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WORLD HEALTH ORGANIZATION



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FINAL REPORT

Opening of the Session

1. The 28th Pan American Sanitary Conference, 64th 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 (PAHO) in Washington, D.C., from 17 to 21 September 2012.

2. Dr. Luis Castillo (Chile, outgoing President) opened the session and welcomed the participants. Dr. Mirta Roses (Director, Pan American Sanitary Bureau [PASB]) also welcomed the participants. Additional opening remarks were made by the Honorable Howard Koh (Assistant Secretary, Department of Health and Human Services, United States of America, host country for the Conference), Mr. José Miguel Insulza (Secretary-General of the Organization of American States), and Dr. Margaret Chan (Director-General, World Health Organization). The respective speeches may be found on the website of the 28th Pan American Sanitary Conference.¹

Procedural Matters

Appointment of the Committee on Credentials

3. Pursuant to Rule 32 of the Rules of Procedure of the Pan American Sanitary Conference, the Conference appointed Antigua and Barbuda, Colombia, and Puerto Rico as members of the Committee on Credentials (Decision CSP28[D1]).

Election of Officers

4. Pursuant to Rule 17 of the Rules of Procedure, the Conference elected the following officers (Decision CSP28[D2]):

<i>President:</i>	Grenada	(Hon. Ann Peters)
<i>Vice President:</i>	Argentina	(Dr. Eduardo Bustos Villar)
<i>Vice President:</i>	Guatemala	(Dr. Jorge Alejandro Villavicencio Álvarez)
<i>Rapporteur:</i>	Mexico	(Hon. Salomón Chertorivsky Woldenberg)

¹ Speeches of the opening session of the Conference can be found on the following webpage:
http://new.paho.org/hq/index.php?option=com_content&view=article&id=7022&Itemid=39541&lang=en.

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

Establishment of a Working Party to Study the Application of Article 6.B of the PAHO Constitution

6. The Conference was informed that it would not be necessary to establish a working party, as no Member State was currently subject to the voting restrictions provided for under Article 6.B of the PAHO Constitution (see Report on Quota Contributions, paragraphs 140 to 144 below).

Establishment of the General Committee

7. Pursuant to Rule 33 of the Rules of Procedure, the Conference appointed the Bahamas, Cuba, and the United States of America as members of the General Committee (Decision CSP28[D3]).

Adoption of the Agenda (Document CSP28/1, Rev. 3)

8. The Conference adopted the provisional agenda contained in Document CSP28/1, Rev. 2 without change (Decision CSP28[D4]). Later in the week an amended version of the agenda was published as revision 3 in order to include a few minor changes agreed upon by Member States. The Conference also adopted a program of meetings (Document CSP28/WP/1, Rev. 2).

Constitutional Matters

Annual Report of the President of the Executive Committee (Document CSP28/2)

9. Dr. Miriam Morales (Bolivarian Republic of Venezuela, President of the Executive Committee) reported on the activities carried out by the Executive Committee and its Subcommittee on Program, Budget, and Administration between September 2011 and September 2012, highlighting the items that had been discussed by the Committee but not sent forward for consideration by the 28th Pan American Sanitary Conference and noting that she would report on other items as they were taken up by the Conference. The items not sent forward included the annual reports of the PAHO Ethics Office, Office of Internal Oversight and Evaluation Services, and Audit Committee; an update on the status of projects approved by the 48th Directing Council for funding from the Holding Account, including the project for modernization of the PASB Management Information System; amendments to the PASB Staff Rules and Regulations; and applications from eight nongovernmental organizations for admission or renewal of their status as organizations in official relations with PAHO. Details may be found in the report of the President of the Executive Committee (Document CSP28/2).

10. The Conference thanked the Members of the Committee for their work and took note of the report.

Reports of the Pan American Sanitary Bureau

(a) ***Quinquennial Report 2008-2012 of the Director of the Pan American Sanitary Bureau (Official Document 343)***

11. The Director presented her quinquennial report,² the theme of which was “110 Years of Pan American Progress in Health.” The report highlighted the gains made in improving health in the previous five years and outlined the process of institutional transformation and development undertaken to ensure that PAHO could consolidate its leadership in regional public health in the 21st century. She noted that the concept of health as a basic human right was now enshrined in the political agendas of nearly all countries in the Region. Several States had implemented new legal frameworks for public health care services, health regulations, and expansion of health care coverage. As a result, millions of people had gained access to health coverage for the first time. Vaccination Week in the Americas had directly benefited more than 400 million men, women and children during its 10-year history and represented a massive effort towards equality in access to health care. The decision of the World Health Assembly to launch World Immunization Week would expand access to immunization to people around the world.

12. Despite the successes achieved, however, numerous challenges remained. The Region was behind schedule in meeting the Millennium Development Goal on maternal mortality and there were serious disparities in access to sexual and reproductive health services, particularly skilled attendance at birth and access to contraception. Those disparities were related to social and cultural determinants, including discrimination. Continued attention to maternal, newborn, and child health care was needed, with special emphasis on disadvantaged women. There was also a need to correct the underlying causes of inequalities in health outcomes and to ensure continued attention to social and environmental determinants of health such as access to drinking water and sanitation, housing, and exposure to air pollution, radiation, pesticides, and other chemical contaminants.

13. She concluded her presentation by expressing gratitude to Member States and to the staff who had supported her during her years as Director and affirming her belief that the Pan American Health Organization—110 years young, renewed and strengthened—would continue to light the path towards the common goal of health for all.

² The full text of the Director’s remarks may be found in Document CSP28/DIV/7, available on the Conference website.

14. Member States welcomed the many accomplishments highlighted in the report and praised the Director's leadership, applauding in particular her efforts to encourage solidarity and equity among the countries of the Region, increase attention to social determinants of health, place noncommunicable diseases high on the global agenda, and strengthen health systems and promote universal access to quality care. Vaccination Week in the Americas was cited as a signal achievement of the Director's tenure. Member States endorsed the vision for the future laid out in Chapter IV of the report and emphasized the need to maintain the gains made in the previous 10 years and to continue striving to overcome inequities and ensure health and well-being for all the Region's people.

15. Dr. Margaret Chan (Director-General, WHO) commended Dr. Roses' long and outstanding service to the Americas and to the whole of WHO and expressed the hope that she would continue to contribute to global health.

16. Dr. Roses thanked Member States for their expressions of appreciation and support. Noting that she was completing 40 years of work in the field of public health, she affirmed that she had learned a great deal from her fellow public health workers about the ethics and true meaning of public service.

(b) *Health in the Americas (Document CSP28/27 and Scientific and Technical Publication 636)*

17. The Director introduced the 2012 edition of *Health in the Americas*, noting that the print version distributed during the Conference was an abridged version and that the complete version would be made available electronically. The publication provided a picture of the current health situation in the Region as a whole and in individual countries with regard to health and human development, specific diseases and risk factors, environmental health, and the development of health systems. It also examined the Region's progress towards the achievement of the health-related Millennium Development Goals and in the areas set out under the Health Agenda for the Americas 2008-2017. At the same time, it highlighted the health inequities that remained. She emphasized that reducing and eliminating those inequities would require addressing their structural causes and social determinants.

18. She drew attention to some of the statistics on population, life expectancy, morbidity and mortality, diseases and health risks, health resources, and other areas covered in the report, noting, for example, that the Region continued to experience population growth and aging, urbanization, and a worrying rise in overweight and obesity, especially among children. While some headway had been made in combating poverty, Latin America and the Caribbean remained the most inequitable region in the world in terms of income distribution, and there were persistent disparities in health outcomes and social indicators. She emphasized that PAHO must continue to work

shoulder to shoulder with the governments and peoples of the Americas in order to achieve a more equitable and sustainable future for current and future generations.

19. In the discussion that followed the Director's introduction, Member States welcomed the most recent edition of *Health in the Americas*, noting its utility as a comprehensive source of information on health conditions in the Region. The Bureau was requested to establish a mechanism whereby Member States would be able to advise it on the development of future editions, including the choice of theme and the process for completing the report.

20. Dr. Marcos Espinal (Area Manager, Health Surveillance, Disease Prevention and Control, PASB), noting that all the country chapters of *Health in the Americas 2012* had been produced in collaboration with Member States, said that the Bureau planned to establish an interactive process for updating both the country chapters and the regional volume of the report. He announced that the complete versions of both volumes would be available on a special web portal³ in October.

21. The Conference thanked the Director for her presentations and her years of service to the Organization and took note of the reports.

Election of the Director of the Pan American Sanitary Bureau and Nomination of the Regional Director of the World Health Organization for the Americas (Document CSP28/3)

22. Dr. Jon Kim Andrus (Deputy Director, PASB; Technical Secretary) read out the rules of procedure for the election, noting that of the original five nominations, the names of Dr. Maria Julia Muñoz Melo (Uruguay) and Dr. Oscar Raul Ugarte Ubilluz (Peru) had been withdrawn by their respective Governments.

23. Two rounds of voting by secret ballot were conducted. Hon. Van Hugh Cornelius de Weever (Sint Maarten) and Dr. Concepción Quiñones de Longo (Puerto Rico) acted as tellers. As 38 Member States were present and voting, the required majority was 20. In the first round, 38 ballots were cast and none was blank or invalid. Dr. Caroline J. Chang Campos (Ecuador) received 4 votes; Dr. Carissa F. Etienne (Dominica), 18; and Dr. Socorro Gross-Galiano (Costa Rica), 16.

24. In the second round of voting, 38 ballots were cast and none was blank or invalid. Dr. Caroline J. Chang Campos (Ecuador) received 1 vote; Dr. Carissa F. Etienne (Dominica), 20; and Dr. Socorro Gross-Galiano (Costa Rica), 17.

³ Web portal for Health in the Americas: <http://new.paho.org/saludenlasamericas/>

25. The Conference adopted Resolution CSP28.R7, declaring Dr. Etienne elected and submitting her name to the Executive Board of the World Health Organization for appointment as Regional Director for the Americas.

26. Dr. Etienne thanked the delegates for the confidence they had shown in her to lead the Pan American Health Organization, which had played a seminal role in health development in the Region and remained uniquely placed to catalyze progress in public health in the Americas and the world.⁴

27. Many delegates congratulated Dr. Etienne on her election and pledged their countries' support to her. The Delegate of Costa Rica thanked all the Member States that had supported her country's candidate, Dr. Socorro Gross, and assured Dr. Etienne of her Government's support.

28. The Delegate of Dominica welcomed the transparent and democratic process that had led to the election of Dr. Etienne. He pointed out that, with her experience as an Assistant Director-General of WHO, she was ideally placed to ensure PAHO's contribution to the process of WHO reform. He also welcomed her commitment to extend the benefits of health to the poor and underprivileged.

29. Many delegates also paid tribute to the work of Dr. Roses. At the suggestion of the Delegate of the Bahamas, the Conference adopted Resolution CSP28.R8, designating Dr. Roses as Director Emeritus of the Pan American Sanitary Bureau as from the date of her retirement.

Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Colombia, Saint Vincent and the Grenadines, and Venezuela (the Bolivarian Republic of) (Document CSP28/4)

30. The Conference elected Canada, Jamaica, and Paraguay to the Executive Committee, replacing the Bolivarian Republic of Venezuela, Colombia, and Saint Vincent and the Grenadines, whose periods of office had expired.

31. The Conference adopted Resolution CSP28.R4, declaring Canada, Jamaica, and Paraguay elected to membership on the Executive Committee for a period of three years and thanking the Bolivarian Republic of Venezuela, Colombia, and Saint Vincent and the Grenadines for their service.

⁴ The full text of Dr. Etienne's acceptance speech may be found in Document CSP28/DIV/13, available on the Conference website.

Method of Work of the Governing Bodies: Delegation of Functions to the Executive Committee (Document CSP28/5)

32. Dr. Miriam Morales (President of the Executive Committee) reported that the Executive Committee had endorsed a proposal for streamlining the work of the Governing Bodies and to that end had recommended that the Pan American Sanitary Conference delegate responsibility to the Committee for several matters, including reports on the Master Capital Investment Plan, the salary of the Director, and updates on the Project for Modernization of the PASB Management Information System. It had also recommended that the Conference request the Committee to forward technical and administrative progress reports to the Conference or the Directing Council only when deemed necessary.

33. In the ensuing discussion, Member States expressed support for the proposal to delegate responsibility to the Executive Committee for relatively routine items, with the Committee then simply reporting on those items rather than forwarding them to the Conference or the Directing Council for consideration. It was felt that the proposal would simplify the work of the Conference and the Council and enable them to delve more deeply into substantive health issues. The Bureau was encouraged to pursue additional means of increasing the efficiency of the Governing Bodies' work and also to follow closely the governance reforms taking place within WHO and to seek ways of interacting more effectively with WHO.

34. The Conference adopted Resolution CSP28.R6, endorsing the proposal for streamlining the work of the Governing Bodies and formally delegating responsibility for determining the Director's salary to the Executive Committee.

Request from the Kingdom of the Netherlands for Admission of Aruba, Curaçao, and Sint Maarten as Associate Members of the Pan American Health Organization (Document CSP28/28)

35. Dr. Heidi Jiménez (Legal Counsel, PASB) informed the Conference that in August 2012 the Bureau had received a letter from the Government of the Kingdom of the Netherlands requesting Associate Member status in PAHO for Aruba, Curaçao, and Sint Maarten, which, following a constitutional reform in the Kingdom of the Netherlands in October 2010, were all autonomous countries within the Kingdom. The Conference was therefore asked to consider a proposed resolution (annexed to Document CSP28/28) granting Aruba, Curaçao, and Sint Maarten admission as Associate Members of PAHO and establishing their respective assessed contributions.

36. A vote was taken by show of hands and the resolution was adopted as Resolution CSP28.R1. The Delegates of Aruba, Curaçao, and Sint Maarten, after placing their respective countries' flags on display alongside those of the other PAHO Members,

expressed appreciation to the Conference for bestowing on their countries the honor of associate membership in the Organization and affirmed their commitment to improving the health of their own peoples and contributing to the achievement of the collective health objectives of the Region.

37. The Delegate of Puerto Rico, welcoming the three new Associate Members, recalled that Puerto Rico had been admitted as an Associate Member 20 years earlier and expressed gratitude for the support and guidance it had received from the Organization since then.

38. The Delegate of Argentina stated that the decision to admit Aruba, Curaçao, and Sint Maarten as Associate Members could not be extended to apply to other non-autonomous territories in the Region.

Program Policy Matters

Mid-term Evaluation of the Health Agenda for the Americas (Document CSP28/6)

39. Dr. Miriam Morales (President of the Executive Committee), reporting on the Committee's consideration of an earlier version of the report on the mid-term evaluation of the Health Agenda for the Americas (see Document CE150/FR, paragraphs 39 to 45), said that the Committee had heard an update on the evaluation process being carried out by a working group of countries led by Argentina. The Committee had underscored the importance of participation by all Member States in the evaluation survey and had suggested that the mid-term evaluation process would afford an opportunity to establish targets or benchmarks in the Agenda's eight areas of action, which would facilitate the measurement of progress and the preparation of the final evaluation of the Agenda.

40. Mr. Sebastián Tobar (Argentina, Chair of the working group of countries) introduced the preliminary report on the mid-term evaluation (contained in Document CSP28/6) and summarized its main findings, conclusions, and recommendations, notably that countries had made good use of the Agenda to guide the development of plans, policies, and strategies and that significant progress had been made in all areas of action of the Agenda, although less headway than anticipated had been made on some indicators, including maternal mortality, rates of dengue and several other diseases, and levels of spending on health. The evaluation had found that fair use had been made of the Agenda for programming and policy-making at the subregional level, while its use among international organizations had been limited.

41. One of the principal recommendations emerging from the mid-term evaluation was that the Agenda should be disseminated more widely and greater effort should be made to advocate its use. The working group of countries believed that the Bureau had a key role to play in that regard. It was recommended that the findings of the mid-term

evaluation should be used as the baseline for the final evaluation of the Agenda and that they should contribute to the formulation of the next General Program of Work of WHO and Strategic Plan of PAHO. Countries were invited to submit additional comments and recommendations on the Agenda and the mid-term evaluation to the Ministry of Health of Argentina, which would incorporate them into the final mid-term evaluation report, to be published in December 2012.

42. Mr. David O'Regan (Auditor General, Office of Internal Oversight and Evaluation Services, PASB) outlined the findings of the Bureau's internal evaluation of how it had contributed to the implementation of the Agenda. Those findings were summarized in Annex B of Document CSP28/6; the full report was available to Member States on request. The major finding was that the Bureau had incorporated all of the Agenda's areas of action into its strategic planning and its results-based management process. The areas of action had also been incorporated into technical cooperation activities through biennial work plans and country cooperation strategies. The report contained several recommendations for further strengthening the Bureau's contribution to the Agenda's implementation.

43. The Conference welcomed the mid-term evaluation findings and expressed appreciation to Argentina for spearheading the country-led portion of the evaluation process. Member States were pleased to note that the Agenda had been used in the formulation of health plans at the national level, but expressed concern at its relatively limited use at the subregional level and within international organizations, and endorsed the recommendation that the Bureau should endeavor to strengthen the Agenda's dissemination. It was also considered important to ensure that actions taken to implement the recommendations were aligned with the work being undertaken to develop PAHO's strategic plan for 2014-2019 and that the evaluation findings contributed to the development of WHO's next general program of work and its biennial program budget for 2014-2015.

44. Mr. Tobar said that the working group of countries had also been concerned about the limited use made of the Agenda by subregional groups and international organizations. In the case of the latter, the evaluation had shown that they sometimes drew on certain aspects of the Agenda, but not the whole document. Greater advocacy was needed in order to promote alignment of the work of those organizations with the Agenda, which the Governments of the Americas had established as the priority instrument for guiding health-related work in the Region.

45. Mr. O'Regan pointed out that, as the Bureau had been very successful in incorporating the Agenda's areas of actions into its work, it was well placed to serve as an advocate for the Agenda's use by other international organizations. Member States would be kept informed through the annual reports of the Office of Internal Oversight

Services of the action taken by the Bureau to implement the recommendations of the evaluation.

46. The Conference took note of the report.

PAHO Budget Policy (Document CSP28/7)

47. Dr. Miriam Morales (President of the Executive Committee) reported that the Executive Committee had voiced strong support for the proposed budget policy and had particularly welcomed the policy's fair and flexible approach, its incorporation of the Gini coefficient, and its recognition of the need to ensure that country-level allocations were sufficient to maintain a PAHO presence in every country. The Committee had adopted Resolution CE150.R12, recommending that the Pan American Sanitary Conference approve the new policy. (For further details of the Committee's deliberations on this item, see Document CE150/FR, paragraphs 46 to 54.)

48. Mr. Roman Sotela (Senior Advisor, Program and Budget Management, PASB) outlined the proposed policy, noting that it built on the fundamental principles of the current policy and took into consideration the recommendations that had emerged from an evaluation of the current policy by PAHO's Office of Internal Oversight and Evaluation Services. Adjustments had been made to improve fairness, transparency, and equity in the new policy and to make it more workable and realistic. In addition to the three functional levels included in the current policy—regional, subregional, and country—the new policy would have an inter-country level comprising cooperation taking place at country level but directed at more than one country. An example would be the cooperation provided by the Pan American centers. The new policy would allow for flexibility in allocations among functional levels in order to accommodate changing needs and circumstances. The policy's overarching aim would be to improve results in countries.

49. One of the biggest changes proposed under the new policy concerned the floor component of the country allocations. Under the current policy the floor allocation had sometimes proved insufficient to maintain the minimum PAHO presence needed to plan and deliver technical cooperation. The new floor allocation would guarantee sufficient funding to cover minimum staffing needs, plus \$500,000⁵ per biennium for basic operations. In addition, the new policy would include a results-based component, under which up to 5% of the total country-level allocation could be redirected in order to provide additional support where needed to enable Member States to achieve the targets and results established in the Strategic Plan. Details of the proposed statistical methods for allocating PAHO budget resources among countries and examples of the results of applying the proposed statistical model could be found in Document CSP28/7.

⁵ Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

50. The Conference welcomed the proposed new policy and expressed appreciation to the working group that had assisted in its formulation, particularly for its efforts to ensure a fair, transparent, and equitable method of allocating PAHO resources. The policy's recognition of countries' differing levels of need and its incorporation of the Gini coefficient were welcomed, as was the larger floor allocation and the guarantee of sufficient funding to maintain a minimum PAHO country presence. The introduction of greater flexibility into the policy to enable countries to grapple with changing needs and environments was applauded. It was suggested, however, that greater consideration should be given to the impact that global economic conditions might have on countries, especially those that were most vulnerable, and on their need for support. The importance of technical cooperation among countries, especially South-South cooperation, was highlighted, and it was pointed out that such cooperation could have a multiplier effect that enhanced the impact of PAHO resources.

51. One delegate felt that the policy might be perceived as penalizing countries that had made an effort to improve the health status of their populations and that it failed to take account of the fact that countries that had achieved health gains with donor funding might need ongoing support in order to sustain those gains after the donor funding ended. Several delegates expressed strong concern about a provision in the proposed resolution on this item (contained in Document CSP28/7) that would establish that a country's core allocation could be reduced by as much as 50% of its current allocation under the 2012-2013 program and budget. It was pointed out that the policy itself contained no such provision nor any analysis of the implications of such a reduction for vulnerable countries. It was also pointed out that some countries had seen their allocations decrease by 40% under the current policy, which had made it difficult for some of their programs to continue to operate, while other countries had received large increases that had exceeded their absorptive capacity. The Bureau was asked to clarify how the 50% cap on reductions had been determined, how the cuts would be distributed, and how long reductions would remain in effect. It was also asked to explore other scenarios with smaller maximum reductions.

52. It was suggested that, in addition to evaluating the policy after the first two bienniums of its application, the Bureau should present an interim assessment of the policy's implementation after the first biennium, highlighting challenges and successes that might contribute to further improvement of the policy.

53. Mr. Sotela explained that the working group had decided to increase the maximum potential reduction in country allocations from 40%, the cap under the current policy, to 50% because, unlike the current policy, the new policy included a provision that ensured that no allocation would be reduced below the level needed to maintain a minimum PAHO country presence. Moreover, any reductions would be phased in gradually over two bienniums. He assured the Conference that the ramifications of a

potential 50% reduction had been taken fully into account and encouraged Member States not to view any reductions in isolation but as part of a continuum beginning with the implementation of the current policy in 2005. Under the new policy, the countries that would experience the largest reductions were countries that had benefited the most under the current policy. For example, under the new policy one country's allocation would fall by 41%, but under the current policy the same country had seen its allocation rise by over 300%, and its allocation would thus still be more than 200% higher than in 2005, despite the reduction.

