extra-budgetary income. She suggested that the Council should approve the proposed increase of 0.5%, but that the Bureau should be asked to carry out a study to determine the true overhead costs of PAHO's procurement activities and projections of future cost increases, and that the topic should be revisited in the near future.

184. The Council adopted Resolution CD50.R1, increasing the current 3% assessed charge to 3.5%, effective 1 January 2011, and crediting the additional 0.5% to the Special Fund for Program Support Costs to defray the administrative costs of procurement activities.

Salary of the Director and Amendments to the Staff Regulations of the Pan American Sanitary Bureau (CD50/23)

185. Dr. Celsius Waterberg (Representative of the Executive Committee) reported that the Executive Committee had endorsed a proposed amendment to Staff Regulation 4.3, clarifying that the principles of diversity and inclusion were to be considered in the hiring of personnel, and had also established the salaries of the Deputy Director and the

Assistant Director, effective 1 January 2010. The Committee had recommended that the Directing Council approve the proposed amendment to Staff Regulation 4.3 and establish the gross annual salary of the Director at \$201,351.

186. The Council adopted Resolution CD50.R4, setting the salary of the Director of the Pan American Sanitary Bureau with effect from 1 January 2010 and approving the amendment to Staff Regulation 4.3.

Election of Member States to Boards and Committees

Selection of One Member State from the Region of the Americas Entitled to Designate a Person to Serve on the Joint Coordinating Board of the UNICEF/UNDP/World Bank/WHO Special Program for Research and Training in Tropical Diseases (TDR) on the Expiration of the Period of Office of Costa Rica (Document CD50/24)

187. The Council selected Peru as the Member State entitled to designate a person to serve on the Joint Coordinating Board (Decision CD50(D5)).

Awards

PAHO Award for Administration 2010 (Document CD50/25)

188. Dr. Celsius Waterberg (Representative of the Executive Committee) reported that the Award Committee of the PAHO Award for Administration 2010, consisting of the representatives of Colombia, Guatemala, and Suriname, had met during the 146th Session of the Executive Committee and, after reviewing the information on the candidates nominated by Member States, had decided to confer the award on Dr. Elsa Yolanda Palou, of Honduras, for the national and subregional impact of her administrative, medical, teaching, and research activities on the quality of care provided to patients with communicable diseases, especially people living with HIV/AIDS.

189. The President and the Director presented the PAHO Award for Administration 2010 to Dr. Elsa Yolanda Palou, whose acceptance speech may be found on the webpage of the 50th Directing Council.

Abraham Horwitz Award for Excellence in Leadership in Inter-American Public Health 2010

190. Dr. Benjamin Caballero (President of the Board of Trustees, Pan American Health and Education Foundation) recalled that for 42 years the Foundation had partnered with PAHO to advance the common goal of protecting life and improving health in the Americas. As part of that partnership, several awards for excellence in inter-American public health were presented each year, including the Abraham Horwitz Award for Leadership in Inter-American Health, established to honor Dr. Abraham Horwitz, former

Director of PAHO and later President of PAHEF. The award recognized leadership that had changed lives and improved the health of the people of the Americas.

191. Dr. Caballero, the President, and the Director presented the Abraham Horwitz Award for Leadership in Inter-American Health 2010 to Dr. Carlos Monteiro, of Brazil, for his work on food consumption patterns and the epidemiology of obesity in Brazil and in other countries. Dr. Monteiro's acceptance speech may be found on the webpage of the 50th Directing Council.

Manuel Velasco Suárez Award for Excellence in Bioethics 2010

192. Dr. Caballero said that the Manuel Velasco Suárez Award for Excellence in Bioethics had been created in 2002 to honor groundbreaking thinking in the field of bioethics. It honored Dr. Manuel Velasco Suárez, a Mexican national and a physician, researcher, and scholar who had dedicated more than 50 years of his life to public health and had been one of the founders of the Mexican Academy of Bioethics.

193. Dr. Caballero, the President, and the Director presented the Manuel Velasco Suárez Award for Excellence in Bioethics 2010 to Dr. Paulina Taboada, of Chile, for her work on ethical matters relating to palliative sedation for patients at the end of life. Dr. Taboada's acceptance speech also appears on the webpage of the 50th Directing Council.

Sérgio Arouca Award for Excellence in Universal Health Care 2010

194. Dr. Caballero recalled that the Sérgio Arouca Award for Excellence in Universal Health Care had been created earlier in 2010 by the Ministry of Health of Brazil and PAHEF in cooperation with PAHO. The award recognized leaders who had worked to advance, influence, and strengthen universal health care programs in the Region. Brazilian physician, scholar, and tireless champion of universal health care Sérgio Arouca, whom the award honored, had been such a leader.

195. Dr. Caballero, the President, and the Director presented the Sérgio Arouca Award for Excellence in Universal Health Care 2010 to Dr. Maria Fátima de Sousa, of Brazil, for her efforts to strengthen her country's health system through, inter alia, the creation of a network for permanent training, and education for family health professionals. Dr. de Sousa's acceptance speech can be found on the webpage of the 50th Directing Council.

Other PAHEF/PAHO awards

196. Dr. Caballero announced that the Clarence H. Moore Award for Excellence for Voluntary Service had been awarded to the Liga Peruana de Lucha Contra el Cáncer, an organization based in Lima, Peru, for its cancer prevention, education, and treatment activities in that country, and the Pedro N. Acha Award for Excellence in Veterinary Public Health had been awarded to Dr. Luisa Zanolli Moreno, a student at the University of São Paulo School of Veterinary Medicine and Animal Science, for her undergraduate

thesis entitled “Molecular epidemiology of *Listeria monocytogenes* isolated from different sources in Brazil.” Those awards were presented at an awards dinner held during the week of the Directing Council. No recipient of the Fred Soper Award for Excellence in Public Health Literature was selected for 2010.

PAHO Champion of Health Recognition

197. The President announced that Mr. Fernando Javier Sendra, a cartoonist and humorist from Argentina, had been recognized as a PAHO Champion of Health for his collaboration with the Organization in promoting breastfeeding. PAHO bestowed the “Champion of Health” distinction on prominent individuals who had used their influence and prestige to raise awareness and increase understanding of public health issues such as immunization, maternal and child health, HIV/AIDS, tobacco and alcohol use, and domestic violence.

Matters for Information

WHO Programme Budget (Document CD50/INF/1)

Programme Budget 2008-2009: performance assessment (Document CD50/INF/1-A)

198. Ms. Miriam Naarendorp (Representative of the Executive Committee) reported that the Executive Committee had discussed the report on the assessment of the WHO Program Budget 2008-2009 after hearing a presentation by Dr. Mohamed Abdi Jama (Assistant Director-General for General Management, WHO). Dr. Jama had explained that the assessment evaluated the WHO Secretariat’s performance in achieving the Organization-wide expected results as set out in the Program Budget 2008-2009. It also identified main accomplishments in relation to the strategic objectives established in the Medium-term Strategic Plan 2008-2013. Additionally, it provided a summary of financial implementation, lessons learned, and the main challenges in relation to each strategic objective.

199. Dr. Jama had informed the Committee that 42 of the 81 Organization-wide expected results had been fully achieved and 39 had been partly achieved, and had explained that if a particular expected result had not been achieved in all regions, the Organization as a whole would be rated as having only partially achieved that result. None had been rated as “not achieved.” The assessment report had also shown the degree to which the resources needed to achieve each strategic objective had, in fact, been mobilized. Dr. Jama had told the Committee that the distribution of funding among the strategic objectives, and the alignment of resources with priorities, remained major difficulties for WHO because much of the funding raised was earmarked for specific purposes.

200. According to Dr. Jama, one of the noteworthy lessons learned from the assessment had been that the establishment of ambitious time-bound targets, such as the Millennium Development Goals, and the creation of new financing mechanisms, such as the Global Fund to Fight AIDS, Tuberculosis, and Malaria, had generated considerable resources and focused attention on the achievement of targets. The assessment had also highlighted the need to strengthen health systems, as weaknesses in health systems and health governance had been found to be largely responsible for the failure to achieve several of the targets. However, Dr. Jama had also pointed out that the 2008-2009 biennium had seen a strong recommitment to the values and principles of primary health care in all regions, which in his view augured well for the future.

201. Following Ms. Naarendorp's report, a delegate expressed appreciation of WHO's efforts to formulate budgets that were aligned with the Organization's strategic objectives as set out in the Medium-term Strategic Plan 2008-2013 and that would contribute to the achievement of the Millennium Development Goals. He also acknowledged the Organization's efforts to improve the management of scarce resources in an international context of economic crisis. Drawing attention to the proposed increase in the program budget for 2012-2013, he pointed out that it should not be assumed that additional resources could be mobilized in the current financial environment, and the possibility of maintaining zero growth in the budget should therefore be examined.

202. The Director said that the Americas, like all the other WHO regions, had participated actively in the assessment of the implementation of the WHO program budget 2008-2009, which had enhanced the capacity of the various regions to monitor performance and ensure the achievement of results, both from a programmatic perspective and from the standpoint of proper use of resources and the identification of funding gaps in order to facilitate the mobilization of extrabudgetary resources. Additionally, as a result of a collective effort led by WHO a more equitable distribution of resources had been achieved between countries and regions, with a view to the attainment of global health objectives.

203. The Directing Council took note of the report.

Draft Proposed Programme Budget 2012-2013 (Document CD50/INF/1-B)

204. Dr. Elil Renganathan (Director, Planning, Resource Coordination, and Performance Monitoring, WHO) introduced the WHO draft proposed program budget for 2012-2013, pointing out that it was being examined at a time of ongoing global economic crisis, which had critical implications for securing the health gains that had been achieved to date and for attaining future objectives, including the Millennium Development Goals. The draft budget proposal was therefore being presented with a degree of aspiration, as it was not yet fully funded and therefore might have to be adjusted depending on circumstances.

205. Programmatically, the proposed program budget was intended to make a timely and critical contribution to the achievement of the Millennium Development Goals, contribute to health governance, and respond to Member States' requests for greater transparency and accountability. Overall, the direction of the 13 strategic objectives established under the WHO Medium-term Strategic Plan would remain largely unchanged. No new Organization-wide expected results would be introduced, although there would be slight shifts in emphasis reflecting the evolving global health situation, and refinements had been made to some indicators and their targets, based on the findings of the 2008-2009 budget performance assessment. He stressed that the strategic objectives should not be seen as self-contained vertical programs, as there was considerable overlap among them.

206. The draft proposed program budget was being presented in a unified format, showing financing both from assessed contributions and voluntary contributions. At the same time it was broken down into three components: base programs, special programs and collaborative arrangements, and outbreak and crisis response. WHO had differing degrees of control over the three components, as discussed at greater length in Document CD50/INF/1. He drew attention to the concepts of integration, continuity and consolidation, and change, also discussed in the document.

207. The overall budget for the base program component was largely unchanged. Although the proposal for that component showed an increase of \$51 million as against the amount for 2010-2011, in real terms that was a reduction once inflation and the increasing costs of doing business had been factored in. There were minor increases for the special programs and collaborative arrangements component and the outbreak and crisis response component.

208. WHO was proposing zero nominal growth for assessed contributions; thus that portion would remain at \$944 million. Consequently, as the document pointed out, only 20% of the program budget 2012-2013 was projected to be financed from assessed contributions, with 80% having to be mobilized from voluntary donor contributions, which were predominantly earmarked. It was hoped that in response to the efforts being undertaken by the Director-General, Member States would move away from earmarked funding and towards more flexible contributions. The Organization would also continue to improve organizational effectiveness through results-based management, cost reduction, and increased efficiency.

209. In the ensuing discussion, one delegate expressed satisfaction at the attention given under the budget proposal to the strategic objective relating to maternal health, thus responding to concerns expressed by Member States regarding the achievement of the relevant targets. With regard to the issue of governance and partnerships, the same delegate recalled that in earlier discussions a frequent topic had been management of WHO's relations with its many partners, each of which had a different governance

structure. She inquired whether the draft proposed program budget had taken account of the wishes expressed by the WHO Executive Board in that regard. She also asked when the projected increase in flexible funding would be occurring and whether that increase would result in a different alignment with the strategic objectives. In addition, she pointed out that if performance was linked to funding, then history was not on the side of the Region of the Americas, which seemed to have been penalized for good performance. She wondered what was being done to rectify that situation.

210. Another delegate expressed concern that WHO might not be able to raise some of the projected voluntary contributions. That was an especially important consideration for Strategic Objectives 4 and 6, for which the available funds in the 2008-2009 biennium had been considerably lower than the amounts envisaged. It was also unclear how WHO intended to sustain funding for strategic objectives where Member States had made additional contributions in response to specific events, such as pandemic (H1N1) 2009. That would be an issue in particular for Strategic Objectives 1 and 5. She also observed that although the 2008-2009 performance assessment had noted a lack of consistency in achieving the targeted results across the six WHO regions, the draft proposed program budget did not address that problem.

211. Dr. Renganathan said that the issue of governance of partnerships had been a critical component of the discussions on the future financing of WHO, and it was hoped that those discussions would both provide further guidance on the matter and inform the program budget for 2012-2013. With regard to the issue of flexible funding, WHO was working hard with the contributors concerned to increase the amount from the \$200 million received from Member States in 2008-2009 to \$300 million in the current biennium, and if all went well with the discussions on future financing, WHO could be reasonably confident of receiving an amount of \$400 million for 2012-2013. If that were to occur, with around \$940 million from assessed contributions and about \$400 million from flexible, unearmarked contributions, the Director-General would have about \$1.3 billion, or 30% of the \$4.8 billion budget, at her disposal to better align the Organization's resources with global health needs. Moreover, increased flexible funding would help the Organization to distribute resources more evenly across the regions. The distribution of funds was based on three criteria: the funding gap, financing risk, and performance. In the last distribution, performance had accounted for 20% of the weighting because there had been major funding gaps and financing risks. However, the performance aspect could be adjusted in line with the advice of the Advisory Group on Financial Resources.

212. With regard to financing streams, he said that within the results-based management framework, a critical component of operational planning for 2010-2011 would be income planning. Hence, when departments submitted plans they would also need to identify sources of the requisite income and only commit to activities for which resources were available or there was a reasonable chance of securing them.

213. Dr. Jama added that the presentation on the proposed program budget did not show all of WHO's partners, but only those that were included in the program budget. WHO had a number of other partners, such as the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Roll Back Malaria Partnership. Although the Director-General could not determine the amount of money that a given partnership would raise during a biennium, the Organization, through its participation in the governance structures of those partnerships, could advocate for better alignment of resources with the priorities identified by Member States.

