



**Pan American
Health
Organization**



**World Health
Organization**

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Americas

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FINAL REPORT

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FINAL REPORT

Opening of the Session

1. The 55th Directing Council, 68th 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 26 to 30 September 2016.

2. Dr. Violeta Menjívar (Minister of Health, El Salvador, outgoing President) opened the session and welcomed the participants. Opening remarks were made by Dr. Menjívar, Dr. Carissa Etienne (Director, Pan American Sanitary Bureau), Hon. Sylvia Mathews Burwell (Secretary of Health and Human Services, United States of America), Hon. Ferdinando Regalía (Chief, Health and Social Protection Division, Inter-American Development Bank), Hon. Ideli Salvatti (Secretary for Access to Rights and Equity, Organization of American States), and Dr. Margaret Chan (Director-General, World Health Organization). The respective speeches may be found on the webpage of the 55th Directing Council.¹

Procedural Matters

Appointment of the Committee on Credentials

3. Pursuant to Rule 31 of the Rules of Procedure of the Directing Council, the Council appointed Argentina, Belize, and Canada as members of the Committee on Credentials (Decision CD55[D1]).

Election of Officers

4. Pursuant to Rule 16 of the Rules of Procedure of the Directing Council, the Council elected the following officers (Decision CD55[D2]):

<i>President:</i>	Honduras	(Dr. Edna Yolani Batres)
<i>Vice President:</i>	Paraguay	(Dr. Antonio C. Barrios Fernández)
<i>Vice President:</i>	Grenada	(Hon. Nickolas Steele)
<i>Rapporteur:</i>	Jamaica	(Hon. Christopher Tufton)

5. The Director of the Pan American Sanitary Bureau (PASB), Dr. Carissa Etienne, served as Secretary ex officio, and the Deputy Director, Dr. Isabella Danel, served as Technical Secretary.

¹ http://www.paho.org/hq/index.php?option=com_content&view=article&id=12276&Itemid=42078&lang=en.

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

6. The Council was informed that it would not be necessary to establish a working party, as no Member State was subject to the voting restrictions provided for under Article 6.B of the PAHO Constitution (Report on Assessed Contributions, paragraphs 164 to 169 below).

Establishment of the General Committee

7. Pursuant to Rule 32 of the Rules of Procedure, the Council appointed Cuba, Guyana, and the United States of America as members of the General Committee (Decision CD55[D3]).

Adoption of the Agenda (Document CD55/1, Rev. 2)

8. The Directing Council adopted the agenda proposed by the Director (Document CD55/1, Rev. 2) without change, together with a program of meetings (CD55/WP/1) (Decision CD55[D4]).

Constitutional Matters

Annual Report of the President of the Executive Committee (Document CD55/2)

9. Dr. Margarita Guevara Alvarado (Ecuador, President of the Executive Committee) reported on the activities carried out by the Executive Committee and its Subcommittee on Program, Budget, and Administration between October 2015 and September 2016, highlighting the items that had been discussed by the Committee but not sent forward for consideration by the 55th Directing Council and noting that she would report on other items as they were taken up by the Council. The items not sent forward included the annual reports of the PAHO Ethics Office, the Office of Internal Oversight and Evaluation Services, and the PAHO Audit Committee; proposals for programming of revenue and budget surpluses remaining from the 2014-2015 program and budget; reports on the Master Capital Investment Plan and funding of after-service health insurance for PAHO staff; amendments to the PASB Staff Rules and Regulations, a report on staffing statistics, and a statement by a representative of the PAHO/WHO Staff Association; a report on the status of implementation of the PASB Management Information System; and applications from nine 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 CD55/2).

10. The Director thanked the members of the Executive Committee for their detailed consideration of various agenda items and for the recommendations made by the Committee to the Directing Council.

11. The Council also thanked the members of the Committee for their work and took note of the report.

Annual Report of the Director of the Pan American Sanitary Bureau (Document CD55/3)

12. The Director introduced her annual report,² the theme of which was “Championing Health for Sustainable Development and Equity: Catalyzing Public Health Action.” The report highlighted the most salient achievements and the most significant challenges encountered during the period from June 2015 to June 2016. It also provided an account of the Bureau’s technical cooperation with Member States, focusing in particular on the support provided during the various health emergencies that had occurred during the period, beginning with the most complex one: the Zika virus epidemic. That focus was timely and relevant, given the current international debate on the role of WHO during health emergencies.

13. The Bureau’s response to the Zika virus outbreak had been guided by the lessons learned and the best practices that had emerged over the previous four decades. In the face of an unfamiliar and rapidly spreading virus, PASB’s guiding principle had been to act with caution but also with urgency, relying on the best available supporting evidence and drawing on the soundest public health practices, while communicating openly and transparently about uncertainties.

14. In addition to the Zika response, the Bureau had supported Member States in responding to numerous natural disasters and other emergencies and had assisted several countries in coping with major unanticipated flows of migrants. The response to those events had confirmed once again the need for strong, resilient health systems. PASB would continue to support Member States in strengthening their health systems and implementing the Strategy for Universal Access to Health and Universal Health Coverage approved in 2014.³

15. A number of landmark health achievements had been recorded during the period, including validation of the elimination of mother-to-child transmission of HIV and syphilis in a number of countries and the elimination of endemic transmission of measles throughout the Region (see paragraphs 260 to 269 below). In addition, all Member States in the Region had complied with the recommendation to switch from trivalent to bivalent polio vaccine and to introduce at least one dose of inactivated polio vaccine into their immunization schedules.

16. Institutional advances during the period included the completion of the joint end-of-biennium assessment of the PAHO program and budget for 2014-2015 (see paragraphs 28 to 40 below), the first such exercise ever conducted in any WHO region. Another important development was the new partnership forged between the PAHO Regional Revolving Fund for Strategic Public Health Supplies (the “Strategic Fund”) and the Pooled Procurement Mechanism of the Global Fund to Fight AIDs, Tuberculosis, and Malaria.

² The text of the Director’s speech may be found on the website of the 55th Directing Council.

³ Resolution CD53.R14 (2014).

17. Looking to the future, the ongoing Zika virus epidemic would remain a focus at least until a safe, affordable, and efficacious vaccine became available. The Zika outbreak had brought into sharp focus the need for the Bureau to redouble its technical cooperation efforts in order to increase access to comprehensive sexual and reproductive health services in PAHO Member States. Other challenges for the future included finding ways of working effectively with other sectors in pursuit of the Sustainable Development Goals; dealing with the implications of demographic change and rapid population aging; countering the negative influence of the tobacco, alcohol, and other industries; and ensuring affordable access to health care for everyone.

18. The Bureau would continue to provide visionary leadership in public health, expand partnerships that added value and extended the reach of its technical cooperation, and increase its engagement and dialogue with Member States in order to ensure that its work remained well aligned with their needs.

19. The Directing Council commended the Director for her comprehensive report and expressed gratitude to the Bureau for the support provided to Member States during the year. Numerous delegates thanked the Bureau for its strong and timely response to the Zika virus outbreak and to other health emergencies. Delegates also expressed appreciation for the Bureau's technical assistance in strengthening their health systems and their immunization programs, facilitating vaccine procurement, enhancing the capacity of their human resources, developing or updating their health-related legislation, and working towards universal health coverage.

20. Several delegates noted the recent creation of PAHO's new Health Emergencies Department (see paragraphs 211 to 220 below) and welcomed its alignment with the WHO Health Emergencies Program. The joint end-of-biennium assessment of the PAHO program and budget 2014-2015 was also welcomed, with several delegates remarking that it had helped to highlight gaps, challenges, and lessons learned and had contributed to greater transparency and accountability. Delegates also noted the progress made in WHO reform, in particular the adoption of the Framework of Engagement with Non-State Actors (see paragraphs 50 to 58 below). Gratitude was expressed to the Director-General for her leadership of the Organization.

21. It was pointed out that, while the report clearly demonstrated that the Region was making important strides in tackling health disparities and addressing social and environmental determinants of health, it also revealed areas in which work needed to be intensified. One such area was enhancing the capacity of the health sector to work with other sectors, which was seen as critical to addressing risk factors for noncommunicable diseases, implementing the core capacities under the International Health Regulations (2005), achieving the Sustainable Development Goals. The Director was asked to make strengthening intersectoral coordination mechanisms a central focus of the Organization's work in the coming year. Numerous delegates stressed the need for the countries of the Region to work together to tackle common challenges and advance shared health objectives. South-South cooperation was considered particularly important.

22. A number of delegates highlighted the pivotal role of health in sustainable development. It was considered particularly important in that regard to improve the health and strengthen the rights of women and children. The importance of building health systems based on primary health care was also underscored. The Delegate of Colombia, noting that his country had recently brought an end to its lengthy internal armed conflict, pointed out that health could also play an important role in peacebuilding. He recalled PAHO's "Health as Bridge for Peace" initiative, which had helped to lay the foundations for peace in Central America in the 1980s, affirming that the lessons learned from that experience had been of enormous value to his Government in preparing the health sector for the post-conflict period.

23. With regard to institutional matters, the Bureau's staff were seen as its greatest asset and the Director was urged to put in place a staff succession plan in order to ensure the sustainability of the Organization's work.

24. The Director observed that the achievements noted in the report were largely the achievements of Member States and were the result of their firm commitment to health development in the Region. She had taken note of the comments on the need for multisectoral approaches, resilient health systems, and collaboration among countries, including through South-South and triangular cooperation, and she assured the Council that the Bureau would continue to emphasize those areas. With regard to multisectoral approaches, she considered that the Plan of Action on Health in All Policies, adopted in 2014,⁴ provided a good roadmap. The work of the recently launched High-level Commission on Equity and Health Inequalities in the Americas would also be useful. She noted that in the coming year Member States would embark upon the development of a new Health Agenda for the Americas, as the period covered by the current one would end in 2017; it would be important to ensure that the new agenda was firmly rooted in the 2030 Agenda for Sustainable Development.

25. The Director-General said that it was clear that the Member States of the Americas attached great importance to equity, solidarity, and the right to health. She encouraged the Region to continue working to achieve universal health coverage and to ensure that no one was left behind.

26. The Directing Council thanked the Director and took note of the report.

Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Bahamas, Costa Rica, and Ecuador (Document CD55/4)

27. The Council elected Brazil, Colombia, and Panama to membership on the Executive Committee for a period of three years and thanked Bahamas, Costa Rica, and Ecuador for their service (Resolution CD55.R4).

⁴ See Document CD53/10, Rev. 1 and Resolution CD53.R2 (2014).

Program Policy Matters***Report of the End-of-biennium Assessment of the Program and Budget 2014-2015/First Interim Report on the PAHO Strategic Plan 2014-2019 (Document CD55/5)***

28. Dr. Margarita Guevara Alvarado (Representative of the Executive Committee) reported that the Executive Committee had examined a preliminary version of the end-of-biennium assessment of the PAHO program and budget 2014-2015 and first interim report on the Strategic Plan 2014-2019, in which Member States had played a major role through self-assessment by national health authorities of progress on the various indicators. The Committee had considered that the joint assessment had contributed to greater transparency and accountability and to stronger results-based management and that the report provided a clear picture of both the progress made and the areas in which greater effort was needed.

29. The Committee had also highlighted some aspects of the assessment methodology that remained to be refined, notably how to deal with disagreements between the Bureau and Member States with regard to assessment results. It had been pointed out that, while the Bureau had had the opportunity to validate results reported by Member States, the latter had not participated in validating the results reported by the Bureau under category 6 of the Strategic Plan (corporate services and enabling functions).

30. Mr. Daniel Walter (Director, Department of Planning and Budget, PASB) introduced the final report, noting that it incorporated recommendations made by Member States during the third meeting of the Strategic Plan Advisory Group, as well as the recommendations of the Executive Committee and the Subcommittee on Program, Budget, and Administration. The report marked the culmination of a process that had begun more than a year earlier. The assessment had shown that the Organization was on track to achieve 90% of the Strategic Plan outcome indicators by 2019, having achieved or partially achieved all 114 output indicators for the program and budget 2014-2015. It had also shown improved financial results for the base programs in the program and budget 2014-2015, which had been 97.6% funded, up from 90% in 2012-2013.

31. The report also highlighted remaining challenges in key areas prioritized by Member States, including noncommunicable diseases and risk factors, maternal health, financing for health, maintaining and strengthening core capacities for emergency and crisis response, and making health systems more resilient. The Organization was applying the lessons learned from the assessment to the implementation of the current program and budget. The results would also help to focus the Bureau's technical cooperation with Member States in the remaining years of the Strategic Plan.

32. Finally, he noted that, at the request of the Executive Committee, PASB had prepared individual country reports for the end-of-biennium assessment, which had been sent to the majority of countries via the PAHO/WHO representatives.

33. The Directing Council expressed solid support for the joint assessment process and welcomed the positive findings, while also stressing the need to redouble efforts to identify and overcome the hurdles that had limited progress in some areas. It was considered that the flexibility afforded by the adoption of an integrated budget would make it easier to channel resources to areas where the lack of progress had been due to funding gaps. Delegates considered that the assessment had definitely contributed to greater transparency, accountability, and results-based management. It had also yielded a number of valuable lessons learned concerning the time required to carry out the assessments at country level, the need for training of those involved, the central role of the PAHO/WHO representative offices in the process, and the need to promote intersectoral dialogue, since information from other sectors was required for such assessments.

34. Several delegates commented on the usefulness of the assessment for national health authorities, with one reporting that the results had guided the formulation of his country's national health policy for the period 2016-2025, thus enhancing complementarity between the national and regional levels. Another delegate pointed out that the report could serve as a tool for mobilizing support for program priorities and for the strategic allocation of resources. Various delegates noted that the report would enable Member States to identify both best practices and areas where additional effort was needed. It was suggested that a database of successful experiences in countries should be compiled.

35. It was noted that the Region had made significant progress in tackling health disparities and addressing social and environmental determinants of health and that it had achieved a number of historic public health milestones during the biennium; at the same time, it faced several persistent challenges that required intensified effort, including the slow decline in maternal mortality and the ongoing problem of violence against women. It was pointed out in that connection that improving women's and children's health could help to advance development and reduce poverty. It was also highlighted that there is a need to continue building core capacities under the International Health Regulations, in order to make these capacities sustainable.

36. Some further refinements of the assessment methodology were considered necessary, particularly in relation to disagreements between the Bureau and national authorities with regard to assessment results and participation by Member States in the assessment of the Bureau's activities under category 6 of the Strategic Plan. Stronger collaboration and dialogue between the Bureau and Member States was also considered necessary, not only during the assessment phase but also during the planning and implementation of the program of work. It was noted that lack of reliable information with which to monitor and measure progress, coupled with aspirational targets for some indicators, had been factors accounting for the non-achievement of some outcomes and outputs. The work of the Strategic Plan Advisory Group in refining indicators and validating targets (see paragraphs 44 to 49 below) was expected to alleviate those problems.

37. Mr. Walter acknowledged that there had been difficulty in coming to consensus on some reported results, but noted that agreement had been reached on over 90%. The disagreements had been largely due to differing interpretations of the criteria used for evidence and to the availability and quality of evidence. He agreed that further refinement of the compendium of indicators would make it easier to reach consensus in future assessments. With regard to the achievement of results, he noted that some of the targets for some outputs had been quite ambitious—sometimes twice the baseline value—which had had the effect of depressing the results in some cases. Nevertheless, the Region was on track to reach 90% of the six-year outcome indicators. Regarding Member State participation in the assessment of category 6, he noted that some areas had been excluded from the joint assessment because they had to do primarily with the internal operations of the Bureau; however, Member State participation in the assessment of some areas, such as the output related to PAHO's leadership in the Region, would be beneficial. The Bureau would take that into account in planning for the next end-of-biennium assessment.

38. The Director observed that the joint assessment had demonstrated the Bureau's commitment to transparency and accountability and its willingness to ensure the full engagement of Member States in the planning and assessment of the Organization's work. One of the lessons learned from the assessment had been that countries sometimes had a tendency to underrate their accomplishments; in some instances because they feared that they would receive less support if they reported that an indicator target had been fully achieved. She assured delegates that that would not be the case.

39. The Bureau shared Member States' concern about the less-than-optimal decline in maternal mortality rates and had launched a special initiative, deploying more staff and making more resources available to some countries and intensifying the work of the Latin American Center for Perinatology, Women's and Reproductive Health (CLAP/WR). The Bureau had also deployed staff to the subregional level to work on noncommunicable diseases, another key concern for the countries of the Region. It was embarking on an initiative aimed at improving health information systems, a need frequently cited in meetings of the Governing Bodies, and it had increased the number and frequency of evaluations of its technical cooperation programs with a view to improving their performance. She noted, however, that the Bureau's efforts must be complemented by investment at the national level if success was to be achieved in areas such as reduction of maternal mortality and prevention and control of noncommunicable diseases.

40. The Directing Council took note of the report.

Interim Assessment of the Implementation of the PAHO Budget Policy (Document CD55/6)

41. Dr. Margarita Guevara Alvarado (Representative of the Executive Committee) reported that the Executive Committee had been informed that an interim assessment of the implementation of the budget policy adopted in 2012 had shown that the policy had

ensured that all countries received adequate core funding and were able to maintain a minimum PAHO presence and that the allocations of the key countries had been protected. The Committee had also been informed that the policy had delivered the intended results without any unforeseen adverse consequences that would warrant any adjustments prior to the in-depth assessment to be conducted at the end of the 2016-2017 biennium. The Bureau therefore saw no reason to make any changes to the policy before the end of the biennium. The Committee had endorsed the Bureau's recommendation that no changes should be made to the policy before the end-of-biennium assessment.

42. In the discussion that followed, the Bureau's flexibility in responding to country needs by shifting resources from the regional to the country level was welcomed and support was expressed for the recommendation to maintain the policy until the end-of-biennium assessment.

43. The Directing Council took note of the report.

Methodology for the Programmatic Priorities Stratification Framework of the PAHO Strategic Plan (Document CD55/7)

44. Dr. Margarita Guevara Alvarado (Representative of the Executive Committee) reported that the Executive Committee had examined a report on the PAHO-adapted Hanlon prioritization methodology, which had been developed jointly by the Bureau and the Strategic Plan Advisory Group, a group of 12 Member States. The Committee had welcomed the improvements made to the Hanlon methodology, particularly the addition of an inequity factor, which took account of avoidable inequalities in the occurrence of disease and in access to health programs, and a positioning factor, which rated the extent to which PAHO was uniquely positioned to add value in a particular program area. The Committee had considered that the methodology would make resource allocation more efficient, more oriented towards needs and priorities, and more equitable.

45. The proposed resolution put forward for the Committee's consideration had called for the methodology to be promoted as a best practice. However, while the potential usefulness of the methodology at the national level had been acknowledged, some delegates had felt that it needed to be further tested before it could be described as a best practice to be adopted and used by Member States. It had therefore been suggested that the words "best practice" in the resolution should be replaced with "useful tool" and that Member States should be invited to consider, rather than encourage, its use at the national level.

46. In the Council's discussion of this item, delegates expressed support for the methodology and the proposed resolution and praised the work of the Strategic Plan Advisory Group, extending thanks to Mexico, Ecuador, and Canada for their leadership. The methodology was seen as a useful tool for identifying priorities in an objective manner and for enhancing transparency, efficiency, strategic planning, and resource mobilization and allocation. Delegates agreed that prioritization was essential, especially in the face of resource constraints. The importance of incorporating qualitative as well as

quantitative elements in the analysis of public health priorities was emphasized. Several speakers mentioned that their Governments had already begun to use the methodology at the national level to plan for the 2018-2019 biennium. The need for further training of national-level personnel in the use of the methodology was highlighted.

47. Mr. Daniel Walter (Director, Department of Planning and Budget, PASB) reported that, following requests by some Member States during the June 2016 session of the Executive Committee, the Bureau had held consultations with national health authorities in nine countries on programmatic priority stratification using the refined PAHO-adapted Hanlon methodology. The feedback from those consultations had been positive. If approved by the Directing Council, the methodology would subsequently be used in all countries and territories in the Region as part of the bottom-up process of developing the draft program and budget for 2018-2019. He also noted that staff from the WHO Secretariat had participated in some of the consultations and that WHO had now incorporated the methodology into its country cooperation strategy guidelines.