54. He believed that the 5% results-based component combined with the 5% variable portion of the country allocations would provide sufficient flexibility to enable countries to address changing and unforeseen needs. He welcomed the suggestion of an interim assessment of the policy after the first biennium, as such an assessment would bring to light any difficulties that had arisen and would also reveal positive effects of the policy's implementation.

55. The Director observed that PAHO had been a pioneer among international organizations in implementing a budget policy and that in adopting such a policy Member States had demonstrated great generosity and solidarity and a true concern for equity in the distribution of resources. It was important to bear in mind that PAHO was not a financing institution and that the resources it could contribute at country level generally represented only a tiny fraction of the amount that governments needed to finance their national programs. It was also important to recognize that the budget policy applied only to regular budget resources, which made up only slightly less than half of the Organization's total resources. Those funds were complemented by other resources, including a growing volume of unearmarked voluntary contributions, which could be allocated flexibly where needed. As had been pointed out, technical cooperation among countries—which would continue to be supported under the new policy—was an additional source of support.

56. After hearing the explanations provided by the Director and Mr. Sotela, the Conference adopted Resolution CSP28.R10, approving the new PAHO Budget Policy and requesting the Director, *inter alia*, to present to the Directing Council an interim assessment of the policy at the conclusion of the first biennium of its implementation. The Conference noted that Mr. Sotela would soon be retiring and expressed appreciation for his work on the budget policy and his years of service to the Organization.

PAHO Program and Budget 2010-2011 End-of-biennium Assessment/Second Interim PAHO Strategic Plan 2008-2012 Progress Report (Document CSP28/8)

57. Dr. Miriam Morales (President of the Executive Committee) reported that the Executive Committee had examined a draft version of the report on the end-of-biennium assessment and second interim progress report and had noted that the findings would be

useful not only as input for future work, but also as a results-based management tool. Clarification had been sought regarding some apparent discrepancies between results achieved and levels of funding received and about lessons learned from those outcomes. (For further details of the Committee's deliberations on this item, see Document CE150/FR, paragraphs 55 to 64.)

58. In the discussion that followed Dr. Morales's report, Member States welcomed the close correlation between rates of budget and program implementation and achievement of Region-wide expected results under the Strategic Plan. The reported improvements with regard to infant mortality, maternal health, neglected tropical diseases, malaria, HIV/AIDS, and other areas were also welcomed. Concern was expressed, however, about the relative lack of progress in achieving the core response and surveillance capacities required under the International Health Regulations (2005) (see also paragraphs 224 to 229 below). It was suggested that the Bureau should coordinate an in-depth analysis in order to identify which of the core capacity requirements posed the greatest challenge for Member States, which needed to be implemented most urgently, and which might eventually need to be modified or replaced because countries were unable to fulfill them. The Bureau was urged to continue providing support to Member States and fostering technical cooperation and exchange of best practices between countries.

59. It was pointed out that the assessment and progress report had yielded several important lessons, including the need for quality baseline data for realistic planning and costing. It was also pointed out that the growing volume of national voluntary contributions created certain management challenges and entailed financial, program, accountability, and transparency responsibilities for the Bureau, which was requested always to make a clear distinction in the presentation of financial data between national voluntary contributions and other voluntary contributions. Clarification was sought with regard to the key issues that needed to be addressed (mentioned in paragraph 10 of Document CSP28/8) before results-based management could be fully implemented across the entire Organization.

60. Mr. Diego Victoria (Area Manager, Planning, Budget, and Institutional Development, PASB), responding to the latter question, said that it was necessary, for example, to find better ways of measuring impact and evaluating programs at the country level and of ensuring the availability of more accurate and concrete information. He assured the Conference that the Bureau would continue working to strengthen technical cooperation between countries on the International Health Regulations and in other areas.

61. The Conference took note of the report.

Strategy for the Prevention and Control of Noncommunicable Diseases (Documents CSP28/9, Rev. 1 and CSP28/DIV/1)

62. Dr. Miriam Morales (President of the Executive Committee) reported on the Executive Committee's discussion of an earlier version of the proposed regional strategy (see Document CE150/FR, paragraphs 65 to 71), noting that the Committee had acknowledged the Bureau's efforts to seek Member States' views on the content of the strategy and plan of action, but had considered further consultation essential in order to align the regional strategy and plan of action with the proposed global monitoring framework and the global action plan, as well as to reflect the outcomes of ongoing global and regional consultations. The Committee had therefore requested the Director to hold additional consultations and to present a revised strategy for endorsement by the Pan American Sanitary Conference. It had also asked the Director to propose a process for development of a plan of action to be approved by the Directing Council in 2013.

63. Dr. Douglas Bettcher (Director, Tobacco Free Initiative, and Acting Director, Chronic Diseases and Health Promotion, WHO) presented an overview of the comprehensive global monitoring framework developed by the WHO Secretariat pursuant to the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases (Resolution A/RES/66/2) and subsequently revised following discussions during the Sixty-fifth World Health Assembly in May 2012. He noted that each of the regional committees had been asked to hold a discussion on the monitoring framework indicators and targets. The WHO Secretariat would compile all the input received and present it to a formal consultation of Member States to be held in Geneva from 5 to 7 November 2012 in order to finalize the monitoring framework, which would then go to the Executive Board and the World Health Assembly for further discussion and adoption in 2013.

64. The proposed framework comprised outcomes, exposures/risk factors, and health system responses and included a set of voluntary global targets and related indicators, together with a small number of tracer targets to be achieved by 2025, which had been chosen on the basis of five criteria: high epidemiological and public health relevance, coherence with major global health strategies, availability of feasible and evidence-based interventions, evidence of achievability at country level, and existence of unambiguous data collection instruments and potential to set a baseline and monitor changes over time. The overall target endorsed by Member States during the World Health Assembly was reduction of premature mortality from noncommunicable diseases by 25% between 2010 and 2025.

65. Another four targets relating to raised blood pressure, tobacco-smoking, salt intake, and physical inactivity had enjoyed wide support in the earlier discussions on the framework, as had targets relating to obesity, fat intake, alcohol, raised cholesterol,

generic medicines and technologies, and drug therapy and counseling to prevent heart attack and stroke, although the latter targets required further development. The monitoring framework, once finalized and approved, would provide the basis for the development of a global action plan on noncommunicable diseases covering the period 2013-2020, which would update and build on the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases. A draft of the action plan would be available for discussion prior to the November consultation.

66. Dr. Marcos Espinal (Area Manager, Health Surveillance, Disease Prevention and Control, PASB) introduced the proposed regional strategy for the prevention and control of noncommunicable diseases (Document CSP28/9), which had been revised following the regional consultation requested by the Executive Committee. That consultation had been held on 10 August 2012 and had examined both the proposed regional strategy and the draft global monitoring framework. Representatives of 32 Member States and several subregional and intergovernmental organizations had participated. The conclusions of the consultation were summarized in Document CSP28/DIV/1 and were reflected in the revisions made to the proposed regional strategy. Among the principal conclusions, Member States had supported the overall goal of a 25% reduction in premature mortality from noncommunicable diseases by 2025 and the targets for tobacco use, salt intake, physical inactivity, and blood pressure, but had recommended that the global monitoring framework should also include indicators relating to development, investment, equity in access to drugs and health services, interventions targeting children and adolescents, multisectoral action, and social determinants of health.

67. The Conference welcomed the action being taken by both WHO and PAHO to address the growing epidemic of noncommunicable diseases and follow up on the United Nations High-level Meeting with concrete action. Delegates reaffirmed their support for the Political Declaration of the United Nations High-level Meeting and for the overall goal of a 25% reduction in premature mortality from noncommunicable diseases by 2025. Numerous delegates pointed out that noncommunicable diseases constituted an economic and development problem as well as a health problem and welcomed the greater attention in the global monitoring framework to social, economic, and environmental determinants of such diseases. Firm support was also expressed for the four targets relating to blood pressure, tobacco-smoking, salt intake, and physical inactivity. Some delegates favored the inclusion of additional targets relating to other risk factors, particularly obesity, fat and sugar intake, and alcohol consumption. Others cautioned against expanding the list of risk factors to be monitored, as doing so might prolong discussion and agreement on the framework. Particular concern was expressed about the suitability, measurability, and achievability of the proposed global targets on cholesterol levels, fat intake, and obesity. It was emphasized that targets must be measurable, achievable, and sufficiently flexible so that they could be adapted to specific country-level contexts.

68. Strong support was voiced for a lifecourse approach to prevention of noncommunicable diseases. Delegates emphasized the need for health education and promotion of healthy lifestyles beginning in childhood in order to prevent health problems later in life. The need for innovative approaches to combat childhood obesity was highlighted. Community participation and multisectoral partnerships were seen as essential in order to address the various risk factors that contributed to noncommunicable diseases, many of which fell outside the direct control of the health sector. It was also considered necessary to develop a clear policy to guide WHO's and PAHO's relations with various partners, including the private sector, and to ensure that concern for public health was the primary objective pursued in such partnerships. It was felt that WHO had a key role to play in supporting national health authorities and bolstering their capacity to lead national efforts to combat noncommunicable diseases. The importance of whole-of-government, whole-of-society, and health-in-all-policies approaches was stressed.

69. Delegates welcomed the revisions made to the regional strategy following the regional consultation, especially the increased emphasis on prevention and risk reduction and on research and evidence-based programs and policies. Expansion of the strategy's overall goal to include reduction of morbidity and disability, as well as premature mortality, from noncommunicable diseases was applauded. Some wording changes were suggested with a view to making the strategy more adaptable to specific contexts and policies at country level. It was also suggested that the strategy should incorporate indicators relating to sugar consumption, school health, urban policies and planning to promote physical activity, and harmful use of alcohol. In relation to the latter, it was emphasized that the target should relate to harmful use, not to per capita consumption, of alcohol.

70. The Conference expressed firm support for the proposed resolution (contained in Document CSP28/9), although several amendments were proposed with a view to strengthening provisions relating to surveillance and research on noncommunicable diseases, monitoring and evaluation of policies and programs in order to determine their effectiveness and impact, and strengthening of health systems and access to care for people with noncommunicable diseases. Concern was expressed about the small number of PAHO staff working on noncommunicable diseases (eight staff members and one short-term consultant, according to the report on financial and administrative implications of the proposed resolution, contained in Annex F of Document CSP28/9). The Bureau was asked to clarify how it planned to address that staff shortage in order to provide the required technical support to Member States.

71. The Delegate of El Salvador noted that her delegation had repeatedly drawn attention to the issue of chronic kidney disease caused by exposure to occupational and environmental toxins, especially agricultural chemicals, but the disease was still not mentioned explicitly in either the global monitoring framework or in the proposed

regional strategy. She emphasized that chronic kidney disease was a problem not just in the Americas but elsewhere in the world, including Sri Lanka and the Balkans, where similar cases, also linked to environmental factors, had been reported. She and several other delegates called for the inclusion of chronic kidney disease among the diseases to be addressed under both the global monitoring framework and the regional strategy.

72. Representatives of several nongovernmental organizations spoke in support of the regional strategy and the global monitoring framework and noted the importance of increased attention to dementia disorders such as Alzheimer disease and to the mental health issues often associated with noncommunicable diseases. They also highlighted the role of civil society in a comprehensive multisectoral approach to the issue, emphasized the need to address inequity and other social determinants that contributed to disproportionately high rates of noncommunicable disease among the poor, and urged that prevention and control of noncommunicable diseases be a focus of the development agenda in the period after 2015, the target date for achievement of the Millennium Development Goals.

73. Dr. Bettcher assured the Conference that equity issues and social determinants of health had been incorporated from the outset in the process of developing the global monitoring framework and would continue to be taken into account in developing targets and indicators and in monitoring progress. So would the need for multisectoral action and a whole-of-government approach. A lifecourse approach would also be an integral part of the work to be undertaken to reduce the burden of noncommunicable diseases.

74. Dr. Espinal said that the various comments and suggestions for enhancing the regional strategy would be incorporated into a revised version of the document (which was subsequently reissued as Document CSP28/9, Rev. 1) and that the issue of chronic kidney disease would be addressed explicitly. With regard to the indicators that had been proposed for inclusion, he explained that they would be included in the plan of action to be submitted to the Governing Bodies in 2013. The plan would also include indicators relating to chronic kidney disease. As to the number of staff available to provide technical assistance to countries, he said that the core staff of eight alluded to in the document would be supported by staff from across the Organization, reflecting the multisectoral nature of noncommunicable diseases.

75. Dr. Luiz Augusto Galvão (Area Manager, Sustainable Development and Environmental Health, PASB) affirmed that PAHO was working to raise the prominence of noncommunicable diseases on development agendas and to address mental health and noncommunicable disease comorbidity. It was also working vigorously to promote health

and healthy lifestyles. One notable health promotion initiative, launched during the week of the Conference, was Wellness Week in the Americas.⁶

76. The Conference adopted Resolution CSP28.R13, endorsing the regional strategy and requesting the Director to develop a regional plan of action for the prevention and control of noncommunicable diseases aligned with Member State priorities and with the WHO Global Monitoring Framework and action plan.

Strategy and Plan of Action for Integrated Child Health (Document CSP28/10)

77. Dr. Miriam Morales (President of the Executive Committee) summarized the Executive Committee's discussion on this topic (Document CE150/FR, paragraphs 72 to 76), reporting that the Committee had expressed strong support for the proposed strategy and plan of action and had particularly welcomed the strategy's rights-based approach and focus on social determinants of health and the need for integrated, multisectoral action to address them. The Committee had adopted Resolution CE150.R4, recommending that the Conference endorse the strategy and approve the plan of action.

78. In the discussion that followed, Member States expressed their support for the strategy and plan of action. The impact that investment in child health and horizontal cooperation could have towards achieving the Millennium Development Goals was highlighted. Support was expressed for a South–South approach that would build on the experience of the Latin American and Caribbean countries and recognize the importance of involving existing partnerships that were working to achieve the Millennium Development Goals and improve child health and development. Support was voiced for the strategy's emphasis on capacity-building and strengthening of integrated health systems. The strategy's recognition of the health risk to children posed by soil-transmitted helminths was also welcomed, and the Bureau was encouraged to include deworming as a key intervention in the plan of action.

79. Several delegations outlined the measures their governments had taken with a view to reducing child mortality and morbidity, including initiatives such as immunization campaigns, programs to provide support to pregnant adolescents, and nutritional support programs for mothers and children. It was considered crucial to strengthen the work of technical interinstitutional groups in order to strengthen national plans and integrated child health strategies. The need to bolster the capacity of health systems for planning, management, and implementation of such strategies, especially at the primary health care level, was emphasized. It was also considered necessary to formulate and implement policies that tackled social determinants of child health.

⁶ The Director's remarks at the opening of a photo exhibit on Wellness Week in The Americas may be found in Document CSP28/DIV/11, available on the Conference website.

80. Several suggestions were made with a view to enhancing the strategy and plan of action. One was the inclusion of communication campaigns and maternal education aimed at promoting healthy child-rearing practices and child development. Another suggestion was the promotion of laws and policies to facilitate breastfeeding. It was also suggested that a view of child health as a development issue and not strictly as a health issue should be promoted.

81. The Bureau and Member States were encouraged to apply the accountability framework and indicators proposed by the Commission on Information and Accountability for Women's and Children's Health, as well as the United Nations Convention on the Rights of the Child, in implementing the plan of action. It was suggested that the Bureau should develop processes for conducting external reviews and analysis of the Plan's implementation.

82. Dr. Gina Tambini (Area Manager, Family and Community Health, PASB) noted the progress made in the Region towards improving child health and achieving Millennium Development Goal 4 (reduce by two-thirds the under-5 mortality rate by 2015), noting, however, that reducing neonatal mortality remained a challenge in many countries in the Region. She affirmed that PAHO would seek to further horizontal and South-South cooperation and to strengthen existing partnerships with a view to attaining the Millennium Development Goals and improving the health and development of children. It would also endeavor to develop effective strategies to combat the scourge of obesity among children and adolescents, including through the establishment of a dedicated working group. She noted that an interprogrammatic group had been formed within the Bureau to work in collaboration with other United Nations agencies on implementing the recommendations of the Commission on Information and Accountability for Women's and Children's Health.

83. The Committee adopted Resolution CSP28.R20, endorsing the strategy and approving the plan of action.

Health Technology Assessment and Incorporation into Health Systems (Document CSP28/11)

84. Dr. Miriam Morales (President of the Executive Committee) summarized the Executive Committee's discussion on this topic (see Document CE150/FR, paragraphs 77 to 80), reporting that the Committee had welcomed the proposed approach to evidence-based assessment of health technologies and decision-making about their use. The importance of assessing the cost-effectiveness of health technologies and of ensuring transparency in decision-making had been underlined. The Committee had recommended that the Pan American Sanitary Conference adopt a resolution urging Member States to encourage the use of health technology assessment to inform public health policies and decision-making processes for the incorporation of health technologies, and requesting

the Director to report to the Governing Bodies in 2014 on implementation of the resolution and to consider the development of a regional strategy and plan of action at that time.

85. In the ensuing discussion, Member States welcomed PAHO's efforts to enhance countries' capacity for health technology assessment and expressed support for the proposed resolution (contained in Document CSP28/11), calling on the Bureau to work with Member States in implementing it. In particular, the Bureau was requested to assist countries in evaluating health technologies with a view to maximizing the impact of existing technologies and ensuring cost-effective modernization of health services. It was also requested to help facilitate the sharing of best practices in relation to health technology assessment. Several delegates noted that the approach put forward in the document was in line with their national approaches, and provided information on their respective health technology assessment bodies and procedures.

86. It was pointed out that economic evaluations were key to health technology assessment and to the introduction of appropriate and effective technologies in health systems. Such evaluations were seen as especially important in the current environment of limited financial and human resources in the Region and world. A number of delegates highlighted the importance of ensuring equitable access to health technologies. The need to ensure the quality of medical supplies and equipment was also underscored. It was pointed out that lack of transparency in technology assessment and procurement processes sometimes led countries to waste precious resources on equipment of poor quality with a limited lifespan, and it was suggested that a mechanism for providing regional certification of the quality of medicines, biologicals, and high-technology equipment should be put in place in order to help countries that lacked capacity for quality validation at the national level. The Health Technology Assessment Network of the Americas was seen as a means of augmenting national capacity and offsetting the shortage of qualified human resources, particularly in the area of biomedicine.

87. Dr. Rubén Torres (Acting Area Manager, Health Systems based on Primary Health Care, PASB) noted that the aim of the proposed resolution was to enhance Member States' capacity to evaluate health technologies through the use of various tools, including the Health Technology Assessment Network and the Regional Platform on Access and Innovation for Health Technologies, which would facilitate the sharing of information and best practices among Member States.

88. The Committee adopted Resolution CSP28.R9, which incorporated several amendments proposed by Member States with a view to clarifying some provisions and highlighting points raised in the discussion, particularly regarding the need to ensure the quality of health technology products.

Strategy and Plan of Action on Knowledge Management and Communications (Document CSP28/12, Rev. 1)

89. Dr. Miriam Morales (President of the Executive Committee) summarized the Executive Committee's discussion on this topic at its 150th Session in June 2012 (see Document CE150/FR, paragraphs 81 to 86), reporting that the Committee had welcomed the proposed strategy and plan of action and expressed support for PAHO's efforts to expand and improve the exchange of knowledge and information throughout the Region via new technologies. The Committee had recommended that the Conference endorse the strategy and approve the plan of action.

90. The Conference expressed support for the proposed strategy and plan of action and welcomed PAHO's efforts to improve access to health information through the use of modern information and communications technologies. Nevertheless, it was pointed out that inequalities in social, economic, technical and legal resources would hinder some countries' ability to ensure the necessary infrastructure to support knowledge management and communication platforms, particularly where widespread and reliable Internet access was lacking. Several amendments were proposed to the proposed resolution on the item (contained in Document CSP28/12) highlighting the need to improve connectivity and expand and strengthen telecommunications infrastructure. It was suggested that it would be useful to have a glossary of terms related to knowledge management and that the definition of the term should perhaps be broadened beyond the definition put forward by WHO in its knowledge management strategy.

91. It was suggested that the strategy and its indicators should provide enough flexibility for countries to decide whether or not to adopt common platforms, methodologies or frameworks in different areas of knowledge management, and that the strategy should respect the needs and priorities of Member States and acknowledge that some had made important progress in advancing knowledge management. Social media platforms, such as Facebook and Twitter, and handheld mobile devices were cited as examples of new technologies that some States were already using, or planned to use, to communicate health-related information and alerts to the public, particularly when targeting groups young people. At the regional level, tools such as the BIREME and EBSCO virtual health libraries were being used.

92. The need to identify the specific knowledge needs of various stakeholders was highlighted, and it was pointed out that eliminating information-gathering where demand was lacking could be a cost-savings measure. In that connection, it was suggested that Member States should take an inventory of their knowledge gaps in order to address them. Also, as the concept of interoperability was considered key to improving technologies, it was suggested that the plan of action could be improved by including specific projects, including horizontal cooperation projects, with ambitious goals in that

regard. It was also suggested that efforts should be stepped up to create or strengthen centers for excellence in technology and infrastructure in order to facilitate the sharing of successful experiences and best practices. Efforts should also be made at the subregional level to encourage the identification of common problems and the development of joint knowledge production initiatives to support health policy-making. At the regional level, it was felt that PAHO had a key role to play in facilitating access to information and databases for Member States and could help devise strategies for improving access to information based on the common problems identified by countries.

93. Mr. Marcelo D'Agostino (Area Manager, Knowledge Management and Communication, PASB) noted that the document had been revised to reflect the input received from the Executive Committee and said that it would be further revised to reflect the Conference's comments and suggestions (a revised version was subsequently issued as Document CSP28/12, Rev. 1). He emphasized that the main focus of PAHO's efforts with regard to knowledge management and communication was to bridge knowledge gaps and enhance Member States' access to information for evidence-based decision-making. To that end, it was promoting the concept of open access to information in the health sciences and was seeking to help Member States improve infrastructure and address connectivity and interoperability issues through a memorandum of understanding with the International Telecommunication Union (ITU) and the Organization of American States (OAS) in the framework of their e-government initiatives. The Organization was also working to promote digital literacy at both the personal and institutional level in order to develop the skills needed for people to function effectively in an information society.

94. The Committee adopted Resolution CSP28.R2, endorsing the strategy and approving the plan of action.

Coordination of International Humanitarian Assistance in Health in Case of Disasters (Document CSP28/13)

95. Dr. Miriam Morales (President of the Executive Committee) reported on the Executive Committee's discussion of the an earlier version of the document on this item (see Document CE150/FR, paragraphs 87 to 91), noting that the Committee had emphasized that any new mechanism created to coordinate international humanitarian assistance should complement and coordinate with the wider international system, including other clusters, regional humanitarian response bodies and mechanisms, and the Red Cross Movement.