214. The Directing Council took note of the report.

PAHO Results-based Management Framework (Document CD50/INF/2)

215. Dr. Celsius Waterberg (Representative of the Executive Committee) reported that the Executive Committee had reviewed a report on the Bureau's progress in implementing the four components of the PAHO results-based management framework: planning; implementation, performance, and monitoring and assessment; independent evaluation and learning; and accountability. The Committee had welcomed the various policies presented in the annexes to the report, in particular those on delegation of authority and on resource coordination, noting that the latter policy would enable the transfer of resources between entities within the Organization and between the strategic objectives identified in the Strategic Plan 2008-2012. As the Strategic Plan identified numerous Region-wide expected results for which Member States shared responsibility with the Bureau, it had been suggested that an effort should be made to reduce those expected results to a more manageable number.

216. The Directing Council also welcomed the Organization's progress towards implementing results-based management as a real tool for programmatic decision-making and resource allocation, rather than just a theoretical concept. The Council also considered that results-based management would enhance the design and evaluation of future strategic plans. Delegates were pleased that the framework contained a resource evaluation function, as the ability to evaluate organizational performance and determine how well each of PAHO's entities was advancing towards the Organization's strategic objectives was essential to good results-based management.

217. It was emphasized that staff in subregional and country offices should have the same capacity as regional staff to apply results-based management. Improved accountability and results reporting would require strengthened institutional capacity at country level, with a focus on data collection, quality of information, and sound analysis to establish baselines and measure changes over time. It was also suggested that the Organization should provide training in results-based management for personnel from national ministries of health.

218. Dr. Isaías Daniel Gutiérrez (Area Manager, Planning, Budget, and Resource Coordination, PASB) affirmed that now that results-based management was firmly entrenched, the Bureau would have greater quantities of information on which to base improved decisions, notably on the use to be made of voluntary contributions received. The Bureau would also now concentrate on efforts to reinforce accountability and delegation of authority.

219. The Director expressed appreciation for the input and assistance provided by Member States in the process of transforming results-based management from a set of generally applicable principles to a framework specifically applicable to the realities of a public health organization such as PAHO. She expressed particular appreciation to Canada for its financial support of the whole results-based management process. Results-based management would contribute to methodologies such as the country-focused cooperation approach and would also assist the Bureau to be proactive, rather than reactive, in mobilizing and then allocating voluntary contributions. Welcoming the suggestion of extending knowledge of the framework to the country level, she said that the training courses on results-based management shortly to be provided for the Bureau's own personnel could also be offered to ministry of health officials in Member States.

220. The Council took note of the report.

Process for the Appointment of the External Auditor of PAHO for 2012-2013 and 2014-2015 (Document CD50/INF/3)

221. Dr. Celsius Waterberg (Representative of the Executive Committee) reported that it had been proposed, when the Executive Committee had discussed the process for appointing the External Auditor in June, that the Bureau might consider adopting a single non-renewable six-year term of office for the External Auditor, which would offer a balance between continuity and a reasonable degree of rotation and would be conducive to maintaining independence. The Committee had been told that the Bureau would look into the feasibility of that proposal, but would need to be sure, if the term was to be non-renewable, that it would receive suitable nominations for the following term. Otherwise, the Organization might find itself without an external auditor.

222. Ms. Sharon Frahler (Area Manager, Financial Resources Management, PASB) said that PAHO's current External Auditor, the National Audit Office of the United Kingdom of Great Britain and Northern Ireland, had indicated that it would not seek reselection, and urged Member States to nominate candidates for the position, noting that they should be international auditors of repute, as stipulated in the document. Such nominations should be received by the Bureau by April 2011.

223. The Council took note of the report on the item.

PAHO's Integrity and Conflict Management System (Document CD50/INF/4)

224. Ms. Miriam Naarendorp (Representative of the Executive Committee) reported that the Executive Committee had examined a report on the Secretariat's progress in implementing its Integrity and Conflict Management System. Details had been provided on the work of the Coordinating Committee for the Integrity and Conflict Management System, including a recent review of the Organization's system for the administration of justice and the procedures staff members should follow to challenge an administrative or disciplinary decision taken against them. The review had been intended to ensure that the administration of justice system was independent, robust, and professional and that it operated in a timely manner. The Committee had been informed that a report on the review was being examined by the Coordinating Committee and was expected to be ready for presentation to the Director in July 2010.

225. Mr. Philip MacMillan (Manager, Ethics Office, PASB) added that the review report had indeed been completed and submitted to the Director in July 2010. Some adjustments had been made pursuant to that report, while others were still under consideration, about which the Executive Committee would be informed at its meeting in June 2011.

226. The Directing Council took note of the report.

30th Anniversary of Smallpox Eradication and the Establishment of the PAHO Revolving Fund for Vaccine Procurement (Document CD50/INF/5)

227. Dr. Celsius Waterberg (Representative of the Executive Committee) reported that the Executive Committee had reviewed and endorsed a proposal for a celebration to pay tribute to the thousands of health workers and community volunteers who had worked to achieve the eradication of smallpox, and to recognize the contribution of the PAHO Revolving Fund for Vaccine Procurement to public health and to the successes of the Expanded Program on Immunization in the Region of the Americas.

228. The celebration of the 30th anniversary of the eradication of smallpox and the establishment of the PAHO Revolving Fund for Vaccine Procurement was held on Tuesday, 28 September 2010 during the 50th Directing Council. As part of the celebration, the Council paid tribute to Dr. Ciro De Quadros for his contribution to the PAHO/WHO Expanded Program on Immunization, as well as his role in creating the Revolving Fund for Vaccine Procurement. In addition, a statue of Dr. Edward Jenner, pioneer of the smallpox vaccine, was unveiled. The statue is on loan to PAHO from the Edward Jenner Museum in Berkeley, England.

229. Dr. Donald Henderson, who served as head of the Global Smallpox Eradication Campaign of WHO and as technical advisor to PAHO on vaccine-preventable diseases; Dr. Ciro De Quadros, who pioneered the Expanded Program on Immunization and

established the Revolving Fund for Vaccine Procurement; Dr. Esperanza Martínez, Minister of Health of Paraguay and strong supporter of the Revolving Fund; Ms. Sarah Parker, Director of the Edward Jenner Museum; and Dr. Mirta Roses, Director of PASB, addressed the Council. Dr. Henderson summarized the history of the global effort to eradicate smallpox, highlighting the fact that most of the developments in the fight against smallpox had originated in the Region of the Americas. Dr. de Quadros summarized the history of the Expanded Program on Immunization and the Revolving Fund and shared his vision for future immunization efforts, stressing the need for programs similar to the Revolving Fund in other regions of the world. Dr. Martínez highlighted the role of the Revolving Fund for Vaccine Procurement in ensuring the growth and consolidation of national immunization programs. Ms. Parker briefly reviewed the history and significance of the discovery of the smallpox vaccine. Dr. Roses spoke of the introduction of the vaccine in the Americas and provided further details on the history of the Revolving Fund for Vaccine Procurement. The remarks of Dr. Roses, as well as the tribute to Dr. De Quadros presented by Dr. Socorro Gross-Galiano, are reproduced in full on the webpage of the 50th Directing Council.

230. Member States expressed gratitude to Drs. Henderson and De Quadros for their work and stressed the important role played by the Expanded Program on Immunization and the Revolving Fund for Vaccine Procurement in developing and sustaining national immunization programs and in promoting solidarity and equity. The role of the GAVI Alliance in making vaccines available at affordable prices was also highlighted, as was the importance of technology transfer and development of capacity for vaccine production in the countries of the Region. A number of delegates reported on their immunization activities at national level and described initiatives to strengthen their immunization programs, introduce new vaccines, and maintain high levels of vaccination coverage.

231. Dr. Gina Tambini (Area Manager, Family and Community Health, PASB) affirmed that the eradication of smallpox and subsequent triumphs in the control, elimination, and eradication of vaccine-preventable diseases had been achieved thanks to the dedication of health workers throughout the Region.

Progress Reports on Technical Matters (Document CD50/INF/6)

Implementation of the International Health Regulations (2005) (Document CD50/INF/6-A)

232. Dr. Marthelise Eersel (Representative of the Executive Committee) said that the Executive Committee had welcomed the Region's progress to date in implementing the International Health Regulations (2005), but had noted that the Regulations had not yet been fully implemented in all Member States and had urged PAHO to continue its efforts to ensure that all countries of the Region would be able to meet their obligations under

the Regulations by June 2012. Delegates had highlighted the need for intersectoral coordination at the national level and for close collaboration and open and transparent sharing of information at the international level in order to respond effectively to public health risks that had the potential to become global health emergencies. One delegate had called attention to the need for federal States to ensure good coordination between the national health authority and subnational authorities.

233. The need to address gaps in pandemic preparedness and response had also been underscored. The Committee had noted that pandemic (H1N1) 2009 had put the Regulations to the test and had demonstrated their effectiveness; however, the pandemic had also brought to light some areas that needed strengthening, including communication with the media, training of human resources, and coordination between the health sector and other sectors involved in surveillance at points of entry and in emergency response. The Committee had underscored the need for ongoing PAHO support in those areas and in the review and modernization of national legislation in order to bring it into line with the requirements of the Regulations.

234. In the ensuing discussion, the Directing Council welcomed the continued progress in implementing the International Health Regulations (2005), but stressed the need to complete the assessment of core capacities and improve those capacities, especially at points of entry, in order to meet the core surveillance and response capacity requirements established under the Regulations. Delegates described the measures taken in their countries to implement the International Health Regulations (2005) and highlighted the importance of PAHO's role in assisting countries with the drafting of legislation to bring domestic laws into line with the Regulations; several delegates from the Caribbean subregion requested specific assistance from the Organization in that area. The value of horizontal cooperation in enabling countries to make improvements where weaknesses had been identified, especially at points of entry, was highlighted. Several delegates also stressed the importance of working in the context of regional arrangements such as the Southern Common Market (MERCOSUR) and the Union of South American Nations (UNASUR), especially in regard to surveillance at international points of entry.

235. Delegates identified various difficulties that were hindering efforts to meet the core capacity requirements, including insufficiency of human resources, infrastructure deficiencies, and financial resource constraints. It was suggested that PAHO could help to support capacity-building at points of entry by, for example, providing Spanish translations of the relevant WHO guidelines and assessment tools and identifying modules for cross-training of staff. PAHO was also encouraged to strengthen its role as a facilitator of communication between national focal points and the World Health Organization, especially concerning issues with political implications for the Region. Appreciation was expressed for the training and support provided by PAHO for countries wishing to implement field epidemiology programs developed by the United States

Centers for Disease Control and Prevention. Such programs were seen as a good means of enhancing the capacity of rapid response teams at the local level.

236. Several delegates mentioned the need for enhanced laboratory support to enable timely analysis of specimens. It was suggested that countries that lacked sufficient laboratory capacity at the national level should identify regional networks of public health laboratories and strengthen cooperation in regard to the dispatch and testing of specimens. The importance of regional and international meetings which provided opportunities for sharing experiences was highlighted; in particular, delegates expressed satisfaction at the organization of the first regional joint meeting of National Focal Points, heads of national surveillance services, and national authorities responsible for points of entry, held in May 2010 in Quito, Ecuador. The importance of taking maximum advantage of the lessons learned from the response to pandemic (H1N1) 2009 was underscored. The Delegate of Chile reported that regional focal points established throughout her country had proved very important in coordinating the response to the pandemic and had also proved very useful in coordinating relief efforts following the earthquake of February 2010.

237. The delegate of the Kingdom of the Netherlands, referring to the forthcoming establishment on 10 October 2010 of Curaçao and Saint Maarten as separate countries within the Kingdom of the Netherlands, assured the Council that the domestic legislation of those new countries would be in compliance with the Regulations before that date.

238. Dr. Marcos Espinal (Area Manager, Health Surveillance and Disease Prevention and Control, PASB), noting that implementation of the Regulations would in some cases entail considerable reorganization of national systems, stressed the need for political involvement and support at the highest level. Referring to the issues mentioned by the representative of the Executive Committee in her report, he assured delegates that the Bureau would give priority to training of human resources, risk communication, and coordination. Indeed, it was already providing training in risk communication and was working with the United States Centers for Disease Control and Prevention on the development of an epidemiology training program. He also noted that several of the WHO tools had been translated into Spanish and that PAHO was in the process of disseminating them.

239. The Council took note of the progress report.

Update on Pandemic (H1N1) 2009 (Document CD50/INF/6-B)

240. Dr. Marthelise Eersel (Representative of the Executive Committee) said that the Executive Committee had reviewed the report on pandemic (H1N1) 2009 and had commended PAHO on its leadership of the regional response and emphasized the need to utilize the experience and lessons learned from the pandemic to strengthen planning and enhance capacity to respond to future public health emergencies. It had been suggested

that the lessons learned from the pandemic in the Region should also be taken into account by the WHO International Health Regulations Review Committee. The importance of revising or expanding national influenza pandemic preparedness plans had been underscored, as had the need to set up national influenza centers in all countries of the Region. The need for close coordination between ministries of health and ministries of agriculture in disease surveillance, detection, and outbreak response had also been highlighted.

241. In the Directing Council's discussion of the report, Member States expressed their appreciation for the timely and effective assistance provided by PAHO in response to pandemic (H1N1) 2009. The valuable assistance provided by the Caribbean Epidemiology Center and the United States Centers for Disease Control and Prevention was also acknowledged. Delegates called for a formal review of lessons learned from the pandemic and described some of the lessons learned from the experience in their own countries. It was pointed out that the pandemic had brought to light some weaknesses in the application of the International Health Regulations (2005) and that it had also called attention to the need for training in effective risk communication. The importance of advance strategic preparation was emphasized. Several delegates stressed the need to intensify prevention at both the community and the individual levels. The importance of health promotion and instruction in basic hygiene practices such as hand washing was also underlined. The need for more effective public information campaigns, especially to encourage discussion of acute respiratory diseases as a cause of mortality among vulnerable groups, was highlighted.

242. Several delegates emphasized the importance of an integrated and multisectoral approach to surveillance and prevention of emerging infectious disease. Collaboration between the human health and the veterinary health sectors was considered especially important, given the zoonotic origins of influenza A (H1N1) and other recent diseases. Collaboration between health authorities and education and labor authorities was also seen as essential in order to educate the population about influenza and how to avoid it and to facilitate the implementation of measures such as school closings to prevent the spread of the disease. It was pointed out that pandemics were international problems, not national ones, and the need for coordinated regional responses was highlighted. In that connection, reference was made to the need to strengthen warning and response mechanisms and to implement strict controls at international borders. Strengthening of laboratory diagnostic capacity was also considered crucial. The need for rapid access to medicines, diagnostic inputs, and vaccines was stressed, as was the need for technology transfer and development of capacity for their production at the national level, and PAHO was encouraged to intensify its cooperation with countries in those areas. The Organization was also urged to support the strengthening of plans for other pandemics through the development of multi-hazard emergency preparedness plans, building on the experience gained through the preparation and response to pandemic (H1N1) 2009.