48. The Director thanked the Member States that had participated in the Strategic Plan Advisory Group, expressing special gratitude to the technical expert from Canada for his valuable contributions. She was confident that, as the Bureau and Member States gained more experience in using the methodology, it would come to be seen as a best practice.

49. The Council adopted Resolution CD55.R2, approving the methodology and urging Member States to consider its adoption, adaptation, and utilization at the national level.

Framework of Engagement with non-State Actors (Document CD55/8, Rev. 1)

50. Dr. Margarita Guevara Alvarado (Representative of the Executive Committee) reported that the Committee had been informed that, in order to fulfill the Region's commitment to implement the Framework of Engagement with non-State Actors (FENSA) in the Americas, the Bureau intended to prepare a working document setting out the terminological and other changes that would be needed to render the Framework suitable for adoption by PAHO, but would not modify the substance of the Framework as adopted by the Sixty-ninth World Health Assembly. The Committee had acknowledged that, owing to PAHO's legal status as a separate organization, the Framework must be adopted by its Directing Council. To facilitate that process, it had been suggested that consultations should be organized prior to the opening of the Council to enable Member States to examine and discuss the working document and proposed resolution to be prepared by the Bureau.

51. Dr. Heidi Jiménez (Legal Counsel, PASB) said that the Bureau had convened a consultation with Member States, as requested by the Executive Committee, to discuss the working document and proposed resolution. Most Member States had participated, either in person or via a web conferencing platform. The proposed resolution contained in Document CD55/8, Rev. 1, underscored PAHO's commitment to implement the

Framework in a manner that respected the Organization's constitutional and legal framework; mandated that it be implemented in coordination with the WHO Secretariat in order to ensure coherent and consistent implementation across all levels of PAHO and WHO; established a mechanism for reporting through the PAHO Executive Committee and provided for the sharing of all important information with WHO; and proposed that FENSA should replace PAHO's 2005 Guidelines on Collaboration with Commercial Enterprises and the Principles Governing Relations between PAHO and Nongovernmental Organizations.

52. The Directing Council welcomed the adoption of FENSA and expressed support for its implementation in PAHO as provided in the proposed resolution. Numerous speakers expressed the view that the adoption of the Framework would enhance collaboration with non-State actors on the basis of clear rules that would ensure transparency, accountability, and good governance; prevent conflicts of interest; and protect the integrity, credibility, and reputation of the Organization and its Member States. It was emphasized that any work undertaken with non-State actors should help to advance public health objectives, including those established in the 2030 Agenda for Sustainable Development. The Bureau was asked to clarify how PAHO would participate in the registry of non-State actors.

53. Delegates considered that the proposed resolution would give the Bureau the flexibility required to implement the Framework in a manner compatible with PAHO's Constitution and legal status as an independent organization. The need for ongoing dialogue between the Bureau and the WHO Secretariat to ensure consistent implementation of the Framework was underlined and support was expressed for a "One WHO" approach to implementation. The reporting mechanism envisaged in the resolution was welcomed. It was suggested, however, that the reports to be prepared for the Executive Committee should include a risk analysis. Support was also expressed for future reviews of the Framework in order to identify any needed adjustments.

54. Delegates thanked Argentina for its leadership of the intergovernmental negotiations on FENSA and expressed appreciation to the Bureau for the guidance and support it had provided to Member States during the negotiation process.

55. Representatives of several nongovernmental organizations voiced support for the adoption of FENSA, while also expressing the hope that it would not place any undue constraints on PAHO's and WHO's collaboration with non-State actors.

56. Dr. Jiménez also thanked Argentina and expressed gratitude to all the Member States of the Americas for their active participation in the lengthy FENSA negotiation process. With regard to PAHO's participation in the registry of non-State actors, she noted that the registry was still in a pilot stage and that many details remained to be worked out and assured the Committee that the Bureau was working closely with the WHO Secretariat to put the registry in place. As to the inclusion of a risk analysis in the reports to be presented to the Executive Committee, she pointed out that the FENSA

document⁵ provided that, in addition to the information that would be made publicly available, Member States would have electronic access to a secure platform containing due diligence and risk assessment information on each non-State actor. She suggested that, in order to protect the Organization, risk analysis and reporting should be done through the secure platform and not through reports to the Governing Bodies, which would be available to the public on the PAHO website.

57. The Director, noting that PAHO had long taken a cautious and discriminatory approach to working with non-State entities, affirmed that the Bureau was fully committed to implementing FENSA in the Americas and would work closely with the WHO Secretariat to that end. She, too, thanked Argentina for its leadership of the negotiation process and expressed appreciation to the Member States of the Region for recognizing the need to implement FENSA in accordance with the legal and constitutional framework of PAHO.

58. Following the incorporation of some amendments proposed with a view to simplifying and clarifying some wording in the proposed resolution contained in Document CD55/8, Rev. 1, the Directing Council adopted Resolution CD55.R3, adopting the Framework.

Resilient Health Systems (Document CD55/9)

59. Dr. Margarita Guevara Alvarado (Representative of the Executive Committee) reported that the Executive Committee had examined an earlier version of the policy document on resilient health systems. The Committee had affirmed the importance of resilience, particularly in the context of recent disease outbreaks and natural disasters, and also in the light of the commitments established under the Sustainable Development Goals. Most delegates had expressed support for the policy document, although one [female] had questioned its added value, given that various existing initiatives already provided a solid normative framework for health system strengthening. Another had pointed out that it reflected an emphasis on a risk approach and had stressed the need to focus on factors that would enhance the preparedness and response capacity of health systems and enable them to withstand pressures or adversities.

60. It had been pointed out that the proposed resolution put forward for the Committee's consideration would have asked the Directing Council to approve the policy, and it had been suggested that the Governing Bodies should not, as a matter of principle, approve policy documents; rather, such endorsement should be reserved for documents that had been subject to discussion and negotiation by Member State before being submitted to the Governing Bodies. The proposed resolution had been amended accordingly.

61. The Directing Council welcomed the Bureau's efforts to promote health system strengthening and resilience and expressed support for the policy document and the proposed resolution, which would provide useful guidance for Member States in

⁵ World Health Assembly Resolution WHA69.10, Annex.

strengthening their health systems and ensuring that they had the capacity both to sustain day-to-day operations and to respond in times of crisis. Delegates affirmed the importance of resilience, particularly in the context of recent disease outbreaks, and agreed with the definition of resilient health systems put forward in the document. They also acknowledged that health system resilience was critical to the achievement of universal health coverage and noted the need for multisectoral collaboration and long-term investment to build resilient systems. The document's reference to the importance of a whole-of-society approach was welcomed; however, it was felt that the document should place greater emphasis on preparing populations to work with health authorities in combating threats to public health.

62. Delegates described actions taken by their countries to bolster their health systems and identified numerous factors that would contribute to health system resilience, including strengthening of essential public health functions and implementation of the core capacities under the International Health Regulations. It was pointed out that, although the Regulations were often associated with emergency response, their provisions provided the pillars needed to build a strong foundation for resilient health systems. The importance of strengthening integrated health services networks within countries and building inter-country networks with a special focus on health in border areas was highlighted. The need for effective health information and epidemiological surveillance systems to facilitate timely decision-making and response was also stressed. Reliable civil registration and vital statistics systems were considered essential in order to ensure access to health services for the entire population.

63. The delays involved in transferring laboratory samples and receiving results were cited as an impediment to ensuring the responsiveness of health systems, and the need for innovative technologies and point-of-care diagnostic testing was underlined. Chronic underfinancing of health systems and health workforce shortages were identified as other barriers. Investment in and equitable distribution of qualified human resources was seen as crucial. In that connection, Member States were encouraged to implement the recommendations of the United Nations High-level Commission on Health Employment and Economic Growth.⁶ It was pointed out that strong national health systems must be complemented by strong regional and global leadership to ensure coordinated responses to health emergencies, and PASB was encouraged to continue working with the WHO Secretariat on the implementation of WHO's new Health Emergencies Program. It was also asked to use its advocacy to encourage governments to allocate specific budgets to bolster the resiliency of health systems in times of emergency or disaster.

64. A representative of the International Alliance of Patients' Organizations expressed concern about the many patients in the Region that remained vulnerable owing to the lack of resilient health systems and urged Member States to adopt the proposed resolution.

⁶ Available from: <http://apps.who.int/iris/bitstream/10665/250040/1/9789241511285-eng.pdf>.

65. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) explained that the policy document was intended to put forward a concept of resilience and integrate that concept with the approaches that Member States had been developing to address multi-hazard events and also to ensure a response to more sustained threats, such as the increasing burden of noncommunicable diseases. Member States had accurately noted that the achievement of health system resilience required investment. The level of public expenditure on health in the Region varied considerably, but the average, 4.7% of gross domestic product, remained well below the benchmark established by Member States in the resolution on universal access to health and universal health coverage.⁷

66. He agreed that community participation was crucial to the risk reduction strategies and intersectoral approaches that were required to build resilience in health systems and develop resilient societies. It was also essential for the achievement of universal health coverage. With regard to integrated health services networks, he noted that the Strategy for Universal Access to Health and Universal Health Coverage, which was at the core of the policy document, highlighted the need to progressively increase access to comprehensive, integrated quality care, built on the premise of primary health care and integrated in health services. He also announced that PAHO would host a high-level forum on health system resilience during the Fourth Global Symposium on Health Systems Research to be held in Canada in November 2016.

67. The Director recalled that, although much had been said about the need for resilient health systems in the wake of the 2014 Ebola virus disease outbreak in Africa, no one had developed a concept of what constituted a resilient health system. The Bureau had attempted to do so, drawing on past discussions and resolutions of the Governing Bodies, particularly on the topics of universal access to health and universal health coverage, the International Health Regulations, essential public health functions, and health in all policies. A resilient health system was not built only to cope with emergencies; it was a system that could ensure daily access to quality disease prevention and health care and promotion services that met the needs of the population at a cost that the country and its citizens could afford. As had been pointed out in the discussion, strong health information and surveillance systems were key components of a resilient health system, as were health systems research and performance assessments. The Bureau would continue to work to help Member States put in place all the elements required to ensure the resiliency of their health systems.

68. Following the incorporation of various amendments reflecting points raised during the discussion, the Directing Council adopted Resolution CD55.R8, supporting the resilient health systems policy document.

⁷ Resolution CD53.R14 (2014).

Access and Rational Use of Strategic and High-cost Medicines and Other Health Technologies (Document CD55/10, Rev. 1)

69. Dr. Margarita Guevara Alvarado (Representative of the Executive Committee) reported that the Executive Committee had examined an earlier version of the policy document on this item, which provided an overview of the multidimensional problem of access to high-cost medicines and other health technologies, proposing policy options that would ensure expanded, sustainable access to such products. The Committee had commended the integrated approach embodied in the policy document. There had been consensus on many aspects of the document, including the importance of evidence-based decision-making; rational prescribing; the use of health technology assessments and other measures when considering the cost of medicines; and emphasis on the quality, safety, and efficacy of medicines. However, it had been suggested that the document could benefit from further work to clarify its objectives and scope.

70. A topic of great concern to a number of delegates had been the pharmaceutical industry and its practices. It had been suggested that the Director should be requested to develop a framework of ethical principles for the marketing of medicines, together with a code of conduct to guide the behavior of agents of the pharmaceutical industry with respect to marketing. There had been consensus on the need for collective price negotiations for strategic products. The importance of stimulating local production of medicines had also been underscored. Countries had been encouraged to take advantage of the flexibilities for public health provided under the Agreement on Trade related Aspects of Intellectual Property Rights (TRIPS).

71. In view of the number of comments on the policy document and the suggested changes to the proposed resolution, the Committee had decided to form a working group to revise the proposed resolution, which had subsequently been adopted as Resolution CE158.R16. It had been agreed that consultations would be held prior to the 55th Directing Council to agree on revisions to the policy document.

72. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) introduced the revised policy document (Document CD55/10), pointing out that several paragraphs required further discussion by Member States, as alternative texts referring to the management of intellectual property rights had been proposed. He noted that access to high-cost medicines and technologies constituted a particular challenge for health systems in their efforts to move toward universal access to health and universal health coverage. Increasing access to high-cost medicines and health technologies could save more lives and yield significant improvements in the quality of life. However, the cost of such products could increase the risk of financial hardship and catastrophic expenditure for patients and could constitute a challenge to the sustainability of health systems. Inadequate decision-making processes for the use of new products in health systems, weak regulatory systems to support the entry of medicines, and lack of transparency in research and development costs were but a few of the challenges to be addressed. The policy document and proposed resolution put forward a comprehensive approach intended to help Member States in tackling those challenges.

73. The Directing Council welcomed the document and commended the Bureau for its support to Member States in their negotiations on the text. Delegates agreed that the evaluation, selection, adoption, and use of medicines and other health technologies should be grounded in health priorities and subject to a rigorous evaluation based on the best available evidence, bearing in mind social, cultural, ethical, and equity considerations. Delegates also noted that breakthroughs in biomedical science and the development of new medicines were putting increasing pressure on national health budgets; those innovations were bringing great benefits to patients, but often came with high prices, adding to the difficult decisions that health systems had to make about which products to include. High-cost medicines and health technologies were also jeopardizing the sustainability of health systems. There was consensus that equitable access to such products was a requisite for universal access to health and universal health coverage and that their high cost was an access barrier.

74. Delegates mentioned various ways of lowering prices, including supply chain management and the use of essential medicines lists, rational prescribing, the use of generics, joint procurement through PAHO's Strategic Fund and Revolving Fund, and technology transfer to stimulate local production. Health technology assessment and the evaluation of medicines to ensure their efficacy were seen as other ways of lowering prices and enabling Member States to determine whether a product was worth the cost. Comprehensive use of the flexibilities provided under the TRIPS Agreement was encouraged. One delegate reported that his Government would shortly be publishing the outcome of an accelerated access review, which was expected to contain a number of recommendations to speed up access to transformative new medicines. He suggested that the report might help inform further work on the PAHO policy document.

75. Delegates noted the need to strengthen institutional capacity and evidence-based decision-making about the incorporation of high-cost medicines and health technologies. Robust, unbiased, and transparent information systems were considered key in that regard. The Bureau was called on to actively disseminate the recommendations of the United National High-level Panel on Access to Medicines and, together with other United Nations bodies, to use its influence to promote the uptake of those recommendations and the recommendations in the PAHO policy document and the accompanying resolution.

76. The pharmaceutical industry was a central issue in the Council's discussion. Stressing that medicines were not ordinary goods and that public health should prevail over commercial interests, many delegates criticized industry practices, including misleading advertising, monopolistic practices, lack of transparency in pricing, and the inappropriate extension of patent exclusivity. At the same time, several delegates emphasized the importance of protecting intellectual property rights and promoting dialogue and collaboration with the industry to encourage innovation.

77. Representatives of two nongovernmental organizations representing the pharmaceutical industry made statements, pointing out that competition was beneficial and expressing a willingness to work with PAHO on integrated approaches to overcoming access barriers. One NGO representative warned that joint procurement

could result in negative consequences, discouraging innovation, raising prices, and creating instability. In response to that comment, a delegate observed that, while joint procurement might pose a risk to the profits of the pharmaceutical industry, it was not a risk to access, innovation, or supply. She added that her country had saved some \$200 million⁸ through joint procurement. Another delegate reported that his Government had requested that the Organization for Economic Cooperation and Development (OECD) conduct an evaluation of the sustainability of pharmaceutical expenditures in the medium term and the health risks that would result from hindering access to innovation. Several countries had already expressed interest in participating in that effort.

78. It was noted that three paragraphs of the document, relating to intellectual property and generic medicines, had not yet been finalized. Several delegates suggested additional changes, including one in relation to the phenomenon of “judicialization of health” referred to in paragraph 20 and another in relation to the reference to eliminating direct payments in paragraph 24. Regarding the latter change, a delegate reported that direct payments by the wealthy in his country were used to subsidize health care for the poor. Several delegates requested that negotiations within the working group should continue with a view to reaching a consensus.

79. Following the negotiations, Dr. Fitzgerald summarized the agreements reached with regard to the proposed resolution and the policy document, including changes relating to intellectual property policies, patents, and the timely entry of products to the market. Changes had also been introduced in a paragraph referring to “judicialization,” replacing the term with “legal action”. Language from the Strategy for Universal Access to Health and Universal Health Coverage had also been introduced.

80. The Delegate of the United States of America commented that the negotiation process had been educational, enabling delegates to learn about each other’s national experiences with the shared problem of access to medicines. He had been surprised to learn, for example, that in many countries, generics accounted for only around 7% of the market. In contrast, in his country—which sought both to promote access and to preserve the innovation system and therefore was one of the staunchest defenders of intellectual property rights—generics accounted for 88% of the pharmaceutical market.

81. The Directing Council accepted the revised policy document (Document CD55/10, Rev. 1) and adopted Resolution CD55.R12.

Health of Migrants (Document CD55/11, Rev. 1)

82. Dr. Margarita Guevara Alvarado (Representative of the Executive Committee) reported that the Committee had examined an earlier version of the policy document on health of migrants, which presented an analysis of the current migrant health situation in the Americas, and, building on recent PAHO resolutions, put forward a set of policy options that Member States could consider in order to address the health needs of migrant populations. The Committee had welcomed the policy document and expressed support

⁸ Unless otherwise indicated, all currency figures in this report are expressed in United States dollars.

for the policy areas identified therein, although several delegates had sought additional information on how the priorities would be translated into action. Several delegates had noted the link between migrants' right to health care and the right to health. Other delegates, however, had pointed out that not all countries recognized a legally protected right to health and requested that both the document and the proposed resolution be modified to reflect that fact.

83. It had been noted that the proposed resolution recommended that the Directing Council should adopt the policy document, and it had been suggested that the document should be welcomed but not "adopted," since "adopt" had legal implications that would make it difficult to introduce changes down the road. It had also been suggested that the resolution should request the Director to create a repository of information on successful experiences in migrant health to facilitate cooperation and the sharing of experiences among Member States.

84. The Directing Council also welcomed the policy document, recognizing that every Member State in the Region was affected by migration, whether as a country of origin, transit, destination, or return. Delegates thanked the Bureau for bringing the issue to the fore and for working with other international partners, such as the United Nations High Commissioner for Refugees, the International Organization for Migration, and the Organization of American States, declaring that PAHO had a critical role to play in promoting the inclusion of migrant health in national and regional health plans and programs. It was recognized that the health of migrants was both a human rights and a public health issue, and there was consensus on the importance of providing health care to migrants, whether economic migrants or refugees, to protect both their health and that of local populations. Delegates affirmed the ethical imperative of providing equitable, culturally appropriate health services without discrimination to migrants, refugees, and other vulnerable mobile populations, in line with the Sustainable Development Goals, stressing the need for a comprehensive approach and attention to social determinants of health.

85. Delegates described their health systems' activities to promote the health of migrants, which included stepped-up surveillance of communicable diseases and migrant-sensitive clinical care, counseling, and prevention activities. Some delegates reported that in their countries impoverished migrants, regardless of immigration status, were covered by health insurance and had access to basic and emergency care. Pregnant women, children, and persons with disabilities were considered priority populations. Commenting that migrants were often afraid to seek care from State health facilities, several delegates reported that civil society organizations often provided health care the migrant population in their countries.

86. Several delegates reported that irregular migration was overwhelming their health systems and budgets and threatening the sustainability of their health systems and emphasized their need for additional financial support. Several delegates emphasized the importance of a cooperative approach, citing the need for regional coordination and cooperation, multilateral agreements, attention to border health, and cross-border

surveillance. Some also mentioned the need for agreements between countries to provide portable or reciprocal health benefits. Several delegates also highlighted the need for research on the root causes of migration.

87. It was pointed out that the world was witnessing the worst refugee crisis since World War II. One delegate applauded the commitment of the United Nations Member States that had gathered at the recent High-level Plenary Meeting of the General Assembly on Addressing Large Movements of Refugees and Migrants and had reaffirmed their shared responsibilities in tackling the crisis. Several delegates pointed out the positive contributions of migrants to receiving societies.

88. Delegates suggested a number of changes to the document and resolution, including the introduction of language to allow some flexibility for Member States where different levels of government shared responsibility for health care coverage and to indicate that protection of the right to health was not legally recognized in all countries.

89. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) thanked Member States for sharing their experiences, noting that the policy document was well aligned with delegates' comments relating to the protection and promotion of migrant health on the basis of the principles of the right to the highest attainable standard of health, solidarity, and equity. He considered extremely relevant the comments about co-responsibility for the protection and promotion of health and the provision of health services, based on the Strategy for Universal Access to Health and Universal Health Coverage. He noted that, as large influxes of migrants could pose a threat to the sustainability of health systems, the issue of migrant health was closely linked to that of health system resilience (see paragraphs 59 to 68 above).

90. The Director said that the health of migrants was clearly an important issue across the Region. Unfortunately, the situation would probably get worse, as countries could expect an increase in refugees and migrants in the coming months. Thus, it was heartening to see that Member States appreciated the need to ensure access to health care services consistent with the resolution on access to universal health and universal health coverage. Nevertheless, countries were struggling with the financial and organizational implications of the situation. It was clear that the Bureau needed to work with Member States on the issue and that a working group should be formed to determine both how PASB could best provide technical cooperation and what Member States could do, always with a view to ensuring the dignity of the human person. The Bureau would take up the matter and move quickly on it.

91. Following the introduction of several amendments reflecting views expressed in the course of the discussion and in informal consultations, the Directing Council adopted Resolution CD55.R13, supporting the modified policy document.

Implementation of the International Health Regulations (Document CD55/12, Rev. 1)

92. Dr. Margarita Guevara Alvarado (Representative of the Executive Committee) reported that the Executive Committee had reviewed a report on States Parties' compliance with administrative requirements under the International Health Regulations (IHRs) and on their progress in meeting the IHR core capacity requirements. The report had also provided an update on the status of the new IHR Monitoring and Evaluation Framework and on the 12 recommendations contained in the report of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response, which had been discussed during the Sixty-ninth World Health Assembly and had proved rather controversial. As a result, the Health Assembly had decided to refer the recommendations to the WHO regional committees for further discussion.

93. A regional consultation had been held in August 2016 to consider the relevance of each of the 12 recommendations for the Americas and to define the areas of work of a prospective regional plan on the Regulations and the content of a proposed resolution to be submitted to the 55th Directing Council. The outcome of the consultation was presented in Annex B, Appendix I, to Document CD55/12, Rev. 1.

94. Dr. Sylvain Aldighieri (Ad Interim Deputy Director, Health Emergencies Department, PASB) introduced Document CD55/12, Rev. 1, noting that it comprised three parts: a progress report on the implementation of the International Health Regulations in the Americas, the report of the regional consultation, and a proposed decision based on the outcome of the regional consultation. The first part also provided an update on significant public health events in the Region from January 2015 to April 2016, including the Zika virus outbreak (see paragraphs 221 to 227 below) and the occurrence of cases of yellow fever in several countries of the Region.

95. With respect to yellow fever, he noted that the Director-General of WHO had issued recommendations for affected and at-risk countries in the context of a complex urban yellow fever outbreak in some countries of Africa. In the Americas, three of the 13 countries in which yellow fever was endemic had reported sylvatic cases. The risk of cross-border spread existed and the risk of re-urbanization of yellow fever in certain areas of the Region could not be ruled out. The critical issue with regard to yellow fever activity and response was the limited availability of yellow fever vaccine to satisfy regional and global demand.

96. Concerning the regional consultation, he reported that the main conclusions were that States parties should be the focus and the ultimate beneficiaries of the resources that organizational reform would entail. Accordingly, the global IHR strategic plan should focus on country needs. To continue on the path set by World Health Assembly Resolution WHA68.5 and the subsequent outcome of the WHO regional committees in 2016, the future IHR monitoring and evaluation framework should be presented during the World Health Assembly in 2017 with its four components, namely: annual reporting, after-action review, simulation exercises, and joint external evaluation. The proposed

decision would request that the report be transmitted to the WHO Executive Board in January 2017. It would also request the Bureau to prepare an information note to facilitate the preparation of Member States in the Americas for the Board's 140th session.

97. The Directing Council welcomed the considerable progress made in implementing the Regulations in the Region, while also acknowledging that challenges remained, particularly in relation to the capacity to respond to events associated with chemical and radiation-related hazards, food safety, and zoonoses. Improving multisectoral coordination for the implementation of the Regulations was seen as another challenge. Delegates called on the Bureau to continue to assist Member States in strengthening their capacities in those areas. The importance of collaborating with other specialized international agencies, particularly the International Atomic Energy Agency, was highlighted, as was the value of sharing experience and best practices in the implementation of the Regulations. There was broad agreement that the progress made in implementing the IHR core capacities had also enhanced the ability of health authorities to carry out essential public health functions and contributed to overall health system strengthening. Several delegates reported on steps their countries had taken to prevent the transmission of yellow fever. The recognition that a single dose of yellow fever vaccine would confer lifelong immunity was welcomed.

98. Numerous delegates expressed support for the WHO IHR monitoring and evaluation framework, with some strongly endorsing joint external evaluations and encouraging all States parties to take part in an evaluation and to identify experts who could assist in conducting future evaluation missions. It was pointed out that such evaluations could help countries to identify and address challenges and provide opportunities to form collaborative partnerships and mobilize resources. Several delegates reported that their countries had already undergone joint external evaluations and had found them to be very valuable; several others indicated that their countries intended to carry out such evaluations in the near future. Some delegates, however, considered that further clarification was needed regarding the procedure for conducting joint external evaluations and the respective roles of WHO Headquarters, the PAHO/WHO country offices, States parties, and other actors. It was emphasized that annual reporting by States parties on IHR implementation should continue to be based on self-assessment and that participation in joint external evaluations, simulation exercises, and after-action reviews should be complementary and voluntary and should take account of countries' capacities and circumstances.

99. Delegates generally welcomed the draft WHO global implementation plan for the recommendations of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response and agreed that the Regulations should not be amended. One delegate was concerned that the global plan might duplicate aspects of other global and regional plans and resolutions aimed at supporting the implementation of the IHR core capacities. Another delegate expressed the view that the final plan should be more complete and action-oriented and should set out clear timelines and responsibilities for States and for the WHO Secretariat; it should also place strong emphasis on training of national IHR focal points, using innovative approaches such as

e-learning platforms. It was considered that the final plan could serve as a model and guide for the formulation of operational plans at the national level, and it was suggested that stronger national ownership could be fostered by promoting the linkage of national action plans with national health strategies and health system strengthening. The recommendations of the High-level Commission on Health Employment and Economic Growth were seen as potentially useful in that regard.

100. Delegates expressed appreciation to the Bureau for organizing the regional consultation and endorsed the report contained in Document CD55/12, Rev. 1. It was considered that the report gave thoughtful consideration to the controversies surrounding the IHR Review Committee's recommendations and highlighted some of the significant challenges and realities faced by small island nations, while also reflecting the viewpoints and concerns of larger States with regard to the recommendations. It also highlighted inconsistencies between the Regulations, the Review Committee's recommendations and the draft plan, including practical and legal considerations. The Council recommended that the report should be forwarded in its entirety to the 140th session of the WHO Executive Board in January 2017 and to the Seventieth World Health Assembly in May 2017.

101. Most delegates expressed support for the proposed decision contained in Annex C to Document CD55/12, Rev. 1. One delegate, however, thought that the tone of the decision was overly prescriptive. He pointed out that the consultation had not been designed to build consensus towards regional agreement and that a diversity of views had been expressed.

102. Dr. Aldighieri thanked Member States for the information provided on their efforts to implement the Regulations, including the steps taken to prevent yellow fever transmission in border areas. He noted that many delegations had highlighted the need to strengthen the IHR monitoring and evaluation framework and had also drawn attention to challenges such as difficulties in implementing the core capacities needed to respond to radiation-related hazards.

103. Dr. Francisco Becerra (Assistant Director, PASB) said that putting in place and maintaining the core capacities would require ongoing work, including regular monitoring and evaluation and annual reporting. Joint external evaluations should be seen as an opportunity for learning and improvement. The Bureau stood ready to continue working with Member States to strengthen their capacities and ensure that the Region was prepared to cope with any emergency situation that might arise.

104. The proposed decision was revised to reflect the comments and suggestions made during the discussion and was adopted as Decision CD55(D5).

Plan of Action for Malaria Elimination 2016-2020 (Document CD55/13)

105. Dr. Margarita Guevara Alvarado (Representative of the Executive Committee) reported that the Executive Committee had been informed that the proposed Plan of

Action for Malaria Elimination was the product of extensive consultations that had begun in April 2014. The purpose of the proposed plan of action was to continue progress toward eliminating local malaria transmission in Member States and prevent the potential reestablishment of the disease. The plan was aligned with the Global Technical Strategy for Malaria and included five lines of action, described in Document CD55/13. The Committee had welcomed the plan of action, noting that it recognized that stakeholder commitment and community participation were essential to forestall malaria resurgences and ensure sustained prevention and control efforts. Greater coordination among partners and stakeholders in the Region had been considered necessary for achieving and sustaining malaria elimination, and it had been suggested that the plan could benefit from strategies to improve such coordination and promote information-sharing.

106. It had been noted that the goals and indicators set out in the proposed plan of action had related almost exclusively to targets to be met by countries. Although the plan called for a budget of \$30 million for technical cooperation by the Bureau, it made no reference to the activities to be undertaken to support countries in meeting the goals. The Bureau had been asked to draw up a list of inputs and activities and include them in the document to be submitted to the Directing Council to give Member States a sense of how the funds would be spent.

107. In the Directing Council's discussion of the item, delegates praised the plan, affirming that malaria elimination was a priority and noting the plan's alignment with the WHO Global Technical Strategy for Malaria and other international initiatives. Delegates also commended the plan's emphasis on gender and human rights. Concern was expressed about the potential introduction of forms of malaria not endemic to the Region and about resistance to antimalarial drugs. The need for a special focus on occupational groups at higher risk of malaria was highlighted. A delegate suggested that the plan should promote the rapid availability of critical medicines for countries where malaria was not endemic or transmission had been interrupted in order to enable them to manage imported or drug-resistant cases. He also suggested that the proposed resolution should make reference to the importance of addressing social determinants of health and of community engagement.

108. There was consensus on the need for regional cooperation and coordination of efforts and for sharing of information on best practices and successful experiences. One delegate highlighted the efforts of Cuban doctors to train health workers in her country, and another indicated that his country would continue working with the Region's Technical Advisory Group on Malaria to evaluate and develop indicators to track Bureau efforts to support the countries and the plan. Delegates called for continued technical cooperation from the Bureau and the procurement of medicines through the Strategic Fund.

109. Delegates stressed the need to maintain epidemiological and entomological surveillance, prevention efforts (including public awareness campaigns and the use of treated bed nets), and integrated vector control (including breeding site elimination, environmental clean-up, and the rational use of pesticides and larvicides). Several

delegates commented that integrated vector control would require data on climate and social determinants. One delegate suggested the creation of a registry of malarious regions, with details about the forms of malaria present. The importance of cross-border initiatives, especially in remote areas, was also emphasized, as was the need for increased budgets, trained human resources, close collaboration with local and regional stakeholders, pharmacovigilance, strengthened laboratory services, and universal diagnosis and timely treatment.

110. Several speakers described the progress that their countries had made toward elimination. One delegate reported that transmission rates had fallen sharply in his country as a result of its participation in the Elimination of Malaria in Mesoamerica and the Island of Hispaniola (EMMIE) initiative. A number of countries in the Region had been certified as malaria-free. Others had had no cases for several years and were on the path to elimination, with plans in place to prevent the reintroduction of the disease. Several countries in the Guiana Shield region, however, had exhibited a resurgence of the disease, particularly in mining areas with large migrant populations. Several Caribbean delegates noted that malaria was not endemic to their countries and that the only reported cases had been imported; they also reported that their governments had adopted strategies to prevent the introduction of the disease.

111. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Health Analysis, PASB) congratulated Member States for their commitment to malaria control, noting that 18 were entering the elimination phase, and affirmed that the Bureau stood ready to support their efforts to achieve the 2030 goal of elimination. However, there was still work to be done. Malaria did not respect borders, and in a globalized world it was essential to prevent the Region's achievements from being undone as a result of the importation of cases. Countries should therefore step up their control efforts. Regarding the suggestion to insert a reference to a rapid supply of medicines in the plan of action, he pointed out that the PAHO warehouse in Panama could make medicines available immediately in the event of stock-outs or shortages.

112. The Director congratulated Member States for their success in reducing malaria morbidity and mortality and thanked them for their commitment to malaria elimination, a goal that she believed was achievable. Although the Region was well on the way to meeting that goal, the spread of malaria across borders was a real concern. The Bureau was always respectful of national sovereignty and sovereign rights, but it had a responsibility for ensuring the health and well-being of the entire Region; thus, the Bureau was asking for Member States' cooperation when it sought to work with them to reduce malaria mortality and ensure access to medication and the protection of border areas.

113. The Bureau also looked to Member States to make the increased investment needed to meet the commitment to scale up surveillance, early diagnosis, adequate treatment, and control. She thanked the partners who had worked with Member States and the Bureau, among them the Global Fund to Fight AIDS, Tuberculosis, and Malaria; the Bill and Melinda Gates Foundation; the United States Agency for International

Development, the United States President's Malaria Initiative, the Meso-American Initiative, and the Carlos Slim Foundation, and expressed the hope that those partners would maintain or increase their level of support and commitment and work with the Bureau in a coordinated fashion.

114. The Directing Council adopted Resolution CD55.R7, approving the plan of action.

Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections 2016-2021 (Document CD55/14)

115. Dr. Margarita Guevara Alvarado (Representative of the Executive Committee) reported that the Executive Committee had been informed that the proposed plan of action was aligned with the WHO global health sector strategies for HIV/AIDS, viral hepatitis, and sexually transmitted infections for 2016-2021; the Joint United Nations Program on HIV/AIDS (UNAIDS) fast-track global strategy for the same period; and the Global Strategy for Women's, Children's and Adolescents' Health 2016-2030. It was intended to contribute to the achievement of the relevant target under Sustainable Development Goal 3: ending the AIDS epidemic as a public health problem by 2030. Its four strategic lines of action were aligned with the strategic directions of the WHO global health sector strategies.

116. The Executive Committee had supported the plan of action, with delegates praising its emphasis on targeting vulnerable populations and highlighting the need for a comprehensive approach that included civil society participation and an intercultural and gender approach. There had been general support for the plan's alignment with global initiatives, although the need to take local conditions into account had been acknowledged. It had been suggested that each country should develop its own package of interventions and services, including measures to address HIV/STI co-infection.

117. The Directing Council welcomed the proposed plan of action. Delegates described their countries' progress in HIV/STI prevention and control, with some noting the alignment of their national programs with the UNAIDS 90-90-90 targets. Delegates stressed the importance of promoting HIV/STI surveillance, prevention, diagnosis, early treatment, access to care by the most vulnerable populations, and the reduction of discrimination and stigma.

118. Prevention of mother-to-child transmission of HIV and syphilis was considered a high priority that called for continued access to antiretroviral (ARV) medicines and penicillin. Numerous delegates reported that their countries were well on the way to elimination of mother-to-child transmission, but voiced concern about penicillin shortages, which were jeopardizing control of both syphilis and tuberculosis. Others commented that patent barriers were keeping the cost of antiretrovirals unduly high; they encouraged the use of generics and emphasized that health should prevail over commercial interests. Several delegates spoke of the need for financial assistance through the Global Fund to Fight AIDS, Tuberculosis, and Malaria and for the joint procurement

of medicines through the PAHO Strategic Fund to lower prices, with one delegate commenting on the importance of innovation in both financing and research for future HIV/STI prevention efforts. The same delegate noted that increased availability of pre-exposure prophylaxis and self-tests in his country had been decisive in combatting HIV infection.

119. Other high-priority areas were key populations and patients with comorbidity. Delegates welcomed the plan's reference to indigenous, trans, and other groups, together with its promotion of the dissemination of sexual and reproductive health information. One delegate reported that the human papillomavirus (HPV) vaccine was now included in her country's national immunization schedule and that all girls leaving basic education would be protected against the infection. She pointed out, however, that the anti-vaccination movement was attempting to influence family decisions about the vaccine through the media and urged PASB to increase the flow of evidence-based information about the vaccine to foster an appreciation of its benefits. Another delegate noted with approval the plan's alignment with the WHO Global Health Sector Strategy for HIV/STIs 2016-2021 and its reflection of the 2016 WHO recommendation to administer treatment regardless of a patient's CD4 cell count. Commenting that the inclusion of antimicrobial resistance (AMR) and gonococcal AMR surveillance were good additions to the strategy, she urged the strengthening of overall STI surveillance within the framework of health promotion.

120. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Health Analysis, PASB) welcomed Member States' commitment to eliminating HIV and sexually transmitted infections, observing that the Region had come a long way but also pointing out that some populations were still not receiving treatment. He expressed satisfaction that 96% of the financing for HIV treatment in the Region came from domestic budgets. Some countries still needed external support, however, and he encouraged them to take advantage of the Strategic Fund. Implementing the plan of action would substantially reduce new infections and mortality from HIV. The work must continue if the world was to be free of HIV and STIs.

121. Dr. Gottfried Hirschall (Director, Department of HIV/AIDS and Global Hepatitis Program, WHO) congratulated PAHO for its rapid adaptation of the regional plan to the global plan and welcomed the commitment in the plan of action to translate the ambitious global targets into regional targets and subtargets for the next six years. He cited numerous examples of the Region's global leadership on a broad range of issues, including the Strategic Fund as a model for improving efficiency in ARV procurement. He acknowledged that the high incidence of HIV in key populations, such as men who have sex with men and transgender persons, was a pressing issue; delivering services to those groups would require focused, innovative approaches and an enabling and stigma-free environment. Emerging approaches and interventions, including self-testing and the use of pre-exposure prophylaxis, needed to be integrated into country practices.

122. By adopting the fast-track HIV targets for 2020 and 2030, countries were committing to treatment for all and to ending AIDS. The Region was already making

impressive efforts to review and analyze key programs and had identified critical service delivery and quality issues. Improving services to increase treatment adherence was crucial for minimizing the emergence of drug-resistant HIV and STIs. The next five years would be critical and would determine whether the world was on the right track to ending such infections by 2030. The regional plan of action provided a good roadmap for guiding countries in that endeavor and could serve as an example to inform, advise, and inspire the global response.

123. Dr. Francisco Becerra (Assistant Director, PASB) commended Member States on their efforts and commitment to advance in the prevention, surveillance, and treatment of HIV and STIs. Costs and penicillin shortages posed great challenges for the Region, but the Bureau was working with other partners to secure the best purchasing conditions for Member States, and it anticipated that the situation would improve shortly. Noting the increase in the number of countries that were taking advantage of the Strategic Fund, he invited others to do so in order to lower the cost of antiretrovirals. He encouraged countries to work together to stress the benefits of prevention, including the use of barrier contraception methods and the HPV vaccine, since prevention was always easier and less expensive than treatment.

124. The Directing Council adopted Resolution CD55.R5, approving the plan of action.

Plan of Action for the Elimination of Neglected Infectious Diseases and Post-elimination Actions 2016-2022 (Document CD55/15)

125. Dr. Margarita Guevara Alvarado (Representative of the Executive Committee) reported that the Executive Committee had been informed that the objectives and priorities of the proposed plan of action included interruption of the transmission of eight neglected infectious diseases (NIDs) for which cost-effective tools were available. It also called for the prevention, control, and reduction of the burden of disease from five diseases for which integrated, innovative management tools were available.

126. The Committee had expressed support for the plan, which built on the successes of the past decade and set ambitious elimination targets aligned with the WHO roadmap to accelerate work on neglected tropical diseases. Delegates had suggested that an assessment of current systems for the detection and monitoring of other neglected infectious diseases should be conducted, so that approaches could be developed to address the gaps identified. They had also underscored the need to link the vector control strategies in the plan of action with existing vector control strategies and emphasized the need for intersectoral efforts. It had been requested that the document to be submitted to the Directing Council include a list of the activities that the Bureau intended to carry out to support countries under the plan of action.