96. In the ensuing discussion, PAHO's work in the area of emergency preparedness and disaster response and its history of support for countries in times of crisis were commended, and the Organization's efforts to strengthen mechanisms for international humanitarian assistance were welcomed. The need for multidisciplinary disaster response

teams was affirmed, as was the importance of aligning humanitarian assistance in disasters with the system already in place in Member States and coordinating with the wider international system. The unique role that the Office for the Coordination of Humanitarian Affairs (OCHA) played in coordinating humanitarian action was highlighted.

97. It was stressed that in the event of a humanitarian crisis, the affected country was the lead stakeholder and decision-maker, that the role of national disaster management authorities must be respected, and that the response coordination system must remain flexible in order to meet the country's needs. The need to strengthen the role of ministries of health in the development of national risk management plans and policies was emphasized. It was pointed out that subregional guidelines and mechanisms for mutual assistance could complement national capacity.

98. PAHO was requested to assist Member States in strengthening the capacity of national health personnel to manage humanitarian aid, particularly at the local level, where timely and appropriate response was most urgent. In addition, it was suggested that PAHO should work with other regional organizations to harmonize protocols and guidelines for action with respect to both emergency prevention and response. The need to develop clear and objective criteria for selecting national experts to serve on disaster and emergency response teams was noted.

99. Information was sought on how the Bureau intended to mobilize the significant external funding that would be required to implement the proposed resolution (contained in Document CSP28/13), including the resources needed for the Regional Disaster Response Team. With regard to the proposal put forward in subparagraph 2(e) of the proposed resolution to establish a flexible mechanism for registry and accreditation of foreign teams, it was suggested that instead it should be left to each country to select entities and human resources to be called upon in the event of a disaster. It was also suggested that the subparagraph went beyond the scope of Resolution WHA65.20 concerning WHO's role, as the health cluster lead, in humanitarian emergencies. The importance of working in close coordination with the Global Outbreak Alert and Response Network was highlighted.

100. Dr. Jean-Luc Poncelet (Area Manager, Emergency Preparedness and Disaster Relief, PASB) said that the main aim of the actions called for in the proposed resolution was to enhance the capacity of national health authorities to interact with the international system and effectively manage the many offers of international humanitarian assistance that generally followed in the wake of a disaster. Responding to the questions about funding for the resolution's implementation, he said that a small portion would come from existing resources while the rest would be mobilized from donors, some of whom had already shown interest in providing support.

101. The proposed resolution was revised to reflect the various comments and suggestions made and adopted as Resolution CSP28.R19.

Bioethics: Towards the Integration of Ethics in Health (Document CSP28/14, Rev. 1)

102. Dr. Miriam Morales (President of the Executive Committee) reported that the Executive Committee had welcome the concept paper and a proposed resolution on this item, but had recommended that greater emphasis should be placed, in both the resolution and the concept paper, on the development of academic programs for the training of bioethics professionals and had urged PAHO to work with universities to develop such training programs. (For further details of the Committee's deliberations on this item, see Document CE150/FR, paragraphs 92 to 96). The Committee had recommended that the Conference endorse the concept paper (Document CSP28/14).

103. The Conference expressed support for the concept paper and proposed resolution (annexed to the concept paper), and commended PAHO's dedication and leadership in the area of bioethics for public health. Several delegates noted that PAHO's guidance had helped their countries to establish independent committees with procedures relating to bioethics and had also helped to foster plans to include bioethics as part of medical curricula, for example, in the Caribbean region. The Delegate of Mexico announced that his country would host the Twelfth World Congress of Bioethics in 2014, which would provide an opportunity for the Region to remain at the forefront of bioethics discussions.

104. A number of changes were proposed with a view to enhancing both the concept paper and the proposed resolution. While it was recognized that the focus of both was research ethics, clinical ethics, and public health ethics, it was suggested that reference should be made to the Universal Declaration on Bioethics and Human Rights of the United Nations Educational, Scientific and Cultural Organization (UNESCO) and to its broad definition of bioethics, which recognized the impact of every aspect of the biosphere, including the environment, on human health. It was also suggested that the resolution should recommend that Member States form independent, multidisciplinary, and pluralistic national bioethics committees, in keeping with the UNESCO declaration.

105. One delegation requested that a reference in the concept paper to the Declaration of Helsinki should be followed by mention of the Declaration of Córdoba emanating from a bioethics congress organized by the UNESCO Bioethics Network for Latin America and the Caribbean (*Redbioética*) in Argentina in November 2008, which opposed several amendments made to Helsinki Declaration concerning the use of placebos and the obligations of research sponsors at the conclusion of research. The same delegation recommended that the phrase "possibilities for genetic improvement" should be deleted from paragraph 10 of the concept paper since it alluded to genetic manipulation procedures that could be detrimental to inclusiveness, tolerance, diversity,

and pluralism. Another delegation questioned the accuracy of a statement in paragraph 18 that indicated that guidelines for clinical ethics were not as specific as those for research involving human subjects. The same delegation suggested that the term “human participants” should be used throughout the document in English in place of “human subjects,” which had negative connotations.

106. Several delegates observed that advances in medicine and the development of new health technologies were creating complex ethical dilemmas and underscored the need for public policies to address those dilemmas, stressing that the aim of such policies must be to ensure respect for human dignity and rights. The importance of building a bioethics culture was highlighted. It was also emphasized that ethics should inform law. It was considered essential for PAHO Member States to collectively affirm their resolve to address ethical problems that arose in public health, health care and health research, in order, inter alia, to protect persons who were vulnerable to exploitation. The need for training and the systematic integration of bioethical principles into all spheres of health care was affirmed.

107. It was suggested that collaborative academic programs should be established with universities to foster training in bioethics and public health and that the exchange of experiences and tools for developing public policies based on bioethical analysis should be promoted. Support was expressed for the idea of establishing a regional observatory to support the development of tools and provide advice on bioethics analysis and to coordinate training activities in public health ethics. It was also suggested that the new Caribbean Public Health Agency (CARPHA) should incorporate bioethics into its mandate.

108. Dr. Isabel Noguera (Senior Advisor, Gender, Diversity, and Human Rights, PASB) said that in the Bureau’s view the proposed resolution marked a clear step forward in the area of bioethics, not only in relation to research involving human beings and clinical practice, but also in relation to health policy and public health in general. She noted that PAHO was in the process of identifying priorities in the area of bioethics and that a workshop on the matter would be convened shortly in Chile.

109. The concept paper and proposed resolution were revised to reflect the various comments and suggestions made by Member States, and a new version of the paper was issued as Document CSP28/14, Rev. 1. The Conference adopted Resolution CSP28.R18, endorsing the concept paper.

Expanded Textbook and Instructional Materials Program (PALTEX) (Document CSP28/15)

110. Dr. Miriam Morales (President of the Executive Committee) summarized the Executive Committee’s deliberations on this item (see Document CE150/FR, paragraphs

97 to 104) and reported that the Committee had adopted Resolution CE150.R3, requesting the Director to finalize the actions needed to consolidate the Bureau's overall management and administration of all aspects of the Expanded Textbook and Instructional Materials Program (PALTEX).

111. In the discussion that followed Dr. Morales's report, it was pointed out that increasing awareness of the Program and expanding its coverage would enhance the development of human resources and thus help to strengthen health systems in the countries of the Region. Strong support was expressed for the proposed resolution and the proposed plan for improving PALTEX, in particular the proposal for the creation of an electronic publishing program (e-PALTEX) as a means of expanding access to the Program's resources.

112. The Director, extending thanks to the Inter-American Development Bank, which had provided the initial loan to support the Program, observed that PALTEX had long been one of the Organization's most prominent programs. It had indeed enabled greater access to textbooks for students in the various health professions, and the new electronic publishing initiative would undoubtedly further enhance access.

113. The Conference adopted Resolution CSP28.R3, requesting the Director to take the necessary action to restore overall management and administration of all aspects of PALTEX to PAHO.

Plan of Action for Maintaining Measles, Rubella, and Congenital Rubella Syndrome (CRS) Elimination in the Region of the Americas (Document CSP28/16)

114. Dr. Miriam Morales (President of the Executive Committee) reported that the Executive Committee had been informed that a regional emergency plan of action for the period 2012-2014 had been formulated in order to address the challenges and risks to maintenance of the elimination measles, rubella, and congenital rubella syndrome in the Region, the principal risk being cases imported from other regions. The Committee had adopted a resolution recommending that the 28th Pan American Sanitary Conference endorse the emergency plan of action (see Document CE150/FR, paragraphs 197 to 203).

115. Dr. Gina Tambini (Area Manager, Family and Community Health, PASB) introduced the emergency plan of action set out in Document CSP28/16. She recalled that the last confirmed case of endemic measles in the Region had occurred in 2002 and the last cases of rubella and congenital rubella syndrome had been in 2009. While transmission of endemic measles and rubella viruses appeared to have been interrupted, the Americas remained at high risk of virus importation, as the viruses continued to circulate in other regions and some countries continued to report weaknesses in their surveillance systems and immunization programs. The proposed resolution contained in Document CSP28/16 called on Member States to strengthen active epidemiological

surveillance of the three diseases and to maintain high population immunity through vaccination. It requested the Director, inter alia, to continue to advocate with other WHO regions and other partners to step up efforts to achieve global elimination of these diseases.

116. The Conference applauded Member States' success in interrupting transmission of endemic measles and rubella viruses, acknowledged the need for continued vigilance to prevent reintroduction of the virus, and expressed solid support for the emergency plan of action. Delegates affirmed the need to continue working to strengthen surveillance; maintain high population immunity; identify weaknesses in surveillance systems and gaps in vaccination coverage, especially among high-risk populations, including indigenous communities; and ensure timely detection and response to outbreaks. It was pointed out that strengthening measles and rubella surveillance systems would also strengthen surveillance of other diseases, thereby developing a critical core capacity of the International Health Regulations. The \$1.4 million gap in the funding required to implement the plan was noted and the need for a resource mobilization strategy was highlighted.

117. Health promotion, stronger participation by the private sector, and ongoing training for health personnel were considered essential in order to maintain measles, rubella, and CRS elimination. It was also considered crucial to continue promoting public awareness of the importance of routine immunization, particularly as public attention was gradually shifting away from vaccine-preventable diseases to other health issues. The importance of health communication and strong advocacy to maintain public confidence in vaccines and promote public awareness of the benefits of vaccination was underscored, as was the importance of sharing best practice and experiences in strengthening surveillance and improving immunization coverage and in outbreak response.

118. Delegates emphasized that the Region would remain at risk as long the measles and rubella viruses continued to circulate in other regions and highlighted the need for new approaches, including use of social media and mobilization of support among academics and future medical practitioners, in order to achieve the commitment needed to bring about global elimination of the diseases.

119. PAHO was encouraged to strengthen activities relating to the molecular epidemiology of rubella and to timely detection, investigation, and diagnosis of suspected cases of CSR. The Organization's leadership in promoting immunization through Vaccination Week in the Americas was commended as was its role in achieving the designation of the last week in April as World Immunization Week.

120. Dr. Tambini praised the commitment and dedication of the many health workers in the Region who had contributed to the elimination of measles, rubella, and congenital rubella syndrome and to the eradication or elimination of poliomyelitis and other

diseases. The lessons learned from those successes could be brought to bear in combating many other diseases. She paid tribute to Dr. Merceline Dahl-Regis, Chair of the International Expert Committee charged with documenting and verifying the elimination of measles, rubella and congenital rubella syndrome in the Americas, and Dr. Ciro de Quadros, former Director of the then Division of Vaccines and Immunization at PAHO and a leader in the field of vaccine-preventable diseases.

121. The Conference adopted Resolution CSP28.R14, urging Member States to implement the activities laid out in the plan of action with a view to verifying and maintaining the elimination of measles, rubella, and congenital rubella syndrome in the Region.

Radiation Protection and Safety of Radiation Sources: International Basic Safety Standards (Document CSP28/17, Rev. 1)

122. Dr. Rubén Torres (Acting Area Manager, Health Systems based on Primary Health Care, PASB) introduced this item, recalling that in Resolution CSP24.R9, adopted in 1994 at the 24th Pan American Sanitary Conference, Member States had endorsed the International Basic Safety Standards for Protection against Ionizing Radiation and for the Safety of Radiation Sources. The standards were intended for use mainly by governments and regulatory bodies and set out requirements for the protection of people and the environment from the harmful effects of ionizing radiation and for the safety of radiation sources. The standards adopted in 1994 had been revised by the sponsoring intergovernmental organizations, including PAHO, between 2005 and 2011. The revised standards had been adopted by the Board of Governors of the International Atomic Energy Agency (IAEA) in September 2011 and had been noted by the WHO Executive Board in May 2012 (Decision EB131[3]). They were now being presented for endorsement by the Conference.

123. In the ensuing discussion, Member States welcomed the standards and expressed appreciation for the support provided by PAHO and other entities, such as IAEA, to enable countries to meet the standards, increase their capacity to use radiation technologies safely, and protect their populations from the harmful effects of ionizing radiation. It was emphasized that countries should use the standards to develop guidelines and update regulations at the national level, and several delegates reported that their governments were already doing so.

124. It was pointed out that increased use of radiation for diagnostic and therapeutic purposes had enhanced health care but had also created greater risks of harmful exposure to radiation. The need for training and capacity-building to minimize such risks was underlined, and PAHO was asked to continue partnering with other agencies to facilitate training and strengthen capacity for the application of ionizing radiation in health services. It was suggested that the Bureau should prepare an additional document setting

out specific measures to be taken to address current deficiencies with respect to technical capacity in the area of radio-nuclear safety and security.

125. Several delegates pointed out that building capacity to implement the standards at the national level would help countries to fulfill the core capacity requirements of the International Health Regulations (2005) with respect to radio-nuclear events, and ongoing PAHO assistance for that purpose was requested. Multidisciplinary collaboration between nuclear regulatory authorities and ministries of health was considered essential in order to ensure an effective medical response to radiological or nuclear emergencies. The need for international support to help with training and increase technical expertise in that area was highlighted. The Delegate of the Bolivarian Republic of Venezuela said that his Government and that of Cuba stood ready to provide support to other countries in the area of dosimetry through the Bolivarian Alliance for the Peoples of Our America (ALBA). The Delegate of Argentina noted that her country also maintained a registry of dosimetry service providers.

126. Dr. Torres said that the document would be revised to reflect Member States' comments and suggestions.

127. The Conference adopted Resolution CSP28.R15, endorsing the new standards for Radiation Protection and Safety of Radiation Sources: International Basic Standards.

Regional Consultation on the Report of the Consultative Expert Working Group on Research and Development: Financing and Coordination (Document CSP28/18, Rev. 2)

128. Dr. Rubén Torres (Acting Area Manager, Health Systems based on Primary Health Care, PASB) recalled that the Sixty-fifth World Health Assembly had discussed the report of the Consultative Expert Working Group (CEWG) on Research and Development and had adopted Resolution WHA65.22, calling for national and regional consultations to provide input for an open-ended global meeting, which would be held in November 2012. Accordingly, at its 150th Session in June the Executive Committee had requested the Bureau to organize a regional consultation with a view to arriving at a regional position on the report. The Bureau had opted to organize a virtual consultation through the Regional Platform on Access and Innovation for Health Technologies. The consultation had begun on 25 July and concluded on 17 August 2012. Contributions had been received from 24 national health authorities and several civil society organizations and had been compiled in the report presented in Document CSP28/18, Rev. 1. That report, together with the input received from the Conference, would be forwarded to WHO as the Region's input for the November meeting.

129. The Conference commended the report prepared by the Bureau and welcomed the opportunity to continue discussing the CEWG report. Member States agreed that the

current system of intellectual property protection was insufficient to address the health research and development needs of developing countries. They also acknowledged that discussion of the issue had been under way for a number of years and agreed on the need to take collective action to create incentives for and support greater investment in research on diseases that primarily affected the poor.

130. Support was expressed for many of the proposals and recommendations contained in the CEWG report, including encouragement of voluntary technology transfer and funding, use of prizes to stimulate research and development, open approaches to research and development and patent pools (although the Bureau was asked to revise paragraph 34 of its report to reflect the fact that not all countries supported open approaches or the other views expressed in that paragraph), direct funding to research entities in developing countries, use of advance market commitments and other innovative procurement agreements, and the creation of a global health research and development observatory and relevant advisory mechanisms.

131. However, opinions were divided with respect to the recommendation concerning negotiation of a binding international convention. Some Member States favored the idea of a convention or other international agreement under the auspices of WHO and supported continued consultations at the national and regional levels aimed at deepening analysis of some aspects of such a convention and identifying the principles that should guide its structure and development. It was pointed out that such an agreement would strengthen commitment with respect to other CEWG proposals on which there was broad agreement.

132. Other Member States voiced opposition to a convention and to the related recommendation to establish a pooled funding mechanism with a requirement that countries contribute a set portion of their gross domestic product for government-funded research and development devoted to meeting the health needs of developing countries. It was pointed out that an intergovernmental negotiation process would likely be protracted and would only delay needed action, and it was considered unlikely that many countries would be able to meet the funding targets envisaged under a pooled funding mechanism. One delegate suggested that a better approach would be to undertake a gap analysis and set targets relating not only to new product development but also to increased access to new products and impact on human health. The same delegate pointed out that health services and operations research would be needed in order to identify effective ways of delivering pharmaceutical and other products to end consumers and making the best use of limited resources.

133. Particular concern was expressed about the idea put forward in paragraph 46 of the Bureau's report of using taxes on repatriated earnings of pharmaceutical companies as a way of funding research and development for the treatment of Type II and Type III

diseases. It was pointed out that such an approach would shift the focus of discussions on the issue from public health to trade policy, which could exacerbate access issues.

134. It was noted that the CEWG's conclusions regarding funding for research and development for neglected diseases were based on G-Finder surveys, the accuracy and completeness of which was questioned. Delegates underlined the need to pursue the mapping approach envisaged under the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property and to take advantage of the flexibilities provided under the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS). The Global Fund to Fight AIDS, Malaria and Tuberculosis, with its emphasis on demonstrating results as a means of attracting funding, and the Medicines Patent Pool of UNITAID were mentioned as possible models for increasing financing for research and access to treatment for Type II and III diseases.

135. Several delegates noted that the consultations on the issue had served to draw national and international attention to its importance. The need for continued discussion was stressed and PAHO was asked to facilitate such discussion. PAHO was also urged to facilitate cooperation among countries as a means of supporting research and development. The role that WHO could play in facilitating a network of research institutions and funders and in serving as a hub for data collection and analysis was also noted.

136. Representatives of two nongovernmental organizations spoke on this item, both urging Member States to take action promptly to implement the CEWG's recommendations and to address the lack of affordable diagnostic tools, vaccines, and medicines for diseases of the poor. Both expressed support for a binding convention, with one pointing out that Member States did not need to reach consensus on all the issues under discussion in order to proceed with negotiations. One NGO representative noted that some countries of the Americas were involved in negotiations for the Trans-Pacific Partnership Agreement and expressed concern that that agreement would impose stringent intellectual property restrictions that would severely limit access to affordable medicines.

137. Dr. Torres said that the Bureau's aim in drawing up the report had been to reflect as accurately and transparently as possible the views expressed by the various Member States in the course of the regional consultations. Paragraph 46, for example, presented opinions expressed by some Member States. With regard to financing for research and development, he pointed out that the various regional and subregional groupings in the Americas had considerable capacity to mobilize resources and apply them to shared needs for innovation, research, and development. He also pointed out that sometimes the research and innovation needed had more to do with health care models and systems than

with medicines and other medical products and that small innovations could yield major gains in access to care for people in need.

138. Dr. Marie-Paule Kieny (Assistant Director-General, WHO) thanked delegates for their comments and said that the views expressed during the Conference and during the earlier regional consultations would be very useful to the WHO Secretariat in preparing for the November meeting.

139. The Director said that the report on the regional consultation would be revised in order to ensure that it correctly reflected Member States' views and would then be forwarded to the WHO Secretariat.

Administrative and Financial Matters

Report on the Collection of Quota Contributions (Documents CSP28/19 and Add. I)

140. Dr. Miriam Morales (President of the Executive Committee) reported that the Executive Committee had been informed that, as of the opening of its 150th Session in June, collection of current-year assessments had amounted to \$23.3 million dollars, 16 Member States had paid their 2012 quota commitments in full, and no Member States were subject to the voting restrictions envisaged under Article 6.B of the PAHO Constitution. The Committee had adopted Resolution CE150.R1, thanking the Member States that had already made payments for 2012 and urging other Member States to pay their outstanding contributions as soon as possible.

141. Ms. Linda Kintzios (Treasurer and Senior Advisor, Financial Services and Systems, PASB) thanked Member States for their continuing efforts to pay their assessed contributions in a timely manner, thereby ensuring a predictable cash flow to the Organization in support of the regular program budget. She explained that Document CSP28/19 reflected receipts as of 31 July 2012, and that its Addendum I contained updated information on payments received up to 10 September 2012. Since that date, the Bureau had received additional payments of \$59,644 from the Bahamas, \$18,489 from Guyana, and \$205,868 from Uruguay.

142. As of 10 September 2012, total assessed contributions received amounted to \$69.6 million as compared to \$85.0 million in 2011 and \$81 million in 2010. Collection of contributions for current-year assessments amounted to \$45.9 million, which represented only 43% of the \$106.2 million total assessment for 2012. A total of 19 Member States had paid their 2012 assessments in full, and four had made partial payments. As of 1 January 2012, total arrears of assessed contributions for the years prior to 2012 had equaled \$24.0 million, with \$23.3 million, or 97%, corresponding to 2011. Payments received on these arrears as of 10 September 2012 amounted to \$23.7 million, or 99% of the total. As a result, the balance of arrears due was only \$289,065, and

pertained primarily to 2011 assessments. No Member State was subject to the voting restrictions envisaged under article 6.B of the PAHO Constitution.

143. The Director expressed her gratitude for the progress that had been seen over the past 10 years in collecting assessments in a timely manner. That improved rate of collection was the result of various strategies that had been discussed with the Member States, including the possibility of paying in local currency, deferred payment plans, and opportunities for making monthly or quarterly payments.

144. The Conference took note of the report on the collection of quota contributions.

Financial Report of the Director and Report of the External Auditor for 2011
(Official Document 342)

145. Dr. Miriam Morales (President of the Executive Committee) summarized the Executive Committee's discussions on the reports of the Director and the External Auditor (see Document CE150/FR, paragraphs 108 to 124), noting that the Committee had heard presentations by Ms. Sharon Frahler, former Manager of the Area of Financial Resources Management, who had summarized the content of the Financial Report, and Mr. Steve Townley, Representative of the External Auditor, who had highlighted several of the External Auditor's recommendations. The Committee had noted, inter alia, that quota contributions from Member States accounted for only 13% of the Organization's total income, with the rest coming from other sources, a situation that left its finances at the mercy of market fluctuations. Member States had been urged to ensure timely payment of their assessed contributions. It had been emphasized that project support fees should be adequate to cover the cost of carrying out activities funded with voluntary contributions in order to avoid subsidizing that cost out of the regular budget.