243. Dr. Marcos Espinal (Area Manager, Health Surveillance and Disease Prevention and Control, PASB) thanked Member States for their contributions and stressed the need to continue surveillance of the pandemic and to strengthen surveillance systems. He also noted the need to continue vaccination against the pandemic virus, especially among pregnant women and other high-risk groups.

244. The Director thanked delegates for their expressions of appreciation to PAHO and WHO and emphasized the need to continue working to strengthen risk communication in particular, in order to allay public fears about the safety of the pandemic vaccine. She also pointed out that, while the influenza A (H1N1) virus had proved to be relatively mild, health authorities should not let their guard down, as a more virulent pandemic virus could emerge at any time.

245. The Council took note of the progress report.

Plan of Action for Strengthening Vital and Health Statistics (Document CD50/INF/6-C)

246. Ms. Miriam Naarendorp (Representative of the Executive Committee) said that the Executive Committee had been informed in June that good progress was being made in implementing the Plan of Action for Strengthening Vital and Health Statistics. The importance of ensuring the availability of timely and reliable statistics had been stressed, and it had been pointed out that the lack of such data would make it difficult to evaluate and monitor progress towards the Millennium Development Goals as well as progress under the various plans of action being carried out in the Region. The Committee had also been informed that the plan of action would be reinforced by the recently created Latin American and Caribbean Network for Strengthening Health Information Systems, which would also help to promote horizontal cooperation among countries in the Region. The Committee had affirmed the usefulness of the plan of action as a tool for helping Member States to improve the coverage and quality of their statistics.

247. The Directing Council welcomed the progress made in strengthening vital and health statistics systems in the countries of the Region. The importance of horizontal cooperation in this area was highlighted, as was the usefulness of web-based platforms for sharing of statistical information. It was suggested that future progress reports should contain additional information on collaboration with other international technical organizations and agencies in this area and on the sources of the extrabudgetary funds that would be needed to implement the workplan for the biennium 2010-2011.

248. The Delegate of Argentina noted that while the progress report correctly identified his country as having a situation analysis and strategic plan with a framework different from that of PAHO, Argentina had allocated sufficient resources to its plan for improving the quality and coverage of its statistics and that the plan provided for technical cooperation with neighboring countries in the framework of South-South

cooperation, especially in the area of training of human resources and development of training materials aimed at enhancing the quality of health data.

249. Dr. Marcos Espinal (Area Manager, Health Surveillance and Disease Prevention and Control, PASB) emphasized the importance of not only developing but also implementing strategic plans to improve vital and health statistics systems, and pledged the continued cooperation of the Bureau for that purpose.

250. The Director stressed the importance of having reliable information systems in order to be able to identify progress achieved and setbacks encountered in the effort to achieve the Millennium Development Goals.

251. The Council took note of the progress report.

Regional Core Health Data Initiative and Country Profiles (Document CD50/INF/6-D)

252. Ms. Miriam Naarendorp (Representative of the Executive Committee) said that the Executive Committee had reviewed the progress report on the Regional Core Health Data Initiative and had noted the close links between this initiative and the initiative for strengthening vital and health statistics (see paragraphs 246 to 251 above), and it had been emphasized that it was critical to strengthen dialogue and coordination between the health sector and national statistics institutes in order to ensure that national statistics systems were collecting data, such as birthweight, that were important from an epidemiological standpoint. The importance of strengthening national capacity for the generation of health statistics had been highlighted. Such capacity-building had been considered especially important in countries in which data were being either severely underreported or not reported consistently. PAHO had been urged to provide technical cooperation in order to strengthen the technical and conceptual capacities of the personnel responsible for production and dissemination of health statistics. In addition, it had been suggested that a direct link to the Regional Public Health Observatory should be included on the homepage of the PAHO website in order to facilitate access to the core health data.

253. In the Council's discussion of the progress report, delegates affirmed their support for the core data initiative, expressed satisfaction with the changes introduced in the Basic Indicators Health Information System, and stressed the need to continue working to ensure the availability of health statistics that were reliable, consistent, and timely. The need for training of human resources in data quality assurance procedures and for periodic internal and external assessment and certification of personnel responsible for data coding was emphasized, and support from PAHO for such training was requested. It was suggested that since some of the basic indicators were derived from information obtained from other international organizations, the sources of the information to be used in calculating indicators should be specified in order to ensure comparability of the data.

254. Dr. Marcos Espinal (Area Manager, Health Surveillance and Disease Prevention and Control, PASB) urged Member States to continue striving to improve their capacity to collect and validate health statistics and assured them that PAHO would continue to support them in their efforts. He also said that the Bureau was confident that the new web-based system would be more user-friendly and would facilitate data comparison.

255. The Director observed that the basic indicators system provided a readily accessible source of health information not only for users in the health sector, but also for legislators, journalists, and others who had need of such information.

256. The Council took note of the progress report.

Implementation of the Regional Strategy and Plan of Action for an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity and Health (Document CD50/INF/6-F)

257. Ms. Miriam Naarendorp (Representative of the Executive Committee) reported that the Executive Committee had examined a report on progress in implementing the Regional Strategy and Plan of Action for an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity, and Health and had welcomed the progress made to date and affirmed that PAHO had an important role to play as a coordinator for the exchange of experience and best practices. Some delegates had expressed the view that there had perhaps been disproportionate attention to communicable diseases, notably sexually transmitted ones, whereas epidemiology showed that chronic noncommunicable diseases now accounted for the main burden of disease in the countries of the Region. It had been suggested that indicators and targets should be developed in the framework of the Millennium Development Goals to measure progress in combating chronic noncommunicable diseases.

258. The Directing Council also applauded the progress made and welcomed the guidance set forth in the Regional Strategy and Plan of Action, recognizing that chronic diseases imposed a heavy burden on all countries of the Region. Many countries had based their national strategies on the Regional Plan of Action and its four lines of action. In many cases, the first step had been to carry out epidemiological surveys and studies in order to determine baselines. Some delegates stressed the need to incorporate a gender perspective and—particularly in countries with large indigenous populations—cultural sensitivity into such studies.

259. It was reported that CARICOM had developed a matrix showing the progress of each Caribbean country in noncommunicable disease prevention and control, enabling them to compare their progress and learn from each other with regard to the way forward. It was suggested that such a matrix could be replicated and extended in other parts of the Region. Delegates endorsed the Executive Committee's suggestion that indicators on

noncommunicable diseases should be integrated into the monitoring and evaluation system for the Millennium Development Goals.

260. The Council recognized that meeting the challenges of chronic disease would require a comprehensive societal approach that had to involve not only the health sector but also the agriculture, commerce, education, finance, and other sectors. It would also be necessary to involve representatives of the food industry in order to gain their support for the supply of healthier foodstuffs. The need to strengthen the capacity of primary health care services to manage patients with chronic diseases was stressed, as was the need for a life-course approach to chronic disease prevention, targeting vulnerable populations in particular.

261. Delegates described the various governmental and regulatory bodies their countries had set up to oversee the implementation of the Regional Strategy and Plan of Action, as well as their development of national plans, establishment of specialized institutions for specific diseases such as cancer or diabetes, establishment of regulatory measures on food quality, and design of public education campaigns to promote physical activity and healthy lifestyles. Various delegates also described the practical steps taken at national level in furtherance of the overall goal of the strategy, including organization of physical activity events and building of sports facilities, reformulation of food and drinks, reductions in salt content of foods, guidelines for nutritious and healthy foods in schools and measures to protect children from publicity promoting unhealthy foods, wellness days, and creation of “wellness cards” providing price discounts on healthy foods and sports activities.

262. Delegates suggested that PAHO could play an important role in supporting countries through capacity-building and promoting the exchange of best practices. They also looked forward to a successful outcome to the United Nations high-level meeting on noncommunicable diseases in September 2011.

263. A representative of Alzheimer’s Disease International pointed out that Alzheimer’s disease and other dementias were having an increasing health impact worldwide, with an economic cost higher than almost all other diseases, but were often not recognized owing to a mistaken idea that they were a normal part of aging. Her association was in discussions with WHO about setting up a joint action plan, and hoped for support from Member States in the Region.

264. A representative of the Thalassaemia International Federation pointed out that hemoglobinopathies, such as thalassaemia, sickle cell anemia, and hemophilia, seemed to be missing from the group of chronic diseases under discussion by the Organization. Such diseases could be quickly detected by simple testing, and his organization hoped to be able to persuade governments to introduce such testing, for example at the time of marriage. He urged PAHO to increase its attention to hemoglobinopathies.

265. Dr. Marcos Espinal (Area Manager, Health Surveillance and Disease Prevention and Control, PASB) congratulated the countries that had made progress under the strategy and plan of action, while at the same time noting that only 16 had drawn up national plans for the control of noncommunicable diseases. That rate of implementation had to be scaled up. It was important for delegates to urge their heads of State and Government to attend the United Nations high-level meeting on noncommunicable diseases in September 2011, the more so as it was being organized in response to an initiative from CARICOM. He informed the Council that the Bureau was making plans for regional consultations prior to the high-level meeting.

266. The Directing Council took note of the report.

Elimination of Rubella and Congenital Rubella Syndrome (Document CD50/INF/6-G)

267. Dr. Celsius Waterberg (Representative of the Executive Committee) reported that the Executive Committee had welcomed the Region's progress towards eliminating rubella and congenital rubella syndrome, but had expressed concern about the threat posed by imported cases of the disease. The importance of continued surveillance had been underscored. In that connection, it had been pointed out that the occurrence of undetected subclinical cases could result in an under-estimation of the true incidence of rubella. The importance of achieving and maintaining vaccination coverage of 95% or above at all levels, not just at the national level, had also been emphasized, as had the need to investigate all suspected cases and ensure timely diagnosis. Some delegates had reported that anti-vaccination campaigns had been mounted in their countries by groups claiming that the measles-mumps-rubella vaccine was linked to autism. They had stressed the need for health officials to take swift action to counter such efforts in order to ensure that high levels of vaccination coverage were maintained.

268. Dr. Gina Tambini (Area Manager, Family and Community Health, PASB) observed that the Region of the Americas was once again in the vanguard with respect to the eradication and elimination of vaccine-preventable diseases. The countries of the Region had first eradicated poliomyelitis and then eliminated measles, and now 19 months had passed since the last confirmed endemic case of rubella in February 2009. The Region had thus attained the goal of eliminating congenital rubella syndrome by 2010.

269. The achievement of that landmark public health success would not have been possible without the commitment of Member States, the contributions of PAHO's partners, and the unwavering dedication of the Region's health workers. All countries of the Region had implemented the strategies recommended by the PAHO technical advisory group, including administering rubella vaccine as part of their routine immunization programs and conducting follow-up and speed-up vaccination campaigns. As a result, by December 2009 some 450 million people had been vaccinated against

measles and rubella and more than 112,500 cases of congenital rubella syndrome had been prevented. The Region was currently documenting the lessons learned from the elimination initiative in order to share them with other regions.

270. Pointing out that the Americas could not sustain its successes in disease elimination on its own, she encouraged Member States to continue advocating for elimination initiatives in other regions and to promote discussion of the topic during the Sixty-fourth World Health Assembly in 2011.

271. The Council applauded the Region's success in eliminating rubella and congenital rubella syndrome, which was attributed to a strong spirit of Panamericanism and cooperation among the countries of the Americas, coupled with the leadership and coordination of PAHO. The strategic role of the Revolving Fund for Vaccine Procurement was also highlighted. The Council welcomed the Bureau's plan to document the lessons learned from the elimination initiative. It was pointed out that the investment made in the elimination effort had helped to strengthen epidemiological surveillance, primary health care, national immunization programs and networks of public health laboratories, which in turn would help to ensure the sustainability of elimination. The importance of mainlining high levels of vaccination coverage was stressed, as was the need to immunize both men and women. The Council noted the importance of remaining vigilant so as to prevent reintroduction of the disease through imported cases and underlined the need for countries outside the Americas to accelerate their rubella elimination efforts. Delegates called for discussion of the matter during the Sixty-fourth World Health Assembly and the establishment of a global target date for the elimination of rubella and congenital rubella syndrome. They also called on health authorities to raise awareness of the issue at the highest political levels in their countries and in other international forums.

272. Dr. Tambini thanked delegates for their comments and support and assured them that PAHO would support them at the next World Health Assembly in appealing to other regions to intensify their efforts to eliminate measles and rubella.

273. The Council took note of the progress report.

274. Plaques were presented to the following Member States and partner institutions in recognition of their work in connection with the elimination of rubella and congenital rubella syndrome: the Ministry of Health of Costa Rica, the Ministry of Health and Social Policy of Spain, the Canadian International Development Agency (CIDA), the Centers for Disease Control and Prevention (CDC) of the United States of America, and the Serum Institute of India.

Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO (Document CD50/INF/7)

Sixty-third World Health Assembly (Document CD50/INF/7-A) and Fortieth Regular Session of the General Assembly of the Organization of American States (Document CD50/INF/7-B)

275. Dr. Marthelise Eersel (Representative of the Executive Committee) said that the Executive Committee had reviewed a report on the resolutions and other actions of the Sixty-third World Health Assembly and the 127th Session of the WHO Executive Board considered to be of particular interest to the PAHO Governing Bodies. In the ensuing discussion, it had been pointed out that the report made no mention of the Health Assembly's decision with regard to the matter of counterfeit medicines—Decision WHA63(10)—and it had been suggested that that information should be included in the report to be prepared for the present Directing Council.

276. The Delegate of Argentina had pointed out that during the Health Assembly many representatives of the countries of the Americas had stressed the need to discuss procedures for evaluating the safety and efficacy of existing medicines. He had proposed that an item on the need to strengthen the capacity of regulatory authorities to ensure the quality, safety, and efficacy of medicines should be included on the agenda of the 50th Directing Council. Several delegates had supported the proposal, while others had expressed the view that it would be preferable to introduce the item through the Executive Committee in 2011, in order to allow time for the preparation of a well-researched document. The Director had suggested that the Secretariat might prepare a background document for the proposed new item—for which the report of the Fifth Conference of the Pan American Network for Drug Regulatory Harmonization might be used as a basis—and then the Council could decide whether or not to include the item on its final agenda.

277. The item was approved for inclusion on the Council's agenda (see paragraphs 146 to 156 above).

278. The Council took note of the reports on resolutions concerning various health-related matters that had been adopted by the Sixty-third World Health Assembly and the Fortieth regular session of the General Assembly of the Organization of American States.

Progress Reports on Administrative and Financial Matters (Document CD50/INF/8, Rev. 1)

Status of Implementation of the International Public Sector Accounting Standards (IPSAS) (Document CD50/INF/8, Rev. 1-A)

279. Ms. Miriam Naarendorp (Representative of the Executive Committee) reported that the Executive Committee had been informed that implementation of the IPSAS was on track for completion, although the transition had been a considerable challenge, in part because there had been a major increase in the Organization's resources, especially for its procurement activities. That increase had meant that the staff involved had had to contend with a larger workload, while also complying with all of the new accounting requirements. However, the results had been satisfactory, as had been confirmed in the External Auditor's report. The Committee had also been informed that, as of March 2010, around \$200,000 of the original \$300,000 budget for IPSAS implementation had been used, and that additional resources of around \$20,000 might be needed in order to complete the implementation process.