127. The Directing Council welcomed the plan of action and commended the Bureau for its regional leadership in addressing the issue of neglected infectious diseases. It was considered that the plan of action built on the successes of the past decade in the

Americas and set ambitious elimination targets in line with the WHO roadmap for accelerating work on neglected tropical diseases⁹ and the Sustainable Development Goals. Delegates described the progress that their countries had made toward interrupting transmission and eliminating such diseases as a public health problem. Four reported verification of the elimination of onchocerciasis, while others indicated that they were on the way to eliminating or interrupting the transmission of various other diseases, including leishmaniasis, trachoma, and Chagas disease. Delegates also noted, however, that enormous challenges remained, since NIDs continued to be present in a number of countries, affecting the most vulnerable populations.

128. The need for NID elimination efforts to address social determinants of health was emphasized. There was consensus on the importance of sustained integrated and intersectoral action to improve environmental management through coordinated activities in relation to water, sanitation, and hygiene; epidemiological and entomological surveillance; and active case-finding, diagnosis, treatment, and control. It was also considered essential to strengthen capacities in endemic areas, develop diagnostic tests, ensure an adequate supply of safe and affordable medicines, and create mechanisms to prevent late complications.

129. It was suggested that the plan of action should include specific communication and community participation strategies and provision for documenting and sharing successful experiences. It was also suggested that it should include surveillance of social and environmental scenarios, with risk stratification of vulnerable populations; the development and coordination, in collaboration with entomology professionals, of a multisectoral network for integrated vector surveillance and control; and surveillance of zoonotic diseases in humans and animals. There was consensus on the importance of continued technical cooperation and financial support from PAHO and other partners.

130. The delegate of Guatemala described the onchocerciasis elimination program in her country, which had led to its recent certification by WHO as onchocerciasis-free. She enumerated the factors that had contributed to her country's success in this effort, namely: sustained political commitment to support the national elimination program, ongoing support from the Bureau, timely availability of medicines, and, in particular, the dedication of health workers and the active participation of communities and health volunteers in an innovative health promotion and health education program. The experience had yielded many lessons that would enable the country to tackle other existing and new health challenges.

131. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Health Analysis, PASB) congratulated Member States for their progress in control and elimination of neglected infectious diseases. He noted that there was a tendency to forget about diseases that were on the decline and emphasized the need to remain vigilant in order to prevent their reemergence just as they were on the verge of being eliminated.

⁹ Accelerating work to overcome the global impact of neglected tropical diseases: a roadmap for implementation. Geneva: World Health Organization; 2012 (Document WHO/HTM/NTD/2012.1).

NIDs were responsible for roughly 5 million disability-adjusted life years in the Americas, and it was essential to finish the job. Eight diseases could be eliminated as a result of the plan of action. Colombia, Mexico, Ecuador, and Guatemala had eliminated onchocerciasis, but other diseases, such as lymphatic filariasis, schistosomiasis, and dog-mediated rabies, still needed attention. He pointed out that neglected infectious diseases had not been addressed in the MDGs but were part of the SDGs. That was important because they required an intersectoral approach. NIDs were diseases of poverty and affected the most vulnerable populations. The Region had the means, medicines, diagnostic capacity, and tools to address them, and the Bureau stood ready to provide the necessary technical cooperation.

132. With regard to entomological surveillance, he reported that the Director had created a technical advisory group made up of entomologists, which had met for the first time in 2016, and a roster of entomologists had been drawn up, which Member States could consult. The Bureau was working to revive the waning interest of the Region's universities in vector control, and the Director had formed a public health entomology team to provide technical cooperation to Member States on neglected infectious diseases and on the implementation of tools approved by WHO as part of pilot projects for *Aedes aegypti* control.

133. Dr. Francisco Becerra (Assistant Director, PASB) also congratulated Member States on their progress in eliminating neglected infectious diseases and Guatemala in particular for its recent certification as onchocerciasis-free. He agreed that, since such diseases were linked to inequity and poverty, adopting a multisectoral approach to meet the needs of disadvantaged populations and modify environments was imperative for their control and elimination.

134. The Directing Council adopted Resolution CD55.R9 endorsing the plan of action.

Strategy for Arboviral Disease Prevention and Control (Document CD55/16)

135. Dr. Fernando Llorca Castro (Representative of the Executive Committee) reported that the Executive Committee had been informed that, in view of the rise in viral infections transmitted by arthropods in the Region, the Bureau proposed to upgrade the current Integrated Management Strategy for Dengue Prevention and Control to a strategy for arboviral disease prevention and control comprising four lines of action. The Committee had expressed support for the strategy and proposed lines of action. There had been consensus on the need for sustainable mosquito control measures, timely clinical diagnosis of disease, robust and responsive surveillance systems, enhanced laboratory diagnostic capacity, and well-trained human resources. Delegates had noted the need for greater emphasis on environmental management and public participation in the elimination of mosquito breeding sites. It had been suggested that a section on environmental management be included in the strategy.

136. The Directing Council decided to discuss the update on Zika virus in the Region (Document CD55/INF/4, see paragraphs 221 to 227 below) in conjunction with its discussion of the proposed strategy for arboviral disease prevention and control.

137. The Directing Council welcomed the proposed strategy and agreed that it was appropriate to expand the Integrated Management Strategy for Dengue Prevention and Control to include a holistic, integrated approach to arboviral diseases in general. Numerous delegates commented that the proposed strategy was in line with the approaches their countries were using at the national level. Delegates noted the challenges that arboviruses transmitted by *Aedes aegypti* posed to health systems—including straining their capacity and diverting resources away from other health problems and priorities—and acknowledged the need for resilient health systems to deal with them.

138. Environmental pollution and poor environmental management were seen as a big part of the problem. Many delegates emphasized the need for improved surveillance and stepped-up vector control in the Region. Some described vector control measures being used in their countries, which included spatial fogging, elimination of mosquito breeding sites, and the release of fingerlings into bodies of water to control mosquito larvae—a traditional and environmentally friendly method well-accepted by the population. Concern was expressed about mosquito resistance to insecticides.

139. Delegates highlighted the importance of community participation in the elimination of mosquito breeding sites. There was consensus on the need to educate the public through media campaigns focusing on environmental activities to eliminate breeding sites. It was pointed out, however, that awareness-raising alone would not necessarily suffice; it was also necessary to change behaviors. The Bureau was asked to develop tools and materials that could be tailored to country needs to promote behavioral change in the population. It was also asked to assist with capacity-building in countries and to facilitate the sharing of successful experiences. The Bureau was also urged to draw attention to the link between climate change and the proliferation of arboviral disease vectors.

140. Pointing to the limited laboratory capacity for the diagnosis of arboviral diseases in certain subregions, a number of delegates noted their countries' reliance on regional laboratory networks for the development of diagnostics and the confirmation of cases. Many also noted the need for continued international technical cooperation and financial assistance to enable countries with limited health budgets to manage epidemics.

141. Delegates commended PAHO for its swift response to the Zika virus outbreak in the Region and provided information on the Zika situation in their countries and the steps being taken to combat the disease. Several delegates noted that their efforts had been based on PAHO's Integrated Management Strategy for Dengue Prevention and Control, which involved a coordinated intersectoral approach. It was stressed that, although the number of cases had declined significantly in some places in recent months, it was essential to remain vigilant in order to prevent the infection from becoming endemic in the Region. Delegates emphasized the need for surveillance of congenital malformations in newborns and Guillain-Barré syndrome, monitoring and counseling for pregnant women, and extended follow-up of newborns. It was considered that the top priority must be to reduce Zika's risk to pregnant women and women of childbearing age.

142. The importance of research to increase understanding of the Zika virus and of the complications associated with Zika infection was underscored. The Delegate of Brazil reported that his Government was promoting research for the development of a safe and effective vaccine against the virus, which it hoped would be available for clinical trials in humans in 2017. He also noted that, as expected, the 2016 Olympic Games held in Rio de Janeiro had not affected Zika virus transmission dynamics.

143. Dr. Sylvain Aldighieri (Ad Interim Deputy Director, Health Emergencies Department, PASB) thanked delegates for their reports on country activities. He outlined the Bureau's response to the Zika virus outbreak, which had begun with the initial response in December 2015. A public health emergency of international concern had been declared in February 2016 and was still ongoing. At the same time, the integrated regional strategy for the prevention and control arboviral diseases had been developed with the participation of various departments within the Bureau. The strategy was intended to address the challenges that the emergence or reemergence of arboviruses posed to the health services of the Region.

144. He noted that outbreaks of dengue persisted in the Region. The chikungunya virus had arrived in the Region in 2013 and had spread to every country where dengue was also present. And urban yellow fever, which had been under control for more than 60 years, had reemerged in the Southern Cone in 2007. It was therefore important to closely monitor arboviruses in the Region, among them the Mayaro and Oropuche viruses, which in recent years had triggered disease outbreaks in several countries in the Region and could potentially be transmitted by *Aedes aegypti*, which could result in the spread of the virus to other subregions. Indeed, cases of Mayaro virus disease had already been reported in the Caribbean.

145. The Director said that it was clear that arboviral diseases were a great concern for the countries of the Americas. The Zika epidemic had taught the Region many lessons, requiring both the Bureau and Member States to learn as the epidemic unfolded and to identify the research questions that needed answering. The Region had responded well to the epidemic, meeting its responsibilities under the International Health Regulations. She thanked the partners who had supported the Bureau in responding to the epidemic.

146. It was also clear that the Region could not afford individual strategies for each arboviral disease. An integrated approach to arboviral diseases was needed that involved new methods of mosquito control and new technologies, vaccines, diagnostic tools, and strengthened surveillance. It was to Brazil's and Colombia's credit that the circulation and transmission of the Zika virus and the increase in the number of microcephaly and Guillain-Barré cases had been identified so early, and it would be concerted effort by all Member States that would enable the Region finally to defeat the *Aedes aegypti* mosquito.

147. The Directing Council adopted Resolution CD55.R6, adopting the strategy for arboviral disease prevention and control.

Plan of Action for Disaster Risk Reduction 2016-2021 (Document CD55/17, Rev. 1)

148. Dr. Margarita Guevara Alvarado (Representative of the Executive Committee) reported that the Executive Committee had been informed that the proposed plan of action had been extensively discussed in several forums and was intended to build on the lessons learned from the implementation of the Plan of Action on Safe Hospitals 2010-2015. Its objective was to strengthen country capacity to reduce disaster risks and take action in accordance with the Sendai Framework for Disaster Reduction 2015-2030.

149. The Committee had expressed support for the plan and had commended the efforts and progress made in upgrading early warning systems, improving preparedness, and mitigating the impact of disasters. There had been consensus on the need to strengthen national and regional capacity, disaster risk reduction plans, and risk management coordination and to adopt a more comprehensive approach to disaster preparedness and response. It had been noted that greater adherence to the International Health Regulations could help to increase preparedness and resilience. It had also been suggested that joint external evaluations under the new WHO IHR monitoring and evaluation framework could prove useful in assessing national capacities in disaster reduction.

150. The Directing Council welcomed the plan of action and commended the Bureau for its work in disaster risk reduction. There was consensus that strong national and regional disaster reduction systems were critical for preventing health crises and supporting timely, effective responses to disasters and disease outbreaks of all magnitudes. The plan's inclusion of a strategic line promoting the safe hospitals initiative was applauded. The Bureau was urged to ensure that the initiative was aligned with ongoing WHO emergency reform actions.

151. Delegates stressed the importance of strengthening national capacities for emergency and disaster response, institutional coordination, resilience, and the dissemination of best practices. Member States were encouraged to incorporate disaster plans for the health sector into their broader risk reduction planning efforts. It was suggested that the plan could benefit from an evaluation of national capacities relevant to disaster risk reduction. It was also suggested that such an evaluation might be conducted as part of joint external evaluations of IHR core capacities (see paragraphs 92 to 104 above).

152. Emergency medical teams (EMTs) were a topic of great interest to the Council. One delegate requested support and assistance from the Bureau in standardizing a review of international medical teams. Another inquired how the establishment of national emergency medical teams would integrate into WHO's reform of an all-hazards approach. The Delegate of Ecuador reported that, in its response to an earthquake in April 2016, his country had been the first in the Region to apply the WHO international standards for national and international emergency medical teams. He also noted that in the wake of the event, the need for a registry of national EMTs had become clear.

153. Delegates from the Caribbean highlighted the challenges that natural disasters posed to health systems and budgets in small island States and thanked PAHO for its post-disaster assistance. One delegate suggested that PAHO should capitalize more on the recent successful climate change negotiations and explore the availability of funding from the Green Climate Fund and other sources.

154. Dr. Ciro Ugarte (Director, Health Emergencies Department, PASB) said that the progress made in disaster reduction in the Americas was the result of the coordinated efforts of the Bureau and the countries of the Region, but chiefly of the latter. The Safe Hospitals initiative had not been implemented globally to the extent that it had been in the Region, where thousands of hospitals had been evaluated and upgraded. The line of action on safe, smart hospitals under the proposed plan of action had already been implemented in some countries, and it had been shown that hospitals could remain open and continue to serve the public in the midst of a disaster. Work remained to be done, however, as there were still hospitals in the Region that were being destroyed or shut down in disaster situations. The need for international emergency medical teams in the Region was linked to countries' capacity to mount their own emergency response. A number of countries, like Ecuador, were now making it a priority to form their own national teams.

155. Dr. Francisco Becerra (Assistant Director, PASB) remarked that the Organization's 40 years of effort since the creation of its Emergency Preparedness and Disaster Relief Program had borne fruit, as many countries now had the capacity to mount an immediate response to emergencies and disasters. However, it was important to continue strengthening capacities under the new plan of action.

156. The Directing Council adopted Resolution CD55.R10, approving the plan of action.

Analysis of the Mandates of the Pan American Health Organization (Document CD55/18, Rev. 1)

157. Dr. Margarita Guevara Alvarado (Representative of the Executive Committee) reported that the Committee had heard a presentation on the development of a tool for organizing and systematizing PAHO mandates and determining whether resolutions of the Governing Bodies should be classified as active, conditionally active, or ready to be sunsetted. The tool had been developed pursuant to requests by the Executive Committee in 2013 and 2014. As part of this initiative, a database had been constructed that included all the Governing Body resolutions. Member States would be given access to the database once the resolution validating the proposals of the working group had been adopted. The Committee had congratulated the Bureau on the initiative and had recommended that the Directing Council endorse the recommendations contained in Document CD55/18, Rev. 1, for time-limited reporting and the sunseting of resolutions.

158. The Directing Council commended the methodology and the tool developed for the analysis of PAHO mandates. Delegates agreed that the tool would be very useful for

analyzing the Organization's performance and would help to address strategic priorities, harmonize PAHO mandates with the Strategic Plan, and provide clarity with respect to financing. There was consensus that the information compiled would help countries improve their health systems and national-level reporting.

159. One delegate expressed support for the recommendation in the report that future resolutions should be more explicit about reporting and about mandates, realistic about execution capacity, and clear about their financial implications. She asked why category 6 (corporate services and enabling functions) had so many mandates and requested clarification about mandates that were conditionally active. Another delegate requested that the Bureau submit a progress report to the Executive Committee in 2017 on action taken since the regional meeting in Panama in March 2015, when the roadmap for strengthening cooperation for health development was drafted. A third delegate recommended that the next analysis should include information on the impact of the resolutions and the changes brought about in countries. She called for ongoing monitoring of resolutions and mandates and an interactive platform that would provide Member States with up-to-date information on compliance with mandates.

160. Ms. Piedad Huerta (Senior Adviser, Office of Governing Bodies, PASB) thanked delegates for their feedback on the systematization exercise, which had yielded not only a detailed analysis of all resolutions adopted in the past 17 years, but a work methodology and database that would enable the Bureau to closely monitor resolutions and their resulting mandates. The exercise had been genuinely interprogrammatic, with all departments in the Bureau participating in the analysis and the drafting of the recommendations proposed in the report. Adoption of the proposed resolution would enable the Bureau to continue growing the database to create other products, such as an interactive information platform, as recommended by a delegate, and more detailed analyses that would clarify the links between the resolutions, mandates, and priorities set out in the Organization's strategic frameworks. Another important achievement of the exercise was that it would allow the Bureau to be more foresighted about the matters to be taken up in future sessions of the Governing Bodies. The tool might also be used to prepare country and other reports on compliance with the resolutions.

161. She explained that the large number of mandates in category 6 was due to the breadth of that category, which covered administration, communication, and programming and budgetary areas and accounted for more than half of the resolutions adopted. That category also included all resolutions related to international cooperation.

162. The Director said that the information in the report would be useful to the Bureau as it developed proposals for agenda items, helping to reduce the repetition of mandates on the same subject and rationalize the number of items. Concerning follow up to the Panama meeting on country cooperation in health development, she informed the Council that a meeting would be held in the Dominican Republic in December 2016, at which a report would be provided on the commitments made since the Panama meeting and the projects under way. One of the largest was the Gran Chaco project, in which the Bureau was working with four countries to improve access to health in that region.

163. The Directing Council adopted Resolution CD55.11, endorsing the recommendations in the report.

Administrative and Financial Matters

Report on the Collection of Assessed Contributions (Documents CD55/19 and Add. I)

164. Dr. Margarita Guevara Alvarado (Representative of the Executive Committee) reported that the Executive Committee had been informed that, as of 20 June 2016, a total of 81.2% percent of outstanding arrears had been paid, leaving a balance outstanding of \$8.3 million. No Member State was subject to the provisions of Article 6.B of the PAHO Constitution at the time of the Committee's June session. The Committee had also been informed that, as of 20 June, the Organization had received \$24.4 million in payments towards 2016 assessed contributions. That amount represented only 23.9% of total current-year assessments.

165. Mr. Xavier Puente Chaudé (Director, Department of Financial Resources Management, PASB) said that no Member State was currently subject to the voting restrictions envisaged under Article 6.B of the PAHO Constitution. Noting that Documents CD55/19 and Add. I contained updated information on the collection of assessed contributions as of 19 September 2016, he reported that a total of \$38.7 million, equivalent to 87% of prior-year assessed contributions, had been received, leaving an amount of \$5.6 million outstanding. A total of \$51 million had been received for 2016 assessments. Drawing attention to the percentage of current assessments received by September in recent years, he pointed out that the figure had gone down steadily from a high of 60% in 2011 to 46% in 2015, but had risen somewhat, to 50%, in 2016. In total, 25 Member States had paid in full for 2016, and two had already paid for 2017.

166. As of 19 September, disbursements from the regular budget had totaled \$84 million. Pending receipt of further contributions, it had been necessary to use resources from the Working Capital Fund, the balance of which had been reduced to \$0.1 million. He urged Member States to pay their contributions soon as possible to enable the Organization to fulfill its objectives.

167. The Delegate of France reported that his Government had paid its contribution in full on 26 September 2016.

168. The Director expressed the Organization's appreciation for the contributions received so far, at the same time appealing to those Governments still in arrears to accelerate their payments so as to enable the Organization to execute all the mandates assigned to it by Member States.

169. The Council adopted Resolution CD55.R1, expressing appreciation to those Member States that had already made payments for 2016 and urging all Member States to meet their financial obligations to the Organization in an expeditious manner.

Financial Report of the Director and Report of the External Auditor for 2015 (Official Document 351)

170. Dr. Margarita Guevara Alvarado (Representative of the Executive Committee) reported that the Executive Committee had been informed that consolidated total revenue in 2015, including voluntary contributions and funds received for procurement on behalf of Member States, had decreased by 15% with respect to 2014, a decline that was mainly the result of a decrease in national voluntary contributions, which in turn was the result of exchange rate depreciation. Delegates had noted with concern the 15% decline in revenue and the \$8.8 million deficit mentioned by the External Auditor. It had been acknowledged that factors beyond the Bureau's control had contributed to those negative results, but the Bureau had nevertheless been encouraged to take steps to prioritize and explore ways of managing the deficit. Concern had also been expressed about the failure to implement some voluntary contributions in 2015, which had resulted in the return of those funds to the donors. The Bureau had been requested to provide an analysis of the risks associated with the downward trend in voluntary contributions and an assessment of funding by category.

171. The expected retirement of a large number of senior staff in the next three years had also been a source of concern, and the Bureau had been asked to provide information on what was being done to provide for transfer of the knowledge of retiring staff, accelerate the recruitment of new staff, and ensure that the wave of retirements and the resulting benefit liabilities would not create a financial burden for the Organization.