146. Mr. Michael Owen (Area Manager, Financial Resources Management, PASB) thanked Member States for their consistent support of PAHO, affirming that the Organization continued to show significant growth. He assured Member States that the Financial Resources Management team would continue to provide strong controls and fiscal discipline in order to ensure transparent financial statements.

147. The Director observed that it was a credit to the Organization as a whole that it had always received an unqualified audit opinion, despite the constant increase in the volume of resources it had to manage. The Organization had an outstanding capacity in-house to protect its resources and investments, and with the establishment of the Audit Committee and other measures taken in recent years it now had a very strong system of controls in place.

148. The Conference took note of the financial report of the Director and report of the External Auditor.

Salary of the Director of the Pan American Sanitary Bureau (Document CSP28/20)

149. The Conference adopted Resolution CSP28.R11, setting the gross salary of the Director of the Pan American Sanitary Bureau at \$189,349 with effect from 1 January 2012.

Amendment to the Staff Regulations of the Pan American Sanitary Bureau (Document CSP28/21)

150. Dr. Miriam Morales (President of the Executive Committee) recalled that in its discussion of the working methods of the Governing Bodies (see paragraphs 32 to 34 above) the Committee had recommended that the Pan American Sanitary Conference adopt a resolution amending Staff Regulation 3.1 and delegating responsibility for setting the salary of the Director of the Pan American Sanitary Bureau to the Executive Committee.

151. Ms. Kate Rojkov (Area Manager, Human Resources Management, PASB) presented the proposed amendment to Staff Regulation 3.1.

152. The Conference adopted Resolution CSP28.R12, approving the amendment to Staff Regulation 3.1.

Surplus from the Implementation of IPSAS in 2010 (Document CSP28/22)

153. Dr. Miriam Morales (President of the Executive Committee) reported that the Executive Committee had been informed in June that adjustments made in the Organization's accounts as part of the transition from the United Nations System Accounting Standards to the International Public Sector Accounting Standards (IPSAS) had yielded a surplus of almost \$33.9 million, resulting from unexpended budgetary appropriations. The Bureau had put forward various proposals for the use of the surplus (see paragraph 7 of Document CSP28/22). The Committee had recommended that the Conference approve the proposed uses of the surplus, including the creation of a contingency reserve, and that it delegate to the Executive Committee the authority for monitoring and approving all future proposals for the use of the surplus funds. (For further details of the Committee's discussion on this item, see Document CE150/FR, paragraphs 125 to 129.)

154. The Conference adopted Resolution CSP28.R16, approving the proposed uses of the funds.

155. The Director thanked Member States for the decisions they had made regarding the use of recent budget surpluses (the IPSAS surplus and the surplus resulting from excess income over expenditure in the 2006-2007 biennium), which had enabled the

Organization to make needed infrastructure improvements and would allow it to continue doing so. It had been an important decision by the Member States not to spend those funds on recurring expenses but rather to make investments for which no other funds were readily available and also to set up a reserve fund for contingencies.

Master Capital Investment Fund (Document CSP28/23)

156. Dr. Miriam Morales (President of the Executive Committee) summarized the Executive Committee's discussion on this item (see Document CE150/FR, paragraphs 142 to 147), noting that the Committee had been informed that the Bureau had drawn up a proposal to amend the structure of the Master Capital Investment Fund and establish a revolving strategic real estate subfund and a vehicle replacement subfund. It had also been informed that the Information Technology Subfund would continue to be funded out of any budget surplus remaining at the end of each biennium, although the Bureau was seeking other sources of funding in order to reduce reliance on budget surpluses. The Committee had recommended that the Conference authorize the various proposed changes.

157. The Conference adopted Resolution CSP28.R17, authorizing the proposed changes to the Master Capital Investment Fund.

Selection of Member States to Boards and Committees

Selection of Two Member States from the Region of the Americas Entitled to Designate a Person to Serve on the Policy and Coordination Committee of the UNDP/UNFPA/WHO/World Bank Special Program of Research, Development and Research Training in Human Reproduction (Document CSP28/24)

158. The Conference selected Ecuador and El Salvador as Member States entitled to designate a person to serve on the Policy and Coordination Committee of the UNDP/UNFPA/WHO/World Bank Special Program of Research, Development and Research Training in Human Reproduction (Decision CSP28[D5]).

Election of Three Members to the Advisory Committee of the Latin American and Caribbean Center on Health Sciences Information (BIREME) (Document CSP28/25)

159. The Conference elected Cuba, Ecuador, and Puerto Rico as members of the Advisory Committee of the Latin American and Caribbean Center on Health Sciences Information (BIREME) (Resolution CSP28.R5).

Awards

PAHO Award for Administration (2012) (Document CSP28/26)

160. Dr. Miriam Morales (President of the Executive Committee) reported that the Award Committee of the PAHO Award for Administration 2012, consisting of the representatives of the Bolivarian Republic of Venezuela, Saint Vincent and the Grenadines, and the United States of America, had met during the Executive Committee's 150th Session. After reviewing the information on the award candidates nominated by Member States, the Award Committee had decided to confer the PAHO Award for Administration 2012 on Dr. Aron Nowinski, of Uruguay, for his contributions to the promotion of public health and health services administration, his extensive public health teaching career, and his contributions to the dissemination of health and medical information in his country and throughout Latin America.

161. As Dr. Nowinski was unable to attend the Conference, Dr. Jorge Venegas, the Minister of Public Health of Uruguay, accepted the reward on his behalf. Dr. Nowinski delivered his acceptance speech via a video recording. The text of his remarks may be found on the Conference website.⁷

Abraham Horwitz Award for Excellence in Leadership in Inter-American Health 2012

162. Dr. Rafael Pérez-Escamilla (Chairman of the Board of Trustees, Pan American Health and Education Foundation [PAHEF]) recalled that for 44 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 Excellence in 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.

163. The Abraham Horwitz Award for 2012 was presented to Dr. Paulo Marchiori Buss, of Brazil, a leading figure in the field of public health in the Americas, founder and first executive secretary of the Brazilian Public Health Association, and currently a professor at the Oswaldo Cruz Foundation (FIOCRUZ) National School of Public Health and director of the FIOCRUZ Center for Global Health.

164. Dr. Buss's acceptance speech may be found on the Conference website.⁸

⁷ Document CSP28/DIV/8.

⁸ Document CSP28/DIV/10.

Manuel Velasco Suárez Award for Excellence in Bioethics 2012

165. Dr. Pérez-Escamilla said that the Manuel Velasco Suárez Award for Excellence in Bioethics had been created in 2002 to recognize 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.

166. The Manuel Velasco Suárez Award for 2012 was presented to Dr. Juan Alberto Lecaros Urzúa, of Chile, professor of environmental ethics and human rights at the Borja Institute of Bioethics (IBB) of the Ramon Llull University, and coordinator of the Bioethics and Rights Observatory at the Development University of Santiago, for his proposal entitled “A Theoretical Framework and A Methodology for the Application of Principles of Environmental Bioethics.” The proposal sought to consider the health, ecological, and socio-economic risks of genetically modified organisms (GMOs), focusing on genetically modified crops and foods.

167. Dr. Lecaros Urzúa’s acceptance speech may be found on the Conference website.⁹

168. Dr. Pérez-Escamilla introduced Dr. Jesús Agustín Velasco Suárez Siles, son of Dr. Manuel Velasco Suárez, who presented a medal to Dr. Lecaros on behalf of the Velasco Suárez family.

Other Awards

169. Dr. Pérez-Escamilla also introduced the winners of two other PAHEF awards, which were presented at an evening awards ceremony.

170. The Popular Education in Health Foundation of Chile, represented by its Executive Director, Ms. Rosario Castillo, received the Clarence H. Moore Award for Excellence in Voluntary Service for its commitment to the improvement of the quality, access, and fairness of health care for the poor, particularly women, and the unwavering dedication of its volunteers to mobilize in support of its vision.

171. An article entitled “Abortion in Brazil: A Household Survey Using the Ballot Box Technique,” published in volume 15 of *Ciência & Saúde Coletiva* (2010), was awarded the 2012 Fred L. Soper Award for Excellence in Public Health Literature. Dr. Debora Diniz, from the University of Brasilia and the Oswaldo Cruz Foundation in Rio de Janeiro, was the lead author alongside Dr. Marcelo Medeiros. The article presented results of the National Abortion Survey, a survey of urban women in Brazil aged 18 to 39

⁹ Document CSP28/DIV/9.

years conducted in 2010, which raised awareness of unsafe abortion as a public health issue.

172. The Pedro N. Acha Award for Excellence in Veterinary Public Health and the Sérgio Arouca Award for Excellence in Universal Health Care were not awarded in 2012.

Matters for Information

Update on WHO Reform: Regional Consultation on the Draft WHO Twelfth General Programme of Work 2014-2019 and the Draft Proposed WHO Programme Budget 2014-2015 (Documents CSP28/INF/1 and Add. I)

173. The Conference held a regional consultation on WHO reform in which it examined a new version of the draft twelfth general program of work of WHO, which had been revised by the WHO Secretariat in the light of comments made during the Sixty-fifth World Health Assembly in May 2012. The Conference also examined the draft proposed program budget 2014-2015. Following introductory remarks by Dr. Miriam Morales (President of the PAHO Executive Committee), Dr. Mohamed Abdi Jama (Assistant Director-General, General Management, WHO), and Dr. Margaret Chan (Director-General, WHO), the Conference formed three working groups to review and comment on the two draft documents. The Bureau provided a set of questions to guide the working group discussions. The questions and a summary of the responses appear in the report on the consultation (Documents CSP28/INF/1 and Add. I), which was presented to the Conference after the working group discussions by Mr. Diego Victoria (Area Manager, Planning, Budget, and Institutional Development, PASB).

174. Dr. Morales reported on the Executive Committee's discussion of WHO reform (see Document CE150/FR, paragraphs 168 to 179), noting that the Committee had viewed the reform process as an excellent opportunity to strengthen WHO's global health leadership role and enhance its capacity, effectiveness, accountability, and responsiveness to Member States' needs. The reform process had also been seen as an opportunity to strengthen alignment and harmonization among the three levels of WHO and to clearly delineate their respective roles and responsibilities, as well as to examine the responsibilities of Member States as an integral part of WHO. The Committee had underscored the critical importance of social, economic, and environmental determinants of health and the need for a "health in all policies" approach and had emphasized that health determinants must be incorporated as a cross-cutting priority in all aspects of WHO's work.

175. Dr. Jama introduced the revised draft twelfth general program of work for the period 2014-2019 and the draft proposed program budget of WHO for 2014-2015, noting that the budget document contained no figures and focused only on programs, priorities, impacts, outcomes, and outputs. He informed the Conference that budget figures would

be submitted to the WHO Executive Board through its Programme, Budget and Administration Committee in January 2013. The twelfth general program of work would provide a six-year vision for WHO, with a framework for setting priorities, including priorities for the WHO Secretariat. The current program of work, in contrast, had set out a global health agenda for all stakeholders, but priorities for the Secretariat had received relatively little attention, and it had therefore been necessary to formulate the Medium-term Strategic Plan. The twelfth general program of work would subsume elements of that Plan and would take account of political, economic, social, and environmental realities and of the changing landscape in the global health arena, clearly spelling out WHO's contribution and leadership role.

176. The revised version of the draft program of work retained the categories and criteria for priority-setting previously agreed by Member States and set out a results chain that identified the outputs for which the Secretariat would be held accountable and the outcomes and impacts for which the Secretariat would share responsibility with Member States and partners. The results chain was a key feature that would operationalize the priorities identified by Member States. The program budget for 2014-2015 and the two subsequent bienniums would use the same categories and priorities as the general program of work, but would spell out specific outputs for the Secretariat and identify key outcomes and impact targets to be achieved in each biennium.

177. Program budgets would be developed in stages. In the first stage, the outputs for the Secretariat would be established, while in the second it would be determined which level of the Organization—WHO headquarters, regional offices, or country offices—would be responsible for delivering those outputs. In the third stage, each output would be costed, taking into account the staff and non-staff resources required, and then resources would be allocated to each of the three levels, depending on the role that each would be playing. Dr. Jama pointed out that that proposed budget development process was an important departure from the past and was a change called for by Member States in the context of WHO reform. He concluded by emphasizing that the draft program of work and program budget were works in progress and would be refined in the light of the input received from the various regional committees.

178. Dr. Chan recalled that the WHO reform initiative had originated as a result of two main drivers: the need to find better ways of financing the work of the Organization and the need for the Organization to adapt to changes in the political, social, and financial environments and address new challenges such as noncommunicable diseases and social determinants of health.

179. She emphasized that transparency and results-based management were essential elements of the reform process. The first step in effective results-based management, she noted, was determining what outcomes and outputs the Organization would be expected

to produce. The outputs set out in the documents before the Conference were derived from Member States' priorities as identified in their country cooperation strategies and from internationally agreed commitments, particularly the Millennium Development Goals, the International Health Regulations (2005), and the Framework Convention on Tobacco Control. A key aim of the regional consultations was to ascertain whether the outputs identified in the budget document were, in fact, the results that Member States wanted the Organization to achieve in the coming biennium.

180. After it had been confirmed that the draft general program of work and program budget did accurately reflect Member States' priorities, she would work with the six regional directors and Dr. Jama to draw up a realistic budget, which, unlike the aspirational budgets of the past, would come closer to ensuring sufficient resources to enable the Secretariat to do what Member States had asked it to do and would also ensure that the Organization's work was driven by Member States, not donors. If WHO reform were to be successful, the Secretariat must work closely with Member States, but Member States must also work closely with the Secretariat, recognizing that in the current climate of financial austerity its work must be focused only on the core priorities of the Organization and refraining from offering funding to support activities that were not in line with those priorities. At a special session of the Programme, Budget and Administration Committee in December, she would be presenting a proposal for mobilizing resources to support work aimed at addressing the priorities identified by Member States. In the meantime, Professor Thomas Zeltner, her special envoy for financing, would continue to seek Member States' views on the matter.

181. Mr. Victoria summarized the conclusions and recommendations emanating both from the discussions of the three working groups during the Conference and from virtual discussions held prior to the Conference, highlighting the following: Member States had stressed that priority-setting should be country-led and not donor-driven; while recognizing the important contributions of multilateral organizations at country level, Member States had noted that their orientations and priorities often did not coincide with those of governments and had emphasized that any funding from such organizations must be in line with national priorities; Member States had also underscored the need to redouble efforts to protect and increase financing for multilateral organizations, especially WHO and PAHO.

182. With regard to the draft twelfth general program of work of WHO, Member States had supported the focus on achieving universal health care coverage and had highlighted the need to strengthen the relationship between outputs and outcomes. They had also emphasized that indicator definitions should be precise and easy to measure and that the number of indicators should be minimized, and had recommended the use of tracer indicators. Member States had noted that not all countries had good information systems

for measuring indicators and had requested support for building the capacity needed to establish monitoring mechanisms.

183. As to the draft proposed program budget, Member States had recommended that the number of outputs should be limited and that they should be standardized. They had also called for additional criteria for classifying the strategic priorities in order to guide the allocation of resources and had recommended that the validation mechanism for allocation of WHO resources among regions should be revised in the framework of WHO reform. Member States had endorsed the participatory approach used to formulate the draft program of work, underlined the need to take country expectations into account, and called for continued Member State participation in finalizing the program of work, including through virtual consultations.

184. In the discussion that followed, it was stressed that Member States, not donors, should set WHO's priorities and that Member States must also resist the temptation to continue adding new priorities and mandates. At the same time, it was pointed out that often donors were Member States, in which case donor and Member State priorities would be fully aligned. It was suggested that the report on the regional consultation (Documents CSP28/INF/1 and Add. I) should be modified to reflect that fact. It was also suggested that the report should be revised in order to make it clear that a variety of views had been expressed and that Member States had not all had the same opinions on the various issues discussed. Clarification was sought of a proposal to change the Organization's financial year, alluded to in the report.

185. Concern was expressed that the revised draft program of work still gave inadequate attention to social determinants of health. The WHO Secretariat and Member States were urged to recall the commitment made at the World Conference on Social Determinants of Health to take action on social determinants in order to reduce inequities and to take due account of the social determinants approach in the WHO reform process. The inclusion of health determinants as a priority under category 3 in the draft program of work was not considered sufficient to ensure that a social determinants approach would be incorporated in a cross-cutting manner in all policies. The need to promote intersectoral interventions to address social determinants of health and to strengthen WHO's role in promoting such interventions was emphasized. In addition, the need for greater clarity regarding WHO's role vis-à-vis its partners was highlighted.

186. Dr. Jama said that the views expressed by Member States of the Americas coincided with some of the views expressed in other regions, particularly with regard to the need to limit the number of outputs, to ensure that the priorities identified truly reflected the priorities of Member States for the six-year period to be covered by the program of work, and to resist the temptation to continue adding new priorities. The Secretariat would strive to limit the number of outputs and to ensure that those included

were clear and measurable. It would also incorporate specific outputs related to social determinants of health under each category.

187. With regard to partnerships, he clarified that the partnerships in question were those hosted by WHO and said that information on governance arrangements, resource allocation, and other issues relating to such partnerships would be provided in a document being prepared for discussion by the WHO Programme, Budget, and Administration Committee in January 2013. Concerning the financial year, it had been proposed that it should begin in July in order to reduce the interval between approval and implementation of the budget and improve the predictability of funding. That matter would be explored in depth during the special session of the Programme, Budget, and Administration Committee in December 2012.

188. Dr. Roses said that the report on the regional consultation would be revised with a view to elucidating some of the ideas and ensuring that the diverse views expressed were accurately reflected. With regard to priorities, it should be borne in mind that those set out in the general program of work and the program budgets of WHO represented collective global priorities, which would not necessarily coincide entirely with the specific priorities of individual Member States or of the six WHO regions. It was important that global priorities should be expressed in a way that was comprehensive enough to accommodate different regional, national, and subnational priorities, needs, and concerns.

189. The President announced that written statements had been received from two nongovernmental organizations and that the views expressed therein would be included in the report on the regional consultation.

Report of the PAHO/WHO Advisory Committee on Health Research (Document CSP28/INF/2)

190. Dr. Miriam Morales (President of the Executive Committee) reported on the Executive Committee's examination of the report of the Advisory Committee on Health Research (ACHR) during its 150th Session (see Document CE150/FR, paragraphs 185 to 187).

191. Dr. John Lavis (President, PAHO/WHO Advisory Committee on Health Research) reviewed the history of the ACHR, which had been established in 1962 with the task of examining existing and proposed research programs and recommending the basis for a long-term research policy to guide present and future projects. It was one of the major successes of the Committee's work that such a policy was finally in place. The policy was harmonized with the WHO Strategy on Research for Health and was the first such policy to be put in place by any of the WHO regions. The policy rested on six pillars, the first of which was to promote the generation of relevant ethical and high-

quality research. An example of that aspect was the creation and continuous updating of the Health Research Web, which provided an up-to-the-minute picture of the status of research for health in all countries of the Region.

192. The second pillar was to strengthen research governance and promote the definition of research agendas. An example was support for the creation and continuous updating of clinical trial registries in many countries. The third pillar was to improve competencies of and support for human resources involved in research, such as support for the training of country teams and Bureau staff in preparing evidence briefs for policy-making.

193. The fourth pillar consisted of seeking efficiencies and enhanced impact and appropriation of research through effective and strategic alliances, collaboration and the building of public trust, and engagement in research. An example was support for the translation into Spanish of key research reporting standards prepared by the EQUATOR (Enhancing the Quality and Transparency of Health Research) network.

194. The fifth pillar was to foster best practices and enhance standards for research, such as through support for the strengthening of ethics review systems at the national level and processes for guideline development at the global level. Finally, the sixth pillar was to promote the dissemination and utilization of research findings. An example was support for the creation, operation, and evaluation of Evidence-Informed Policy Networks (EVIPNet) in many countries in Latin America and the Caribbean.

195. Over the past five years a great deal had been achieved in terms of developing capacity for research and sharing tools and other resources to support the ongoing implementation of the policy. Key next steps would include the finalization of a plan of action to operationalize the policy and a semi-annual report on its implementation, the institutionalization of the policy within the Bureau, and a resource mobilization plan to support the scaling-up of implementation.

196. In the discussion that followed Dr. Lavis's remarks, support was expressed for the recommendations of the Advisory Committee. Several delegates praised the work done by the ACHR. Some described their countries' efforts to build capacity to conduct and apply research. It was emphasized that policies and practices had to be based on scientific evidence, particularly when there was a need to convince lawmakers to release funds to support their implementation. The need for better ways of translating research into health policy and of linking the generation of knowledge to improvements in population health was highlighted.

197. Dr. Lavis welcomed the information about advances in research in the various countries. He also was pleased to hear of the importance being attached to evidence-informed policy-making. In response to a comment by a delegate, he added that bioethics

was an important part of the Committee's work and would be a primary focus of its next meeting.

198. The Director, noting that the Committee's most recent meeting had been held outside the Region, in Barcelona, Spain, said that holding the meeting in Europe had permitted interaction with the European and global advisory committees on health research. In addition, the meeting had benefited from a concurrent global meeting held at the Iberoamerican Cochrane Centre and Network, which had offered an opportunity for broader participation, with members interacting in a very fruitful manner.

199. She praised Dr. Lavis's outstanding five-year leadership of the Committee and his ability to maintain focus and select the most strategic and important issues, to mobilize partnerships, and to carry on the activity of ACHR outside its formal meetings through working groups, virtual consultations, and other mechanisms, which had contributed to an extraordinarily productive period in the work of the Committee.

200. The Conference took note of the report.

Progress Reports on Technical Matters (Documents CSP28/INF/3-A, B, C, D, E, F, G, and H)

Social Determinants of Health (Document CSP28/INF/3-A)

201. Dr. Miriam Morales (President of the Executive Committee) summarized the Executive Committee's discussion on this topic (see Document CE150/FR, paragraphs 188 to 191), reporting that the Committee had underscored the importance of ensuring attention to social determinants of health in the Twelfth General Program of Work of WHO and had expressed concern that the cross-cutting approach proposed in the discussions of WHO reform during the Sixty-fifth World Health Assembly (see paragraphs 173 to 189 above) could lead to a loss or dilution of focus on health determinants. The Committee had also stressed the need to incorporate specific lines of action and indicators relating to health determinants in the programming of both WHO and PAHO.