280. The Directing Council expressed appreciation for the update on the implementation of the IPSAS, acknowledging that it had been a lengthy process, but noting that it was a practical manifestation of the Organization's commitment to employ best administrative and financial practices. A delegate asked when and in what form the IPSAS accounting manual would be made available to Member States.

281. Ms. Sharon Frahler (Area Manager, Financial Resources Management, PASB) agreed that implementation of the IPSAS had been a struggle, but the Bureau was continuing to make progress. The accounting manual had been written, and comments made by the External Auditor were now being incorporated into it. Once it had been finalized, it would be accessible to Member States through the Organization's website. She added that PASB was one of only seven United Nations agencies that had kept to the commitment to implement the IPSAS by 1 January 2010. The final months of the year were a critical time, as the Organization closed its annual accounts and ensured that everything was being done in accordance with the draft accounting manual. She thanked the Member States for their support, in particular the approval of the \$300,000 budget for IPSAS implementation.

282. The Council took note of the report.

Master Capital Investment Plan (Document CD50/INF/8, Rev. 1-B)

283. Ms. Miriam Naarendorp (Representative of the Executive Committee) reported that the Executive Committee had examined a report on the status of projects funded under the Master Capital Investment Fund. The Subcommittee on Program, Budget, and Administration had also examined the matter earlier in the year and had reviewed a

request from the Director for the transfer of an additional \$2 million of the expected surplus from the Regular Program Budget for 2008-2009 to the Master Capital Investment Fund. The Subcommittee had recommended that the Executive Committee approve that request. The Subcommittee had also suggested that a more detailed analysis of the work on the projects financed from the Master Capital Investment Fund was needed, since in some cases it was not clear how much money had been spent, as compared with what had been budgeted. The report submitted to the Executive Committee on this item had included the information requested by the Subcommittee, including an update on the damage caused to PAHO facilities by the earthquakes in Haiti and Chile.

284. As reported earlier during the discussion of the Financial Report of the Director for 2008-2009 (see paragraphs 174 to 179 above), the Executive Committee had adopted Resolution CE146.R2, authorizing the transfer of \$2 million of the surplus from the 2008-2009 regular program budget to replenish the Master Capital Investment Fund.

285. The Directing Council expressed appreciation for the update on the implementation of projects under the Master Capital Investment Fund. It particularly appreciated the Organization's commitment to constant monitoring and prioritization of such projects. It was suggested that more detail might be given on the various projects, including their geographical location as well as the amounts already spent and remaining to be spent in order to enable better decision-making by the Governing Bodies.

286. Mr. Edward Harkness (Manager, General Services Operations) thanked Member States for their strong support, and undertook in future to provide the additional information requested.

287. The Council took note of the report.

Status of the Audit Committee of PAHO (Document CD50/INF/8, Rev. 1-C)

288. Ms. Miriam Naarendorp (Representative of the Executive Committee) reported that the Executive Committee had appointed the members of the Audit Committee in June, pursuant to a recommendation by the Subcommittee on Program, Budget, and Administration, which at its session in March had formed a working group to review the qualifications of the candidates identified by the Director. The working group had established a ranked list of four candidates. It had recommended that the first three candidates on the list be appointed, but had included four candidates in order to give the Executive Committee a choice, namely, in order of preference: Mr. Alain Gillette, Mr. Peter Maertens, Mrs. Carman LaPointe, and Mrs. Amalia Lo Faso.

289. The Executive Committee had accepted the Subcommittee's recommendation and selected the first three candidates proposed. That decision was reflected in the Committee's Resolution CE146.R5. It had subsequently been determined by drawing of

lots that Mr. Alain Gillette would serve on the Audit Committee for four years, Mrs. Carman LaPointe for three years, and Mr. Peter Maertens for two years.

290. Dr. Heidi Jiménez (Legal Counsel, PASB) informed the Council that since the Executive Committee's meeting in June, all selected candidates had accepted to serve on the Audit Committee, but then Ms. Carman LaPointe had been appointed as Under-Secretary-General of the United Nations in New York and had been compelled to withdraw. The fourth finalist, Ms. Amalia Lo Faso, had expressed willingness to serve instead, and her candidacy would be considered by the 147th Executive Committee. If her appointment was approved, the Audit Committee would have a preliminary meeting in early November and start its substantive work in 2011.

291. A delegate expressed satisfaction that the Audit Committee would shortly be commencing its work.

292. The Directing Council took note of the report.

Other Matters

293. The Director informed the Council that a statement had been released by the Government of the United States of America on 1 October 2010, admitting with profound regret that in 1946-1948 its Public Health Service had taken part in an experiment in which people in Guatemala had been deliberately infected with syphilis as part of a study on prevention of sexually transmitted infections. PAHO had regrettably been involved in that deplorable experiment, which had been funded by a contribution from the United States National Institutes of Health and led by Dr. John Cutler, who had later become Deputy Director of the Organization. PAHO wished to express its profound regret to the people of Guatemala and to affirm that, together with WHO, it now had rigorous ethical standards governing research involving human subjects, which would ensure that such mistreatment would never happen again.

294. The Delegate of Cuba expressed regret that, for political reasons, his delegation had once again not received visas in a timely manner from the Government of the United States of America, despite having met all the established requirements, and had thus not been able to attend the first two days of the Council's 50th session. He wished to register his Government's dissatisfaction with a procedure that prevented representatives of a Member State of a United Nations organization from attending meetings of that organization.

295. Many delegates spoke to express solidarity with the people of Ecuador in the time of civil strife that had occurred during the week of the Directing Council. They also expressed support for the victims of recent flooding in Haiti, Jamaica, and Mexico.

Recognition of Dr. Gerald Hanson

296. As part of the celebration of the 50th anniversary of PAHO's Radiology and Radioprotection Program, the Council recognized the work of Dr. Gerald Hanson, former Chief of that Program and later Chief of Radiation Medicine at WHO. Dr. Hanson's successors at PAHO, Drs. Cari Borrás and Pablo Jiménez, were also recognized. The text of Dr. Hanson's remarks can be found on the webpage of the 50th Directing Council.

Closure of the Session

297. Following the customary exchange of courtesies, the Vice President declared the 50th Directing Council closed.

Resolutions and Decisions

298. The following are the resolutions and decisions adopted by the 50th Directing Council:

Resolutions

CD50.R1: Charge Assessed on the Procurement of Public Health Supplies for Member States

THE 50th DIRECTING COUNCIL,

Having considered Document CD50/22, *Charge Assessed on the Procurement of Public Health Supplies for Member States*;

Noting the significant increase in the procurement of public health supplies through the Pan American Sanitary Bureau's three procurement mechanisms on behalf of the Member States of the Pan American Health Organization, and the progressive insufficiency of the financial resources for the administrative services which support the procurement activities,

RESOLVES:

1. To increase the current three percent (3%) charge assessed on the procurement of all public health supplies for PAHO Member States by the Pan American Sanitary Bureau by one-half of one percent (0.5%) to a total of three and one-half percent (3.5%), effective 1 January 2011.

2. To credit the additional 0.5% of this charge to the Special Fund for Program Support Costs to defray the administrative costs of procurement activities throughout the Organization for the following three procurement mechanisms:

- Reimbursable Procurement on Behalf of Member States,
- Revolving Fund for Vaccine Procurement,
- Regional Revolving Fund for Strategic Public Health Supplies.

(Second plenary, 27 September 2010)

CD50.R2: Strategy on Substance use and Public Health

THE 50th DIRECTING COUNCIL,

Having reviewed Document CD50/18, *Strategy on Substance Use and Public Health*;

Recognizing the burden of morbidity, mortality, and disability associated with substance use disorders in the world and in the Region of the Americas, as well as the existing gap in treatment and care for persons affected by such disorders;

Understanding that a balanced strategy is needed that includes both supply-control and demand-reduction approaches that fill a critical need for prevention, screening, and early intervention, treatment, rehabilitation, social reintegration, and support services to reduce the adverse consequences of substance use, by promoting the health and social well-being of individuals, families, and communities;

Considering the context and framework for action offered by the Health Agenda for the Americas, the PAHO Strategic Plan 2008–2012, the hemispheric drug strategy of the Inter-American Drug Abuse Control Commission of the Organization of American States (OAS/CICAD), and the World Health Organization's Mental Health Gap Action Program: Scaling up care for mental, neurological, and substance use disorders (mhGAP), which reflect the importance of the issue of substance use and establish strategic objectives for addressing it;

Observing that the proposed Strategy on Substance Use and Public Health sets out the principal areas of work to be addressed and identifies areas for technical cooperation to address the varying needs of Member States with regard to substance use,

RESOLVES:

1. To endorse the Strategy on Substance Use and Public Health and support its implementation within the context of the specific conditions of each country in order to respond appropriately to current and future needs in relation to substance use.
2. To urge Member States to:
 - (a) identify substance use as a public health priority and implement plans to tackle substance use problems that are consonant with their public health impact, especially with regard to reducing existing treatment gaps;
 - (b) recognize that substance-related problems are a result of an interplay between health and social determinants and outcomes, and that tackling substance use problems requires increasing social protection, sustainable development, and access to quality health services;
 - (c) promote universal, equitable access to care for substance use disorder treatment and early intervention for the entire population by strengthening services within the framework of primary health care-based systems and integrated service delivery networks and ongoing efforts to eliminate the residential hospital-centered model of the past;
 - (d) continue to strengthen their legal frameworks with a view to protecting the human rights of people with substance use disorders and effectively enforcing laws without having a negative impact on public health;
 - (e) promote intersectoral initiatives to prevent the initiation of substance use, with particular attention to children and adolescents, and to reduce stigmatization of and discrimination against people with substance use disorders;
 - (f) encourage the effective involvement of the community, former substance users, and family members on policy, prevention, and treatment activities through support for mutual help organizations;
 - (g) recognize human resources development in the area of substance use prevention, care, and treatment as a key component in the improvement of national health plans and services, and develop and implement systematic training programs and curriculum changes;

- (h) bridge the existing substance use information gap through improvements in the production, analysis, and use of information, as well as through research, with an intercultural and gender equality approach;
- (i) strengthen partnerships between the public sector and other sectors, including nongovernmental organizations (NGOs), academic institutions, and key social actors, emphasizing their involvement in the development of substance use related policies and plans;
- (j) allocate sufficient financial resources to achieve an appropriate balance between supply-control and demand-reduction activities.

3. To request the Director to:

- (a) prepare a 10-year plan of action, in close collaboration with Member States, NGOs, research institutions, PAHO/WHO Collaborating Centers, OAS/CICAD, and other international organizations, to be presented at the Directing Council in 2011;
- (b) support Member States in the preparation and implementation of national plans on substance use within the framework of their public health and social policies, taking into account the Strategy on Substance Use and Public Health, endeavoring to correct inequities, and giving priority to care for vulnerable and special-needs groups;
- (c) collaborate in the assessment of substance use problems and services in the countries with a view to ensuring that appropriate, effective measures are taken to decrease such problems;
- (d) facilitate the dissemination of information and the sharing of positive, innovative experiences and promote technical cooperation among Member States;
- (e) promote partnerships with governmental and nongovernmental organizations, as well as with international organizations and other regional actors, in support of the multisectoral response required to implement this Strategy;
- (f) coordinate the implementation of the Strategy with the OAS/CICAD and with national drug commissions, where applicable.

(Third meeting, 28 September 2010)

CD50.R3: *Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Bolivia, Mexico, and Suriname*

THE 50th DIRECTING COUNCIL,

Bearing in mind the provision of Articles 9.B and 15.A of the Constitution of the Pan American Health Organization;

Considering that Grenada, Peru, and the United States of America were elected to serve on the Executive Committee upon the expiration of the periods of office of Bolivia, Mexico, and Suriname,

RESOLVES:

1. To declare Grenada, Peru, and the United States of America elected to membership on the Executive Committee for a period of three years.
2. To thank Bolivia, Mexico, and Suriname for the services rendered to the Organization during the past three years by their delegates on the Executive Committee.

(Fifth plenary, 29 September 2010)

CD50.R4: *Salary of the Director and Amendments to PASB Staff Regulations*

THE 50th DIRECTING COUNCIL,

Having reviewed Document CD50/23;

Considering the revision to the base/floor salary scale for the professional and higher-graded categories of staff of the Pan American Sanitary Bureau, effective 1 January 2010;

Taking into account the decision by the Executive Committee at its 146th Session to adjust the salaries of the Deputy Director and Assistant Director of the Pan American Sanitary Bureau (Resolution CE146.R13),

RESOLVES:

1. To establish the annual salary of the Director of the Pan American Sanitary Bureau, beginning on 1 January 2010, at US\$ 201,351 before staff assessment, resulting in a modified net salary of \$143,878 (dependency rate) or \$129,483 (single rate).

2. To approve the amendment to Staff Regulation 4.3, which clarifies that the principles of diversity and inclusion are to be considered in the hiring of personnel.

(Fifth plenary, 29 September 2010)

CD50.R5: Strengthening Immunization Programs

THE 50th DIRECTING COUNCIL,

Having reviewed concept paper, *Strengthening Immunization Programs* (Document CD50/14), as well as the significant progress made by the countries in the field of immunization;

Recognizing the effective efforts of the Member States and the Pan American Health Organization to harmonize vaccination policies and strategies, promoting the training of national teams in the effective management and implementation of national programs and including the adoption of the Revolving Fund for Vaccine Procurement as the cooperation mechanism that facilitates access to biologicals and other supplies by all Member States;

Recognizing that some Member States have determined that immunization is a public good that has made a significant contribution to the reduction of infant mortality, the eradication of polio, the elimination of measles, rubella, and congenital rubella syndrome, and the epidemiological control of other vaccine-preventable diseases in the Region;

Reiterating that the Revolving Fund has been a key factor in the Member States' timely and equitable access to vaccines and that, as part of technical cooperation, it has permitted the standardization of vaccination plans in the countries of the Americas, the achievement of high vaccination coverage, a timely response to outbreaks and other health emergencies, and the rapid introduction of "new vaccines" against rotavirus, pneumococcus, human papillomavirus, and, recently, influenza A(H1N1) virus;

Recognizing that protecting national and regional immunization programs is essential to sustaining the achievements of all the Member States and that reducing vaccination levels in any country directly affects the others,

RESOLVES:

1. To urge the Member States to:
 - (a) endorse national immunization programs as a public good;
 - (b) support the Regional Strategy for Immunization and its vision and meet the following objectives:
 - sustain the achievements: a Region free of polio, measles, rubella, and congenital rubella syndrome, with control of diphtheria, whooping cough, and Hib;
 - complete the unfinished agenda: elimination of neonatal tetanus; epidemiological control of hepatitis B, seasonal influenza, and yellow fever; ensure that all municipios have coverage of over 95% (using DPT3 as the tracer); and complete the transition from an immunization approach geared to children to one focused on comprehensive family immunization;
 - tackle new challenges: introduce new vaccines that contribute to the achievement of the MDGs; improve national decision-making capacity; promote the financial sustainability of the EPI; and strengthen vaccination and immunization services within the framework of systems and services based on primary health care;
 - support the PAHO Revolving Fund for Vaccine Procurement as the strategic cooperation mechanism that enables the Member States to have timely and equitable access to their supplies of the immunization programs.
2. To request the Director to:
 - (a) continue providing technical support to the Member States to strengthen the operating capacity of national immunization programs within the framework of primary health care, using strategies that ensure action in municipios with low coverage as well as among hard-to-reach populations in vulnerable situations;
 - (b) provide technical assistance to the Member States for evidence-based decision-making through the ProVac Network of Centers of Excellence;
 - (c) strengthen and maintain the Revolving Fund as an active, efficient mechanism based on the principles and procedures that have yielded successful results over its 30 years of operation;

- (d) continue to support strong advocacy and social mobilization, in light of growing anti-vaccination sentiments which continue to challenge immunization efforts.