172. In the Council's discussion of the financial report, delegates again expressed concern about the drop in the Organization's income owing to the reduction in voluntary contributions and reiterated the request to have an analysis of the resultant risk included in the report. Delegates also reiterated their concern about the impending wave of retirements, with its concomitant risk of loss of institutional knowledge and experience and the future burden of pension payments. The Bureau was commended for producing financial statements fully compliant with the International Public Sector Accounting Standards (IPSAS) and for the satisfactory start-up of the PASB Management Information System (PMIS).

173. Mr. Xavier Puente Chaudé (Director, Department of Financial Resources Management, PASB) responded that the decline in voluntary contributions appeared to have stopped and had perhaps begun to reverse. With reference to the implications of future pension payments, he recalled that the Organization had been paying into the United Nations Joint Staff Pension Fund, and that consequently there were no risks, as the pensions of retiring staff were fully funded. On the PMIS, he recalled that it had begun operations in the financial area in January, noting that the Bureau was working to resolve any difficulties that had arisen in the intervening months.

174. Mr. Gerald Anderson (Director of Administration, PASB), adding some information on the issue of retirements, recalled that the Director had commissioned the

development of a human resources strategy,¹⁰ the components of which were being put into practice progressively, including the capture of knowledge and timing of new hires to allow new recruits to learn from retiring staff.

175. The Director said that the Bureau took very seriously the recommendations of the internal and external auditors and of the Audit Committee, including those relating to retiring staff. Mechanisms were in place to deal with retirements. For example, a study of the existing competencies in the Bureau's staff was being conducted with a view to potentially re-profiling some of the positions being vacated. As a result, for example, the Bureau planned to hire several new health economists to work in the Department of Health Systems and Services. In addition, the Bureau was working with headhunters and examining its hiring policies with the aim of shortening hiring times.

176. She noted that the implementation of the PMIS had demanded huge amounts of time and effort from the staff, for which she was grateful. Work was ongoing to resolve unforeseen difficulties and address additional requirements in the system. She expressed her gratitude to Member States for their vigilance in monitoring the PMIS project.

177. The Directing Council took note of the report.

Update on the Appointment of the External Auditor of PAHO for 2018-2019 and 2020-2021 (Document CD55/20)

178. Dr. Margarita Guevara Alvarado (Representative of the Executive Committee) reported that the Executive Committee had received an update on the process for appointing a new External Auditor to replace the Court of Audit of Spain, whose term of office would end in 2018. The Committee had been informed that in August 2016 the Bureau would send a note verbale to Member States, Participating States, and Associate Members seeking nominations for the position. The deadline for submission of nominations was 31 January 2017. The requirements for candidates were set out in the annex to Document CD55/20. Member States were urged to put forward their best candidates for the position.

179. Mr. Xavier Puente Chaudé (Director, Department of Financial Resources Management, PASB) stressed the importance of selecting a top-quality External Auditor, noting that the auditor would play a major role in ensuring that the accountability and transparency in the Organization.

180. The Council took note of the report.

¹⁰ See Document CE156/31 (2015).

Awards

PAHO Award for Administration (2016) (Document CD55/21)

181. Dr. Margarita Guevara Alvarado (Representative of the Executive Committee) reported that the Award Committee of the PAHO Award for Administration, 2016, consisting of delegates of the Bahamas, Ecuador, and the United States, had met on 21 June 2016. After examining the information on the candidates nominated by Member States, the Award Committee had decided to recommend that the PAHO Award for Administration 2016 be conferred on Dr. Pastor Castell Florit Serrate of Cuba, for his commendable contributions to public health, as reflected in his leadership in the management and administration of the national health system of Cuba.

182. The President of the Directing Council reviewed the career of Dr. Castell Florit Serrate and the achievements that had led to his receiving the PAHO Award for Administration, noting that he was being recognized for his professional trajectory and his contributions to research and teaching on the administrative management of health systems.

183. The President of the Directing Council and the Director presented the PAHO Award for Administration 2016 to Dr. Pastor Castell Florit Serrate, whose acceptance speech may be found on the webpage of the 55th Directing Council.¹¹

PAHO Award for Administration: Changes to Procedures (Document CD55/22)

184. Dr. Margarita Guevara Alvarado (Representative of the Executive Committee) reported that the Executive Committee had been informed of a proposal by the Bureau to amend the guidelines for conferring the PAHO Award for Administration, with the aim of enhancing the award's importance and encouraging Member States to present candidates of excellence. The Committee had approved to change both the name and the focus of the award. Henceforth, the award would be known as the PAHO Award for Health Services Management and Leadership, and would be granted to individuals who had shown excellence in leadership in areas having to do with the development of health systems and the administration of health services, access to health services and improvement of their quality, development of integrated networks of health services, and the production of knowledge and research in health service delivery.

185. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) added that, in its new form, the award would be well aligned with the Regional Strategy on Universal Access to Health and Universal Health Coverage and that PASB looked forward to launching the updated award in 2017.

186. The Director encouraged Member States to take the award seriously and to nominate appropriate individuals as candidates for it.

¹¹ http://www.paho.org/hq/index.php?option=com_content&view=article&id=12276&Itemid=42078&lang=en.

Matters for Information***PAHO Program and Budget 2016-2017: Mechanisms for Interim Reporting to Member States (Document CD55/INF/1)***

187. Dr. Margarita Guevara Alvarado (Representative of the Executive Committee) reported that the Committee had received an update on the progress made in carrying out Resolution CD54.R16 (2015), which called for the development of a mechanism for interim reporting to Member States on the implementation of PAHO's program and budget. The Committee had been informed that the Bureau proposed to use the six-monthly performance monitoring and assessment exercises (PMAs), in combination with other sources of information, as the reporting mechanism. The Committee had been told that the information could be made available online or through the PAHO/WHO representatives in the first quarter of the second year of each biennium, starting in 2017. The information from the PMAs would be supplemented by the information on PAHO's new web portal, which was expected to be operational in 2017. In the Committee's discussion, it had been pointed out that it would be difficult to make any needed course corrections if the monitoring report for the current biennium was not available until 2017, and it had been suggested that an advisory group of Member States should perhaps be set up to work with the Bureau on defining the type of reporting required.

188. In the Directing Council's consideration of this item, the Delegate of Mexico expressed concern that the information needed to enable Member States to track the Organization's technical and budgetary commitments for 2016 would not be available until 2017, the last year of the biennium. The report would thus not be a genuine interim report, and the opportunity would be lost to use it as a basis for making adjustments for 2018-2019, the last biennium of the current Strategic Plan. She reiterated her delegation's proposal, already submitted to the Subcommittee on Program, Budget, and Administration and accepted by it, that consideration should be given to establishing an advisory group of Member States to work closely with the Bureau on defining the type of reporting needed, taking into account the changes that the Organization had already made in the programmatic and budgetary areas. She noted that that proposal was not reflected in Document CD55/INF/1.

189. Mr. Daniel Walter (Director, Department of Planning and Budget, PASB) recalled that, as discussed during the sessions of the Subcommittee and the Executive Committee, PASB had well-established mechanisms for monitoring throughout the biennium and making adjustments during implementation, based on fund flows and any gaps or new issues that emerged. Those mechanisms served to measure progress and to allow adjustments based on any changes observed during the biennium. What the Bureau was now proposing, in response to the request of Member States, was to package the information obtained from the PMA exercises and supplement it with additional information from the annual financial report; that package of information would then be made available to Member States so that they could see whether any issues had emerged that needed their attention.

190. The information would be available in early 2017, so there would still be time for it to be taken into account in operational planning for 2018-2019, which would occur several months after the information had been provided to Member States. Additionally, the Web portal, once operational, would keep Member States apprised of what was happening continuously throughout the biennium. The Bureau therefore did not propose to develop any additional mechanisms.

191. The Director said that she believed that she and the rest of the Bureau had demonstrated her administration's commitment to transparency and accountability. Under her direction, PASB had accelerated its PMA exercises from once a year to every six months. Those exercises were already onerous, with every office having to make an assessment of funds expended against funds allocated, together with an in-depth analysis of constraints and gaps, on the basis of which adjustments could be made. The Bureau reported on those exercises, and every year Member States received information in the financial report. They also received reports from the various audit committees, and soon they would have access to information on the Web portal.

192. She wondered whether Member States wished to put more monitoring mechanisms in place because they distrusted the Bureau's management or were unhappy with how it was managing their programs and their funds. PASB was certainly open to greater participation by Member States in its processes and mechanisms, but there was a point beyond which too many mechanisms would interfere with the Bureau's ability to deliver on the programs, commitments, and mandates that Member States had given it.

193. The Directing Council took note of the report.

Process for the Development of the WHO Program Budget 2018-2019 (Document CD55/INF/2, Rev. 1)

194. Dr. Margarita Guevara Alvarado (Representative of the Executive Committee) reported that the Executive Committee had been informed that a first draft of the WHO program budget for 2018-2019 would be presented to the current Directing Council and to the other WHO Regional Committees, whose comments would be incorporated into a revised version to be submitted to the WHO Executive Board in January 2017. The Executive Committee had welcomed the closer coordination between PAHO and WHO in the program budget development process and expressed support for the principles and concepts underlying it, as well as satisfaction that the program budget would take account of the Sustainable Development Goals.

195. Dr. Hans Troedsson (Assistant Director-General for General Management, WHO) gave an overview of the draft proposed WHO program budget for 2018-2019. The main differences from the program budget for 2016-2017 included the new Health Emergencies Program and the reflection of the Sustainable Development Goals in the results structure, indicators, and deliverables. In addition, the proposed budget took into account the decision of the Sixty-ninth World Health Assembly on strategic budget space

allocation, which would entail a gradual increase for the Region of the Americas, to be achieved over four bienniums.

196. He drew attention to the proposed priorities for 2018-2019, which had been identified by Member States through the bottom-up process. Those priorities included the full implementation of the new Health Emergencies Program; attaining universal health coverage through comprehensive health systems strengthening; actions to address antimicrobial resistance; scaling up of interventions on noncommunicable diseases; ending preventable maternal, newborn, and child deaths; ending the global epidemics of major infectious diseases; programmatic alignment with the Sustainable Development Goals; and consolidating the WHO reform gains at all levels.

197. Turning to specific figures, he recalled that the approved program budget for 2016-2017 had been \$4.3 billion. WHO was now proposing a budget for 2018-2019 of \$4.6 billion, which should be regarded not as an aspirational figure, but as a realistic one. The proposed increase would be allocated as follows: \$140 million for the new Health Emergencies Program, an increase of \$14 million for antimicrobial resistance, an increase of \$27 million for the Human Reproduction Program and for the Special Program for Research and Training in Tropical Diseases, and a further \$130 million for the final push to polio eradication. Response to unforeseen outbreaks and crises would be funded through event-driven appeals. That cost was unpredictable, but could be estimated at around \$500 million.

198. The financing dialogue had improved both predictability and transparency of funding. However, there had been no significant improvement in funding flexibility or sustainability, as 70% to 80% of WHO's funding came from earmarked voluntary contributions. The Director-General was therefore suggesting, with support from the United Nations Secretary-General's High-Level Panel on the Global Response to Health Crises, an increase in assessed contributions for 2018-2019. A letter to that effect had been sent to all Member States in July 2016. Initially, the Director-General had not wished to suggest a figure, believing that it should be determined through a dialogue with Member States, but based on the feedback she had heard from three regional committees to date, she was now proposing a 10% increase as a starting point for discussion. A more detailed proposal, with more data on the implications of such an increase, would be prepared for the financing dialogue by the end of October.

199. He suggested that the proposed increase should not be seen as a contribution to the Organization, but rather as an investment in it. Naturally, Member States would wish to know what the return from their investment would be; that would be made much clearer in the detailed proposal that would go to the financing dialogue and the Executive Board. Further, he suggested that assessed contributions should be viewed as the means for Member States to assert their ownership of the Organization. He also pointed out that assessed contributions provided flexibility in funding, enabling the Organization to allocate funds strategically and make longer-term programmatic investments.

200. Lastly, he noted that the 2018-2019 program budget would start to be operationalized immediately after it was approved by the World Health Assembly in May 2017. In the past, the flexible funds from assessed and voluntary contributions had been released in January, which had caused a delay before any recruitment could be undertaken or work started. The Director-General had therefore decided that the funds would be released to the major offices in the last quarter before the new biennium, so that all could be operational on 1 January.

201. The Directing Council welcomed the opportunity for an early discussion on the proposed program budget for 2018-2019, which would allow Member States to provide feedback in preparation for the January 2017 session of the Executive Board. The proposed program budget was considered to be in line with the vision of moving towards universal health coverage and with the core functions of WHO. Delegates welcomed the increase in budget space allocation to the Region of the Americas and expressed the hope that the regional budget would be fully funded. They also welcomed the bottom-up consultation process, although one delegate expressed the view that the process had not been fully carried out in the Region of the Americas.

202. There was general approval of the proposed increases for the Health Emergencies Program and for antimicrobial resistance, although more detailed information was requested on how those increases would be financed. A delegate inquired how the increase of \$140 million for the Health Emergencies Program had been arrived at. The same delegate was concerned that the increase for the Program would come at the cost of reductions in other categories such as health systems, which in turn would have repercussions for areas such as health system resilience and universal coverage. She also pointed out that reductions were envisaged in areas of key importance for the Region—such as violence and injuries, aging and health, social determinants of health, and integrated people-centered health services—without any justification being offered for those decreases. In addition, she found it worrying that, in the first program budget to be adopted in the framework of the 2030 Agenda for Sustainable Development, there was to be a reduction in the allocation for category 3 (promoting health through the life course).

203. Several delegates drew attention to what appeared to be a considerable decrease in the allocation for transparency, accountability, and risk management under budget category 6 (corporate services/enabling functions). It was noted that the WHO Secretariat had explained during a recent session of another regional committee that the apparent decrease was actually a redistribution of the funds and had indicated that clarification would be provided prior to the January 2017 session of the Executive Board; the Secretariat was asked to provide that clarification as soon as possible. Clarification was also sought of the rationale for the substantial increases proposed for research in human reproduction and for polio eradication. One delegate considered that the information presented on polio eradication did not justify the increase, nor did it reflect a clear analysis of the inputs from the other United Nations agencies involved in the eradication initiative.

204. One delegate voiced support for the proposed increase in assessed contributions; others were more reticent. While acknowledging that WHO had not received an increase in assessed contributions for a number of bienniums and that Member States had expected WHO to do more with less, one delegate said that a lack of budget growth in the past was not a sufficient basis for justifying a future budget increase, nor was an increased mandate or shifting priorities. Her Government would apply three criteria in deciding whether or not to support the proposed increase: whether the proposed work program and budget were transparent so that Member States could see clearly how resources aligned with expected results and accomplishments; whether the proposed work program and budget demonstrated actual or proposed cost savings from efficiencies, streamlining of business processes, or reduction in low-priority activities; and whether the proposed program and budget clearly indicated which expected results and accomplishments would not occur if Member States did not agree to the proposed increase. The Delegate of Mexico wished the record to reflect that her Government was unable to identify elements that would justify the proposed increase and therefore could not support it.

205. In the version of the program budget to be presented to the Executive Board in January 2017, the WHO Secretariat was asked to ensure that any language relating to human rights was consistent with the WHO Constitution, the Universal Declaration of Human Rights, and international covenants. In the presentation to be made to the Board on the program budget, the Secretariat was asked to explain why, in light of the 8% budget increase approved in 2015, there was now a proposal for a new increase of 7.3%. It was also asked to present alternatives based on an exhaustive analysis of the proposed increases, taking into account the outcomes of consultations with Member States, analysis of the results for the current biennium, and examination of possible synergies with other agencies of the United Nations system. In addition, the Secretariat was asked to undertake a further assessment of category 5 with a view to providing the information required to determine the need for an increase in the budget. The Secretariat was also requested to present various financial scenarios during the financing dialogue to take place in November 2016, explaining what effect different percentage increases would have in terms of maintaining a sustainable balance between voluntary and assessed contributions.

206. Dr. Troedsson, thanking Member States for their careful review of the program budget proposal, invited the delegates who had spoken to submit their specific questions and requests for clarification in writing so that the Secretariat could address them in the revised version of the program budget document to be presented to the Executive Board. Noting that some delegations had voiced concerns about reductions in some program areas, he explained that, if the budget was to be kept stable, as requested by Member States, it could not be increased in some areas without a corresponding decrease in others. There were, however, places where WHO could scale back its budget without jeopardizing its mission or the results being achieved. An example was in the area of vaccine-preventable diseases (one of the program areas under category 3, promoting health through the life course), where it was now possible for WHO to focus less on the

delivery of vaccines, as that role was being played by other bodies, such as GAVI and UNICEF.

207. He took full responsibility for the confusion about the allocation for transparency, accountability, and risk management and assured the Council that the situation would be clarified. He emphasized that the apparent reduction did not mean that the Secretariat was investing less in transparency and accountability; it was merely shifting its emphasis from the adoption of policies to their implementation. The Secretariat would also clarify where cuts would have to be made if full funding for the program budget could not be mobilized, a distinct possibility since the Organization was so dependent on voluntary contributions, which were not always sustainable. It would also provide more complete information on the investments it had made in cost-saving and efficiency measures. He confirmed that the proposed increase for the new Health Emergencies Program, as a base program, would be a one-time investment, spread over two bienniums, 2016-2017 and 2018-2019. Thereafter, it was expected that the amount required would stabilize.

208. Mr. Daniel Walter (Department Director, Planning and Budget, PASB) noted that the consultations that PASB had undertaken with Member States on the WHO program budget had not been as in-depth as those currently taking place on the PAHO program and budget for 2018-2019. In part, that was because 2016 had been consumed by the intensive process of the joint end-of-biennium assessment (see paragraphs 28 to 40 above), and the Bureau had not wished to overburden Member States with two major budget assessments. The results of the prioritization exercise currently taking place would be fed into the WHO program budget development process and there would be other opportunities for Member States to provide input before the Executive Board and then again after it as the final budget was prepared for the Health Assembly.

209. The Director said that PASB appreciated that the WHO budget allocation for the Region of the Americas had increased in each of the last three bienniums and that the trend would continue for the following three bienniums with the implementation of the strategic budget space allocation methodology. She thanked the Member States of the Region for their efforts to put in place an objective needs-based formula.

210. The Directing Council took note of the report.

Update on WHO Reform (Document CD55/INF/3), and subitem WHO's Work in Health Emergency Management: WHO Health Emergencies Program (Document CD55/INF/3, Add. I)

211. Dr. Margarita Guevara Alvarado (Representative of the Executive Committee) reported that the Committee had been informed that, while governance reform at WHO continued to lag behind programmatic and managerial reforms, significant breakthroughs had been made during the Sixty-ninth World Health Assembly. Among other developments, the Assembly had approved reforms in the area of emergency and outbreak response, prompted by the Ebola virus disease outbreak. In addition, after lengthy negotiations, the Assembly had approved the Framework of Engagement with

Non-State Actors (see paragraphs 50 to 58 above). The Committee had welcomed the progress on WHO reform, expressing particular satisfaction at the adoption of FENSA. Delegates had emphasized that WHO reform should be led by Member States and should be guided by the principles of transparency, accountability, equity, and efficiency. Additional information had been requested on the Region's participation in the new WHO Health Emergencies Program.

212. Mr. Daniel Walter (Director, Department of Planning and Budget, PASB), noting that many of PAHO's governance, program, and management reforms had predated WHO reform, said that nearly all reforms had now been mainstreamed into the everyday work of both organizations. Obtaining more predictable and flexible financing, one of the original objectives of WHO reform, remained only partly achieved, however, and continued to be a challenge.

213. The organizational and financial implications of the new WHO Health Emergencies Program were described in Document CD55/INF/3, Add. I, which had been prepared in response to the request from the Executive Committee. The Bureau was aligning its work in emergencies functionally with the new WHO program. To that end, it had reorganized its emergencies program, joining the Department of Emergency Preparedness and Disaster Relief and the unit that dealt with the International Health Regulations, epidemic alert and response, and water-borne diseases. The renamed PAHO Health Emergencies Program, which would report directly to the Director of PASB, would continue to respond fully to the needs of the Member States of the Americas. As to the financial implications of functional alignment with the WHO program, the current and recurring cost of the expanded PAHO program was estimated at \$13 million per biennium for staff and activities. Some of that amount had been secured for the current biennium, but an ongoing source of financing would have to be identified. The matter would be discussed at the October 2016 financing dialogue in Geneva.