202. The Director expressed gratitude to the Government of Brazil for having hosted the World Conference on Social Determinants of Health, which had been a great success. She recalled that the Americas had been the only region to hold consultations with indigenous populations during the work of the Commission on Social Determinants. It had been considered essential to take into account the perspective of indigenous and Afro-descendant peoples, especially since they suffered from inequity disproportionately.

203. The Conference took note of the report.

Plan of Action for Implementing the Gender Equality Policy (Document CSP28/INF/3-B)

204. Dr. Miriam Morales (President of the Executive Committee) reported on the Executive Committee's discussion of the report on implementation of PAHO's Gender Equality Policy, adopted in 2005 (see Document CE150/FR, paragraphs 190 to 194), noting that the Committee had underscored the need for continued attention to the problem of violence against women and had highlighted the link between social determinants of health and social determinants of gender equality and the need for multisectoral action to address such determinants. It had also pointed out that, precisely because of its cross-cutting multisectoral nature, gender equality might tend to receive less attention than other, more specific priorities.

205. The Director observed that implementation of the Gender Equality Policy involved both cooperation with countries and incorporation of a gender perspective into all of the Organization's planning and programming. It also entailed striving to achieve sex parity in the Bureau's staff. Good progress had been made on that front (see the report on staffing statistics, paragraph 242 below) and in enhancing the capacity of staff to mainstream gender in their work and in the delivery of technical cooperation. A key challenge for furthering progress towards gender equality was the production of data disaggregated by sex, age, ethnicity, and other variables in order to identify disparities and assess the impact of actions. There, too, good progress had been made, both within the Bureau and in countries.

206. In the discussion that followed, the Bureau's efforts to incorporate gender equality into PAHO policies were welcomed, in particular the efforts made to produce gender-specific statistics in order to identify gender-related disparities in health and access to health services. It also welcomed efforts for training personnel on the ground. Support was expressed for the recommendations set forth in the progress report.

207. The Conference took note of the report.

Regional Strategy and Plan of Action on Nutrition in Health and Development, 2006-2015: Mid-term Review (Document CSP28/INF/3-C)

208. Dr. Miriam Morales (President of the Executive Committee) summarized the Executive Committee's discussion on the mid-term review of the Regional Strategy and Plan of Action on Nutrition in Health and Development (see Document CE150/FR, paragraphs 202 to 205), reporting that the Committee had highlighted the need for United Nations agencies and national ministries to take a coordinated, integrated, and uniform approach to food and nutrition and had emphasized the importance of ensuring nutrition security throughout the life course.

209. The Conference also affirmed the importance of a balanced, integrated approach to nutrition that did not focus excessively on issues relating to marketing and handling of foods. PAHO was encouraged to continue to promote an integrated approach to food and nutrition issues through the Pan American Alliance for Nutrition and Development and to promote intersectoral approaches at country level involving the education, economy and agriculture sectors.

210. It was suggested that greater emphasis should be placed on dissemination of the WHO Child Growth Standards and that efforts to promote breastfeeding should include breastfeeding counseling services at the community and primary care levels. It was also suggested that use of the height-for-age indicator to diagnose chronic malnutrition should be encouraged. In addition, it was recommended that the concept of “child equity,” which encompassed factors such as housing, education, food security, and family income, should be promoted. The need for attention to the double burden of overweight and underweight was also highlighted.

211. Dr. Gina Tambini (Area Manager, Family and Community Health, PASB) assured Member States that the Bureau would continue to pursue an integrated, intersectoral approach to nutrition and would also continue working with countries to tackle the issue of obesity and overweight among children.

212. The Director drew attention to the contribution of the Institute of Nutrition of Central America and Panama (INCAP) to the progress made under the plan of action and to the delivery of technical cooperation in relation to nutrition in the Central American subregion. She expressed gratitude to the Government of Guatemala, host country for the Institute.

213. The Conference took note of the report.

PAHO Regional Strategic Plan for HIV/AIDS/STI, 2006-2015: Mid-term Evaluation (Document CSP28/INF/3-D)

214. Dr. Miriam Morales (President of the Executive Committee) reported on the Executive Committee’s discussion of the mid-term evaluation of the Regional Strategic Plan for HIV/AIDS/STI (see Document CE150/FR, paragraphs 208 to 211), noting that the Bureau had been encouraged to examine emerging evidence on the “treatment as prevention” approach and on its ethical and human rights implications.

215. In the ensuing discussion, Member States reaffirmed their support for the Regional Strategic Plan, welcomed the progress made, and endorsed the recommendations contained in the report. Delegates reported on progress made in implementing their national plans and strategies to tackle HIV/AIDS and other sexually transmitted infections and to increase access to antiretroviral treatment, with several

noting that their national plans were fully in line with the regional plan. In one case, it was reported that the findings of the mid-term review had been used to reorient and strengthen national HIV and STI programs. It was pointed out that the progress report contained little information on progress made in some subregions, and the Bureau was asked to rectify that omission.

216. While acknowledging the importance of addressing the HIV/AIDS pandemic, several delegates highlighted the need for greater attention to other sexually transmitted diseases such as syphilis and viral hepatitis. It was also considered necessary to scale up outreach programs for high-risk groups such as commercial sex workers, men having sex with men, and vulnerable women and children.

217. Dr. Gina Tambini (Area Manager, Family and Community Health) congratulated Member States for the progress made under national plans for controlling HIV/AIDS and STIs, in particular the headway made towards eliminating congenital syphilis and mother-to-child transmission of HIV/AIDS and expanding the availability of antiretroviral treatment. She drew attention to the role of the PAHO Strategic Fund in facilitating access to antiretroviral medicines. She also acknowledged the need to remain focused on sexually transmitted diseases and noted that PAHO was working with various partners on the issue, including the United States Centers for Disease Control and Prevention.

218. The Conference took note of the report.

Current Dengue Situation (Document CSP28/INF/3-E)

219. Dr. Miriam Morales (President of the Executive Committee), reporting on the Executive Committee's discussion on this item (see Document CE150/FR, paragraphs 212 to 216), said that the need for continuing PAHO support for national dengue control initiatives had been emphasized, as had the need for intersectoral action and education and mobilization of the population in order to eliminate vector breeding sites. The importance of ongoing research aimed at producing a dengue vaccine had also been emphasized.

220. In the ensuing discussion, Member States affirmed the need for intersectoral action to address the various social and environmental determinants that contributed to the spread and persistence of dengue. The need for cooperation and exchange of best practices between countries was also emphasized. Member States expressed appreciation for PAHO's support of national dengue control efforts and called on the Organization to step up its assistance in the areas of risk communication, promotion of intersectoral participation in prevention and control activities, entomological surveillance to guide timely action, insecticide susceptibility and resistance studies, and training of clinical personnel in the management of severe dengue. The Organization was also asked to

develop dengue vaccination guidelines so that countries would be prepared to start administering the vaccine as soon as it became available. PAHO support was also requested for the implementation of a roadmap adopted by the Andean countries with a view to reducing dengue case-fatality rates.

221. Dr. Marcos Espinal (Area Manager, Health Surveillance, Disease Prevention and Control, PASB) agreed that an intersectoral approach must be adopted in national dengue control policies and social and environmental determinants of the disease must be addressed. He assured the Conference that dengue would remain a priority for PAHO and that it would continue to provide technical assistance to countries. He noted that phase II clinical trial results for the dengue vaccine currently under study had not been very promising and it would therefore probably be five to ten years before a vaccine became available. Hence, it would be essential to continue applying integrated strategies that addressed dengue from a public health perspective. PAHO would continue to follow the clinical trials.

222. Dr. Jon Andrus (Deputy Director, PASB) confirmed that the vaccine currently being studied in Thailand had shown only 30% efficacy in phase IIb clinical trials. Studies would continue, but even when a vaccine became available it should be viewed as a tool to be used in the context of integrated vector control efforts.

223. The Conference took note of the report.

Implementation of the International Health Regulations (Document CSP28/INF/3-F)

224. Dr. Miriam Morales (President of the Executive Committee) reported on the Executive Committee's consideration of the progress report on the International Health Regulations (2005) (see Document CE150/FR, paragraphs 217 to 220), noting that Committee Members had emphasized the need for a firm commitment by all Member States to achieve full compliance with the Regulations. They had also stressed the importance of continued support from PAHO for national efforts to strengthen surveillance and response capacity. The need for ongoing technical and financial support to enable countries to maintain their core capacities had also been highlighted.

225. In the ensuing discussion, all delegates who spoke stressed their governments' commitment to the implementation of the Regulations. Several described steps taken at the national level to put in place or strengthen the core capacities and expressed gratitude to PAHO for its support of their efforts. Despite those efforts, however, it was noted that a large number of countries were requesting an extension beyond the target date of June 2012. That was seen as cause for concern, and it was emphasized that efforts must be stepped up in order to ensure that the core capacities were in place and fully operational within the two-year extension period. It was pointed out that missing the extended deadline would damage the credibility of both PAHO and WHO.

226. The need for bilateral and multilateral partnerships in order to meet the new deadline was highlighted, and Member States that had made good progress in implementing the core capacities offered their help to other Member States. For some countries, while dealing with pandemic (H1N1) 2009 and other events had strengthened response capacity, at the same time it had delayed full implementation of the core capacities. Implementing the required capacities with respect to points of entry and radiological and chemical emergencies remained challenges for many countries. It was suggested that response to the latter might require subregional cooperation among groups of countries where individual countries lacked the capacity to provide an adequate response on their own.

227. It was pointed out that the Fédération Internationale de Football Association (FIFA) World Cup in 2014 and the Olympic Games in 2016, both to be held in Brazil, would be opportunities to strengthen partnerships and collaboration among countries and to develop and test plans for managing mass events in the Region in accordance with the Regulations.

228. The Delegate of Brazil invited Member States to attend the ExpoEpi exhibition to be hosted by his Government in October 2012, noting that the event would showcase successful experiences in disease control.

229. Dr. Marcos Espinal (Area Manager, Health Surveillance, Disease Prevention and Control, PASB) said that the PAHO was very cognizant of the urgency of implementing the required core capacities by 2014 and agreed that meeting the deadline was an important credibility issue. PAHO would do its utmost to provide technical cooperation to achieve that end, and teams were in place at regional and country level to monitor progress. He agreed with delegates that the major challenges would be achieving the core capacities with respect to points of entry and chemical and radiological emergencies and said that PAHO was collaborating closely with the International Atomic Energy Agency to support countries in building their capacity to deal with the latter.

230. He urged Member States to attend ExpoEpi in Brazil, noting that PAHO had worked with the Government of Brazil to organize a side meeting at which an entire morning would be devoted to the International Health Regulations, enhancing the core capacities, and strengthening bilateral cooperation.

231. The Conference took note of the report.

Regional Goals for Human Resources for Health 2007-2015 (Document CSP28/INF/3-G)

232. Dr. Miriam Morales (President of the Executive Committee) summarized the Executive Committee's discussion on the progress report on the Regional Goals for

Human Resources for Health (see Document CE150/ FR, paragraphs 222 to 227), noting that the Committee had highlighted the need for coordination and cooperation among the health, education, and labor sectors in order to ensure that the training of health workers was suited to countries' evolving demographic and epidemiological conditions. It had also been considered essential to improve the planning of human resources and the distribution of health workers and to provide practical training and incentives for health workers to practice at the primary care level.

233. In the discussion that followed, Member States commended PAHO's leadership and support for countries in the area of human resources for health. The Organization's assistance in facilitating training for health professionals, including via online learning programs, was particularly appreciated. Delegates reported on national initiatives to meet the regional goals and on progress in that regard. Support was expressed for the proposed lines of action set out in the progress report.

234. It was pointed out that the establishment of the CARICOM Single Market and Economy, which would provide the opportunity for movement of health workers across the Caribbean, made it urgent to adopt a new approach to human resources in health in that subregion. It was suggested that a subregional observatory of human resources for health should be set up and a human resources database should be established for the Caribbean and PAHO support for that purpose was sought.

235. A representative of the Pan American Federation of Nursing Professionals (FEPPEN) highlighted the pivotal role played by nursing professionals, particularly in the provision of primary care, and called upon ministries of health and PAHO to join together to forge strategies to improve working conditions for nurses.

236. Dr. Rubén Torres (Acting Area Manager, Health Systems based on Primary Health Care, PASB) welcomed the efforts that Member States had made towards achieving the regional goals. He noted that the progress report outlined the findings of a baseline assessment, which had focused on the goals themselves. The next assessment would look more at policies, plans, and strategies implemented and at actions still needed to achieve the goals.

237. The Conference took note of the report.

Status of the Pan American Centers (Document CSP28/INF/3-H)

238. Dr. Miriam Morales (President of the Executive Committee) reported that the Executive Committee had heard a report on the status of several Pan American centers in June. It had been suggested that perhaps a regional strategy should be developed with a view to mobilizing stronger international support and resources for the Pan American centers. The Director had responded that efforts had been made to mobilize such support,

but to date they had not been very successful. The Bureau would welcome suggestions from Member States as to international organizations that might be interested in supporting the work of centers.

239. In the discussion that followed, the Delegate of Trinidad and Tobago, host country of the Caribbean Public Health Agency (CARPHA), expressed his Government's thanks to PAHO for its support for the establishment of Agency through the consolidation of five subregional health institutions, including two Pan American Centers: the Caribbean Epidemiology Center (CAREC) and the Caribbean Food and Nutrition Institute (CFNI). He expressed particular gratitude to the Director, whose support for the idea of establishing CARPHA had created the necessary momentum. The Agency would need the continued support of PAHO and of health partners in the Region and the wider world. It was to be hoped that the Agency would become a regional institution that would improve the health status of the Region as a whole. He encouraged Member States to view it in that light and not simply as a CARICOM institution.

240. The Director said that the evolution of the Pan American centers was a testimony to the Organization's ability to continually adapt to change and expressed the conviction that PAHO would continue to change in response to changing circumstances.

241. The Conference took note of the report.

Progress Reports on Administrative and Financial Matters: PASB Staffing Statistics (Document CSP28/INF/4)

242. Dr. Miriam Morales (President of the Executive Committee) reported that the Executive Committee had been informed that, in anticipation of a coming wave of staff retirements, the Bureau was taking measures to strengthen human resources planning and streamline recruitment in order to ensure continuity and knowledge transfer. The Committee had also been informed that women currently occupied 49% of professional posts in the Bureau, and sex parity had thus been virtually achieved. The Committee had applauded the Bureau's progress towards sex parity and had encouraged continued effort in that direction. It had been suggested that the Bureau should provide Member States with information on vacancies and on the recruitment and selection process, for dissemination at country level.

243. The Conference took note of the report on staffing statistics.

Resolutions and Other Actions of Intergovernmental Organizations of Interest to PAHO (Documents CSP28/INF/5-A, B, C, and D)

244. Dr. Miriam Morales (President of the Executive Committee) reported that the Executive Committee had received a report in June on the resolutions and other actions of

the Sixty-fifth World Health Assembly and the 131st Session of the WHO Executive Board considered to be of particular interest to the PAHO Governing Bodies. Special attention had been drawn to the World Health Assembly resolutions on noncommunicable diseases, mental disorders, implementation of the recommendations of the Commission on Information and Accountability for Women's and Children's Health, the global vaccine action plan, and substandard/spurious/falsely-labeled/falsified/counterfeit medical products. Attention had also been drawn to the decision on WHO reform, which had been a major focus of attention during both the Health Assembly and the subsequent meeting of the Executive Board. It had also been noted that several of the resolutions and decisions called for regional consultations to be held, including those on WHO reform and on noncommunicable diseases.

245. The President drew attention to section B of Document CSP28/INF/5, on the Forty-second Regular Session of the General Assembly of the Organization of American States; section C, on the Sixth Summit of the Americas; and section D, on Subregional Integration Organizations.

246. The Conference took note of the report.

Other Matters

Launching of the book *Public Health Pioneer, Dr. Abraham Horwitz Barak, First Latin American Director of the Pan American Sanitary Bureau*

247. Dr. Rafael Pérez-Escamilla (Chairman of the Board of Trustees, PAHEF) informed the Conference of the recent release of the book *Public Health Pioneer, Dr. Abraham Horwitz Barak, First Latin American Director of the Pan American Sanitary Bureau*,¹⁰ a collaboration between PAHO and PAHEF, which pays tribute to Dr. Abraham Horwitz, Director of the Pan American Sanitary Bureau from 1959 to 1975, for his extraordinary leadership in public health.

Launching of the book *10 years of Vaccination Week in the Americas*

248. Sir George Alleyne (Director Emeritus of PASB) announced the release of a book entitled *Vaccination: An Act of Love. 10 Years of Vaccination Week in the Americas*,¹¹ chronicling the history of Vaccination Week in the Americas.

¹⁰ Pan American Health Organization/Pan American Health and Education Foundation. *Public Health Pioneer, Dr. Abraham Horwitz Barak, First Latin American Director of the Pan American Sanitary Bureau*. Washington, DC: PAHO; 2012.

¹¹ Pan American Health Organization. *Vaccination: An Act of Love. 10 Years of Vaccination Week in the Americas*. Washington, DC: PAHO; 2012.

Closure of the Session

249. Following the customary exchange of courtesies, the President declared the 28th Pan American Sanitary Conference closed.

Resolutions and Decisions

250. The following are the resolutions and decisions adopted by the 28th Pan American Sanitary Conference.

Resolutions

CSP28.R1: Admission of Aruba, Curaçao, and Sint Maarten as Associate Members of the Pan American Health Organization

THE 28th PAN AMERICAN SANITARY CONFERENCE,

Having considered the *Request from the Kingdom of the Netherlands for admission of Aruba, Curaçao, and Sint Maarten as Associate Members of the Pan American Health Organization* (Document CSP28/28);

Considering that the Kingdom of the Netherlands, as a Participating State of the Pan American Health Organization (PAHO), is responsible for the international relations of Aruba, Curaçao, and Sint Maarten, and has presented a request to the Director of the Pan American Sanitary Bureau (PASB), on behalf of the governments of Aruba, Curaçao, and Sint Maarten, for their admission as Associate Members of PAHO;

Considering that in 1992 the Directing Council, through Resolution CD36.R2, established the procedure for admission as Associate Members of territories or groups of territories in the Region whose international relations are the responsibility of States with seats of government in or outside the Region;

Considering that in accordance with the procedure for admission of new Associate Members, the Director of the PASB transmitted the request of the Kingdom of the Netherlands to PAHO Member States for consideration,

RESOLVES:

1. To admit Aruba, Curaçao, and Sint Maarten as Associate Members of PAHO.
2. To establish the assessed contributions of the Kingdom of the Netherlands as a Participating State and of Aruba, Curaçao, and Sint Maarten as Associate Members of

PAHO at 0.017% each of the approved budget for 2012-2013, equivalent to US\$ 16,354 each per year.

3. To determine the assessed contributions of the Kingdom of the Netherlands as a Participating State and of Aruba, Curaçao, and Sint Maarten as Associate Members of PAHO for future biennia taking into consideration the population factors of these territories of the Kingdom of the Netherlands in the Americas and the nature of the membership of Associate States.

4. To instruct the Director to take the necessary measures to facilitate the full enjoyment of the rights and obligations of Aruba, Curaçao, and Sint Maarten as Associate Members of PAHO.

(First meeting, 17 September 2012)

CSP28.R2: Strategy and Plan of Action on Knowledge Management and Communications

THE 28th PAN AMERICAN SANITARY CONFERENCE,

Having reviewed Document CSP28/12, Rev. 1, *Strategy and Plan of Action on Knowledge Management and Communications*;

Recognizing that review of the current situation indicates that there are two basic conditions for application of knowledge management and communications in the countries of the Americas: availability of effective means to formulate and implement strategies and policies on knowledge management and communications (technological viability), as well as practical procedures and instruments that are simple, attainable and sustainable (scheduling and financial viability);

Understanding that the aim is to improve coordination and delivery of services in the field of health in order to increase their efficiency, availability, access, and accessibility, which will enable them to adapt to and foresee new contexts in the health area;

Recognizing that there are still many challenges to improving the necessary infrastructure to support knowledge management and communication platforms;

Considering the [report JIU/REP/2007/6 on knowledge management in the United Nations system](#) (2007); that, in November 2010, the Third Ministerial Conference on the Information Society in Latin America and the Caribbean held in Lima (Peru) established

its Plan of Action on the Information and Knowledge Society in Latin America and the Caribbean; the Strategy on Knowledge Management and Communications for all entities and country offices of the Pan American Sanitary Bureau (PASB) was approved in 2011; and highlighting the celebration of the Regional Congress on Health Sciences Information (CRICS) organized every 2-3 years, which has consolidated as a reference activity that reflects and synthesizes the regional and international state of the art in the disciplines and subjects of management of scientific and technical information, scientific communication, library science, and information technology;

Taking into account [Resolution A/RES/51/172](#) (1996) on communication for development programs in the United Nations system, which recognized the importance of assigning priority to communication on development and emphasized the need to support reciprocal communication systems that facilitate dialogue and allow communities to manifest themselves, express their aspirations and interests, and participate in decisions related to their development; the [Knowledge Management Strategy](#) of the World Health Organization (2005); the [Regional Strategy for Knowledge Management to Support Public Health](#) (Resolution EM/RC53/R.10 [2009]) of the Eastern Mediterranean Region; and the [PAHO Strategy and Plan of Action on eHealth \(Document CD51/13](#) [2011]);

Observing that PAHO has collaborated with the countries of the Region in order to establish conceptual and technical foundations as well as an infrastructure for preparation of national programs and policies on knowledge management and communications;

Recognizing the transversal and complementary nature of this Strategy and the targets established in the PAHO Strategic Plan 2008-2012 (*Official Document 328*);

Considering the importance of having a strategy and plan of action that allows the Member States to improve public health in the Region effectively and efficiently, through knowledge management and communications,

RESOLVES:

1. To endorse the Strategy, approve the Plan of Action on Knowledge Management and Communications, and promote their consideration in development policies, plans and programs, as well as in national budget proposals and discussion, which will facilitate establishment of appropriate conditions to respond to the challenge of improving public health in the Region by adopting standards, policies, and procedures with regard to knowledge management and communications, ensuring the convergence of the projects, initiatives, products, and services of the Region on these subjects.
2. To urge the Member States, as appropriate, to:
 - (a) assign priority to implementation of a situation analysis of the institutions that work in knowledge management and communications on health, access to reliable

- information and exchanges of health knowledge through a continuous learning process, in order to contribute to development of health in the Region;
- (b) prepare and implement policies, plans, programs, and interministerial actions with regard to knowledge management and communications guided by the Strategy and Plan of Action, encouraging the availability of the required resources and legal framework, focusing on the needs of the populations at risk and/or in situations of vulnerability;
 - (c) implement the Strategy and Plan of Action, when appropriate, in a framework made up of the health system and institutions of knowledge management and communications, including public information services, libraries, information networks, and information technologies services, emphasizing interprogrammatic collaboration and intersectoral action, while monitoring and evaluating the effectiveness of this Strategy and Plan of Action and the allocation of resources;
 - (d) promote internal dialogue and coordination between ministries and other institutions of the public sector, as well as partnerships between the public and private sectors and civil society to promote the establishment of national networks of knowledge management and communications on health;
 - (e) support the capacity to generate information and research for development of strategies and execution of models based on relevant scientific tests;
 - (f) support the capacity to produce, record, classify, and circulate scientific knowledge in the area of the Virtual Health Library managed by BIREME;
 - (g) support the expansion and strengthening of the telecommunications infrastructure needed to scale-up access to knowledge networks, scientific data, and health information.
3. To request that the Director:
- (a) support coordination and execution of the Strategy and Plan of Action on Knowledge Management and Communications in the national, subregional, regional, and interinstitutional areas, and provide the required support to the countries and foster technical cooperation among them, for preparation and execution of the national plans of action;
 - (b) strengthen relations with academic institutions and ministries of education in order to promote preparation and implementation of national digital literacy

- programs, with the aim of improving the skills of people in the context of the new information society;
- (c) strengthen the internal communication strategy and activities in order to promote application of knowledge management and communication tools and methodologies;
 - (d) facilitate the circulation of studies, reports, and solutions that serve as a model with regard to knowledge management and communications so that, with the appropriate modifications, they can be used by the Member States;
 - (e) develop and maintain the regional network of collaborating centers of the World Health Organization with regard to information, knowledge, and communications on health in collaboration with the Member States;
 - (f) report periodically to the Governing Bodies on the progress and limitations in execution of the current Strategy and Plan of Action, as well as its adaptation to specific contexts and needs;
 - (g) support the expansion and strengthening of the telecommunications infrastructure needed to scale-up access to knowledge networks, scientific data, and health information.