(Sixth plenary, 29 September 2010)

CD50.R6: Strengthening the Capacity of Member States to Implement the Provisions and Guidelines of the WHO Framework Convention on Tobacco Control

THE 50th DIRECTING COUNCIL,

Taking into account the progress report *WHO Framework Convention on Tobacco Control: Opportunities and Challenges for its Implementation in the Region of the Americas* (Document CD50/26);

Recognizing that there is substantive scientific evidence that tobacco consumption and exposure to second-hand smoke are causes of mortality, morbidity, and disability, having a considerable impact on the incidence of chronic noncommunicable diseases, and that they generate immense health, economic, and social costs; and that the Constitution of the World Health Organization (WHO) establishes the basic principle that “enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being” and that this right is also recognized in several international and regional conventions ratified by the majority of Member States in the Region;

Considering that the conclusions of the Committee of Experts on Tobacco Industry Documents, cited in resolution WHA54.18 of the World Health Assembly, point out that “the tobacco industry has operated for years with the express intention of subverting the role of governments and of WHO in implementing public health policies to combat the tobacco epidemic”;

Deeply concerned about misinformation campaigns and legal actions instituted by the tobacco industry against tobacco control measures adopted by the Member States;

Taking into account that Article 5.3 of the WHO Framework Convention on Tobacco Control states, “In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law,”

RESOLVES:

1. To express its support to the Eastern Republic of Uruguay for all the national measures it has adopted, pursuant to the provisions of the Framework Convention and its Guidelines, especially those on the packaging of tobacco products to inform the public about the risks of tobacco and prevent manufacturers from directly or indirectly suggesting that some products are less harmful to health.
2. To urge the Member States to:
 - (a) oppose attempts by the tobacco industry or its allies to interfere with, delay, hinder, or impede the implementation of public health measures designed to protect the population from the consequences of tobacco consumption and exposure to second-hand smoke;
 - (b) recognize the need to monitor, document, and, according to national legislation in force, publicize the activities of the tobacco industry in order to make their strategies transparent and reduce their effectiveness;
 - (c) promote public health practices in order to protect children from the dangers of tobacco use and its negative health impacts, and ultimately to reduce the burden of illness and death caused by tobacco use;
 - (d) consider ratifying the WHO Framework Convention on Tobacco Control if they have not yet done so and to implement its provisions and guidelines.
3. To request the Director to:
 - (a) continue strengthening the capacity of the Member States to implement the provisions and guidelines of the WHO Framework Convention on Tobacco Control;
 - (b) strengthen, promote, and facilitate information exchange among the Member States on such issues as legislation, guidelines, best practices, and experiences with the tobacco industry.

(Sixth plenary, 29 September 2010)

CD50.R7: *Strategy for Health Personnel Competency Development in Primary Health Care-based Health Systems*

THE 50th DIRECTING COUNCIL,

Having reviewed the report of the Director, *Strategy for Health Personnel Competency Development in Primary Health Care-based Health Systems* (Document CD50/11), based on the PAHO Strategic Plan 2008–2012,

RESOLVES:

1. To urge Member States to:
 - (a) reiterate their commitment to achieving the Regional Goals for Human Resources for Health 2007–2015 and developing national human resource plans in concert with the relevant social sectors and actors;
 - (b) establish mechanisms and modalities for coordination and cooperation with national education authorities, academic institutions, and other relevant stakeholders to promote greater convergence between the profiles and competencies of future professionals and the orientations and needs of the health sector;
 - (c) formulate a learning policy that includes, as a complementary resource, virtual learning aimed at all levels and entities in the health system and develop competency frameworks for family and community health teams;
 - (d) promote competency development in health personnel, with special emphasis on an intercultural approach and gender equity;
 - (e) adopt a networked learning strategy (*eLearning*) with a permanent education approach, making use of information and communication technologies geared to the transformation of current health practices and institutional behavior;
 - (f) promote the production and sharing of open sources of learning and experiences among countries and territories of the Region.
2. To request the Director to:
 - (a) strengthen the Organization's technical cooperation with the Member States for the formulation of learning and *eLearning* policies and plans targeting health service workers;

- (b) assist with the design and strengthening of the infrastructure needed to support *eLearning*;
- (c) assist the countries of the Region and subregional initiatives in developing strategies and mechanisms for coordination and cooperation between the national health authority and educational institutions, within the framework of a shared commitment and social responsibility for renewing primary health care;
- (d) promote the creation of learning networks linked at the regional level and the production of learning resources to strengthen the leadership and management capabilities of the health sector in priority issues for the Region;
- (e) help strengthen, through the Virtual Public Health Campus, the countries' capacity to develop the competencies of their health personnel and utilize information and communication technologies.

(Sixth plenary, 29 September 2010)

CD50.R8: Health and Human Rights

THE 50th DIRECTING COUNCIL,

Having considered the concept paper, *Health and Human Rights* (Document CD50/12);

Bearing in mind that the Constitution of the World Health Organization establishes a basic international principle whereby, “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition;”

Recognizing that in the Health Agenda for the Americas (2008–2017) the ministers and secretaries of health: (a) declared their renewed commitment to the above-mentioned principle established in the WHO Constitution; (b) recognized that human rights are part of the principles and values inherent to the Health Agenda; and (c) declared that, to make the right to the enjoyment of the highest attainable standard of health a reality, the countries should work toward universality, accessibility, quality, comprehensiveness, and inclusion in the health systems that are available for individuals, families, and communities;

Aware that the PAHO Strategic Plan 2008–2012 Amended states that “Human rights law, as enshrined in international and regional human rights conventions and

standards, offers a unifying conceptual and legal framework for these strategies, as well as measures by which to evaluate success and clarify the accountability and responsibilities of the different stakeholders involved;”

Recognizing that the human rights instruments of the United Nations and Inter-American systems are useful for the progress of the Member States towards the achievement of the Millennium Development Goals (MDGs), especially those related to eradicating extreme poverty and hunger (MDG 1), reducing child mortality (MDG 4), improving maternal health (MDG 5), and combating HIV/AIDS, malaria and other diseases (MDG 6);

Observing that the Pan American Sanitary Conference and the Directing Council have recommended that the Member States formulate and adopt policies, plans, and legislation in health consistent with the applicable international human rights instruments in the context of mental health (Document CD49/11), active and healthy aging (Document CD49/8), adolescent and youth health (Document CD49/12), gender equality (Document CD49/13), reduction of maternal mortality and morbidity (Document CSP26/14), access to care for people living with HIV (Document CD46/20), health of indigenous peoples (Document CD47/13), and the prevention and rehabilitation of disability (Document CD47/15), among others;

Recognizing that in some PAHO Member States matters related to health may fall under different jurisdictional levels,

RESOLVES:

1. To urge Member States, taking into account their national context, financial and budgetary resources, and legislation currently in force, to:
 - (a) strengthen the technical capacity of their health authority to work with the corresponding governmental human rights entities, such as ombudspersons’ offices and human rights secretariats, to evaluate and oversee the implementation of the applicable international human rights instruments related to health;
 - (b) strengthen the technical capacity of the health authority to provide support for the formulation of health policies and plans consistent with the applicable international human rights instruments related to health;
 - (c) support PAHO’s technical cooperation in the formulation, review and, if necessary, reform of national health plans and legislation, incorporating the applicable international human rights instruments, especially those related to the protection of groups in vulnerable situations;

- (d) promote and strengthen training programs for health workers on the applicable international human rights instruments;
 - (e) formulate and, if possible, adopt legislative, administrative, educational, and other measures to disseminate the applicable international human rights instruments on protecting the right to the enjoyment of the highest attainable standard of health and other related human rights among the appropriate personnel in the legislative and judicial branches and other governmental authorities;
 - (f) promote, as appropriate, the dissemination of information among civil society organizations and other social actors on the applicable international human rights instruments related to health, to address stigmatization, discrimination, and exclusion of groups in vulnerable situations.
2. To request the Director, within the financial possibilities of the Organization:
- (a) to facilitate PAHO technical cooperation with the human rights committees, organs, and rapporteurships of the United Nations and Inter-American systems;
 - (b) to train Organization staff so that the technical areas, especially those most closely involved in protecting the health of groups in vulnerable situations, gradually incorporate the international human rights instruments related to health into their programs;
 - (c) to promote and stimulate collaboration and research with academic institutions, the private sector, civil society organizations, and other social actors, when appropriate, to promote and protect human rights, in keeping with the international human rights instruments related to health;
 - (d) to promote the sharing of good practices and successful experiences among the Member States of PAHO so as to prevent the stigmatization, discrimination and exclusion of groups in vulnerable situations.

(Sixth plenary, 29 September 2010)

CD50.R9: Strengthening National Regulatory Authorities for Medicines and Biologicals

THE 50th DIRECTING COUNCIL,

Having reviewed the document *Strengthening National Regulatory Authorities for Medicines and Biologicals* (Document CD50/20);

Considering resolutions WHA45.17 (1992) and WHA47.17 (1994) of the 45th and 47th World Health Assemblies, respectively; document EB113.10 (2004) of the 113th Executive Board of the World Health Organization (WHO); document CD42/15 (2000) of the 42nd Directing Council of the Pan American Health Organization, on the essential public health functions and strengthening the steering role of the health authority at all levels of the State; and the Procedure for Designating Regulatory Authorities of Regional Reference for Medicines and Biologicals of the Pan American Health Organization;

Considering that strengthening the capacity of the national regulatory authorities and designating regulatory authorities of regional reference can lead to recognition of the existing capacity in the Region of the Americas and to the establishment of cooperation mechanisms that will make it possible to strengthen the steering role for other national regulatory authorities;

Recognizing the initiative of the Member States and PAHO/WHO in the preparation of a consensus-based instrument and the creation of a procedure for the qualification of regulatory authorities of regional reference;

Recognizing the possibility of having regulatory authorities of regional reference participate in product evaluation processes as part of the Pan American Health Organization's procurement mechanisms,

RESOLVES:

1. To urge the Member States to:
 - (a) strengthen and evaluate their regulatory capabilities with respect to the functions characteristic of a regulatory and oversight agency for medicines and biologicals, through an examination of the performance of their essential functions;
 - (b) use the results of the qualification activity and the designation of the regulatory authorities of regional reference to strengthen their performance in terms of the steering role of the health authority;

- (c) support national regulatory authorities so they can benefit from the processes and information from national regulatory authorities of reference;
 - (d) promote the dissemination of information on the results and processes for the regulation and oversight of medicines, biologicals, and other health technologies;
 - (e) promote interaction and technical cooperation among countries;
 - (f) actively participate in the Pan American Network for Drug Regulatory Harmonization (PANDRH).
2. To request the Director to:
- (a) support initiatives for the strengthening and qualification of national regulatory authorities to guarantee the quality, safety, and efficacy of medicines, biologicals, and other health technologies;
 - (b) widely disseminate in the countries of the Region of the Americas the available tools and procedures for qualification of the competencies of national regulatory authorities in medicines and biologicals and support development of the system for the qualification of national regulatory authorities and their designation as a regulatory authority of regional reference;
 - (c) maintain and strengthen the collaboration of the Pan American Health Organization with the Member States in the area of medicines and biologicals regulation;
 - (d) promote technical cooperation among country regulatory authorities as well as recognition of the existing capacity in the Region;
 - (e) ensure that the Pan American Health Organization's procurement procedures for medicines and biologicals are supported by the existing capacity of the national regulatory authorities of reference to guarantee the quality, safety, and efficacy of these products.

(Seventh plenary, 30 September 2010)

CD50.R10: Modernization of the PASB Management Information System

THE 50th DIRECTING COUNCIL,

Having reviewed the report of the Director, *Modernization of the PASB Management Information System* (Document CD50/7);

Observing that the Pan American Sanitary Bureau (PASB) will benefit significantly from modernizing its management information system;

Recognizing that there is and will continue to be a need to respond to the requirements of, and to interface with, the WHO Global Management System (GSM);

Taking into account the work of the PASB Management Information System (PMIS) Committee, which prepared the Guiding Principles that provide the context and goals of modernization; analyzed and rigorously documented for the first time the Organization's business processes that already have yielded a number of improvements; and identified, analyzed, and documented various options for modernization, including the advantages, disadvantages, and estimated costs;

Acknowledging the benefits the PASB already has derived from its business processes analysis and the efficiencies already implemented;

Bearing in mind that there are critical requirements that strongly influence the evaluation of options, and that these need to consider PAHO's independent legal status and ensure that the levels of service to PAHO Member States are maintained and improved;

Recognizing that a baseline implementation of an enterprise resource planning (ERP) software product will achieve the desired degree of modernization, will address PAHO's governance issues dealing with system modernization, will be relatively low cost, and will offer the best opportunity to match PASB business processes to the best practices available in the software, thus improving levels of service to PAHO Member States while ensuring that the requirements of the GSM are fully met,

RESOLVES:

1. To endorse the modernization of the PASB Management Information System.
2. To approve the Guiding Principles for modernization.

3. To approve modernization by means of commercial ERP software where PASB would incorporate a minimum of modifications and customizations, such as the baseline ERP solution presented by the Bureau as Option 3 in Document CD50/7.
4. To approve using up to \$10 million from the Holding Account to pay for this modernization.
5. To request that the Director begin detailed project preparations, research additional sources of funding, and report on progress to the Directing Council in 2011.
6. To request the Director to ensure that the implementation of the PASB Management Information System and any future upgrades achieve the necessary integration with and provide a similar level of reporting, transparency and accountability as the GSM.