214. The Directing Council welcomed the progress made on WHO reform, especially the adoption of the Framework of Engagement with Non-State Actors and the launching of the new WHO Health Emergencies Program. Nevertheless, it was emphasized that WHO reform was an unfinished process and should continue. Delegates noted the need to continue strengthening alignment at the three levels of the Organization, enhance transparency in decision-making, and reinforce ties between WHO and other multilateral processes. It was suggested that in the future, given its importance, WHO reform should not be considered as an information matter.

215. The Bureau was encouraged to participate in the WHO staff mobility policy, which was seen as an important means of staff development and institutional strengthening. The need for strong cooperation and coordination between PAHO and WHO was underlined. It was emphasized in that connection that the new PAHO financing portal must be fully integrated and interlinked with the WHO global portal. It was also pointed out that the document on FENSA (Document CD55/8, Rev. 1) stated that the Director, as the chief technical and administrative officer of PAHO, was

accountable exclusively to PAHO Member States; however, as PAHO was a regional office of WHO, the Director was also accountable to the Director-General.

216. The Council applauded the alignment of PAHO's Health Emergencies Program with the WHO Health Emergencies Program. Several delegates noted, however, that the global program appeared to focus mainly on emergency response, whereas PAHO's program had always placed emphasis on prevention, preparedness, and strengthening of health system capacities in countries. Assurance was sought that those aspects of the PAHO program would not be adversely affected by the alignment with the WHO program.

217. Mr. Walter explained that, although PAHO was not formally part of the WHO mobility scheme, there were frequent movements of staff between PAHO and WHO. He added that PAHO would continue to participate as an observer on the Global Mobility Committee, and the staff movements would continue. With regard to the new PAHO financing portal, the Bureau was looking at whether it could use the same software as the WHO Secretariat. The Bureau was already contributing information on the Region's portion of the WHO budget to the WHO portal. He noted that the PAHO portal would cover the entirety of the PAHO budget.

218. Dr. Ciro Ugarte (Director, Health Emergencies Department, PASB) confirmed that the PAHO program would continue to carry out capacity-building activities as it had done since its inception. Indeed, the Region's ability to deal with emergencies and disasters effectively was largely due to the progress made by countries in strengthening their response capacity and ensuring that their health systems could continue operating in the wake of a disaster. The program would also continue its activities in the relation to risk reduction, safe and smart hospitals, attention to displaced populations, and other areas that were not currently a focus of the global program. The figure of \$13 million was the amount needed in each biennium in order to be able to expand PAHO's program and align it fully with the WHO program. It was expected that some of those funds would be mobilized through the financing dialogue at WHO, but the Bureau was also seeking to mobilize resources at the regional level in order to continue implementing the Emergency Medical Teams initiative and related activities.

219. The Director affirmed that the Region had embraced the WHO mobility policy and that the Bureau was actively engaged in the exchange of staff between WHO Headquarters and the regions, although it retained the possibility of vetting the staff that it received. The decision to form the PAHO Health Emergencies Department had come about as a result of the Region's experience in combating the Zika virus, which had shown the value of merging the two program areas. PAHO would thus be fully aligned functionally with the WHO program, but would not abandon areas such as preparedness and capacity-building. It would also maintain the networks and mechanisms that enabled it to respond within 24 to 48 hours and to move funds quickly following an emergency or disaster. Those were experiences that PAHO could contribute to help enhance the global program.

220. The Council took note of the report.

Update on the Zika Virus in the Region of the Americas (Document CD55/INF/4)

221. Dr. Margarita Guevara Alvarado (Representative of the Executive Committee) reported that the Executive Committee had been informed in June 2016 that the Zika virus was circulating in 39 countries and territories in the Region and that five of the countries had reported sexually transmitted cases. It had also been informed of the action taken by the Bureau in response to the Zika emergency. The Committee had commended the Bureau for its swift action and had called on it to continue assisting Member States to prevent, detect, and respond to infectious disease threats, noting the need to collaborate in surveillance and control and in the development of better diagnostic tools.

222. Dr. Sylvain Aldighieri (Ad Interim Deputy Director, PAHO Health Emergencies Department) informed the Directing Council that the number of countries and territories reporting indigenous cases had risen to 47. He traced the timeline of the Zika epidemic since the appearance of the first cases in Brazil in May 2015, noting that there had been a significant increase in cases in the last months of 2015 and the first quarter of 2016. The highest concentration of associated cases of microcephaly was in northeast Brazil. However, clusters of microcephaly and other malformations associated with congenital Zika syndrome had appeared in all subregions following outbreaks of Zika virus disease.

223. He noted that, while some of the figures for cases appeared to be low, they referred only to laboratory-confirmed cases, and he urged countries to make full use of the available laboratory networks to examine clinical samples. Nine months after the declaration of a public health emergency of international concern, the Region still faced challenges, among them the development of a better definition of fetal neurological malformations in the different stages of gestation and the clinical characterization of congenital Zika syndrome. Children with congenital malformations following Zika infection in the mother, as well as those born with no outward signs, should be followed for up to five years.

224. Co-circulation of various arboviruses transmitted by *Aedes aegypti*, including the dengue and chikungunya viruses, in the same ecosystem, country, or territory made the situation very complex. The response to the Zika virus epidemic required an integrated approach and strengthening of primary care services, including sexual and reproductive health services. Psychosocial and ethical support were also important, as was social protection for families affected by the birth of a child with congenital malformations and disabilities requiring lifelong care.

225. The Bureau's strategy for combating the Zika virus had three pillars—detection, prevention, and health services response—along with a cross-cutting line of action consisting of research in all three areas. It was supporting countries, inter alia, through capacity-building, the use of tools to identify system gaps and reprogram resources, and activation of the Strategic Fund to provide the countries with immunoglobulins. The PASB Incident Management Structure (IMS) had sent 65 missions and mobilized

multidisciplinary resources in 29 countries in the Region. More than 100 international experts had been mobilized in recent months through South-South and North-South cooperation. He expressed thanks to the governments and international cooperation partners that had made substantial contributions to regional response activities.

226. The Directing Council decided to discuss the report on this item in conjunction with its consideration of the proposed strategy for arboviral disease prevention and control; accordingly, see paragraphs 135 to 147 above for the summary of the discussion.

227. The Council noted the report.

Millennium Development Goals and Health Targets: Final Report (Document CD55/INF/5)

228. Delegates welcomed the Region's successes in achieving the health-related Millennium Development Goals (MDGs), but acknowledged that much still remained to be done, as progress towards the Goals had been uneven across the Region. It was considered that the joint work undertaken to achieve the Goals had strengthened the Region and laid the foundations for the future work on the Sustainable Development Goals (SDGs), and it was emphasized that the lessons learned from the work done on the MDGs should inform the implementation, monitoring, and reporting on the SDGs. Delegates commended the technical assistance that PASB had provided in helping countries to reach the MDGs and underlined the need for ongoing support from the Bureau in the effort to attain the SDGs. The importance of international cooperation, including South-South cooperation, was also highlighted.

229. Delegates identified a number of factors that had contributed to the achievement of the MDGs, including intersectoral work, active citizen participation, implementation of health reform based on primary health care, and the development of policies directed towards the poorest segments of the population. Overcoming inequality and inequity was seen as the primary challenge for the future. To that end, it was considered essential to enhance people's economic and social situation and address social determinants of health.

230. Improvements in data collection and analysis were also seen as important. It was pointed out that it was not sufficient to measure successes and failures at the national level only, as such measurements could mask considerable discrepancies between populations at the subnational level; rather, an analysis informed by considerations of equity was needed. The strengthened emphasis on equity in the SDGs was welcomed. The need to update the Health Agenda for the Americas in the light of the 2030 Agenda for Sustainable Development was noted.

231. Dr. Kira Fortune (Ad Interim Chief, Special Program for Sustainable Development and Health Equity, PASB), commending Member States for their successes in relation to the MDG targets, affirmed that the increases in life expectancy, decreases in extreme poverty, and reductions in under-5 child mortality in the previous 15 years were cause for celebration. Nevertheless, many challenges remained, and the Americas

continued to be one of the most inequitable regions in the world. She assured the Council that the Bureau intended to build upon the lessons learned from the MDGs in working towards the SDGs.

232. The Director also commended Member States on the successes achieved, noting that the Region had attained most of the health-related MDG targets, a notable exception being the one on maternal mortality. She agreed that results measured at an overall national level could mask internal disparities. As the Region began work on the SDGs, it was essential to identify which populations were being left behind and to devise strategies to enable them to catch up. That would require a much stronger emphasis on gender, equity, ethnicity, and social determinants of health. It would also require improvements in health information systems. In the specific area of maternal mortality, it was necessary to find different ways of working in order to determine, for example, why some women were not attending prenatal care and then to ascertain the type of technical cooperation needed to improve the situation.

233. The Directing Council took note of the report.

Implementation of the Sustainable Development Goals in the Region of the Americas (Document CD55/INF/6), and subitem Report on the Development of the Roadmap on: The Role of the Health Sector in the Strategic Approach to International Chemicals Management Towards the 2020 Goal and Beyond (Document CD55/INF/6, Add. I)

234. Dr. Margarita Guevara Alvarado (Representative of the Executive Committee) reported that the Executive Committee had received an update on the progress made in preparing the Region for the implementation of the 2030 Sustainable Development Agenda and formulating the regional approach to the Sustainable Development Goals, a process that had included an analysis of how the Goals related to the targets and indicators of the PAHO Strategic Plan 2014-2019. The Committee had welcomed the progress made in planning for the implementation of the SDGs in the Region. Delegates had affirmed their governments' commitment to the Goals and acknowledged the need for multisectoral action in order to achieve them. The need to strengthen mechanisms for measuring progress towards health-related targets had been highlighted.

235. The Directing Council expressed appreciation for the progress made to date towards implementing the Sustainable Development Goals in the Region. Delegates welcomed the formation of the PAHO-OAS working group, which would facilitate inter-institutional collaboration and facilitate a Region-wide effort to achieve the Goals. It was pointed out that the Region of the Americas remained one of the most inequitable in the world and that true sustainable development could only be achieved by overcoming persistent inequalities, including gender inequality.

236. It was emphasized that joint effort by all countries was needed in order to reduce inequalities and improve the health and quality of life of the peoples of the Region. Support was expressed for the creation of a regional network and an official platform to enable countries to share their national experiences in advancing towards the Goals and

towards equity in health. While the PAHO publication “Preparing the Region of the Americas to Achieve the Sustainable Development Goal on Health” was welcomed, it was considered important that the Region not focus exclusively on Goal 3 (“Ensure healthy lives and promote well-being for all at all ages”), but collaborate multisectorally in all areas of the 2030 Agenda for Sustainable Development that had an impact on health.

237. The Council also discussed the development of a roadmap on the role of the health sector in the strategic approach to international chemicals management as part of its discussion of the implementation of the SDGs in the Americas. Delegates expressed appreciation to Canada for its leadership on the issue and emphasized their countries’ commitment to work to mitigate the adverse health and environmental effects caused by inadequate chemicals management.

238. The Delegate of Canada, in turn, thanked other Member States for their support of World Health Assembly Resolution WHA 69.4, on the role of the health sector in the strategic approach to international chemicals management. Noting that 22.7% of deaths worldwide and 21.8% of global disease each year were thought to be linked to modifiable environmental factors, including exposure to chemicals, she stressed the need for health sector action to mitigate the situation. It was essential to harness the momentum created by Resolution WHA69.4 and contribute to the prevention of poor health and premature mortality through actions aimed at reducing chemical exposure risks, increasing knowledge and building the evidence base, deepening institutional capacity, and enhancing health sector leadership and intersectoral coordination. She urged PAHO Member States to support the development of the roadmap, while also pointing out that it should be viewed as the starting point, not the ending point, in increased health sector engagement. Throughout the Americas, the sector should seize the opportunity to engage proactively in chemicals management now and in the future.

239. Dr. Kira Fortune (Ad Interim Chief, Special Program for Sustainable Development and Health Equity, PASB) expressed thanks to Canada for its instrumental role in advocating for the adoption of Resolution WHA69.4. She also thanked Member States for their commitment to the Sustainable Development Goals, which differed from the Millennium Development Goals in that they had been defined by Member States themselves. Of the 17 Sustainable Development Goals, only one referred specifically to health, although all of them were in some way related to it. Another major difference between the two sets of goals was that the SDGs specifically addressed noncommunicable diseases and universal health coverage. The SDGs constituted an exciting agenda, offering unique opportunities to work hand-in-hand with other sectors, looking at health and well-being in a new light.

240. The Director observed that the multifaceted and multisectoral nature of the 2030 Agenda made it essential to forge new partnerships. To that end, the Bureau was scaling up its work in South-South cooperation and triangular cooperation. It was also important to learn how to implement a health-in-all-policies approach and to work with civil society and the private sector. It was to be hoped that FENSA would enable the Organization to

do that more effectively. Another aspect of the 2030 Agenda that required further effort was social mobilization and empowerment of individuals and communities.

241. She commended Canada for highlighting the role of the health sector in the sound management of chemicals, noting that the issue was an important one in the Region, particularly in Central America, where many cases of chronic kidney disease were a direct result of exposure to chemicals.

242. The Council took note of the report.

Regional Plan of Action for Strengthening Vital and Health Statistics: Final Report (CD55/INF/7)

243. Dr. Margarita Guevara Alvarado (Representative of the Executive Committee), reporting on the Committee's consideration of the final report on the Regional Plan of Action for Strengthening Vital and Health Statistics, said that the Committee had been informed that birth and death registry coverage had improved, as had the quality of the data reported. Nevertheless, persistent challenges remained in several areas, including inaccuracy or vagueness in reporting causes of death, rounding of birthweight data, weaknesses in information systems, and lack of data for the municipal and provincial or state levels. The Committee had highlighted the need to improve the timeliness, accuracy, and quality of birth and quality death data and had endorsed the proposal to formulate an updated regional plan of action to be presented to the Governing Bodies for approval in 2017.

244. The Directing Council welcomed the advances made in strengthening vital and health statistics, while also noting the need to continue working to improve the completeness and quality of the data being collected. The Council expressed support for the formulation of an updated regional plan to cement the gains made under the regional plan 2008-2013 and address weaknesses in the registration and quality of vital statistics and other health information, especially at the subnational level. Such improvements were seen as necessary in order to monitor progress towards the objectives of the PAHO Strategic Plan 2014-2019 and towards the Sustainable Development Goals. It was also pointed out that timely and accurate data were needed for strategic planning and prioritization and to support decision-making not only in the area of health, but also on financial and other matters.

245. Several delegates described the improvements that had already been made in their health information systems, with some noting that they had undertaken collaborative work with other countries—notably through the Latin American and Caribbean Network to Strengthen Health Information Systems (RELAC SIS)—which had proved beneficial. Others called for ongoing technical assistance from PASB. In particular, the Bureau was urged to support Member States in integrating a gender equality perspective into their health information systems and in ensuring adherence to the WHO International Classification of Diseases (ICD-10) in reporting causes of death. It was also urged to

ensure that the new plan of action was consistent with related initiatives of regional and global partners, such as the World Bank.

246. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Health Analysis, PASB) agreed that, while important successes had been achieved, there was still much to do in order to improve vital and health statistics in the Region. Unfortunately, it had always been difficult to mobilize funding for the improvement of information systems, despite their crucial importance for evidence-based policy-making. He welcomed Member States' support for the proposal to draw up a new, ambitious, and innovative regional plan. He pointed out that, in an interconnected world, it was essential for information systems to be able to communicate among themselves and reported that the Bureau was already working on a new information systems model that would ensure that capability.

247. The Director said that over the years she had heard many calls for better information that would allow Member States to plan, to monitor, and to meet their commitments to their populations. In response to those calls, a new regional plan of action would be formulated, with participation by Member States, with a view to ensuring that countries would have the health information they needed.

248. The Directing Council noted the report and endorsed the proposal for the preparation of a new regional plan of action for strengthening vital and health statistics.

Regional Strategy and Plan of Action on Nutrition in Health and Development, 2006-2015: Final Report (Document CD55/INF/8, Rev. 1)

249. The Directing Council decided to discuss the final report on the Regional Strategy and Plan of Action on Nutrition in Health and Development, 2006-2015 in conjunction with its consideration of the final report on the Strategy and Plan of Action for the Reduction of Chronic Malnutrition (see paragraph 259 below).

250. Dr. Margarita Guevara Alvarado (Representative of the Executive Committee) reported that the Executive Committee had reviewed the progress made under the Regional Strategy and Plan of Action on Nutrition in Health and Development, which included the adoption of food and nutrition security policies and the establishment of conditional cash transfer programs in a number of countries. To address data gaps and other remaining challenges, including the double burden of over- and undernutrition, the Bureau had recommended that Member States fully implement the WHO Comprehensive Implementation Plan on Maternal, Infant, and Young Child Nutrition and the PAHO Plan of Action for the Prevention of Obesity in Children and Adolescents. The Committee had highlighted the need for intersectoral action to improve the availability of high-quality foods and noted that efforts to improve nutrition and combat overweight and obesity were sometimes hindered by local customs and conditions.

251. Turning to the final report on the Strategy and Plan of Action for the Reduction of Chronic Malnutrition, Dr. Guevara Alvarado reported that the Executive Committee had

been informed that chronic malnutrition had decreased during the period covered by the Strategy and Plan of Action (2010-2015), but remained a problem, particularly among marginalized populations. At the same time, overweight and obesity had increased. Anemia had also declined during the period, but it continued to be a cause for concern, especially among pregnant women. With a view to further progress in the reduction of malnutrition, the Bureau had recommended that Member States should strengthen subnational intersectoral coordination mechanisms to prevent stunting, overweight, and anemia; strengthen the capacity of the health sector to deliver key nutrition interventions, such as the promotion of breastfeeding and healthy eating; maintain programs to provide multi-nutrient supplements and fortified foods; scale up efforts to promote and facilitate breastfeeding; and strengthen nutritional surveillance systems.

252. The Executive Committee had acknowledged the progress made, but had also noted that malnutrition in its various forms remained a serious problem in some countries, despite the considerable effort expended by governments to tackle it. Delegates had underscored the need for intersectoral action. As the quality of nutrition early in life had a lifelong impact, the importance of improving nutrition during pregnancy and early childhood had been stressed. It had been suggested that the impact of the various strategies and interventions applied should be evaluated and that information on successful experiences and best practices should be shared.

253. The Directing Council welcomed the progress made in adopting policies and programs to achieve food and nutritional security and underlined the need to strengthen those policies and programs and adopt new ones in order to address both chronic malnutrition and micronutrient deficiencies and to tackle the alarming rise in overweight and obesity in all age groups. Member States were urged to seize the opportunity offered by the United Nations Decade of Action on Nutrition (2016-2026) to implement the actions recommended by the Second International Conference on Nutrition (Rome, November 2014).

254. Delegates drew attention to the need to improve nutritional status early in life by preventing and treating malnutrition among pregnant women and among young children, promoting adequate micronutrient intake, and promoting comprehensive nutrition information and education. The importance of promoting healthy eating in schools was emphasized. Member States affirmed their commitment to continuing to improve nutritional status and persisting in the fight against malnutrition in all its forms.

255. The importance of nutrition monitoring, surveillance, and evaluation across the life course was highlighted, as was the need for research on the causes of chronic malnutrition and on effective interventions. Research was considered essential to inform evidence-based actions to prevent poor nutrition, which could undermine health gains, economic growth, and overall development in the Region. Delegates appreciated that the two reports acknowledged the importance of sharing lessons learned and best practices among Member States. It was suggested that the final report on chronic malnutrition would have benefited from a clear discussion of progress towards the indicators and of the specific lessons learned.

256. Dr. Anselm Hennis (Director, Department of Noncommunicable Diseases and Mental Health, PASB), observing that the Region of the Americas was one of the most inequitable regions on the planet, said that one consequence was that childhood malnutrition persisted, although progress had been made during the period of the plan of action, including a 3.5% decrease in stunting. There had also been greater uptake and implementation of the WHO Child Growth Standards. One weakness, of which the Bureau was very cognizant, was that there were major gaps in information. He agreed on the need for surveillance systems, including for measuring indices among school-age children. The importance of nutrition early in life could not be stressed enough. Indeed, the first thousand days of life were critical to what children would be able to achieve later in life. It was important to promote simple, low- or no-cost interventions such as breastfeeding, which not only addressed undernutrition but also helped to prevent obesity in later life.