(Fourth meeting, 18 September 2012)

CSP28.R3: Expanded Textbook and Instructional Materials Program (PALTEX)

THE 28th PAN AMERICAN SANITARY CONFERENCE,

Having considered the Director's report, *Expanded Textbook and Instructional Materials Program (PALTEX)* (Document CSP28/15);

Mindful of Resolution CSP17.R15 (1966) by which the 17th Pan American Sanitary Conference established a medical textbooks program as a PAHO technical cooperation program;

Considering the achievements and successes of PALTEX since its inception, improving the quality and impact of education in the health sciences by providing students and health workers throughout the Americas with educational materials that are pertinent, accessible, and up-to-date;

Desiring to strengthen, expand, and modernize PALTEX to better meet the needs of PAHO Member States,

RESOLVES:

1. To take note of the above-mentioned report on PALTEX and actions taken to date by the Pan American Sanitary Bureau.
2. To request the Director to:
 - (a) finalize actions necessary to consolidate overall management and administration of all aspects of PALTEX back to PAHO, including its assets, administration, operations, inventory, procurement, and finance;
 - (b) develop an improved structural and operational model for PALTEX under PAHO's comprehensive management and in accordance with PAHO regulations and rules, to ensure the program's technical and financial integrity and provide for its sustainability;
 - (c) renew the technical components of PALTEX, including:
 - i. establishing a new technical selection system to ensure the high quality and relevance of learning resources incorporated into the PALTEX collection;
 - ii. developing two new series:
 - Primary Health Care Renewal/Millennium Development Goals,
 - Faculty Development;
 - iii. expanding PALTEX to the English-speaking Caribbean, and to Cuba, Haiti, and Puerto Rico;
 - iv. upon request, providing technical cooperation to other WHO Regions, such as the Regional Office for Africa (AFRO) and the Regional Office for the Eastern Mediterranean (EMRO);
 - v. creating *e-PALTEX* by developing a broad, comprehensive digital and online component for learning resources based on educational priorities;
 - vi. increasing the number of participating member institutions across the Region.

(Fifth meeting, 19 September 2012)

CSP28.R4: Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Colombia, Saint Vincent and the Grenadines, and Venezuela (the Bolivarian Republic of)

THE 28th PAN AMERICAN SANITARY CONFERENCE,

Bearing in mind the provision of Articles 4.D and 15.A of the Constitution of the Pan American Health Organization;

Considering that Canada, Jamaica, and Paraguay were elected to serve on the Executive Committee upon the expiration of the periods of office of Colombia, Saint Vincent and the Grenadines, and Venezuela (the Bolivarian Republic of),

RESOLVES:

1. To declare Canada, Jamaica, and Paraguay elected to membership on the Executive Committee for a period of three years.
2. To thank Colombia, Saint Vincent and the Grenadines, and Venezuela (the Bolivarian Republic of) for the services rendered to the Organization during the past three years by their delegates on the Executive Committee.

(Fifth meeting, 19 September 2012)

CSP28.R5: Election of Three Members to the Advisory Committee of the Latin American and Caribbean Center on Health Sciences Information (BIREME)

THE 28th PAN AMERICAN SANITARY CONFERENCE,

Bearing in mind that Article VI of the new Statute of BIREME establishes that the Advisory Committee of BIREME is to be comprised of one representative appointed by the Director of PASB and one by the Government of Brazil as permanent members, and that five nonpermanent members are to be selected and named by the Directing Council or the Pan American Sanitary Conference of the Pan American Health Organization (PAHO) from among the BIREME membership (which at this time includes all PAHO Member States, Participating States, and Associate States), taking geographical representation into account;

Recalling that Article VI further states that the five nonpermanent members of the BIREME Advisory Committee should be rotated every three years, and that the Directing

Council or the Pan American Sanitary Conference of PAHO may indicate a shorter rotation period in cases where it is necessary to maintain balance among members of the Advisory Committee;

Considering that Cuba, Ecuador, and Puerto Rico were elected to serve on the BIREME Advisory Committee beginning 1 January 2013, on the completion of the terms of Argentina, Chile, and the Dominican Republic,

RESOLVES:

1. To declare Cuba, Ecuador, and Puerto Rico elected as nonpermanent members of the BIREME Advisory Committee for a three-year term.
2. To thank Argentina, Chile, and the Dominican Republic for the services provided to the Organization by their delegates on the BIREME Advisory Committee over the past three years.

(Fifth meeting, 19 September 2012)

CSP28.R6: *Method of Work of the Governing Bodies: Delegation of Functions to the Executive Committee*

THE 28th PAN AMERICAN SANITARY CONFERENCE,

Having considered the report of the Director, *Method of Work of the Governing Bodies: Delegation of Functions to the Executive Committee* (Document CSP28/5);

Mindful of the limitations on the time available during sessions of PAHO's Governing Bodies for discussion of issues deemed strategically important;

Noting the need to continue improving the working methods of the Governing Bodies by rationalizing and streamlining their agendas,

RESOLVES:

1. To request that, in fulfilling its function of review and approval of the provisional agendas of the Pan American Sanitary Conference and Directing Council, the Executive Committee continue its efforts to improve the working methods of those bodies by forwarding on to them only those technical and administrative progress reports that it deems necessary.

2. To delegate the determination of the salary of the Director of the Pan American Sanitary Bureau to the Executive Committee.

(Fifth meeting, 19 September 2012)

CSP28.R7: Election of the Director of the Pan American Sanitary Bureau and Nomination of the Regional Director of the World Health Organization for the Americas

THE 28th PAN AMERICAN SANITARY CONFERENCE,

Bearing in mind Articles 4.E and 21.A of the Constitution of the Pan American Health Organization, which provide that the Pan American Sanitary Bureau shall have a Director elected at the Conference by the vote of a majority of the Members of the Organization;

Bearing in mind Article 4 of the Agreement between the World Health Organization and the Pan American Health Organization and Article 52 of the Constitution of the World Health Organization, which establish the procedure for the appointment of Regional Directors of the World Health Organization;

Satisfied that the election of the Director of the Pan American Sanitary Bureau has been held in accordance with the established rules and procedures,

RESOLVES:

1. To declare Dr. Carissa Faustina Etienne elected Director of the Pan American Sanitary Bureau for a period of five years to begin 1 February 2013 and end 31 January 2018.
2. To submit to the Executive Board of the World Health Organization the name of Dr. Carissa Faustina Etienne for appointment as Regional Director of the World Health Organization for the Americas for the same period.

(Fifth meeting, 19 September 2012)

CSP28.R8: Director Emeritus of the Pan American Sanitary Bureau

THE 28TH PAN AMERICAN SANITARY CONFERENCE,

Noting the 28 years of service of Dr. Mirta Roses Periago to the Pan American Health Organization;

Recognizing the invaluable leadership provided by Dr. Roses during her ten years as Director of the Pan American Sanitary Bureau and Regional Director of the World Health Organization for the Americas;

Highlighting her contribution to the transformation and modernization of the Organization at the dawn of the twenty-first century, and her dedication and commitment to the advancement of equity and panamericanism in health;

Desiring to demonstrate its appreciation for her many years of service to the Organization and considering that her term of office as Director of the Pan American Sanitary Bureau and Regional Director of the World Health Organization is about to expire,

RESOLVES:

1. To express its sincere appreciation to Dr. Mirta Roses Periago for her many years of service to the Pan American Health Organization and for her leadership as Director of the Pan American Sanitary Bureau.
2. To designate Dr. Mirta Roses Periago Director Emeritus of the Pan American Sanitary Bureau as of the date of her retirement.
3. To wish her all possible success in her further endeavors to improve the health of the peoples of the Americas and the world.
4. To transmit this resolution to the Executive Board of the World Health Organization for its information.

(Fifth meeting, 19 September 2012)

CSP28.R9: Health Technology Assessment and Incorporation into Health Systems

THE 28th PAN AMERICAN SANITARY CONFERENCE,

Having reviewed the report *Health Technology Assessment and Incorporation into Health Systems* (Document CSP28/11);

Recognizing that in the Health Agenda for the Americas 2008-2017 the ministries and secretaries of health recognized that human rights are part of the principles and values inherent to the Health Agenda, and declared that, to make the right to the enjoyment of the highest attainable standard of health a reality, the countries should work toward achieving universality, access, integrity, quality, and inclusion in the health systems available to individuals, families and communities;

Taking into account the growing number of health technologies in the Region and the limited institutional capacity for their prioritization and comparative assessment;

Recognizing that the incorporation of new health technologies may have growing budgetary implications that place pressure on the management of health system resources;

Taking into account the practice in some countries of using the judicial system to require national health authorities to ensure access to health technologies without a prior evaluation of their effectiveness or a comparative assessment with those health technologies already offered by the health system;

Recognizing the potential benefit of incorporating health technologies into health systems based on health technology assessment (HTA), defined as the systematic evaluation of properties, effects, and impacts of those technologies, including medical, social, ethical, and economic dimensions;

Recognizing the achievements and progress of the Health Technology Assessment Network of the Americas (RedETSA), established in 2011 by PAHO, as well as of the subregional health technology assessment networks,

RESOLVES:

1. To urge Member States to:
 - (a) encourage the establishment of decision-making processes for the incorporation of health technologies based on HTA, which may include safety, effectiveness, cost, and other relevant criteria;

- (b) encourage the use of HTA to inform public health policies, including public health system coverage decisions and the development of clinical guidelines and protocols for new technologies;
- (c) promote efforts to analyze and strengthen institutional frameworks for the incorporation of health technologies and encourage the establishment of transparent processes and linkages with responsibilities defined among the different stakeholders, including regulatory authorities and entities responsible for the assessment and incorporation of health technologies;
- (d) encourage public procurement transparency, including non-proprietary purchase price information and the sharing of the findings of HTA at the national and regional levels to generate information for decision-making;
- (e) strengthen institutions and human resources, including assessment teams and decision-makers, in the use of HTA, methods for the implementation of HTA studies in the critical analysis of assessment results;
- (f) encourage the prioritization of assessments based on national and regional needs, strengthening systems for the collection of quality data, and adapting existing HTA studies to avoid duplication;
- (g) promote the production and dissemination of HTA results among stakeholders and those responsible for decision-making;
- (h) promote information sharing, including information on quality of products, through the Regional Platform on Access and Innovation for Health Technologies and other relevant technological platforms;
- (i) strengthen the rational use of health technologies, the development and use of drug formularies, clinical practice guidelines that inform clinical use (including by level of care), as well as systems for monitoring use in integrated health service delivery networks;
- (j) strengthen national, subregional, and regional HTA networks to promote exchange among institutions and countries, and the dissemination and comparison of studies and national experiences;
- (k) actively participate in RedETSA.

2. Request the Director to:

- (a) lend support to the Member States in the development of health technology policies and the strengthening of institutional HTA frameworks and in the incorporation of health technologies in health systems based on primary health care;

- (b) promote the sharing of good practices in HTA and the incorporation of health technologies in health systems among the Member States;
- (c) promote and encourage collaboration with international organizations and existing international HTA networks;
- (d) emphasize to the Member States and in subregional, regional, and global forums the importance of participation in RedETSA, mobilizing resources in support of this initiative together with the Member States;
- (e) promote the development and use of the Regional Platform on Access and Innovation for Health Technologies in the dissemination of HTA results, and the development of HTA communities of practice and social networks at the regional level;
- (f) report to the PAHO Governing Bodies in 2014 on implementation of this resolution and consider the development of a regional strategy and plan of action at that time, in consultation with the Member States, for the assessment and incorporation of health technologies into health systems.

(Sixth meeting, 19 September 2012)

CSP28.R10: PAHO Budget Policy

THE 28th PAN AMERICAN SANITARY CONFERENCE,

Having reviewed the proposed *PAHO Budget Policy* (Document CSP28/7), which presents a revised regional budget policy that defines a new way of allocating resources within the Pan American Health Organization;

Noting the recommendations contained in the evaluation of the existing policy made by the PAHO Office of Internal Oversight and Evaluation Services;

Recognizing that, although countries in the greatest need have received an influx of resources during the period of the existing policy, other countries have suffered budget reductions to levels that are unable to sustain a minimum country presence—yet notwithstanding, in the spirit of solidarity, have agreed to a distribution of resources that is workable within realistic and practical settings;

Mindful of the need to be aligned with the reform process now underway in the World Health Organization, and its possible implications for the Pan American Health Organization;

Considering the comments made by the Executive Committee,

RESOLVES:

1. To thank the Consultative Group on the PAHO Budget Policy and the Pan American Sanitary Bureau (PASB) for their efforts to recommend modifications and introduce new criteria for the allocation of Regular Budget funds and Voluntary Contributions, both across PAHO's functional levels and among its country offices.
2. To take note of the proposed country budget allocation model for allocating resources among countries.
3. To approve the new *PAHO Budget Policy* with the following emphasis:
 - (a) the Regular Budget allocation among the four functional levels of the Organization (i.e., Country, Inter-country, Subregional, and Regional) will be such that, with the aim of strengthening cooperation in countries, PASB will continuously strive to maintain optimal functional and organizational structures through internal and external assessments aimed at delivering the greatest level of impact in the countries, while still effectively responding to collective regional and subregional mandates;
 - (b) the minimum Regular Budget share for the country level is initially set at 40% of the total Regular Budget, which is equal to the current share; the distribution among functional and organizational levels remains dynamic, allowing for budget ceiling adjustments throughout the planning process if necessary, always with the objective of improving results in countries;
 - (c) in the reallocation of Regular Budget resources among countries, no country's core allocation shall be reduced by more than 50% of its proportional allocation among countries as approved in the Program and Budget 2012-2013; furthermore, in no instance may the resulting Regular Budget allocation be less than the computed floor component (designed to provide a minimum country presence, as defined in the Policy) of the core portion;
 - (d) with regard to key countries (as originally identified in the Strategic Plan 2003-2007 for the Pan American Sanitary Bureau: Bolivia, Guyana, Haiti, Honduras, and Nicaragua), PASB will make every possible effort to mobilize additional resources for any of the key countries so that the net allocation of total resources will not be less than the total amount of resources for the 2012-2013 biennium;

- (e) the objectives for the use of the variable allocation among countries will be, as mentioned in Document CSP28/7, any future refinement for the use of variable funds will be presented to the Subcommittee on Program, Budget, and Administration at the time of presentation of a proposed biennial program and budget.
- 4. To ensure that the country allocations in future PAHO programs and budgets are guided by the model approved in operative paragraph 3 above, to be phased in over two biennia in consultation with the Member States, so as to ensure the smoothest possible transition for technical cooperation programs.
- 5. To promote a prioritization in the allocation of resources among programmatic categories that is consistent with the collective and individual mandates of Member States, as expressed in PAHO's strategic planning documents.
- 6. To request the Director to:
 - (a) apply the new PAHO Budget Policy when formulating future proposed programs and budgets for the consideration of the Directing Council or the Pan American Sanitary Conference;
 - (b) present to the Directing Council or to the Pan American Sanitary Conference an interim assessment of the implementation of the PAHO Budget Policy at the conclusion of the first biennium, with the aim of highlighting possible challenges and/or success factors that may contribute to the further improvement of the PAHO Budget Policy;
 - (c) present to the Directing Council or to the Pan American Sanitary Conference a thorough evaluation of the PAHO Budget Policy following two biennia of its implementation, to ensure that it continues to respond to changing health needs and that it consistently allocates resources in an equitable manner;
 - (d) collaborate with Member States to promote more effective modes of cooperation, as well as to:
 - (i) strengthen the capacity of those countries that will be receiving more Regular Budget resources, to ensure their effective and efficient use;
 - (ii) provide support to those countries that will be receiving less Regular Budget resources through targeted resource mobilization efforts aimed at both internal and external sources.

(Sixth meeting, 19 September 2012)

CSP28.R11: Salary of the Director of the Pan American Sanitary Bureau

THE 28th PAN AMERICAN SANITARY CONFERENCE,

Having reviewed Document CSP28/20, *Salary of the Director of the Pan American Sanitary Bureau*;

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 2012;

Taking into account the decision by the Executive Committee at its 150th Session to adjust the salaries of the Deputy Director and Assistant Director of the Pan American Sanitary Bureau (Resolution CE150.R16),

RESOLVES:

To establish the annual salary of the Director of the Pan American Sanitary Bureau, beginning on 1 January 2012, at US\$ 189,349 before staff assessment, resulting in a modified net salary of \$146,044 (dependency rate) or \$131,432 (single rate).

(Sixth meeting, 19 September 2012)

CSP28.R12: Amendment to the Staff Regulations of the Pan American Sanitary Bureau

THE 28th PAN AMERICAN SANITARY CONFERENCE,

Having considered the amendment to the Staff Regulations of the Pan American Sanitary Bureau submitted by the Director in Document CSP28/21,

RESOLVES:

To approve the amendment to Staff Regulation 3.1, which delegates the determination of the salary of the Director of the Pan American Sanitary Bureau to the Executive Committee.

(Sixth meeting, 19 September 2012)

CSP28.R13: Strategy for the Prevention and Control of Noncommunicable Diseases

THE 28th PAN AMERICAN SANITARY CONFERENCE,

Having considered the *Strategy for the Prevention and Control of Noncommunicable Diseases* (Document CSP28/9, Rev. 1);

Recalling PAHO Directing Council Resolution CD47.R9 (2006), *Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases, Including Diet, Physical Activity, and Health*, which urges Member States to prioritize and establish policies and programs on noncommunicable diseases (NCDs);

Recalling the Ministerial Declaration for Prevention and Control of Noncommunicable Diseases arising from the Regional High-level Consultation of the Americas on Noncommunicable Diseases and Obesity, held in Mexico City in 2011, which confirmed a commitment to strengthen and/or reorient NCD policies and programs;

Taking note with appreciation of the Declaration of the Heads of State and Government of the Caribbean Community, entitled *Uniting to Stop the Epidemic of Chronic Noncommunicable Diseases*;

Reaffirming the Political Declaration of the United Nations High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases;

Noting with profound concern that noncommunicable diseases account for more than 75% of all deaths in the Americas, that more than a third of these deaths (37%) are premature—among people under 70 years of age—and that NCDs are among the leading causes of morbidity and disability;

Alarmed by the developmental and socioeconomic impact of NCDs as well as their impact on health systems, by inequalities in NCD burden, and by their rising rates—all of which are largely attributable to social determinants of health that include demographic, environmental, and lifestyle changes, as well as race/ethnicity, gender, and cultural and economic factors;

Recognizing that the main NCDs—cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases—share four common risk factors, namely tobacco use, harmful use of alcohol, unhealthy diet, and lack of physical activity, and that addressing

NCDs may lead to synergies in addressing related conditions that include mental disorders, and renal, oral, and eye diseases;

Noting with concern the rising levels of obesity in the Region, particularly among children and youth, and being aware that urgent action is required to curb this trend;

Being cognizant that cost-effective interventions are available at various resource levels to prevent and control NCDs throughout the lifecourse, that coordinated actions across all sectors of society are required, and that it is time for governments, civil society, academia, international organizations, and the private sector to establish partnerships to prevent and control further rises in NCDs and their risk factors;

Recognizing that at the global level, an NCD action plan and a global monitoring framework are being elaborated in a consultative manner and will be discussed at the 2013 World Health Assembly, and that the present NCD regional strategy is in line with the global process, while at the same time reflecting the regional specificities and advances in national NCD plans and policies in the Americas,

RESOLVES:

1. To endorse the *Strategy for the Prevention and Control of Noncommunicable Diseases*.
2. To urge Member States to:
 - (a) give high priority to the prevention and control of NCDs and include them as an integral component of social protection policies as well as national health and development plans;
 - (b) establish or strengthen multisectoral mechanisms to promote dialogue and partnerships across relevant government and nongovernmental sectors on NCDs, their risk factors, and their determinants;
 - (c) strengthen or establish surveillance systems for monitoring and evaluation of NCD policies and programs to determine their effectiveness and impact on health and development, and to guide resource allocation;
 - (d) establish or strengthen interventions to reduce the prevalence of risk factors and increase the prevalence of protective factors;

- (e) reorient and strengthen health systems to improve coverage, access to and the quality of care provided to people with NCDs or their risk factors, based on primary health care;
 - (f) participate actively in the process of preparing the Regional Plan of Action for the Prevention and Control of NCDs, to be presented to the PAHO Directing Council in 2013.
3. To request the Director to:
- (a) implement the NCD Strategy through all relevant programmatic areas of the Organization and in coordination with other UN agencies, the Inter-American system, international organizations, and subregional entities;
 - (b) further develop a regional plan of action for the prevention and control of NCDs—aligned with Member State priorities and the WHO NCD Action Plan and Global Monitoring Framework, according to the timeline and process shown in Annex A—and present it to the 2013 PAHO Directing Council;
 - (c) provide technical cooperation to Member States in developing, implementing, and evaluating NCD policies, plans, and programs, according to their circumstances and needs;
 - (d) provide support to Member States in fostering an all-of-society response through multisectoral partnerships and national NCD commissions;
 - (e) support Member States in their efforts to strengthen the capacities and competencies of their health services and health workforce, with emphasis on primary health care for NCD prevention and control;
 - (f) promote regional collaboration and knowledge exchange on good practices and successful interventions for multisectoral NCD policies, plans, and programs, through the CARMEN network on Integrated Prevention of Noncommunicable Diseases in the Americas, the Pan American Forum for Action on Noncommunicable Diseases, and related forums and networks.