(Eighth plenary, 30 September 2010)

CD50.R11: Strategy and Plan of Action for the Reduction of Chronic Malnutrition

THE 50th DIRECTING COUNCIL,

Having reviewed the Director's report, *Strategy and Plan of Action for the Reduction of Chronic Malnutrition* (Document CD50/13);

Mindful of the international mandates emerging from the World Health Assembly, in particular Resolutions WHA55.23 (2002) and WHA56.23 (2003), as well as the commitments by the Member States of the Region of the Americas to meeting the Millennium Development Goals (MDG);

Recognizing the consequences of child undernutrition for physical and cognitive development, immune response, and the risk of illness or premature death, as well as for educational performance and functional capacity, human capital formation, productivity, and individual and collective well-being;

Recognizing the right of children to develop physically, mentally, morally, spiritually, and socially in a healthy and normal manner and with freedom and dignity;

Recognizing that living conditions and undernutrition early in life contribute to the development of overweight, obesity, and chronic diseases (including diabetes, hypertension, and atherosclerosis, and others), with serious consequences for the well-

being of the population, the social burden of resulting disability, and the years of productive life lost;

Underscoring that, in the Region of the Americas, the height-for-age indicator is a better reflection of both prolonged lack of access to an adequate diet and the effect of other social factors associated with poverty, and that, with the current trend in this indicator, several countries may not be able to meet target 2 of MDG 1 by the year 2015 and are unlikely to achieve MDGs 4 and 5;

Reiterating that nutrition is a determinant of human development and, at the same time, is affected by a series of social and economic determinants;

Recognizing that while chronic malnutrition still exists, especially among the rural poor in the Region, the simultaneous and alarming rise in childhood obesity cannot be neglected, and interventions should therefore be comprehensive to tackle all forms of childhood malnutrition;

Recognizing the high degree of complementarity between this and other strategies, such as the Regional Strategy and Plan of Action on Nutrition in Health and Development, 2006–2015, and OAS General Assembly resolution “Support for Efforts to Eradicate Child Malnutrition in the Americas” (AG/RES. 2346 [XXXVII-O/07]);

Welcoming the conceptual and operational framework for addressing malnutrition (acute and chronic malnutrition, overweight, obesity, and specific micronutrient deficiencies) reached by interagency consensus in the Pan American Alliance for Nutrition and Development (APND),

RESOLVES:

1. To endorse the Strategy and approve the Plan of Action for the Reduction of Chronic Malnutrition and its consideration in development policies, plans and programs, proposals, and the discussion of national budgets to enable the creation of the conditions for preventing chronic malnutrition.
2. To urge Member States to:
 - (a) give priority to intersectoral actions for the prevention of chronic malnutrition;
 - (b) promote dialogue and coordination between ministries and other public institutions, as well as between the public and private sectors and civil society, in order to achieve national consensus on the social determinants and life course approaches to the prevention of chronic malnutrition;

- (c) propose and implement interministerial policies, plans, programs, and interventions at all levels of government of the Member States, with a view to preventing chronic malnutrition;
 - (d) set up an integrated monitoring, evaluation, and accountability system for policies, plans, programs, and interventions that will make it possible not only to determine their impact in terms of reducing chronic malnutrition but also to understand the situation of its social determinants and guide timely decision-making;
 - (e) put processes in place for internal review and analysis of the relevance and viability of the Strategy and Plan of Action based on national priorities, needs, and capabilities.
3. To request the Director to:
- (a) provide support to the Member States, in collaboration with other international agencies, for an internal analysis of the applicability of the Strategy and Plan of Action and the implementation of activities for its execution;
 - (b) promote the implementation and coordination of the Strategy and Plan of Action, ensuring that it cuts across the Organization's various program areas and different regional and subregional contexts;
 - (c) promote and consolidate cooperation with and among countries, as well as the sharing of experiences and lessons learned;
 - (d) promote the inclusion of independent external evaluations in measuring the reduction of chronic malnutrition;
 - (e) support human resources development and capacity building and the delivery of quality services;
 - (f) promote the establishment of international, national, municipal, and local partnerships with other agencies, scientific and technical institutions, nongovernmental organizations, organized civil society, the private sector, and others, employing the integrated interventions agreed upon by the Alliance;
 - (g) report periodically to the Governing Bodies on progress and constraints in the execution of the Strategy and Plan of Action, as well as its adaptation to new contexts and needs.

(Eighth plenary, 30 September 2010)

CD50.R12: Strategy and Plan of Action for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis

THE 50th DIRECTING COUNCIL,

Having reviewed the report of the Director, *Strategy and Plan of Action for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis* (Document CD50/15), based on the PAHO Strategic Plan 2008–2012;

Considering that a review of the current situation indicates that the two basic conditions for eliminating the two diseases are within the reach of the countries of the Americas: the availability of effective means for interrupting mother-to-child transmission of HIV and congenital syphilis (biological viability) and the availability of practical treatment measures and simple, accessible, and sustainable diagnostic tools (programmatic and financial viability);

Emphasizing that although many countries have successfully expanded the response to HIV through the wide distribution of guidelines for preventing mother-to-child transmission of HIV, access to diagnosis and treatment of congenital syphilis has not simultaneously improved, and organizational and managerial problems, such as fragmented services, inequity in service delivery, human resources scarcity and capacity, and insufficient supplies, persist in the Region's health systems;

Recognizing the goal of moving beyond the outdated notion of tackling the two diseases (HIV and congenital syphilis) and their risk of mother-to-child transmission through separate efforts (i.e., a disease-focused, instead of a patient-focused, approach), that the two infections occur, or can occur, in a single woman, and that the services provided have an impact on the entire family;

Bearing in mind the commitments of resolutions: *Plan of Action for the Elimination of Congenital Syphilis* (Resolution CE116.R3 [1995]); *Scaling-up of Treatment within a Comprehensive Response to HIV/AIDS* (Resolution CD45.R10 [2004]); *Regional Strategic Plan for HIV/AIDS/STI, 2006-2015, of the Pan American Health Organization* (Resolution CD46.R15 [2005]); and *Elimination of Neglected Diseases and Other Poverty-Related Infections* (Resolution CD49.R19 [2009]);

Recognizing that the Pan American Health Organization has collaborated with the countries of the Region to establish the conceptual underpinnings, techniques, and infrastructure for the preparation of national programs and policies on sexual and reproductive health, with a focus on eliminating mother-to-child transmission of HIV and congenital syphilis;

Considering the importance of a plan of action for implementing the Strategy for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis, which will offer guidance, as appropriate, for the preparation of future national plans and the strategic plans of all organizations interested in cooperating for health with this goal in the countries of the Americas,

RESOLVES:

1. To endorse the Strategy and approve the Plan of Action for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis by 2015, in order to respond effectively and efficiently to current and emerging needs, with specific consideration of the prevailing inequalities in health status, to strengthen the health system's response in order to develop and implement policies, laws, plans, programs, and services to address this public health problem.
2. To urge Member States to:
 - (a) give priority to the elimination of mother-to-child transmission of HIV and congenital syphilis and the reduction of risk factors by integrating Human immunodeficiency virus/sexually transmitted infections (HIV/STI) prevention and control interventions in the health services for prenatal care, sexual and reproductive health, and other related areas;
 - (b) design and execute national plans and promote the establishment of public policies guided by the Strategy and Plan of Action, focusing on the needs of the most at risk and vulnerable populations;
 - (c) coordinate with other countries in the Region to share experiences and tools and engage in joint advocacy, monitoring, and evaluation of the progress of the elimination initiative;
 - (d) implement the Strategy and Plan of Action, as appropriate, as part of an integrated approach based on primary health care, emphasizing intersectoral action and monitoring and evaluating the program's effectiveness and allocation of resources;
 - (e) promote the collection and use of data on mother-to-child transmission of HIV and congenital syphilis, disaggregated by age, sex, and ethnicity, as well as the use of gender analysis, new technologies (for example, geographic information systems), and forecasting models to strengthen the planning, execution, and surveillance of national plans, policies, programs, laws, and interventions related to sexual and reproductive health;

- (f) increase the coverage of quality health services and access to such services—including health promotion, prevention, early diagnosis, effective treatment, and continuing care—to foster greater demand and use by women of childbearing age, pregnant women, and their partners;
- (g) promote greater capacity among policymakers, program directors, and health care providers to draft and implement policies and programs that promote community development and provide quality, effective health services which address sexual and reproductive health needs and their related health determinants;
- (h) improve coordination in the health sector and with partners from other sectors to help put health measures and initiatives for the development of sexual and reproductive health into practice, and at the same time minimize the duplication of functions and heighten the impact of the limited resources to the fullest;
- (i) promote vigorous community participation in the health sector.

3. Request the Director to:

- (a) promote coordination and implementation of the Strategy and Plan of Action by integrating the activities of PAHO's program areas into the national, subregional, regional, and interagency levels;
- (b) collaborate with the Member States in implementing the Strategy and Plan of Action in accordance with their own national situation and priorities, and promote the dissemination and interagency utilization of the resulting products at the national, subregional, and regional levels;
- (c) promote the development of collaborative research initiatives that can furnish the evidence needed to establish and disseminate effective, appropriate programs and interventions for the elimination of mother-to-child transmission of HIV and congenital syphilis and the improvement of sexual and reproductive health;
- (d) forge new partnerships and strengthen existing ones in the international community to mobilize the human, financial, and technological resources needed to implement the Strategy and Plan of Action;
- (e) promote technical cooperation among countries, subregions, international and regional organizations, public entities, private organizations, universities, the media, civil society, and communities, in activities to promote sexual and reproductive health;

- (f) promote coordination between the Strategy and Plan of Action and similar initiatives of other international technical cooperation and financing agencies;
- (g) report periodically to the Governing Bodies on the progress and obstacles identified during the execution of the Strategy and Plan of Action, and consider adapting the Plan to respond to the varied contexts and new challenges in the Region.

(Eighth plenary, 30 September 2010)

CD50.R13: National Institutions Associated with PAHO in Technical Cooperation

THE 50th DIRECTING COUNCIL,

Having reviewed Document CD50/8, *National Institutions Associated with PAHO in Technical Cooperation*;

Considering Article 71 of the Constitution of the World Health Organization (WHO) and Article 26 of the Constitution of the Pan American Health Organization (PAHO), as well as the governance frameworks and mandates handed down by the PAHO Executive Committee, Directing Council, and Pan American Sanitary Conference (Resolution CD19.R37 [1969]; Resolution CE61.R12 [1969]; Resolution CE64.R19 [1970]; Resolution CSP18.R33 [1970]; Resolution CD25.R31 [1977]; Document CD25/29 [1977]; Resolution CSP20.R31 [1978]; Document CSP20/3 [1978]; Document CE99/9 [1987]; Resolution CE126.R15 [2000]; Document CE126/7 and Add. I [2000]; Document CE136/12 [2005], and Document CE139/7 [2006]);

Recognizing that one of PAHO/WHO's basic objectives is to strengthen national capacities for the sustainable achievement of national and global public health goals, and that these capacities must be based on broad approaches capable of affecting health determinants, ensuring intersectoral collaboration and promoting public-private initiatives and with civil society;

Noting that, over time, PAHO/WHO technical cooperation with Member States has been significantly supported by the participation of national institutions and that formal institutional working relationships are needed for PAHO to function as a catalyst in mobilizing and strengthening these capacities;

Emphasizing that the present proposal complements the work that PAHO/WHO conducts with the WHO Collaborating Centers and nongovernmental organizations that are in official relations with PAHO/WHO,

RESOLVES:

1. To approve a new category of relationship with institutions to be known as National Institutions Associated with PAHO in Technical Cooperation and the procedures for their identification, designation, and monitoring.
2. To urge the Member States to:
 - (a) make efforts to mobilize, utilize, and strengthen the capacities of National Institutions Associated with PAHO in Technical Cooperation to support health development at the national and subnational levels through strategic partnership with PAHO/WHO;
 - (b) collaborate with PAHO/WHO in implementing a formal process for the selection of national institutions that participate in technical cooperation in health, as well as collaborating to create mechanisms to oversee and monitor the quality and effectiveness of cooperation activities;
 - (c) analyze the existing capacities of institutions that could be designated as National Institutions Associated with PAHO in Technical Cooperation.
3. Request the Director to:
 - (a) consolidate working relationships between PAHO/WHO and the national institutions of Member States by selecting and designating National Institutions Associated with PAHO in Technical Cooperation, thus promoting more efficient and effective coordination of national efforts aimed at achieving the goals and expected results of national and subnational health agendas and plans;
 - (b) provide technical support to Member States in identifying national institutions that might be designated as National Institutions Associated with PAHO in Technical Cooperation, and in identifying mechanisms for overseeing and monitoring such institutions;
 - (c) promote and progressively develop networks of National Institutions Associated with PAHO in Technical Cooperation;
 - (d) work to mobilize additional national and international resources to support the work plans agreed upon between PAHO/WHO and National Institutions Associated with PAHO in Technical Cooperation.

(Eighth plenary, 30 September 2010)

CD50.R14: Pan American Centers

THE 50th DIRECTING COUNCIL,

Having reviewed the report of the Director, *Review of the Pan American Centers* (Document CD50/9);

Considering the mandate of the Pan American Sanitary Conference (Resolution CSP20.R31 [1978]) to conduct a periodic evaluation of each Pan American Center;

Noting that the ever-changing political, technological, and economic environment of the PAHO Member States makes it necessary to reexamine the Organization's technical cooperation modalities and bring them up to date to optimize their effectiveness;

Recognizing the Bureau's efforts to align the Pan American Centers with the regional policies approved by the PAHO Governing Bodies,

RESOLVES:

1. To take note of the successful transfer of the administration of the Institute of Nutrition of Central America and Panama (INCAP) to the Institute's Directing Council, and to thank the Director of the Pan American Sanitary Bureau for having conducted this transfer process in an effective, transparent, and participatory manner, achieving the consensus needed for the Institute to be viable in this new stage of administrative autonomy.
2. To take note of the signing of the Agreement between the Government of Peru and PAHO for the transformation of the Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS) into the Regional Technical Team on Water and Sanitation (ETRAS) located in Peru.
3. To urge Member States:
 - (a) to continue to collaborate with the Bureau in the periodic evaluation of the Pan American Centers, for the purpose of determining if they continue to offer the most appropriate and effective modality of technical cooperation;
 - (b) to continue working closely with the Bureau on the institutional development of the Pan American Centers, their redefinition toward other modalities of operation that permit them to optimize their operating expenses, and, when appropriate, the

- transfer of the administration and operations of the same to the Member States or to subregional organizations formed by them.
4. To request the Director:
- (a) to continue working in consultation with the Government of Brazil in developing a project for the institutional development of the Pan American Foot-and-Mouth Disease Center (PANAFTOSA) for submission to the Governing Bodies of PAHO in 2011;
 - (b) to support the establishment of a trust fund that will pool the financial resources mobilized for the elimination of foot-and-mouth disease in the Region of the Americas;
 - (c) to continue negotiations with the Government of Brazil to finalize the new institutional framework for the Latin American and Caribbean Center on Health Sciences Information (BIREME), including a new basic agreement for BIREME in Brazil and a new agreement on BIREME facilities and operations on the campus of the Federal University of São Paulo (UNIFESP);
 - (d) to continue evaluating the agreement on the Regional Program on Bioethics with the Government of Chile and the University of Chile and assessing the different modalities available to continue the Organization's work in bioethics in the Region;
 - (e) to continue working with the Secretariat of the Caribbean Community (CARICOM) to implement the third stage of the Caribbean Cooperation in Health Initiative (CCH 3) and transfer the relevant functions and resources of the Caribbean Epidemiology Center (CAREC) and Caribbean Food and Nutrition Institute (CFNI) to the Caribbean Public Health Agency (CARPHA), pursuant to terms and conditions agreed upon with the Member States at the appropriate time.