257. The Director stressed that the Region was making progress but continued to see the same populations lagging behind in many areas. Both multisectoral action and targeted approaches would be needed to reach populations with persistently high rates of malnutrition and/or anemia, while also working to prevent obesity.

258. The Directing Council took note of the two reports.

Strategy and Plan of Action for the Reduction of Chronic Malnutrition: Final Report (Document CD55/INF/9)

259. The Directing Council decided to discuss the final report on the Strategy and Plan of Action for the Reduction of Chronic Malnutrition in conjunction with its consideration of the final report on the Regional Strategy and Plan of Action on Nutrition in Health and Development (see paragraphs 249 to 258 above).

Plan of Action for Maintaining Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Region of the Americas: Final Report (Document CD55/INF/10, Rev. 1)

260. Dr. Margarita Guevara Alvarado (Representative of the Executive Committee) reported that the Executive Committee had been informed that the Americas had been declared free of rubella and congenital rubella syndrome in April 2015. Outbreaks of measles had occurred in several countries since 2014 as a result of imported cases, and endemic transmission had reemerged in one country, Brazil. However, the Committee had also been informed that no cases had been reported in Brazil for more than a year and that, in August 2016, the International Expert Committee would review the evidence of interruption of transmission. If the Expert Committee accepted the evidence, the Region could be declared free of endemic transmission of measles. The Executive Committee had underlined the need to maintain high vaccination coverage and high quality surveillance in order to detect any imported cases. Support had been voiced for the adoption of a World Health Assembly resolution calling for global eradication of measles and rubella.

261. Dr. Luis Andrés de Francisco Serpa (Director, Department of Family, Gender and Life Course, PASB) reported that members of the International Expert Committee, after visiting Brazil to assess the evidence of interruption of the transmission of measles, had declared endemic transmission to have been interrupted. The International Expert Committee had met in August to review the reports submitted by all Member States of the Region containing evidence that the interruption of transmission in their territories had been maintained.

262. Dr. Merceline Dahl-Regis (Chair, International Expert Committee)¹² announced that the Expert Committee had determined that endemic measles transmission had been interrupted in the Region, a historic event and major achievement made possible through a shared vision, collaborative effort, skilled leadership in public health, and the efforts of dedicated health workers throughout the Region. She pointed out that success in controlling vaccine-preventable diseases was dependent on maintaining high immunization coverage, which could not be achieved without the involvement of the private and public sectors, national immunization programs, health care workers, and laboratory partners. The PAHO Revolving Fund for Vaccine Procurement had played a key role in the elimination of measles and rubella, as had various partners who had provided technical and human resources when needed. The journey was not finished, however; national and regional efforts must continue in order to maintain the elimination of measles and rubella in the Americas and go on to achieve global eradication of the two diseases.

263. The Director, after receiving the formal declaration of the Americas as free of measles, affirmed¹³ that the declaration was a symbol of Pan Americanism and of the commitment of the countries of the Region to set and attain bold and ambitious public health goals. She paid tribute to the unnamed heroes who had made the dream of elimination a reality: the health workers who had vaccinated children not only in health facilities but in difficult-to-access areas of each country. The Region of the Americas was at the forefront of immunization globally and had a responsibility to share its experiences with other regions of the world. Now was the time to implement all necessary actions to avoid the reestablishment of endemic transmission of the measles virus. To that end, epidemiological surveillance systems should be strengthened and high vaccination coverage maintained. That would only be possible through sustained commitment and leadership, coupled with wide coordination with the Region's partners.

264. The Director-General said that it was an honor for her to be present on the momentous occasion of the formal declaration of measles elimination in the Americas. The Region had once again set the example for the rest of the world and had shown that with strong national immunization programs, dedicated financing, and firm political

¹² The text of Dr. Dahl-Regis's remarks may be found on the webpage of the 55th Directing Council: http://www.paho.org/hq/index.php?option=com_content&view=article&id=12276&Itemid=42078&lang=en.

¹³ The text of the Director's remarks may be found on the webpage of the 55th Directing Council: http://www.paho.org/hq/index.php?option=com_content&view=article&id=12276&Itemid=42078&lang=en.

commitment and partner support, measles could be stopped. She extended congratulations to the ministers of health of the Region and to the Director and the staff of the Bureau and expressed thanks to all the health care workers without whom this historic accomplishment would not have been possible.

265. The Directing Council welcomed the elimination of measles, rubella, and congenital rubella syndrome and expressed support for the actions recommended in the final report (Document CD55/INF/10, Rev. 1) to sustain their elimination, in particular the preparation and implementation of a standardized regional framework for that purpose and the maintenance of high vaccination coverage. Several delegates mentioned that their countries had lowered the age at which children received the second dose of vaccine in order to reduce the amount of time during which they remained susceptible to measles and rubella. The need for all regions to continue working towards the objectives of the WHO Global Vaccine Action Plan 2011-2020 was underlined, and support was expressed for the adoption of a World Health Assembly resolution in 2017 calling for the global eradication of measles and rubella.

266. Delegates emphasized the importance of strong epidemiological surveillance to detect any imported cases. Surveillance in border areas was considered especially important. Public information campaigns to make people aware of both the individual and the collective importance of vaccination were seen as crucial. Intersectoral coordination was also considered important in achieving high vaccination coverage. Several delegates called on the Bureau to support national health authorities in countering anti-vaccination movements. It was also recommended that the Bureau should promote the adoption of national immunization registries in order to ensure the accuracy of vaccination records. The role of the PAHO Revolving Fund and of Vaccination Week in the Americas in the achievement of measles and rubella elimination was highlighted. It was proposed that 27 September should be celebrated each year as the International Day for the Eradication of Measles, Rubella, and Congenital Rubella Syndrome.

267. Dr. De Francisco Serpa welcomed the Council's endorsement of the recommendations contained in the final report, noting that it called for a regional framework to monitor progress towards the sustainability of measles, rubella, and congenital rubella syndrome elimination. He agreed on the need for clear communication and ongoing political support in order to protect the gains made in controlling measles, rubella, and other vaccine-preventable diseases and to achieve future public health successes. He also noted that the Bureau was working with Member States to improve the quality of data in immunization registries.

268. The Director thanked Member States for their continued commitment to immunization and to regional solidarity and Pan Americanism. She cautioned, however, that the continued expansion of national immunization programs and the incorporation of new vaccines might cause routine immunization schedules to be neglected or abandoned, particularly in the face of budget constraints. She stressed the need to maintain high coverage rates for all vaccines. With regard to the proposal for an international measles

and rubella eradication day, she indicated that a resolution to that effect would need to be put forward for consideration by the Governing Bodies.

269. The Council took note of the report.

Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care: Final Report (Document CD55/INF/11)

270. Dr. Margarita Guevara Alvarado (Representative of the Executive Committee) reported that the Executive Committee had reviewed the final report on the Regional Strategy and Plan of Action, the aim of which was to support the countries of the Region in achieving the relevant Millennium Development Goals. The Committee had been informed that, while much had been achieved, preventable neonatal mortality remained a serious concern in some countries. It was therefore considered essential to continue building on the progress achieved in the five strategic areas of the Strategy and Plan of Action and to pursue the actions envisaged under related global initiatives, including the Global Strategy for Women's, Children's, and Adolescents' Health. The Executive Committee had welcomed the progress achieved, while also stressing the need for ongoing commitment and effort in order to maintain the gains made and address remaining challenges. The Committee had also expressed support for the recommendations for future action set out in the final report, in particular the recommendation to align regional efforts with relevant global initiatives.

271. The Directing Council, like the Executive Committee, commended the progress made and emphasized the need to continue working to reduce preventable neonatal mortality. Member States that had not already done so were urged to implement a national plan on newborn health. Countries were also encouraged to identify solutions to the issue of low coverage of delivery care by skilled personnel. Delegates voiced support for the recommendations contained in the report, particularly the recommendation to align future efforts with other regional and global initiatives, including the United Nations Every Woman Every Child initiative and the WHO/UNICEF Every Newborn Action Plan.

272. It was considered essential to continue working to achieve universal coverage, involve families and communities in efforts to prevent neonatal deaths, and eliminate inequalities that contributed to higher neonatal mortality in some groups. Delegates stressed the need for continued effort to improve the quality of care for mothers and children, also highlighting the need to strengthen training for health personnel in essential newborn care. Strengthening of monitoring and surveillance systems was also deemed important. Several delegates described steps taken in their countries to prevent neonatal deaths and improve newborn health, including initiatives to identify at-risk pregnant women, ensure access for all pregnant women to prenatal care and skilled attendance at birth, screen newborns for congenital anomalies and other health problems, and promote breastfeeding. Several delegates noted the potential consequences of Zika virus infection for infants and children. The Bureau was asked to continue facilitating access to

information to enable national health authorities to make evidence-based decisions on Zika and other health issues.

273. Dr. Luis Andrés de Francisco Serpa (Director, Department of Family, Gender, and Life Course, PASB) congratulated Member States on their achievements and on the initiatives taken to enhance the health of neonates within the continuum of maternal, newborn, and child care. He recalled that the Regional Strategy and Plan of Action had been launched because, although infant mortality in the Region was decreasing, the percentage of newborn deaths was increasing, and it had therefore been considered necessary to attach greater priority to newborn health within the continuum of maternal, newborn, and child care. Judging from the results that Member States were reporting that increased focus on newborns had paid dividends.

274. He agreed on the importance of increasing access to services and redressing inequities, noting the need to identify populations in which maternal and neonatal mortality rates remained high and determine the factors responsible for the lack of progress in reducing those rates. He agreed, too, that continued surveillance of neonatal health was crucial, particularly in light of new challenges such as those associated with the Zika virus epidemic.

275. The Directing Council took note of the report.

Progress Reports on Technical Matters (Document CD55/INF/12)

- A. *Strategy and Plan of Action on eHealth: Midterm Review*
- B. *Plan of Action on Adolescent and Youth Health*
- C. *Plan of Action for the Prevention and Control of Noncommunicable Diseases: Midterm Review*
- D. *Plan of Action to Reduce the Harmful Use of Alcohol: Midterm Review*
- E. *Plan of Action on Psychoactive Substance Use and Public Health: Midterm Review*
- F. *Status of the Pan American Centers*

276. Dr. Margarita Guevara Alvarado (Representative of the Executive Committee) reported on the Committee's consideration of various progress reports, noting that delegates had highlighted the need to increase access to sexual and reproductive health services and information and underscored the seriousness of the problem of violence, including sexual violence, among adolescents and young people. Member States that had not already done so had been urged to put a national plan for prevention and control of noncommunicable diseases in place by the end of 2016. The need for reliable, high quality information on alcohol use as a basis for decision making had been stressed, and strong support had been expressed for a public health approach to substance use prevention and treatment.

277. In the Executive Committee's discussion of the status of the Pan American centers, concern had been expressed about the situation of the Latin American and Caribbean Center on Health Sciences Information (BIREME), which had recently lost more than 30 staff members, had no Director, and had moved to a facility where it had to

pay rent. Dr. Francisco Becerra (Assistant Director, PASB) had responded that a new Director would be taking office shortly, and that the Bureau was negotiating a new cooperation agreement with the Ministry of Health of Brazil to secure funding. He had encouraged Member States to support BIREME by utilizing its services and products.

278. In the Council's discussion of the progress reports, delegates expressed their commitment to the eHealth strategy and plan of action, which sought to maximize the use of affordable and sustainable information and communications technologies to support improvement in patient care outcomes and public health. Several delegates reported on the introduction or development of eHealth in their countries, expressing appreciation for the support they had received from PAHO in areas such as digitization of medical records, radiology, and imaging services, and also in the development or implementation of regulatory policies and legislation. It was noted that the midterm review document appeared to have overlooked the work done to develop a Caribbean framework for national health information systems strengthening. The Delegate of Mexico asked that her country be added to the report's list of countries that had an eHealth policy or strategy.

279. The Bureau was requested to provide tangible technical support for a national assessment of existing electronic health information systems to determine how they might be strengthened. Support was also sought in the areas of interoperability and governance to support long-term design and implementation of eHealth initiatives.

280. Dr. Becerra undertook to make the adjustments to the report called for by the Mexican delegation and others and assured the Council that the Bureau would continue supporting Member States in developing the structure and standards needed for eHealth.

281. Delegates welcomed the progress made in the area of adolescent and youth health. It was noted that the report contained little information on what efforts were being made by the Bureau and Member States to increase access to and provision of sexual and reproductive health services. The Bureau was urged to ensure that both its work and its reporting on adolescent and youth health were aligned with the objectives and indicators in the strategy and plan of action concerning violence against women, adopted by the 54th Directing Council.¹⁴ Delegates reported that their countries' efforts to reduce teenage pregnancies had included collaboration between ministries of health and education to increase awareness; establishment of national parenting guidance bodies; media campaigns; development of standards and guidelines on care of adolescents; and telephone help systems to provide advice on health issues including sexual and reproductive health.

282. For some countries, adolescent and youth injuries from violence were cited as a major concern. Steps taken to mitigate the problem included safe schools programs, conflict-resolution programs, media campaigns, crime prevention through social development, and improvements in police-citizen relations. Other areas of concern in

¹⁴ Resolution CD54.R12 (2015).

relation to adolescent health were obesity, mental health, and suicide. The need for intersectoral collaboration to address those concerns was highlighted. Continuing support from PAHO was requested, including facilitation of the exchange of best practices.

283. Dr. Luis Andrés de Francisco Serpa (Director, Department of Family, Gender, and Life Course, PASB) observed that adolescents were not utilizing health services to the extent hoped for, perhaps because they were not necessarily finding the answers to their questions. PASB was working with health services to create an environment that was more youth-friendly. It was also promoting a platform for the sharing of best practices.

284. The Director said that adolescents clearly comprised an at-risk group in the Region, as evidenced by high rates of HIV and STI, obesity, violence, road traffic accidents, and use of tobacco, alcohol, and psychoactive substances. It was clear that the approaches employed to date to reach adolescents were not working. New strategies were needed, including the definition of integrated approaches for health promotion and disease prevention.

285. With regard to the midterm review of the Plan of Action for the Prevention and Control of Noncommunicable Diseases, it was noted that only about half of the countries in the Region had developed and/or strengthened an operational multisectoral national policy on NCDs. Delegates called on the Bureau to continue to provide the necessary technical resources to assist countries in developing their national policies, strategies, and plans of action. Member States reaffirmed their commitment to combatting NCDs and reduce resultant deaths and highlighted the need for an integrated, multisectoral approach to the determinants of such diseases. Member States were encouraged to participate actively in the Pan American Forum for Action on NCDs, which was seen as a good platform for information-sharing.

286. Several speakers described the actions being taken in their countries to combat NCDs, such as controls on tobacco products, taxes on alcoholic drinks, regulation of the labeling of carbonated and sugary drinks and prohibition of their consumption in schools, and encouragement of healthy eating and physical activity. Delegates sought support from the Bureau in countering the influence of the tobacco and alcohol industries and of producers of sugary beverages and high-fat, high-salt foods. It was suggested that a resolution should be submitted for consideration by the 56th Directing Council calling for the adoption of best practices such as smoke-free areas and encouraging States to ratify the Protocol to Eliminate Illicit Trade in Tobacco Products.

287. Dr. Anselm Hennis (Director, Department of Noncommunicable Diseases and Mental Health, PASB) congratulated Member States on the progress made towards meeting the commitments to reduce the burden of NCDs in the Region. It was clear that the Region would not achieve the Sustainable Development Goals without truly tackling the scourge of NCDs and their risk factors. To that end, it was important to implement known best practices with regard to regulation and other measures to reduce consumption of tobacco and alcohol, enhancing nutrition, and promote increased physical activity.

Surveillance was also critical, since without the capacity to measure, progress could not be gauged. Greater investment was also needed in order to integrate NCD prevention and control into health systems strengthening.

288. The Director assured Member States that PASB took every precaution to prevent any negative influence by tobacco, alcohol, or food industries on the Organization's policies and standards. It also monitored the actions of those industries with respect to national policies and legislation and brought any undue influence to the attention of national authorities at the highest level.

289. With respect to the Plan of Action to Reduce the Harmful Use of Alcohol, delegates agreed that there were special difficulties in trying to control harmful alcohol use, since alcohol consumption had widespread cultural support and acceptance, and there was also an erroneous perception that it had health benefits. It was pointed out that there had been weak civil society response and significant interference by the alcohol industry in the policy development process.

290. Various delegates described their countries' measures to combat harmful use of alcohol, including the development of national policies and action plans, heightened enforcement of road safety measures, increases in taxes on alcoholic beverages, measures to limit alcohol advertising, and measures to prevent access to alcohol by minors as a means of delaying the onset of alcohol consumption and reducing the likelihood of subsequent adult alcohol addiction problems. It was pointed out that a lack of indicators had made it difficult to quantify progress. Guidance was sought from the Bureau on how health authorities should engage with the alcohol industry. As in the case of NCDs, it was considered important to share best practices and success stories among countries, enabling evidence-based decisions to be made.

291. Dr. Hennis noted that PASB was supporting Member States in strengthening health promotion, drafting legislation and regulations, and putting in place marketing restrictions and taxes on alcohol.

292. Concerning the midterm review of the Plan of Action on Psychoactive Substance Use and Public Health, the need to pay particular attention to the effects of substance use on the most vulnerable members of the population—especially children, youth, and adolescents—was emphasized. The need to incorporate addiction prevention and treatment into national health systems was also highlighted. It was also considered important to suppress the criminal organizations engaged in drug and illicit substance trafficking.

293. Commenting on the report on the status of the Pan American centers, the Delegate of Brazil said that the centers had been an important means of technical cooperation for almost 60 years. He noted that for the first time since the establishment of the Pan American Foot-and-Mouth Disease Center (PANAFTOSA) in 1951, more than three consecutive years had passed without a single case of foot-and-mouth being reported in the Region. In addition, he also noted that the Government of Brazil was in the process of

finalizing and operationalizing its agreement (*termo de cooperação*) with the Bureau for the continued operation of BIREME.

294. Dr. Becerra thanked Brazil for the support that it provided to both BIREME and PANAFTOSA, affirming that Member States had benefited and would continue to benefit from their work.

295. The Council took note of the reports.

Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO (Document CD55/INF/13)

- A. *Sixty-ninth World Health Assembly*
- B. *Forty-sixth Regular Session of the General Assembly of the Organization of American States*
- C. *Subregional Organizations*

296. Dr. Margarita Guevara Alvarado (Representative of the Executive Committee) reported that the Executive Committee had examined a report on the resolutions and other actions of the Sixty-ninth World Health Assembly and of various subregional bodies considered to be of particular interest to the PAHO Governing Bodies. Special attention had been drawn to the World Health Assembly resolutions on the role of the health sector in the strategic approach to international chemicals management; promoting innovation and access to quality, safe, efficacious, and affordable medicines for children; and the global health sector strategies on HIV, viral hepatitis, and sexually transmitted infections.

297. With regard to the actions of subregional bodies of interest to PAHO, it had been reported that discussions had been held and plans and policies adopted on prevention and control of the Zika virus, tobacco control, implementation of the International Health Regulations, universal health coverage, elimination of mother-to-child transmission of HIV/AIDS, vaccination coverage and introduction of new vaccines, strengthening of health information systems, and regulation of medicines and health technologies, among other topics.

298. The Director explained that the Bureau tracked all resolutions and recommendations coming out of any meetings in which PAHO Member States were represented, whether at the global, regional, or subregional level, so that it could provide the relevant technical support and cooperation.

299. The Directing Council took note of the report.

Other Matters

300. The President, noting that a new Director-General of WHO would be elected in May 2017, announced that six candidates had been nominated for the post: Dr. Tedros Adhanom Ghebreyesus (Ethiopia), Dr. Flavia Bustreo (Italy), Prof. Philippe

Douste-Blazy (France), Dr. David Nabarro (United Kingdom of Great Britain and Northern Ireland), Dr. Sania Nishtar (Pakistan), and Dr. Miklós Szócska (Hungary). Drs. Tedros and Nishtar and Prof. Douste-Blazy were present during the week of the 55th Directing Council and held informal meetings with Member States.