(Seventh meeting, 20 September 2012)

CSP28.R14: Plan of Action for Maintaining Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Region of the Americas

THE 28th PAN AMERICAN SANITARY CONFERENCE,

Having considered the report presented by the Director, *Plan of Action for Maintaining Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Region of the Americas* (Document CSP28/16), which reviews progress toward documenting and verifying the absence of endemic measles and rubella viruses in the Region;

Having reviewed the recommendations of the International Expert Committee for maintaining the Region of the Americas free of endemic measles, rubella, and congenital rubella syndrome (CRS);

Recognizing the tremendous amount of work that Member States have done to monitor the progress in documenting and verifying the interruption of endemic measles and rubella transmission in the Americas, as requested in Resolution CSP27.R2 (2007);

Noting the remarkable progress that has been achieved in the interruption of transmission of endemic measles and rubella viruses;

Observing with concern that continuing measles and rubella virus transmission anywhere in the world will continue to pose a risk to the Region of the Americas and cause possible virus importations and outbreaks until transmission of both viruses is interrupted globally;

Taking into account that, while documenting and verifying the elimination of the viruses in the Region, several PAHO Member States identified challenges in their immunization programs, such as weak surveillance and heterogeneous coverage, that put at risk the elimination of measles and rubella;

Mindful that considerable efforts are still needed to sustain the elimination goals and that these will require collaboration between governments and partner organizations, with stronger ties between the public and private sectors;

Acknowledging the need to develop an emergency plan of action for maintaining the Region free of measles and rubella, as well as the need to manage the long-term risk of reintroducing of viruses through importations that could lead to the reemergence of measles and rubella,

RESOLVES:

1. To congratulate all Member States and their health personnel on the progress to date in achieving and maintaining the elimination of measles, rubella and CRS in the Americas and in documenting and verifying the interruption of endemic transmission of these diseases in the Region.
2. To express appreciation to and request continued support from the various organizations that, together with PAHO, have offered crucial support to national immunization programs and national efforts to eliminate rubella and CRS. These organizations include the United States Department of Health and Human Services, United States Centers for Disease Control and Prevention, United States Agency for International Development, Canadian International Development Agency, Global Alliance for Vaccines and Immunization, Inter-American Development Bank, International Federation of Red Cross and Red Crescent Societies, Japanese International Cooperation Agency, Spanish Agency for International Development Cooperation, Sabin Vaccine Institute, United Nations Children's Fund, Measles and Rubella Initiative, Lions Clubs International Foundation, March of Dimes, and Church of Jesus Christ of Latter-day Saints.
3. To urge Member States to:
 - (a) maintain high-quality, elimination-standard surveillance and ensure timely and effective outbreak response measures to any wild virus importation and, to ensure high-quality surveillance, the following activities should be conducted, as required:
 - i. implement external rapid assessments of measles, rubella, and CRS surveillance systems to increase robustness and quality of case detection and reporting, and strengthen registries of congenital anomalies,
 - ii. conduct active case searches and review the sensitivity of surveillance systems in epidemiologically silent areas,
 - iii. issue health alerts for mass-gathering events (such as the Olympic Games and the FIFA World Cup),
 - iv. involve the private sector in disease surveillance, with a special focus on inclusion of private laboratories in the Regional Measles and Rubella Laboratory Network,
 - v. enhance collaboration between epidemiological and laboratory teams to improve measles and rubella surveillance and the final classification of suspected cases,

- vi. improve molecular genotyping of the confirmed cases throughout outbreaks,
 - vii. address gaps and failures in surveillance systems, as identified by the National Commissions;
- (b) maintain high population immunization coverage against measles and rubella ($\geq 95\%$), if possible, in more than 95% of the municipalities, and toward this end, the following activities are recommended:
- i. implement rapid coverage monitoring to identify populations susceptible to measles and rubella, focusing particularly on persons of high-risk populations who:
 - live in high-traffic border areas,
 - live in densely populated areas such as urban fringe settlements,
 - live in areas with low vaccination coverage or high vaccination dropout rates,
 - live in areas not reporting suspected cases (epidemiologically silent),
 - live in areas of high population density that also receive a large influx of tourists and other visitors, especially workers related to the tourism industry (such as those who work in airports, seaports, hotels, the hospitality sector, or as tour guides) as well as those in low density or isolated areas (ecotourism destinations),
 - are geographically, culturally, or socioeconomically difficult to reach, including indigenous populations,
 - are engaged in commerce/trade (such as through fairs and markets) or live in highly industrialized areas,
 - ii. implement immediate vaccination activities in the areas where rapid coverage monitoring finds coverage to be under the recommended threshold of 95%,
 - iii. implement high-quality follow-up vaccination campaigns to ensure high levels of immunity while the Region is in the process of verifying its status as free of endemic transmission of measles and rubella,
 - iv. maintain high quality education/information at the community level to increase the awareness of the benefit of vaccination;
- (c) integrate the proposed activities for maintaining measles, rubella, and CRS elimination in their annual plans of action for national immunization programs;
- (d) share best practice experiences in strengthening surveillance and improving immunization coverage as well as outbreak response.

4. To request the Director to:
- (a) continue providing technical support to Member States to strengthen national capacity within the framework of routine immunizations, using strategies that focus on improving surveillance and reporting as well as increasing immunization coverage among vulnerable and hard-to-reach populations;
 - (b) provide technical guidance to develop materials and provide technical support for building capacity in surveillance in the private sector;
 - (c) continue to support strong advocacy and promotion to maintain population confidence in the immunization programs, particularly in vaccines against measles and rubella;
 - (d) continue to support strong advocacy and resource mobilization to maintain the regional elimination of measles and rubella in light of continuous virus importations from abroad that continue to challenge the goals achieved;
 - (e) continue to advocate with other WHO Regions and their development cooperation partners to step up their efforts to increase measles and rubella coverage, with a view to achieving elimination worldwide.

(Seventh meeting, 20 September 2012)

CSP28.R15: Radiation Protection and Safety of Radiation Sources: International Basic Safety Standards

THE 28th PAN AMERICAN SANITARY CONFERENCE,

Having reviewed the document *Radiation Protection and Safety of Radiation Sources: International Basic Safety Standards* (Document CSP28/17, Rev. 1);

Mindful of the significant increase in the use of ionizing radiation in the areas of medicine, industry, agriculture and livestock, and research in the Region, and of the possible harmful effects to human health and to the environment;

Recognizing the international harmonization initiatives with regard to radiation safety undertaken by various intergovernmental organizations such as the European Atomic Energy Community, the United Nations Food and Agriculture Organization (FAO), the International Atomic Energy Agency (IAEA), the International Labor

Organization (ILO), the Nuclear Energy Agency of the Organization for Economic Co-operation and Development (NEA/OECD), the World Health Organization (WHO), the United Nations Environment Program (UNEP), and the Pan American Health Organization (PAHO), which, through a Joint Secretariat and in consultation with the Member States and with relevant scientific and professional organizations, revised the previous International Basic Safety Standards for Protection against Ionizing Radiation and for the Safety of Radiation Sources of 1996, in light of, among other aspects, the recommendations developed in 2007 by the International Commission on Radiological Protection (ICRP) and the conclusions of the United Nations Scientific Committee on the Effects of Atomic Radiation (UNSCEAR),

RESOLVES:

1. To endorse the new standards *Radiation Protection and Safety of Radiation Sources: International Basic Safety Standards*.
2. To urge Member States to draw upon the orientation that these standards give when they establish or update national rules or regulations and operating criteria in the area of radiation safety.
3. To request the Director, in accordance with the availability of resources in the Organization, to continue to cooperate with the Member States in the development, adoption, and implementation of national radiation safety plans in accordance with the aforementioned international basic standards.

(Eighth meeting, 20 September 2012)

CSP28.R16: Use of the Surplus Resulting from the Implementation of IPSAS in 2010

THE 28th PAN AMERICAN SANITARY CONFERENCE,

Having considered the document on the proposed use of the surplus that resulted from implementation of the International Public Sector Accounting Standards (IPSAS) in 2010 (Document CSP28/22),

RESOLVES:

1. To endorse the criteria used in identifying the proposed projects to be funded from the surplus resulting from the implementation of the IPSAS in 2010.

2. To approve, with immediate effect, investment of the IPSAS 2010 surplus in the following areas, as presented in Document CSP28/22 (all figures in US\$):

- (a) PASB Management Information System – \$9,000,000;
- (b) provision for the After-service Health Insurance Liability – \$10,000,000;
- (c) reserve for the Master Capital Investment Fund – \$8,000,000 (including \$1,000,000 for the creation of the Revolving Strategic Real Estate Subfund);
- (d) increase to the Special Fund for Health Promotion – \$1,000,000;
- (e) establishment of the Epidemic Emergency Fund – \$1,000,000;
- (f) Food Safety Five-Year Plan – \$500,000;
- (g) contingency reserve – \$4,381,684.

3. To delegate to the Executive Committee the authority for monitoring and approval of all future submissions and re-submissions of proposals for the use of these surplus funds.

4. To request that PASB submit to the Subcommittee on Program, Budget, and Administration, at appropriate intervals, a status report on each of the projects listed in paragraph 2, to include an updated scope, budget, and timetable, for subsequent review by the Executive Committee.

(Eighth meeting, 20 September 2012)

CSP28.R17: Master Capital Investment Fund

THE 28th PAN AMERICAN SANITARY CONFERENCE,

Having reviewed Document CSP28/23, which reports on the activities and experiences of the Pan American Sanitary Bureau (PASB) in implementing the Master Capital Investment Plan (MCIP) funded by the Master Capital Investment Fund (MCIF), established in 2007 by Resolution CSP27.R19 of the Pan American Sanitary Conference, as well as the review on this subject by the Executive Committee;

Noting the proposal to implement changes to the funding of the MCIF Real Estate and Equipment Subfund, as defined in Resolution CSP27.R19;

Considering the proposal to create a separate subfund for the replacement of non-project vehicles,

RESOLVES:

1. To thank the Executive Committee for its review of the report on the implementation of the Master Capital Investment Fund and its subsequent recommendations.
2. To authorize a change in the name of the Real Estate and Equipment Subfund to Real Estate Maintenance and Improvement Subfund.
3. To authorize the Real Estate Maintenance and Improvement Subfund to continue funding, as authorized, from excess revenue over and above expenditure and to expand funding sources to include the surplus from the implementation of the International Public Sector Accounting Standards (IPSAS) when no revenue over and above expenditure is generated.
4. To establish a revolving strategic real estate subfund as a long-range strategic approach towards improving PAHO's real estate portfolio and that it be established with an initial infusion of US\$ 1 million from IPSAS surplus funds.
5. To authorize future funding of the Revolving Strategic Real Estate Subfund through a revolving mechanism of accepting revenue generated from the sale of PAHO-owned properties and miscellaneous income derived from the annual cancelation of procurement loans; the authorized use of all these funds includes preparation of new premises or down payments or deposits for the purchase or leasing of facilities for use of the Organization.
6. To establish a new vehicle replacement subfund based on proceeds from the sale of non-project vehicles at Headquarters and PWR locations, to be used to supplement the purchase of non-project replacement vehicles.

(Eighth meeting, 20 September 2012)

CSP28.R18: Bioethics: Towards the Integration of Ethics in Health

THE 28th PAN AMERICAN SANITARY CONFERENCE,

Having reviewed the concept paper *Bioethics: Towards the Integration of Ethics in Health* (Document CSP28/14, Rev. 1);

Taking into account that in the Health Agenda for the Americas (2008-2017), the ministers and secretaries of health underscored the importance of better disseminating and applying bioethics in the countries of the Americas;

Aware of the ethical controversies in the areas of medical care, research involving human participants, and the formulation and implementation of public health policies, and that new technologies and the diversity of contemporary societies increase the complexity of these ethical controversies;

Recognizing that bioethics is the discipline that seeks to clarify the ethical problems that arise in relation to health, in accordance with the Universal Declaration of Bioethics and Human Rights, adopted by UNESCO in 2005;

Taking into account that since 1994, PAHO's Regional Program on Bioethics has cooperated with the Member States in the conceptual, normative, and applied development of bioethics;

Observing that the Directing Council has encouraged the Member States to boost their capacity for bioethical analysis and to develop health policies based on bioethical principles,

RESOLVES:

1. To endorse the concept paper *Bioethics: Towards the Integration of Ethics in Health*.
2. To urge the Member States to:
 - (a) seek to ensure appropriate levels of technical capacity of the health authorities in the area of bioethical analysis;
 - (b) support and promote the incorporation of bioethical analysis into the formulation and implementation of policies and plans, and into decision-making on health;

- (c) support and promote the formulation of national policies and normative and regulatory documents on bioethical issues;
- (d) promote the dissemination of information on bioethics among civil society organizations and other social actors, clarifying the applications of bioethics in different areas of work in the health sphere;
- (e) strengthen communications activities at the national level in order to build support for the incorporation of bioethics into health-related work;
- (f) foster collaboration with academic institutions in order to develop training programs in bioethics, with an emphasis on public health ethics;
- (g) support PAHO's technical cooperation for the integration of bioethics into different areas of health-related work;
- (h) form independent, multidisciplinary, pluralistic national bioethics commissions in accordance with the UNESCO Declaration.

3. To request the Director to:

- (a) continue to strengthen the technical cooperation that the Regional Program on Bioethics provides to the Member States;
- (b) promote the development of regional networks and encourage collaboration with academic institutions for the incorporation of bioethics into health-related work;
- (c) promote the development and dissemination of guidelines and tools that guide and galvanize the work in different areas of bioethics;
- (d) promote the inclusion of bioethical analysis in the different areas of PAHO's technical cooperation;
- (e) continue to support and promote PAHO's ethics review of research involving human participants in which PAHO takes part;
- (f) advocate the mobilization of national and international resources to support efforts to integrate ethics into health-related activities.

(Eighth meeting, 20 September 2012)

CSP28.R19: Coordination of International Humanitarian Assistance in Health in Case of Disasters

THE 28th PAN AMERICAN SANITARY CONFERENCE,

Having reviewed the document *Coordination of International Humanitarian Assistance in Health in Case of Disasters* (Document CSP28/13);

Considering the information related to the policies of ministries of health with regard to international assistance included in the document in reference;

Taking into account the resolutions of the PAHO Directing Council that since 1976 have promoted and succeeded in strengthening the disaster risk reduction and the response capacity of the Member States;

Recognizing the existence of the Regional Disaster Response Team administered by PAHO on behalf of the Member States and the approval of the principles for international assistance at the meeting in San José, Costa Rica, in 1986;

Recalling the resolutions of the United Nations General Assembly in which the government of an affected country is requested to ensure the coordination of the international humanitarian response;

Noting the resolution of the United Nations General Assembly that requests the strengthening of the response capacity of the system and the creation of the Inter-Agency Standing Committee (IASC);

Recognizing the unique and central role of the United Nations Office for Coordination of Humanitarian Affairs (OCHA) in coordinating international humanitarian action, and taking into due consideration the role of national disaster management authorities;

Taking into account Resolution WHA65.20 of the World Health Assembly, which urges WHO to assume the function of lead agency for the Health Cluster and to adopt the necessary measures for activating its response to the member countries immediately,

RESOLVES:

1. To urge the Member States to:
 - (a) ensure that each ministry of health establishes, as appropriate and in coordination with existing national risk management authorities, a coordination mechanism for

- the health sector for receiving and sending international humanitarian assistance, bearing in mind the health needs of the population;
- (b) take action so that health ministries or the designated national authorities provide ongoing reports to PAHO, as appropriate, on their mechanism of coordination for international assistance during disasters, so that all foreign agencies including NGOs, the private sector, and international organizations can easily provide assistance while respecting the organization of the country's health sector;
 - (c) strengthen their national systems for health sector response to emergencies and disasters with relevant procedures and standards, including the capacity of making teams and/or assistance available to neighboring and other countries in the spirit of Pan-American solidarity, taking into account regional and subregional mechanisms for mutual assistance;
 - (d) establish systems to identify a roster of experienced professionals in the different fields of response to disasters and public health emergencies and to make them available to the Regional Disaster Response Team administered by PAHO/WHO.
2. To request the Director to:
- (a) assist countries in time of an emergency and, where appropriate, in mobilizing resources to address the multiple challenges posed by the emergency health response;
 - (b) set aside, make active, and mobilize, at the request of the affected country, sufficient personnel and other resources to provide support for the coordination of international health care in that country, making use of mechanisms such as the Health Cluster, among others, to promote international standards and ensure their application;
 - (c) advocate for WHO, within the framework of the United Nations humanitarian reform process, to include representatives of the governments of the Member States in the Global Health Cluster, in instances where appropriate;
 - (d) advocate that all people, groups, initiatives, or institutions outside the Member State align health-related humanitarian assistance activities in conformity with the national response and the United Nations coordination framework;
 - (e) establish a flexible mechanism for registration and accreditation of rapid-response foreign medical teams with the goal of improving the quality of the medical response in coordination with WHO;

- (f) support Member States with training to develop the capacity of national teams to assist neighboring and other countries in the event of a disaster.

(Ninth meeting, 21 September 2012)

CSP28.R20: Strategy and Plan of Action for Integrated Child Health

THE 28th PAN AMERICAN SANITARY CONFERENCE,

Having reviewed the *Strategy and Plan of Action for Integrated Child Health* (Document CSP28/10);

Recalling the Constitution of the World Health Organization, the UN Convention on the Rights of the Child, and other international and regional human rights instruments that set forth the right of the child to enjoy the highest attainable standard of health;

Mindful of the international mandates emerging from the World Health Assembly, in particular Resolution WHA56.21 (2003), *Strategy for Child and Adolescent Health and Development*, and Resolution WHA58.31 (2005), *Working towards Universal Coverage of Maternal, Newborn, and Child Health Interventions*, the commitments by the Member States of the Region of the Americas to meeting the Millennium Development Goals (MDG), and PAHO resolutions such as Resolution CD49.R19 (2009), *Elimination of Neglected Diseases and other Poverty-related Infections*, that contribute to and directly affect the well-being of women, children, and caregivers;

Recognizing that the children of the Region of the Americas are its greatest resource, and that recognition and protection of their distinct needs and human rights is essential for effective development, and noting that national health policies, strategies, plans, and laws require renewed attention to promote the effective integration of child health services in health facilities, using an intersectoral and life-course approach based on the social determinants of health and consistent with international mandates;

Considering that this Strategy and Plan of Action propose to build upon the continuum of care to promote the optimal development of the child, prevent and reduce the burden of disease in children younger than 5 years of age, improve child nutrition; empower parents, families, and communities to support child care efforts, create social and physical environments that promote safety and good health, and strengthen collaboration among various institutions in the health and other sectors, enabling them to work more effectively,

RESOLVES:

1. To endorse the Strategy and approve the Plan of Action for Integrated Child Health and, to encourage their consideration in development policies, plans, programs, and proposals and, as appropriate, in the discussion of national budgets, with a view to creating conditions for scaling up integrated child health interventions.
2. To recognize the efforts made and, in implementing the Strategy and Plan of Action, urge Member States to:
 - (a) give priority to and advocate at the highest levels for the implementation of evidence-based, effective interventions to prevent child morbidity and mortality and to reach optimum social development;
 - (b) support the development of integrated child health policies, strategies, and plans as part of overall national health plans, build capacity for high-quality integrated child health services, and ensure universal access to these services;
 - (c) promote dialogue and coordination between ministries and other public and academic institutions, as well as between the public and private sectors and civil society, with a view to achieving national consensus for the implementation of integrated child health services based on the social determinants and life-course approaches;
 - (d) build capacity of national and local managers for effective program planning and management of health workers in first- and referral-level health facilities to deliver quality integrated child health services;
 - (e) support caregivers working at the family, community, and individual levels to improve care-seeking behavior, social communication campaigns, health promotion, and care in the home and community based on primary health care practices;
 - (f) strengthen health systems and health services to support implementation of quality care in a manner consistent with their obligations under the UN Convention on the Rights of the Child and the application of innovative training processes, including distance education and other innovative models;
 - (g) promote the collection, sharing, and use of a standard set of data on integrated child health disaggregated by age, sex, and ethnicity, where applicable;
 - (h) establish intersectoral working groups for integrated child health to facilitate the development of an integrated monitoring, evaluation, and accountability system for policies, plans, programs, legislation, and interventions that will make it possible to determine the quality of care and impacts of integrated child health services;

- (i) encourage, where appropriate, collaboration between national, municipal, and local partnerships with the United Nations and other international agencies, scientific and technical institutions, academic institutions, nongovernmental organizations, organized civil society, the private sector, and the UN Committee on the Rights of the Child, for the purpose of implementing integrated child health services;
 - (j) support and maximize human resources development, capacity building, and the delivery of quality services;
 - (k) promote the implementation and coordination of the Strategy and Plan of Action to ensure that cross-cutting activities are integrated across the Organization's various program areas and different regional and country programs;
 - (l) strengthen or undertake subnational and national planned actions aimed at promoting and ensuring early childhood development through intersectoral work with a social determinants approach to create plans and programs for the integrated care of children.
3. To request the Director to:
- (a) establish a technical advisory group to provide guidance on the strategic areas and priority health conditions for action related to integrated child health;
 - (b) provide support to the Member States, in collaboration with the United Nations and other international agencies and sectors, to help them work collectively to support and strengthen national plans and the implementation of integrated child health activities at the country level;
 - (c) establish benchmarks directly correlated to the strategic areas in the Strategy and Plan of Action;
 - (d) promote and consolidate horizontal technical cooperation and the sharing of successful experiences and lessons learned by Member States;
 - (e) support the development of integrated technical guidelines and tools to facilitate implementation of the Strategy and Plan of Action;
 - (f) develop processes for conducting external reviews and analysis of the Plan's implementation based on national priorities, needs, and capabilities;
 - (g) conduct midterm and final evaluations and report these results to the PAHO Governing Bodies.