(Eighth plenary, 30 September 2010)

CD50.R15: Plan of Action on Safe Hospitals

THE 50th DIRECTING COUNCIL,

Having considered the report of the Director, *Plan of Action on Safe Hospitals* (Document CD50/10), based on the PAHO Strategic Plan 2008–2012;

Taking into account that the Governing Bodies of PAHO have firmly supported the adoption of a regional initiative on safe hospitals;

Considering that Resolution CD45.R8 of the 45th Directing Council (2004) resolves “to urge Member States to adopt 'Hospitals Safe from Disaster' as a national risk reduction policy, set the goal that all new hospitals are built with a level of protection that better guarantees that they will remain functional in disaster situations, and implement appropriate mitigation measures to reinforce existing health facilities, particularly those providing primary care;”

Stressing that the United Nations World Conference on Disaster Reduction (2005) approved the Hyogo Framework for Action 2005–2015, in which the 169 participating countries adopted the goal that by 2015 all of the countries should “integrate disaster risk reduction planning into the health sector; promote the objective of hospitals safe from disaster...;”

Recalling that the 27th Pan American Sanitary Conference (2007) adopted Resolution CSP27.R14, *Safe Hospitals: Regional Initiative on Disaster-Resilient Health Facilities*;

Considering that the final report of the Roundtable, *Safe Hospitals: A Goal within Our Reach*, presented at the 49th Directing Council, recommends that the countries prepare work plans to reach the goal of safe hospitals;

Recognizing that to reach the goal of hospitals safe from disaster by 2015, a regional plan of action with extensive participation by the Member States of the Organization and the support of the Secretariat needs to be implemented,

RESOLVES:

1. To approve the Plan of Action on Safe Hospitals.
2. To urge the Member States to:
 - (a) prioritize adoption of a national safe hospitals policy;
 - (b) improve coordination inside and outside the health sector to harmonize efforts at the national and subnational levels to make better use of available resources;
 - (c) gradually implement the activities included in the Plan of Action to achieve the goal of constructing all new hospitals with a level of protection that guarantees their operations in the event of a disaster;

- (d) institute appropriate mitigation measures to reinforce existing health facilities;
 - (e) coordinate the sharing, with other countries of the Region, of experiences and tools, joint advocacy, monitoring, and evaluation of progress in implementing the Plan of Action.
3. To request the Director to:
- (a) promote coordination and implementation of the Plan of Action through the integration of actions by the program areas of PAHO at the national, subregional, regional, and interagency levels;
 - (b) continue to strengthen the Organization's capacity to provide technical cooperation to the Member States in the implementation of the Plan of Action, in keeping with their specific national priorities and needs;
 - (c) support the development of common technical instruments and guidelines such as the Hospital Safety Index and checklist to facilitate the monitoring of progress in the implementation of the Plan of Action;
 - (d) promote the strengthening of partnerships with specialized agencies and centers of excellence in the field of disaster risk reduction in order to mobilize the human and financial resources and technology required to improve the safety of the health services in disasters;
 - (e) submit periodic progress reports to the Governing Bodies on the implementation of the Plan of Action.

(Eighth plenary, 30 September 2010)

CD50.R16: Health, Human Security, and Well-being

THE 50th DIRECTING COUNCIL,

Having studied the report of the Director, *Health, Human Security, and Well-being* (Document CD50/17);

Recognizing the commitment of the Member States to examine and define the concept of human security within the framework of the United Nations General Assembly, and the efforts made toward that end, which still continue today;

Recognizing the multiple and complex components of human security and the critical contribution of public health to its full achievement;

Recognizing that diverse economic, social, cultural, and environmental factors influence health, human security, and the quality of life of populations, with special consideration of groups in situations of vulnerability;

Considering that human security conditions are improved through the promotion of economic and social development, citizen participation, social inclusion, equity, education, and through the fight against poverty, disease, and hunger;

Understanding that inequity in health poses a threat to human security and limits development, especially among groups in situations of vulnerability;

Considering the importance of human security and its relationship with health for the advancement of the health determinants approach and the Millennium Development Goals (MDGs);

Recognizing the importance of the International Health Regulations for health and human security;

Bearing in mind the United Nations Millennium Declaration, the Final Document of the 2005 World Summit, and the Final Report of the Commission on Social Determinants of Health, among other instruments,

RESOLVES:

1. To urge the Member States to continue to promote analysis of the concept of human security and its relationship with health, with a view to its incorporation into country health plans, pursuant to their national legislation, emphasizing coordination and multisectoral interagency participation to reflect the multidimensional aspects of such an approach.
2. To request the Director to:
 - (a) monitor the progress of discussions on the concept of human security and its relationship with health in relevant multilateral forums;
 - (b) explore the possibility of developing, in consultation with the Member States, policy guidelines and methodological tools for integrating the approach of human security and its relationship with health in the Organization's programs and activities;

- (c) promote debate in the Organization, with the active participation of the Member States, on human security in the context of health, taking into account the content of paragraph 143 on human security of the 2005 World Summit Outcome Document, and of paragraph 25 of the outcome document of the High-level Plenary Meeting on the Millennium Development Goals of the 65th session of the United Nations General Assembly, held in September 2010;
- (d) promote awareness for personnel in PAHO and the Member States, as appropriate, of issues and approaches to addressing human security and its relationship with health.

(Ninth plenary, 1 October 2010)

CD50.R17: Strategy and Plan of Action for Chagas Disease Prevention, Control, and Care

THE 50th DIRECTING COUNCIL,

Having reviewed Document CD50/16, *Strategy and Plan of Action for Chagas Disease Prevention, Control, and Care*, and in view of:

- the existence of previous mandates and resolutions of the Pan American Health Organization, such as Resolution CD49.R19 of the 49th Directing Council (2009), *Elimination of Neglected Diseases and Other Poverty-related Infections*, and World Health Assembly Resolution WHA63.20 (2010), *Chagas Disease: control and elimination*;
- the need to complete work on the “unfinished agenda,” since the proportion of the population affected remains high among the poorest and most marginalized populations of the Americas, and the need to address health determinants in order to reduce the health, social, and economic burden of Chagas disease;
- the vast experience of the Region of the Americas in the implementation of strategies to eliminate communicable diseases and the progress made in reducing the burden of Chagas disease, for whose prevention and control there are efficacious and cost-effective public health interventions;
- the success achieved by the Member States through subregional initiatives for the prevention and control of Chagas disease, but aware of the need to expand existing activities,

RESOLVES:

1. To endorse the Strategy and approve the Plan of Action for Chagas Disease Prevention, Control, and Care.
2. To urge the Member States to:
 - (a) review national plans or establish new ones for the prevention, control, and optimization of access to medical care of Chagas disease, employing an integrated approach that addresses the social determinants of health and provides for interprogrammatic collaboration and intersectoral action;
 - (b) strengthen and emphasize the subregional initiatives for the prevention and control of Chagas disease, incorporating a medical care component for the people affected, in order to continue progress toward meeting the proposed objectives through technical cooperation among the countries;
 - (c) provide the necessary resources and implement the Strategy and Plan of Action for the Prevention, Control, and Care of Chagas Disease;
 - (d) redouble efforts to reach the established goal of eliminating vector-borne transmission of *T. cruzi* by 2015, in addition to fighting transmission via transfusion, placenta, organ transplants, and others;
 - (e) establish integrated strategies for prevention, diagnosis, medical care and treatment, and vector control, with broad community participation, so that the process helps to strengthen national health systems, including primary health care, surveillance and alert and response systems, with attention to factors related to gender and ethnicity;
 - (f) support research to obtain appropriate scientific evidence on the control, surveillance, diagnosis, and medical care of Chagas disease, in order to meet the goals of the present Strategy and Plan of Action, with emphasis on the development of affordable and early diagnostic tests, including a test for its cure, and safer medications, and explore and, where appropriate, promote a range of incentive schemes for research and development, including addressing, where appropriate, the de-linkage of the cost of research and development and the price of health products, for example, through the award of prizes.

3. To request the Director to:
- (a) support execution of the Strategy and Plan of Action for Chagas Disease Prevention, Control, and Care and provide the technical cooperation that the countries need to develop and execute national plans of action;
 - (b) continue advocating for the active mobilization of resources and encouraging close collaboration to forge partnerships that support the implementation of this resolution, as, for example, in the case of the trust fund designed to support the elimination of neglected diseases and other poverty-related infectious diseases mentioned in Resolution CD49.R19 (2009);
 - (c) promote the identification, development, and use of evidence-based interventions that are technically and scientifically sound;
 - (d) promote research and scientific development related to new or improved tools, strategies, technologies, and methods for the prevention and control of Chagas disease and its consequences;
 - (e) strengthen regional mechanisms to improve access to and the distribution of the etiologic treatment for Chagas disease, and promote new advances in this area to overcome barriers and problems in access to treatment;
 - (f) promote and strengthen technical cooperation among the countries, and form strategic partnerships to carry out activities designed to eliminate Chagas disease as a public health problem;
 - (g) provide support to improve primary health care services and the surveillance and evaluation of national plans of action.

(Ninth plenary, 1 October 2010)

Decisions

Decision CD50(D1)

Appointment of the Committee on Credentials

Pursuant to Rule 31 of the Rules of Procedure of the Directing Council, the Council appointed Chile, Jamaica, and Nicaragua as members of the Committee on Credentials.

(First meeting, 27 September 2010)

Decision CD50(D2) Election of Officers

Pursuant to Rule 16 of the Rules of Procedure of the Directing Council, the Council elected Mexico as President, Peru and Saint Lucia as Vice Presidents, and Canada as Rapporteur of the 50th Directing Council.

(First meeting, 27 September 2010)

Decision CD50(D3) Establishment of the General Committee

Pursuant to Rule 32 of the Rules of Procedure of the Directing Council, the Council appointed Cuba, Panama, and Uruguay as members of the General Committee.

(First meeting, 27 September 2010)

Decision CD50(D4) Adoption of the Agenda

Pursuant to Rule 10 of the Rules of Procedure of the Directing Council, the Council adopted the agenda submitted by the Director, as amended (Document CD50/1, Rev. 3).

(First meeting, 27 September 2010)

Decision CD50(D5) Selection of One Member State from the Region of the Americas Entitled to Designate a Person to Serve on the Joint Coordinating Board of the UNICEF/UNDP/World Bank/WHO Special Program for Research and Training in Tropical Diseases (TDR) on the Expiration of the Period of Office of Costa Rica

The Directing Council selected Peru as the Member State from the Region of the Americas entitled to designate a person to serve on the Joint Coordinating Board of the UNICEF/UNDP/World Bank/WHO Special Program for Research and Training in Tropical Diseases (TDR) for a period of four years, commencing on 1 January 2011.

(Fifth meeting, 29 September 2010)

IN WITNESS WHEREOF, the President of the 50th Directing Council, Delegate of Mexico, and the Secretary *ex officio*, Director of the Pan American Sanitary Bureau, sign the Final Report in the Spanish language.

DONE in Washington D.C., United States of America, this first day of October in the year two thousand and ten. The Secretary shall deposit the original signed document in the Archives of the Pan American Sanitary Bureau.

José Angel Córdoba Villalobos
President of the 50th Directing Council
Delegate of Mexico

Mirta Roses Periago
Secretary *ex officio* of the 50th Directing Council
Director of the Pan American Sanitary Bureau

AGENDA

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- 2.2 Election of the President, Two Vice Presidents, and the Rapporteur
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- 3.1 Annual Report of the President of the Executive Committee
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- 3.3 Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Bolivia, Mexico, and Suriname

4. PROGRAM POLICY MATTERS

- 4.1 Program and Budget 2008-2009 End-of-biennium Assessment/Interim PAHO Strategic Plan 2008-2012 Progress Report
- 4.2 Evaluation of the Regional Program Budget Policy
- 4.3 Modernization of the PASB Management Information System
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4. PROGRAM POLICY MATTERS (*cont.*)

- 4.6 Plan of Action on Safe Hospitals
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- 4.8 Health and Human Rights
- 4.9 Strategy and Plan of Action for the Reduction of Chronic Malnutrition
- 4.10 Strengthening Immunization Programs
- 4.11 Strategy and Plan of Action for the Elimination of Mother-to-child Transmission of HIV and Congenital Syphilis
- 4.12 Strategy and Plan of Action for Chagas Disease Prevention, Control and Care
- 4.13 Health, Human Security and Well-being
- 4.14 Strategy on Substance Use and Public Health
- 4.15 Roundtable on Urbanism and Healthy Living
- 4.16 Strengthening National Regulatory Authorities for Medicines and Biologicals
- 4.17 WHO Framework Convention on Tobacco Control: Opportunities and Challenges for its Implementation in the Region of the Americas

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- 5.1 Report on the Collection of Quota Contributions
- 5.2 Financial Report of the Director and Report of the External Auditor for 2008-2009
- 5.3 Charge Assessed on the Procurement of Public Health Supplies for Member States
- 5.4 Salary of the Director and Amendments to the Staff Regulations of the Pan American Sanitary Bureau

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- 7.1 PAHO Award for Administration 2010

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- 8.1 WHO Programme Budget:
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 - B. Draft Proposed Programme Budget 2012-2013
- 8.2 PAHO Results-based Management Framework
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- 8.5 30th Anniversary of Smallpox Eradication and the Establishment of the PAHO Revolving Fund for Vaccine Procurement
- 8.6 Progress Reports on Technical Matters:
- A. Implementation of the International Health Regulations (2005)
 - B. Update on the Pandemic (H1N1) 2009
 - C. Plan of Action for Strengthening Vital and Health Statistics
 - D. Regional Core Health Data Initiative and Country Profiles

8. MATTERS FOR INFORMATION *(cont.)*

- E. [Moved to Program and Policy Matters as item 4.17]
 - F. Implementation of the Regional Strategy and Plan of Action for an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity and Health
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- 8.7 Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO:
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- 8.8 Progress Reports on Administrative and Financial Matters:
- A. Status of Implementation of the International Public Sector Accounting Standards (IPSAS)
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LIST OF DOCUMENTS

Official Documents

Official Document 337 Financial Report of the Director and Report of the External Auditor for 2008-2009

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CD50/7 and Corr.	Modernization of the PASB Management Information System
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CD50/10	Plan of Action on Safe Hospitals

Program Policy Documents (*cont.*)

CD50/11	Strategy for Health Personnel Competency Development in Primary Health Care-based Health Systems
CD50/12	Health and Human Rights
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CD50/16	Strategy and Plan of Action for Chagas Disease Prevention, Control and Care
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CD50/19, Add. I and Add.II	Roundtable on Urbanism and Healthy Living
CD50/20, Rev. 1	Strengthening National Regulatory Authorities for Medicines and Biologicals
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Program Policy Documents (*cont.*)

- CD50/25 PAHO Award for Administration 2010
- CD50/26 WHO Framework Convention on Tobacco Control:
Opportunities and Challenges for its Implementation
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Information Documents

- CD50/INF/1 WHO Programme Budget:
- A. Programme Budget 2008-2009: performance assessment
 - B. Draft Proposed Programme Budget 2012-2013
- CD50/INF/2 PAHO Results-based Management Framework
- CD50/INF/3 Process for the Appointment of the External Auditor of PAHO for 2012-2013 and 2014-2015
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- A. Implementation of the International Health Regulations (2005)
 - B. Update on the Pandemic (H1N1) 2009
 - C. Plan of Action for Strengthening Vital and Health Statistics
 - D. Regional Core Health Data Initiative and Country Profiles

Information Documents (*cont.*)

- E. [Moved to Program and Policy Matters as CD50/26]
- F. Implementation of the Regional Strategy and Plan of Action for an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity and Health
- G. Elimination of Rubella and Congenital Rubella Syndrome

CD50/INF/7

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- A. Sixty-third World Health Assembly
- B. 40th General Assembly of the Organization of American States

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Progress Reports on Administrative and Financial Matters:

- A. Status of Implementation of the International Public Sector Accounting Standards (IPSAS)
- B. Master Capital Investment Plan
- C. Status of the Audit Committee

LIST OF PARTICIPANTS/LISTA DE PARTICIPANTES

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BAHAMAS

Chief Delegate – Jefe de Delegación

His Excellency Cornelius Smith
Ambassador
Embassy to the Commonwealth of
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Washington, D.C.

Delegates – Delegados

Dr. Merceline Dahl-Regis
Chief Medical Officer
Ministry of Health and Social Development
Nassau

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Nassau

Alternates – Alternos

Dr. Cherita Moxey
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Nassau

MEMBER STATES/ESTADOS MIEMBROS (cont.)

BAHAMAS (cont.)

Alternates – Alternos (cont.)

Ms. Bridget McKay
Second Secretary, Alternate Representative
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of American States
Washington, D.C.

BARBADOS

Chief Delegate – Jefe de Delegación

Hon. Donville Inniss
Minister of Health
Ministry of Health
St. Michael

Delegates – Delegados

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St. Michael

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American States
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Alternate – Alternos

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American States
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BELIZE/BELICE

Chief Delegate – Jefe de Delegación

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American States
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BOLIVIA

Chief Delegate – Jefe de Delegación

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Ministerio de Salud y Deportes
La Paz

Delegates – Delegados

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La Paz

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Alternates – Alternos

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Estados Americanos
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Organización de los Estados Americanos
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BRAZIL/BRASIL

Chief Delegate – Jefe de Delegación

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MEMBER STATES/ESTADOS MIEMBROS (cont.)

BRAZIL/BRASIL (cont.)

Delegates – Delegados

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Brasília

Ministro Eduardo Botelho Barbosa
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Ministério da Saúde
Brasília

Alternates – Alternos

Ministro Silvio José Albuquerque e Silva
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Presidente de Fundação Oswaldo Cruz
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BRAZIL/BRASIL (cont.)

Alternates – Alternos (cont.)

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CANADA/CANADÁ

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MEMBER STATES/ESTADOS MIEMBROS (cont.)

CANADA/CANADÁ (cont.)

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CANADA/CANADÁ (cont.)

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MEMBER STATES/ESTADOS MIEMBROS (cont.)

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COSTA RICA (cont.)

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MEMBER STATES/ESTADOS MIEMBROS (cont.)

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**DOMINICAN REPUBLIC/REPÚBLICA
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**DOMINICAN REPUBLIC/REPÚBLICA
DOMINICANA (cont.)**

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Delegate – Delegado

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MEMBER STATES/ESTADOS MIEMBROS (cont.)

EL SALVADOR (cont.)

Delegate – Delegado

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Delegate – Delegado

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Delegate – Delegado

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HAITI/HAÏTÍ

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et de la Population
Port-au-Prince

Delegate – Delegado

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HONDURAS

Chief Delegate – Jefe de Delegación

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JAMAICA

Chief Delegate – Jefe de Delegación

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Delegates – Delegados

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MEMBER STATES/ESTADOS MIEMBROS (cont.)

JAMAICA (cont.)

Delegates – Delegados (cont.)

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MEXICO/MÉXICO

Chief Delegate – Jefe de Delegación

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Secretaría de Salud
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Delegates – Delegados

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Alternates – Alternos

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MEXICO/MÉXICO (cont.)

Alternates – Alternos (cont.)

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Secretaría de Salud
México, D.F.

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Encargada de la Coordinación General
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México, D.F.

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Secretaría de Salud
México, D.F.

Mtra. Rocío Alatorre Eden Wynter
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Secretaría de Salud
México, D.F.

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Secretaría de Salud
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MEMBER STATES/ESTADOS MIEMBROS (cont.)

MEXICO/MÉXICO (cont.)

Alternates – Alternos (cont.)

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de México ante la Organización de
los Estados Americanos
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NICARAGUA

Chief Delegate – Jefe de Delegación

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Secretaría de la Presidencia de la República
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Delegate – Delegado

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PANAMA/PANAMÁ

Chief Delegate – Jefe de Delegación

Sr. Félix Bonilla
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Ministerio de Salud
Ciudad de Panamá

Delegates – Delegados

Lic. Gabriel Cedeño
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PANAMA/PANAMÁ (cont.)

Delegates – Delegados (cont.)

Su Excelencia Guillermo Cochez
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de Panamá ante la Organización de los
Estados Americanos
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Alternate – Alternativo

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Estados Americanos
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PARAGUAY

Chief Delegate – Jefe de Delegación

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Ministerio de Salud Pública y
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Asunción

Delegates – Delegados

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Alternates – Alternos

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MEMBER STATES/ESTADOS MIEMBROS (cont.)

PARAGUAY (cont.)

Alternates – Alternos (cont.)

Su Excelencia Rigoberto Gauto
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Estados Americanos
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Estados Americanos
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PERU/PERÚ

Chief Delegate – Jefe de Delegación

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Delegates – Delegados

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PERU/PERÚ (cont.)

Alternates – Alternos

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SAINT LUCIA/SANTA LUCÍA

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Ministry for Health, Wellness, Human Services,
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Delegates – Delegados

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MEMBER STATES/ESTADOS MIEMBROS (cont.)

SAINT LUCIA/SANTA LUCÍA (cont.)

Delegates – Delegados (cont.)

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SAINT KITTS AND NEVIS/ SAINT KITTS Y NEVIS

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Delegates – Delegados

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**SAINT VINCENT AND THE GRENADINES/
SAN VICENTE Y LAS GRANADINAS**

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Delegates – Delegados

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MEMBER STATES/ESTADOS MIEMBROS (cont.)

**TRINIDAD AND TOBAGO/
TRINIDAD Y TABAGO**

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**UNITED STATES OF AMERICA/
ESTADOS UNIDOS DE AMÉRICA**

Chief Delegate – Jefe de Delegación

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**UNITED STATES OF AMERICA/
ESTADOS UNIDOS DE AMÉRICA (cont.)**

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MEMBER STATES/ESTADOS MIEMBROS (cont.)

**UNITED STATES OF AMERICA/
ESTADOS UNIDOS DE AMÉRICA** (cont.)

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ESTADOS UNIDOS DE AMÉRICA** (cont.)

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MEMBER STATES/ESTADOS MIEMBROS (cont.)

**UNITED STATES OF AMERICA/
ESTADOS UNIDOS DE AMÉRICA (cont.)**

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Organización de los Estados
Americanos
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Delegates – Delegados

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Professeur Jacques Drucker
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Alternate – Alterno

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Ministry of Education, Public Health
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Ministry of Health and Sport
Oranjestad, Aruba

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Ms. Jocelyne Croes
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Mr. Cornelis De Graaf
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Punda, Curaçao

Mr. Peter Bootsma
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Ms. Suzanne Koopmans
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Delegate – Delegado

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Ministry of Education, Health, Community
Development, Youth Affairs and Sport
Brades, Montserrat

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PUERTO RICO

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Subsecretaria de Salud
Departamento de Salud
San Juan

PUERTO RICO (cont.)

Dr. Raúl G. Castellanos Bran
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Departamento de Salud
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Sr. José M. de la Torre
Observador Permanente Alterno de
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Ministry of Health
Paramaribo

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Premio OPS en Administración 2010**

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**Abraham Horwitz Award for Excellence in
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NACIONES UNIDAS Y AGENCIAS ESPECIALIZADAS**

**United Nations Children's Fund/
Fondo de Naciones Unidas para la Infancia**

Dr. Enrique Paz

**United Nations Population Fund/
Fondo de Población de las Naciones Unidas**

Ms. Sonia Heckadon

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REPRESENTANTES DE ORGANIZACIONES INTERGUBERNAMENTALES**

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Dr. Jerome Walcott

**Inter-American Development Bank/
Banco Interamericano de Desarrollo**

Ms. Kei Kawabata

**Hipólito Unanue Agreement/Convenio
Hipólito Unanue**

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Dra. Gloria Lagos

**The World Bank/
Banco Mundial**

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Dr. Fernando Lavadenz
Dr. Joana Godinho

**Organization of American States/
Organización de Estados Americanos**

Sr. José Miguel Insulza

**REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS IN OFFICIAL
RELATIONS WITH PAHO / REPRESENTANTES DE ORGANIZACIONES NO
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Sociedad Interamericana de Microbiología**

Ms. Lily Schuermann

**Latin American Association of
Pharmaceutical Industries/
Asociación Latinoamericana de Industrias
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**EMBARQ – The WRI Center for Sustainable
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Mr. Benjamin Welle
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**National Alliance for Hispanic Health/
Alianza Nacional para la Salud Hispana**

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**Inter-American College of Radiology/
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**REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS IN
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GUBERNAMENTALES EN RELACIONES OFICIALES CON LA OMS**

**Alzheimer's Disease International/
Enfermedad de Alzheimer internacional**

Mr. Michael Splaine
Mrs. Zadah Tulloch

**American College of Obstetricians and
Gynecologists/
Colegio estadounidense de Obstetras y
Ginecólogos**

Ms. Jan Chapin

**Doctors Without Borders/
Médicos sin Fronteras**

Mrs. Gemma Ortiz M. Genovese
Dr. Henry Rodríguez

**Framework Convention Alliance FCA on
Tobacco Control**

Mr. Laurent Huber

**International Alliance of Patients'
Organizations/
Alianza internacional de organizaciones de
pacientes**

Ms. Eva Ruiz de Castilla

**International Association for Dental
Research/
Asociación Internacional para la
Investigación Dental**

Dr. Christopher Fox

**International Council for Control of Iodine
Deficiency Disorders/
Consejo Internacional para la Lucha contra
los Trastornos por Carencia de Yodo**

Dr. Eduardo Pretell

**International Federation on Aging/
Federación Internacional de la Vejez**

Mrs. Irene Hoskins

**International Federation of Health Records
Organizations**

Ms. Carol Lewis

**International Federation of Medical
Students' Associations/
Federación Internacional de Asociaciones
de Estudiantes de Medicina**

Ms. Roopa Dhatt
Ms. Sandra Tang

**International Federation of Pharmaceutical
Manufacturers Associations/
Federación Internacional de la Industria del
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Ms. Susan Crowley
Mr. Leo Farber
Ms. Corry Jacobs
Ms. Jacqueline Keith

**International Generic Pharmaceutical
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Mr. Gordon Johnston

**REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS IN
OFFICIAL RELATIONS WITH WHO / REPRESENTANTES DE ORGANIZACIONES NO
GUBERNAMENTALES EN RELACIONES OFICIALES CON LA OMS (cont.)**

**International Hospital Federation/
Federación Internacional de Hospitales**

Ms. Pamela A. Thompson

**Thalassaemia International Federation/
Federación Internacional de Talasemia**

Mr. Bob Ficarra

**International Infant Food Manufacturers
Association**

Mr. Robert Rankin

World Vision International

Ms. Amanda Rives

**International Society of Blood Transfusion/
Asociación Internacional de transfusión de
sangre**

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World Confederation for Physical Therapy

Ms. Stacy de Gale

**Medical Women's International Association/
Asociación Internacional de Médicas**

Dr. Claudia Morrissey

World Self Medication Industry

Dr. Héctor Bolaños

World Organization of Family Doctors

Dr. Liliana Arias-Castillo

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INVITADOS ESPECIALES**

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National Center for Immunization and
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Ms. Sarah Parker
Edward Jenner Museum

Dr. Gerald Hanson

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Serum Institute

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Dr. Ciro A. de Quadros
Sabin Vaccine Institute

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ORGANIZACIÓN MUNDIAL DE LA SALUD**

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Dr. Jacob Anantharayan Kumaresan
Director, Centre for Health Development

Dr. Najeeb Mohamed Al Shorbaji
Director, Knowledge Management and
Sharing

Dr. Francesco Branca
Director, Nutrition for Health and
Development

Dr. Mohamed Abdi Jama
Assistant Director-General, General
Management

Dr. Gottfried Otto Hirschall
Director, HIV/AIDS

Dr. Elil Renganathan
Director, Planning, Resource Coordination
and Performance Monitoring

Dr. Raquel Child
Director, UNITAID International drug
purchase facility

Dr. M. Maged Younes
Director, Governing Bodies and External
Relations

**PAN AMERICAN HEALTH ORGANIZATION
ORGANIZACIÓN PANAMERICANA DE LA SALUD**

**Director and Secretary *ex officio* of the
Council/
Directora y Secretaria *ex officio* del Consejo**

Dr. Mirta Roses Periago

**Advisers to the Director/
Asesores de la Directora**

Dr. Jon Kim Andrus
Deputy Director
Director Adjunto

Dr. Socorro Gross
Assistant Director
Subdirectora

**Advisers to the Director/
Asesores de la Directora (*cont.*)**

Mr. Guillermo Birmingham
Director of Administration
Director de Administración

Dr. Heidi Jiménez
Legal Counsel, Office of Legal Counsel
Asesora Jurídica, Oficina de la Asesora
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Ms. Piedad Huerta
Advisor, Governing Bodies Office
Asesora, Oficina de los Cuerpos Directivos