(Ninth meeting, 21 September 2012)

Decisions

CSP28(D1): Appointment of the Committee on Credentials

Pursuant to Rule 32 of the Rules of Procedure of the Pan American Sanitary Conference, the Conference appointed Antigua and Barbuda, Colombia, and Puerto Rico as members of the Committee on Credentials.

(First meeting, 17 September 2012)

CSP28(D2): Officers

Pursuant to Rule 17 of the Rules of Procedure, the Conference elected Grenada as President, Argentina and Guatemala as Vice Presidents, and Mexico as Rapporteur for the 28th Pan American Sanitary Conference.

(First meeting, 17 September 2012)

CSP28(D3): Establishment of the General Committee

Pursuant to Rule 33 of the Rules of Procedure, the Conference appointed Bahamas, Cuba, and the United States of America as members of the General Committee.

(First meeting, 17 September 2012)

CSP28(D4): Adoption of the Agenda

The Conference adopted the provisional agenda contained in Document CSP28/1, Rev. 2 without change. The Conference also adopted a program of meetings (Document CSP28/WP/1, Rev. 2).

(First meeting, 17 September 2012)

CSP28(D5): Selection of two Member States from the Region of the Americas Entitled to Designate a Person to Serve on the Policy and Coordination Committee of the UNDP/UNFPA/WHO/World Bank Special Program of Research, Development and Research Training in Human Reproduction

The Conference selected Ecuador and El Salvador to designate a person to serve on the Policy and Coordination Committee of the UNDP/UNFPA/WHO/World Bank Special Program of Research, Development and Research Training in Human Reproduction for a three-year term beginning 1 January 2013.

(Fifth meeting, 19 September 2012)

IN WITNESS WHEREOF, the President of the 28th Pan American Sanitary Conference and the Secretary ex officio, Director of the Pan American Sanitary Bureau, sign the present Final Report in the English language.

DONE in Washington, D.C., United States of America, on this twenty-first day of September in the year two thousand twelve. The Secretary shall deposit the original signed document in the archives of the Pan American Sanitary Bureau.

Ann Peters
Delegate of Grenada
President of the
28th Pan American Sanitary Conference

Mirta Roses Periago
Director of the
Pan American Sanitary Bureau
Secretary ex officio of the
28th Pan American Sanitary Conference

AGENDA

1. OPENING OF THE SESSION

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- 2.1 Appointment of the Committee on Credentials
- 2.2 Election of the President, Two Vice Presidents, and the Rapporteur
- 2.3 Establishment of a Working Party to Study the Application of Article 6.B of the PAHO Constitution
- 2.4 Establishment of the General Committee
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- 3.1 Annual Report of the President of the Executive Committee
- 3.2 Reports of the Pan American Sanitary Bureau
 - (a) Quinquennial Report 2008-2012 of the Director of the Pan American Sanitary Bureau
 - (b) Health in the Americas
- 3.3 Election of the Director of the Pan American Sanitary Bureau and Nomination of the Regional Director of the World Health Organization for the Americas
- 3.4 Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Colombia, Saint Vincent and the Grenadines, and Venezuela (the Bolivarian Republic of)

3. CONSTITUTIONAL MATTERS (*cont.*)

- 3.5 Method of Work of the Governing Bodies: Delegation of Functions to the Executive Committee
- 3.6 Request from the Kingdom of the Netherlands for Admission of Aruba, Curaçao, and Sint Maarten as Associate Members of the Pan American Health Organization

4. PROGRAM POLICY MATTERS

- 4.1 Mid-term Evaluation of the Health Agenda for the Americas
- 4.2 PAHO Budget Policy
- 4.3 PAHO Program and Budget 2010-2011 End-of-biennium Assessment/ Second Interim PAHO Strategic Plan 2008-2012 Progress Report
- 4.4 Strategy for the Prevention and Control of Noncommunicable Diseases
- 4.5 Strategy and Plan of Action for Integrated Child Health
- 4.6 Health Technology Assessment and Incorporation into Health Systems
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- 4.8 Coordination of International Humanitarian Assistance in Health in Case of Disasters
- 4.9 Bioethics: Towards the Integration of Ethics in Health
- 4.10 Expanded Textbook and Instructional Materials Program (PALTEX)
- 4.11 Plan of Action for Maintaining Measles, Rubella, and Congenital Rubella Syndrome (CRS) Elimination in the Region of the Americas

4. PROGRAM POLICY MATTERS (*cont.*)

- 4.12 Radiation Protection and Safety of Radiation Sources:
International Basic Safety Standards
- 4.13 Regional Consultation on the Report of the Consultative Expert Working
Group on Research and Development: Financing and Coordination

5. ADMINISTRATIVE AND FINANCIAL MATTERS

- 5.1 Report on the Collection of Quota Contributions
- 5.2 Financial Report of the Director and Report of the
External Auditor for 2011
- 5.3 Salary of the Director of the Pan American Sanitary Bureau
- 5.4 Amendment to the Staff Regulations of the Pan American Sanitary Bureau
- 5.5 Surplus from the Implementation of IPSAS in 2010
- 5.6 Master Capital Investment Fund

6. SELECTION OF MEMBER STATES TO BOARDS AND COMMITTEES

- 6.1 Selection of Two Member States from the Region of the Americas Entitled
to Designate a Person to Serve on the Policy and Coordination Committee
of the UNDP/UNFPA/WHO/World Bank Special Program of Research,
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- 6.2 Election of Three Members to the Advisory Committee of the Latin
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7. AWARDS

- 7.1 PAHO Award for Administration (2012)

8. MATTERS FOR INFORMATION

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- 8.2 Report of the PAHO/WHO Advisory Committee on Health Research
- 8.3 Progress Reports on Technical Matters:
 - A. Social Determinants of Health
 - B. Plan of Action for Implementing the Gender Equality Policy
 - C. Regional Strategy and Plan of Action on Nutrition in Health and Development, 2006-2015: Mid-term Review
 - D. PAHO Regional Strategic Plan for HIV/AIDS/STI, 2006-2015: Mid-term Evaluation
 - E. Current Dengue Situation
 - F. Implementation of the International Health Regulations
 - G. Regional Goals for Human Resources for Health 2007-2015
 - H. Status of the Pan American Centers
- 8.4 Progress Reports on Administrative and Financial Matters:
PASB Staffing Statistics
- 8.5 Resolutions and Other Actions of Intergovernmental Organizations of Interest to PAHO:
 - A. Sixty-fifth World Health Assembly
 - B. Forty-second Regular Session of the General Assembly of the Organization of American States
 - C. Report on the Sixth Summit of the Americas
 - D. Subregional Integration Organizations

9. OTHER MATTERS

10. CLOSURE OF THE SESSION

LIST OF DOCUMENTS

Official Documents

<i>Doc. STP 636</i>	Health in the Americas
<i>Official Document. 342</i>	Financial Report of the Director and Report of the External Auditor for 2011
<i>Official Document. 343</i>	Quinquennial Report 2008-2012 of the Director of the Pan American Sanitary Bureau

Working Documents

CSP28/1, Rev. 3 CSP28/WP	Agenda Program of Meetings
CSP28/2	Annual Report of the President of the Executive Committee
CSP28/3	Election of the Director of the Pan American Sanitary Bureau and Nomination of the Regional Director of the World Health Organization for the Americas
CSP28/4	Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Colombia, Saint Vincent and the Grenadines, and Venezuela (the Bolivarian Republic of)
CSP28/5	Method of Work of the Governing Bodies: Delegation of Functions to the Executive Committee
CSP28/6	Mid-term Evaluation of the Health Agenda for the Americas
CSP28/7	PAHO Budget Policy
CSP28/8	PAHO Program and Budget 2010-2011 End-of-biennium Assessment/Second Interim PAHO Strategic Plan 2008-2012 Progress Report

Working Documents (*cont.*)

CSP28/9, Rev. 1	Strategy for the Prevention and Control of Noncommunicable Diseases
CSP28/10	Strategy and Plan of Action for Integrated Child Health
CSP28/11	Health Technology Assessment and Incorporation into Health Systems
CSP28/12, Rev. 1	Strategy and Plan of Action on Knowledge Management and Communications
CSP28/13	Coordination of International Humanitarian Assistance in Health in Case of Disasters
CSP28/14, Rev. 1	Bioethics: Towards the Integration of Ethics in Health
CSP28/15	Expanded Textbook and Instructional Materials Program (PALTEX)
CSP28/16	Plan of Action for Maintaining Measles, Rubella, and Congenital Rubella Syndrome (CRS) Elimination in the Region of the Americas
CSP28/17, Rev. 1	Radiation Protection and Safety of Radiation Sources: International Basic Safety Standards
CSP28/18, Rev. 2	Regional Consultation on the Report of the Consultative Expert Working Group on Research and Development: Financing and Coordination
CSP28/19 and Add. I	Report on the Collection of Quota Contributions
CSP28/20	Salary of the Director of the Pan American Sanitary Bureau
CSP28/21	Amendment to the Staff Regulations of the Pan American Sanitary Bureau
CSP28/22	Surplus from the Implementation of IPSAS in 2010

Working Documents (*cont.*)

CSP28/23	Master Capital Investment Fund
CSP28/24	Selection of Two Member States from the Region of the Americas Entitled to Designate a Person to Serve on the Policy and Coordination Committee of the UNDP/UNFPA/WHO/World Bank Special Program of Research, Development, and Research Training in Human Reproduction
CSP28/25	Election of Three Members to the Advisory Committee of the Latin American and Caribbean Center on Health Sciences Information (BIREME)
CSP28/26	PAHO Award for Administration (2012)
CSP28/27	Health in the Americas
CSP28/28	Request from the Kingdom of the Netherlands for Admission of Aruba, Curaçao, and Sint Maarten as Associate Members of the Pan American Health Organization

Information Documents

CSP28/INF/1 and Add. I	Update on WHO Reform: Regional Consultation on the Draft WHO Twelfth General Programme of Work 2014-2019 and the Draft Proposed WHO Programme Budget 2014-2015
CSP28/INF/2	Report of the PAHO/WHO Advisory Committee on Health Research
CSP28/INF/3	Progress Reports on Technical Matters: A. Social Determinants of Health B. Plan of Action for Implementing the Gender Equality Policy

Information Documents (*cont.*)

- C. Regional Strategy and Plan of Action on Nutrition in Health and Development, 2006-2015: Mid-term Review
 - D. PAHO Regional Strategic Plan for HIV/AIDS/STI, 2006-2015: Mid-term Evaluation
 - E. Current Dengue Situation
 - F. Implementation of the International Health Regulations
 - G. Regional Goals for Human Resources for Health 2007-2015
 - H. Status of the Pan American Centers
- CSP28/INF/4 Progress Reports on Administrative and Financial Matters: PASB Staffing Statistics
- CSP28/INF/5 Resolutions and Other Actions of Intergovernmental Organizations of Interest to PAHO:
- A. Sixty-fifth World Health Assembly
 - B. Forty-second Regular Session of the General Assembly of the Organization of American States
 - C. Report on the Sixth Summit of the Americas
 - D. Subregional Integration Organizations

**LIST OF PARTICIPANTS/LISTA DE PARTICIPANTES
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Ministério da Saúde
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Ministério da Saúde
Brasília

BRAZIL/BRASIL (cont.)

Alternates – Alternos

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Ministério da Saúde
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MEMBER STATES/ESTADOS MIEMBROS (cont.)

BRAZIL/BRASIL (cont.)

Alternates – Alternos (cont.)

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CANADA/CANADÁ

Chief Delegate – Jefe de Delegación

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Delegates – Delegados

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MEMBER STATES/ESTADOS MIEMBROS (cont.)

CANADA/CANADÁ (cont.)

Alternates – Alternos (cont.)

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Direction des Affaires Intergouvernementales
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CHILE

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Delegates – Delegados

Excelentísimo Sr. Darío Paya
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Alternate – Alterno

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COLOMBIA

Chief Delegate – Jefe de Delegación

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Americanos
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Delegate – Delegado

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COSTA RICA

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Delegates – Delegados

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MEMBER STATES/ESTADOS MIEMBROS (cont.)

COSTA RICA (cont.)

Alternates – Alternos

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CUBA

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Alternates – Alternos

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DOMINICA

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MEMBER STATES/ESTADOS MIEMBROS (cont.)

DOMINICA (cont.)

Delegates – Delegados

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Alternate – Alterno

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

Alternates – Alternos

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Alternates – Alternos

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MEMBER STATES/ESTADOS MIEMBROS (cont.)

ECUADOR (cont.)

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EL SALVADOR

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Delegates – Delegados

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EL SALVADOR (cont.)

Delegates – Delegados (cont.)

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GRENADA/GRANADA

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Delegates – Delegados

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GUATEMALA

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MEMBER STATES/ESTADOS MIEMBROS (cont.)

GUATEMALA (cont.)

Delegates – Delegados

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GUYANA

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HAITI/HAITÍ

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Delegates – Delegados

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HAITI/HAITÍ (cont.)

Delegates – Delegados (cont.)

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HONDURAS

Chief Delegate – Jefe de Delegación

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Estados Americanos
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Delegate – Delegado

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JAMAICA

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Ministry of Health
Kingston

Delegates – Delegados

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Ministry of Health
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American States
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MEMBER STATES/ESTADOS MIEMBROS (cont.)

JAMAICA (cont.)

Alternates – Alternos (cont.)

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MEXICO/MÉXICO

Chief Delegate – Jefe de Delegación

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Secretario de Salud
Secretaría de Salud
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Delegates – Delegados

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Excelentísimo Sr. Joel García
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Alternates – Alternos

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MEXICO/MÉXICO (cont.)

Alternates – Alternos (cont.)

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Subsecretaría de Prevención y Promoción
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Secretaría de Salud
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Licenciatura
Secretaría de Salud
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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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Americanos
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Americanos
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Estados Americanos
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Estados Americanos
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NICARAGUA

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Delegates – Delegados

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NICARAGUA (cont.)

Alternate – Alterno

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Estados Americanos
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PANAMA/PANAMÁ

Chief Delegate – Jefe de Delegación

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Delegates – Delegados

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Alternates – Alternos

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MEMBER STATES/ESTADOS MIEMBROS (cont.)

PARAGUAY

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Delegates – Delegados

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Alternates – Alternos

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PERU/PERÚ

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PERU/PERÚ (cont.)

Delegates – Delegados

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Alternates – Alternos

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MEMBER STATES/ESTADOS MIEMBROS (cont.)

SAINT LUCIA/SANTA LUCÍA

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**SAINT KITTS AND NEVIS/ SAINT KITTS Y
NEVIS**

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**SAINT KITTS AND NEVIS/ SAINT KITTS Y
NEVIS (cont.)**

Delegates – Delegados

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SAN VICENTE Y LAS GRANADINAS**

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Delegates – Delegados

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SURINAME

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MEMBER STATES/ESTADOS MIEMBROS (cont.)

SURINAME (cont.)

Delegates – Delegados

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TRINIDAD AND TOBAGO/TRINIDAD Y TABAGO

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

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

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VENEZUELA (BOLIVARIAN REPUBLIC OF/ REPÚBLICA BOLIVARIANA DE)

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Delegates – Delegados

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Alternates – Alternos

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Srita. Marlene Da Vargem Da Silva
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MEMBER STATES/ESTADOS MIEMBROS (cont.)

**VENEZUELA (BOLIVARIAN REPUBLIC OF/
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URUGUAY (cont.)

Delegates – Delegados (cont.)

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Delegate – Delegado

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Ministerio de Sanidad, Servicios Sociales
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Dra. Amanda Gil Sánchez
Subdirectora General de Relaciones
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Ministerio de Sanidad, Servicios Sociales
e Igualdad
Madrid

Dr. Manuel Suarez Lemus
Asesor
Ministerio de Sanidad, Servicios Sociales
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SPAIN/ESPAÑA (cont.)

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España ante la Organización de los
Estados Americanos
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Sra. Dña. Alessia Pappalardo
Becaria, Misión Permanente de
España ante la Organización de los
Estados Americanos
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Sra. Dña. Mar Molina
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**REPRESENTATIVES OF THE EXECUTIVE COMMITTEE/
REPRESENTANTES DEL COMITÉ EJECUTIVO**

Dra. Miriam Morales
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Ministerio del Poder Popular para la Salud
Caracas

Sr. Leandro Luiz Viegas
Chefe da Divisão de Temas Multilaterais
Ministério da Saúde
Brasília

**AWARD WINNERS/
GANADORES DE LOS PREMIOS**

**PAHO Award for Administration 2012/
Premio OPS en Administración 2012**

Dr. Aron Nowinski (not present)
Uruguay

**Abraham Horwitz Award for Leadership in
Inter-American Health 2012/
Premio Abraham Horwitz al Liderazgo en la
Salud Interamericana 2012**

Dr. Paulo Marchiori Buss
Brasil

**Manuel Velasco Suárez Award for
Excellence in Bioethics/
Premio Manuel Velasco Suárez a la
excelencia en la bioética**

Dr. Juan Alberto Lecaros Urzúa
Chile

**Clarence H. Moore Award Excellence for
Voluntary Service/
Premio Clarence H. Moore a la excelencia
en el servicio voluntario**

Ms. Rosario Castillo, Executive Director
Educación Popular en Salud
Chile

**Fred L. Soper Award for Excellence in
Public Health Literature/
Premio Fred L. Soper a la excelencia en la
bibliografía de salud pública**

Drs. Debora Diniz and Marcelo Medeiros
"Aborto no Brasil: uma pesquisa domiciliar
com técnica de urna"
Brasil

**UNITED NATIONS AND SPECIALIZED AGENCIES/
NACIONES UNIDAS Y AGENCIAS ESPECIALIZADAS**

**Economic Commission for Latin America
and the Caribbean/
Comisión Económica para América Latina y
el Caribe**

Sra. Inés Bustillo
Mr. Fernando Flores

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

Dr. Enrique Paz

**REPRESENTATIVES OF INTERGOVERNMENTAL ORGANIZATIONS/
REPRESENTANTES DE ORGANIZACIONES INTERGUBERNAMENTALES**

**Caribbean Community/
Comunidad del Caribe**

Mrs. Myrna Bernard
Dr. Rudolph O. Cummings
Ms. Lolita Applewhaite

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

Dr. Ferdinando Regalía
Dra. Beatriz Zurita
Dr. Frederico Guanais

**Hipólito Unanue Agreement/
Convenio Hipólito Unanue**

Dr. Ricardo Cañizares

**Inter-American Institute for Cooperation on
Agriculture/
Instituto Interamericano de Cooperación
para la Agricultura**

Mr. David Hatch

**Inter-American Commission of Women/
Comisión Interamericana de Mujeres**

Embajadora Carmen Moreno

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

Embajador Alfonso Quiñónez
Sr. Jorge Saggiante
Sra. Evelyn Jacir de Lovo
Sr. Jorge Sanín

**REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS IN OFFICIAL
RELATIONS WITH PAHO / REPRESENTANTES DE ORGANIZACIONES NO
GUBERNAMENTALES EN RELACIONES OFICIALES CON LA OPS**

**Inter-American Association of Sanitary and
Environmental Engineering/ Asociación
Interamericana de Ingeniería Sanitaria y
Ambiental**

Dr. Rafael Dautant
Ing. Luiz Augusto de Lima Pontes

**Latin American Association of
Pharmaceutical Industries/
Asociación Latinoamericana de Industrias
Farmacéuticas**

Dr. Rubén Abete

**Interamerican Society of Cardiology/
Sociedad Interamericana de Cardiología**

Dr. Daniel Piñeiro

**National Alliance for Hispanic Health/
Alianza Nacional para la Salud Hispana**

Ms. Marcela Gaitán

**Latin American Federation of Hospitals/
Federación Latinoamericana de Hospitales**

Dr. Norberto Larroca

**Pan American Federation of Nursing
Professionals/
Federación Panamericana de Profesionales
de Enfermería**

Dra. Beatriz Carvallo Suárez

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

Sabin Vaccine Institute

Dr. Ciro de Quadros
Dr. Neeraj Mistry
Mr. Brian Davis

U.S. Pharmacopeial Convention

Dr. Damian Cairatti

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

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

Mr. Michael Splaine
Mr. Raymond Jessurun

**International Federation of Pharmaceutical Manufacturers Associations/
Federación Internacional de la Industria del Medicamento**

Ms. Corry Jacobs
Mr. Sean Reilly
Mr. Duke Holness
Mr. Jorge Arevalo
Ms. Kathleen Laya
Mr. Jorge Carrion
Mr. Juan Carlos Corbeaux
Ms. Susan Crowley
Ms. Pilar Rubio
Mr. Andrew Rudman
Mr. Abraham Quesada-Gonzales
Mr. José A. Pena-Gonzales

Framework Convention Alliance on Tobacco Control

Mr. Laurent Huber

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

Ms. Eva Maria Ruiz de Castilla
Mr. Marc Boutin
Ms. Florencia Montoto Smayenka
Ms. Kathleen Gallant

MSF International

Ms. Judit Rius
Mr. Bryan B. Collinsworth
Ms. Rachel Cohen

**International Diabetes Federation/
Federación Internacional de Diabetes**

Dr. Edwin Jimenez

The International Society of Radiographers and Radiological Technologists

Mrs. Rita Eyer

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

Mr. Alexandre Lefebvre
Mr. Daniel Tobón García
Dr. Altagracia Mares de Leon
Ms. Sachalee Campbell
Ms. Reshma Ramachandran
Mr. Andrew Rudman

Union for International Cancer Control

Mr. Bob Chapman

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

World Heart Foundation

Ms. Diana Vaca McGhie
Ms. Kelly Worden
Mr. Stephen Prudhomme
Ms Johanna Ralson

World Council of Churches

Mr. Meike Jill Schleiff
Ms. Baijayanta Mukhopadhyay

World Self Medication Industry

Dr. Héctor Bolaños

**WORLD HEALTH ORGANIZATION/
ORGANIZACIÓN MUNDIAL DE LA SALUD**

Dr. Margaret Chan
Director-General

Dr. Anarfi Asamoah Baah
Deputy Director-General

Dr. Marie-Paule Kieny
Assistant Director-General

Dr. Mohamed Abdi Jama
Assistant Director-General

Dr. Douglas William Bettcher
Director, Tobacco Free Initiative

Dr. Zafar Ullah Mirza
Coordinator, Public Health, Innovation and
Intellectual Property

Dr. Elizabeth Mary Mason
Director, Maternal, Newborn, Child and
Adolescent Health

Professor Thomas Zeltner
Special Envoy for Financing

**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**

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Director Adjunto

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

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Subdirector Interino

Mr. Guillermo Birmingham
Director of Administration
Director de Administración

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Asesora Jurídica, Oficina del Asesor
Jurídico

**PAN AMERICAN HEALTH ORGANIZATION/
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Ms. Piedad Huerta
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Asesora Principal, Oficina de los Cuerpos
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- - -