301. During the week, side events were also held on the Health Agenda for the Americas, food labeling, investment in health to advance toward universal health, the public health dimension of the world drug problem, the *Mais Médicos* project, and the Global Fund to Fight AIDS, Tuberculosis, and Malaria. In addition, celebrations were held to mark the certification of the elimination of measles in the Americas (see paragraphs 260 to 269 above), the 40th anniversary of PAHO's Emergency Preparedness and Disaster Relief Program, and the 50th anniversary of the Expanded Textbook and Instructional Materials Program (PALTEX), and the Government of Uruguay was recognized for its global leadership in defending tobacco control policies against commercial interests.

Closure of the Session

302. Following the customary exchange of courtesies, the Vice President declared the 55th Directing Council closed.

Resolutions and Decisions

303. The following are the resolutions and decisions adopted by the 55th Directing Council:

Resolutions

CD55.R1 Collection of Assessed Contributions

THE 55th DIRECTING COUNCIL,

Having considered the report of the Director, *Collection of Assessed Contributions* (Documents CD55/19 and Add. I), and the concern expressed by the 158th Session of the Executive Committee with respect to the status of the collection of assessed contributions;

Noting that no Member State is in arrears such that it would be subject to Article 6.B of the PAHO Constitution,

RESOLVES:

1. To take note of the report of the Director *Collection of Assessed Contributions* (Documents CD55/19 and Add. I).
2. To express appreciation to those Member States which have already made payments in 2016, and to urge all Member States in arrears to meet their financial obligations to the Organization in an expeditious manner.
3. To congratulate those Member States which have fully met their assessed obligations through 2016.
4. To compliment those Member States which have made significant efforts to reduce arrearages in assessed contributions from prior years.
5. To request the Director to:
 - a) continue to explore mechanisms that will increase the rate of collection of assessed contributions;
 - b) inform the Executive Committee of Member States' compliance with their commitment to pay their assessed contributions;
 - c) report to the 29th Pan American Sanitary Conference on the status of the collection of assessed contributions for 2017 and prior years.

(Second meeting, 26 September 2016)

CD55.R2 *Methodology for the Programmatic Priorities Stratification Framework of the PAHO Strategic Plan*

THE 55th DIRECTING COUNCIL,

Having reviewed the *Methodology for the Programmatic Priorities Stratification Framework of the PAHO Strategic Plan* (Document CD55/7);

Considering the importance of having a robust, objective, and systematic methodology to implement the Programmatic Priorities Stratification Framework of the PAHO Strategic Plan;

Recalling the request from the 53rd Directing Council in 2014 (Resolution CD53.R3) for the Director “to continue to undertake consultations with Member States to refine the programmatic priority stratification framework and apply it to future programs and budgets” in order to address weaknesses, including potential bias in the original methodology that might have resulted in giving more weight—and, thus, higher rankings—to disease-oriented programs and the fact that the methodology did not take into account changes in the regional and global public health paradigm;

Acknowledging the valuable input, collaboration, and commitment of the Strategic Plan Advisory Group¹ in advising the Pan American Sanitary Bureau (PASB) on conducting extensive analyses of various priority-setting methodologies in order to refine the PAHO-adapted Hanlon methodology;

Recognizing the role that objective and systematic priority setting can have in the process of strategic planning and decision making, especially in the context of multiple demands and resource limitations;

Recognizing the importance of having a scientific methodology consistent with the Organization’s context, values, and strategic vision, including the incorporation of new components such as equity and PAHO’s institutional positioning factor (the Organization’s added value) that are unique to the refined PAHO-adapted Hanlon methodology,

RESOLVES:

1. To approve the *Methodology for the Programmatic Priorities Stratification Framework of the PAHO Strategic Plan*.

¹ At the request of Member States, the Director established the SPAG in October 2014 to provide advice and input on the implementation of the joint monitoring and assessment process and the refinement of the programmatic stratification framework of the PAHO Strategic Plan 2014-2019 (Resolution CD53.R3). It included 12 members designated by the ministries of health of the Bahamas, Brazil, Canada, Chile, Costa Rica, Ecuador, El Salvador, Jamaica, Mexico, Paraguay, Peru, and the United States of America. The group was chaired by Mexico and co-chaired by Ecuador, and Canada served as the technical lead for the methodology review.

2. To promote awareness of the PAHO-adapted Hanlon methodology as a useful tool in priority setting in public health in the Region and globally.
3. To urge Member States, as appropriate and taking into account their national context, to:
 - a) participate actively in national consultations and apply the methodology in an objective and systematic manner as part of the process for development of the Program and Budget 2018-2019;
 - b) consider the adoption, adaptation, and utilization of this methodology at the national level, to the extent that it is appropriate and relevant, in order to better inform priority setting, thereby guiding the allocation of limited resources to where they can have the greatest public health impact.
4. To request the Director to:
 - a) apply the methodology for the development and implementation of the Program and Budget 2018-2019 in close collaboration with Member States and partners;
 - b) support national consultations in all countries and territories in the Region, while promoting the consistent application of the methodology in line with the components, criteria, and guidelines, in an effort to obtain the clearest and most accurate picture of the public health priorities of the Region;
 - c) report on the application of the programmatic stratification for resource mobilization and resource allocation in the final assessment of the PAHO Strategic Plan 2014-2019 to be presented in 2020;
 - d) support the publication of the PAHO-adapted Hanlon methodology in order to contribute to regional and global scientific knowledge for priority setting in public health and to promote this innovation and its results as a best practice and example of the collaborative work of PASB and Member States;
 - e) consult with Member States on necessary updates and refinements to the methodology for future Strategic Plans and Program and Budgets taking into consideration the lessons learned and experiences from previous biennia.

(Fourth meeting, 27 September 2016)

CD55.R3 *Framework of Engagement with Non–State Actors*

THE 55th DIRECTING COUNCIL,

Having considered the report on the *Framework of Engagement with Non–State Actors* (Document CD55/8, Rev.1), and the adoption of the Framework of Engagement with Non–State Actors (FENSA) by the 69th World Health Assembly through Resolution WHA69.10;

Noting that the engagement of the Pan American Health Organization (PAHO) with non-State actors can bring important benefits to public health in the Americas and to the Organization itself in fulfilment of its constitutional principles and objectives;

Recognizing that PAHO is an independent international organization with its own Constitution, and serves as an Inter-American Specialized Organization under the Charter of the Organization of American States (OAS) and as the Regional Office for the Americas of the World Health Organization (WHO) pursuant to an Agreement with WHO;

Underscoring the political commitment of PAHO Member States towards the consistent and coherent implementation of FENSA across the three levels of WHO,

RESOLVES:

1. To adopt the *Framework of Engagement with Non-State Actors* which was adopted by the 69th World Health Assembly through Resolution WHA69.10;
2. To replace the Guidelines of the Pan American Health Organization on Collaboration with Commercial Enterprises¹ and the Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations² with FENSA;
3. To implement FENSA in a consistent and coherent manner, respecting PAHO's Constitution;
4. To request the Director:
 - a) to implement FENSA in a coherent and consistent manner, and in coordination with the Secretariat of WHO, with a view to achieving full operationalization within a two-year timeframe, taking into account PAHO's constitutional and legal framework;
 - b) to report on the implementation of FENSA to the Executive Committee at each of its June sessions under a standing agenda item, through its Subcommittee on Program, Budget, and Administration, and to share this report with WHO.
5. To request the 29th Pan American Sanitary Conference to review progress on implementation of FENSA.

(Fourth meeting, 27 September 2016)

¹ Presented at the 46th Directing Council, Document CD46/28 (2005).

² Adopted by the 38th Directing Council in September 1995, revised by the 126th Session of the Executive Committee in June 2000; revised again by Resolution CESS.R1 of the special session of the Executive Committee on 11 January 2007; and amended by Resolution CE148.R7 (2011).

CD55.R4 Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Bahamas, Costa Rica, and Ecuador

THE 55th DIRECTING COUNCIL,

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

Considering that Brazil, Colombia, and Panama were elected to serve on the Executive Committee upon the expiration of the periods of office of Bahamas, Costa Rica, and Ecuador,

RESOLVES:

1. To declare Brazil, Colombia, and Panama elected to membership on the Executive Committee for a period of three years.
2. To thank Bahamas, Costa Rica, and Ecuador for the services rendered to the Organization during the past three years by their delegates on the Executive Committee.

Annex

**COMPOSITION OF THE EXECUTIVE COMMITTEE
September 1993–September 2018**

COUNTRY	2017 to 2018	2016 to 2017	2015 to 2016	2014 to 2015	2013 to 2014	2012 to 2013	2011 to 2012	2010 to 2011	2009 to 2010	2008 to 2009	2007 to 2008	2006 to 2007	2005 to 2006	2004 to 2005	2003 to 2004	2002 to 2003	2001 to 2002	2000 to 2001	1999 to 2000	1998 to 1999	1997 to 1998	1996 to 1997	1995 to 1996	1994 to 1995	1993 to 1994
Antigua and Barbuda																									
Argentina																									
Bahamas																									
Barbados																									
Belize																									
Bolivia																									
Brazil																									
Canada																									
Chile																									
Colombia																									
Costa Rica																									
Cuba																									
Dominica																									
Dominican Republic																									
Ecuador																									
El Salvador																									
Grenada																									
Guatemala																									
Guyana																									
Haiti																									
Honduras																									
Jamaica																									
Mexico																									
Nicaragua																									
Panama																									
Paraguay																									
Peru																									
Saint Kitts and Nevis																									
Saint Lucia																									
Saint Vincent and the Grenadines																									
Suriname																									
Trinidad and Tobago																									
United States of America																									
Uruguay																									
Venezuela																									

(Fifth meeting, 28 September 2016)

CD55.R5 *Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections 2016-2021*

THE 55th DIRECTING COUNCIL,

Having examined the *Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections 2016-2021* (Document CD55/14);

Considering that the Plan is aligned with the World Health Organization (WHO) Global Health Sector Strategies for HIV and sexually transmitted infections (STIs) for 2016-2021, the Global Strategy of the Joint United Nations Program on HIV/AIDS (UNAIDS) for 2016-2021, and Sustainable Development Goal 3,¹ and provides a clear long-term goal of ending AIDS and STI epidemics as public health problems in the Americas by 2030;

Referring to the 2016 World Health Assembly Resolution WHA69.22 in support of plans and strategies to achieve the above goal at the global level;

Cognizant of the impact these epidemics have in the Americas, especially among key populations and other priority populations in situations of vulnerability;

Acknowledging the need to decrease and eliminate the scourge of stigma, discrimination, and violation of the human rights of key populations and people living with HIV;

Reaffirming that the Plan provides continuity and builds upon the achievements of the previous Regional Strategic Plan for HIV/AIDS/STI (2006-2015) and the Strategy and Plan of Action for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis (2010-2015);

Aware of the synergistic effect of the implementation of this Plan with other PAHO plans and strategies approved by the Governing Bodies;

Taking into account that the Plan reflects the priorities and commitment of Member States, civil society, and multilateral and bilateral agencies to end AIDS and STI epidemics in the Americas as a public health problem by 2030,

RESOLVES:

1. To approve the *Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections 2016-2021* (Document CD55/14).
2. To urge Member States, as appropriate and taking into account their contexts, needs, and priorities, to:

¹ Ensure healthy lives and promote well-being for all at all ages” (Resolution A/RES/70/1 adopted by the General Assembly of the United Nations in 2015).

- a) continue to prioritize the prevention and control of HIV and STIs in the national agendas of the public health and social sectors;
- b) strengthen the stewardship and governance of the HIV/STI response, with the active participation of civil society, to ensure effective and coordinated interprogrammatic and multisectoral interventions;
- c) formulate, review, and align national HIV/STI strategies and plans, including setting national goals and targets for 2020 and 2030, in line with global and regional strategies, plans, and targets, and regularly reporting on the progress;
- d) strengthen comprehensive strategic information systems to describe the HIV/STI epidemic and the continuum of HIV/STI services, increasing the granularity of data for subnational, gender, and other equity analyses;
- e) develop and regularly review norms and guidelines in accordance with the latest WHO recommendations and scientific evidence;
- f) implement high-impact interventions along the continuum of health promotion, HIV/STI prevention, diagnosis, care, and treatment, tailored to the needs of key populations and others in situations of vulnerability and based on local epidemic characteristics, addressing the integrated management of opportunistic infections, other co-infections, and comorbidities;
- g) continue actions already in place to prevent mother-to-child transmission of HIV and congenital syphilis, with special attention to the diagnosis and treatment of maternal syphilis and the second phase of the elimination strategy, which includes the elimination of mother-to-child transmission of other infections relevant to public health, such as hepatitis B and Chagas disease in endemic areas;
- h) develop and implement plans and strategies for the prevention and control of antimicrobial resistance, with special emphasis on gonococcal resistance and HIV drug resistance, and strengthen national laboratory capacity to monitor resistance;
- i) adapt delivery of HIV/STI services based on a people- and community-centered approach, through multidisciplinary teams, including trained lay providers, and an integrated network of health services that increases the resolution capacity of the first level of care, to address the clinical and psychosocial needs of people living with HIV, key populations and others in conditions of vulnerability based on the local epidemic, with culturally, linguistically and age-appropriate approaches, to achieve equity, maximize impact, ensure quality, and eliminate stigma and discrimination;
- j) improve integration of HIV/STI services to adequately address maternal and child health, sexual and reproductive health, HIV co-infections, with special emphasis on TB-HIV, and co-morbidities, including specific interventions for harm reduction in substance and alcohol use disorders, and early identification and treatment of mental illnesses;
- k) strengthen laboratory capacity for screening and diagnosis of HIV, STIs, opportunistic infections and other co-infections, as well as for clinical monitoring,

based on the latest WHO recommendations, prioritizing the use of WHO prequalified diagnostics, and ensuring quality assurance practices;

- l) secure the uninterrupted supply of quality-assured and affordable vaccines, medicines, diagnostics, condoms, and other strategic commodities related to HIV/STIs and opportunistic infections, strengthening supply chain management structures and processes, including forecasting, procurement, warehousing, and distribution;
- m) strengthen the technical capacity and competencies of the national health workforce, and address and eliminate stigma, discrimination and other forms of human rights violations in the health sector;
- n) facilitate the empowerment of civil society and enable engagement in the provision of effective and sustainable health promotion, and HIV/STI prevention, care and treatment services;
- o) increase and optimize public financing with equity and efficiency for the sustainability of the response to HIV/STI, and integrate prevention, care and treatment interventions into comprehensive, quality, universal, and progressively expanded health services according to need, and with a people-centered approach, noting that, in most cases, public expenditure of 6% of GDP for the health sector is a useful benchmark;
- p) improve efficiency in the procurement of strategic commodities through regional and subregional mechanisms for price negotiation and procurement, including the Regional Revolving Fund for Strategic Public Health Supplies (Strategic Fund).

3. To request the Director to:

- a) support the implementation of this Plan of Action through a coordinated and interprogrammatic approach to technical cooperation to address integration of the HIV/STI response in the broader strategy for universal health access and coverage and in linkage with other regional plans and strategies;
- b) provide support to Member States for the development and review of national HIV/STI strategies and plans, including target setting and program reviews to monitor progress;
- c) provide technical support to Member States to strengthen information systems and HIV/STI surveillance and monitoring strategies, and build country capacity to generate quality strategic information on HIV/STI;
- d) provide technical support to Member States for the development and review of policies and norms, and for the implementation of high-impact interventions along the continuum of HIV/STI prevention, diagnosis, care, and treatment, based on latest WHO recommendations and ensuring quality and equity;

- e) provide support to countries to accelerate the progress towards the elimination of mother-to-child transmission of HIV and congenital syphilis, as well as other mother-to-child transmitted infections relevant to public health, such as hepatitis B and Chagas disease in endemic areas, and coordinate the process of validation of elimination at the regional level;
- f) advocate for an enabling environment that ensures access to health for people living with HIV, key populations and other groups in conditions of vulnerability, promoting, upon the request of Member States, policies, guidelines, and health-related human rights instruments that address gender inequality, gender-based violence, stigma and discrimination, and other restrictions of human rights;
- g) advocate for the empowerment of people and communities and for their meaningful, effective, and sustainable engagement in the provision of care;
- h) advocate for building the capacity of the national work force to provide good quality and people-centered care in health services free from stigma and discrimination;
- i) advocate for full funding of the HIV/STI response and the inclusion of HIV/STI prevention, care, and treatment interventions into comprehensive, quality, universal, and progressively expanded health services according to need and with a people-centered approach;
- j) provide support to Member States through PAHO's Strategic Fund to improve the processes of procurement and supply management and distribution to ensure uninterrupted access to quality-assured and affordable vaccines, medicines, diagnostics, condoms, and other HIV/STI-related commodities, aligned with WHO prequalification;
- k) present a mid-term review to the Governing Bodies in 2018 and a final report in 2021.

(Sixth meeting, 28 September 2016)

CD55.R6 *Strategy for Arboviral Disease Prevention and Control*

THE 55th DIRECTING COUNCIL,

Having examined the *Strategy for Arboviral Disease Prevention and Control* (Document CD55/16);

Considering that the Constitution of the World Health Organization establishes that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition;”

Considering the environmental, social, and biological factors that have facilitated the emergence and reemergence of different pathogens on a worldwide scale;

Recognizing the difficulties that have hindered proper mosquito control, which has given rise to the emergence and rapid spread of arthropod-borne viruses (arboviruses) in the Region of the Americas;

Aware of the social impact and economic burden of arboviral disease outbreaks and epidemics;

Profoundly concerned about possible severe manifestations and chronic outcomes of new viral diseases in the Region;

Recalling Resolution CD44.R9 (2003), in which a new model was adopted for dengue prevention and control through the integrated management strategy for dengue prevention and control (IMS-dengue);

Recognizing that the current epidemiological context requires a strategy that comprehensively addresses arboviral diseases,

RESOLVES:

1. To adopt the *Strategy for Arboviral Disease Prevention and Control* (Document CD55/16) in the context of the specific conditions in each country.
2. To urge the Member States, taking into account the shared responsibilities in federated States, and as appropriate to their needs and priorities, to:
 - a) strengthen surveillance systems for early detection of emerging and reemerging arboviruses, as well as outbreak and epidemic monitoring systems;
 - b) prepare a strategy for the integrated control of arboviral diseases (IMS-arbovirus) which takes into account the critical components of IMS-dengue and introduces new tools for arbovirus surveillance in vectors and for prioritized prevention in high-risk populations;
 - c) strengthen national public health laboratories in order to guarantee timeliness and quality in the processes of detection, diagnosis, and laboratory surveillance of arboviral diseases;
 - d) strengthen the Arbovirus Diagnosis Laboratory Network of the Americas (RELDA) by establishing agreements among laboratories as well as effective channels for the exchange of scientific materials and output;
 - e) prioritize and mobilize the necessary resources to implement the strategy and each of its components.

3. To request the Director to:
 - a) support the implementation of the strategy to maintain and strengthen collaboration between the Pan American Sanitary Bureau and the countries and territories to address arboviral diseases;
 - b) continue to strengthen PAHO and WHO activities to produce scientific evidence on the magnitude, trends, health consequences, risk factors, and protection against emerging, reemerging, new, and endemic diseases in the Region;
 - c) continue to support countries and territories, at their request, by providing technical assistance to strengthen the capacity of health systems to address the surveillance of arboviral diseases in a coordinated manner;
 - d) facilitate PAHO cooperation with committees, bodies, and human rights rapporteurs of the United Nations and Inter-American systems in order to guarantee implementation of the strategy in the countries and territories of the Region;
 - e) prioritize arboviral disease surveillance and control and consider allocating the necessary resources to implement the strategy.

(Sixth meeting, 28 September 2016)

CD55.R7 Plan of Action for Malaria Elimination 2016-2020

THE 55th DIRECTING COUNCIL,

Having reviewed the *Plan of Action for Malaria Elimination 2016-2020* (Document CD55/13), which proposes the implementation of efforts to accelerate malaria elimination, prevent reintroduction, and achieve the proposed targets for 2019 of the PAHO Strategic Plan 2014-2019;

Recognizing the important achievements made in reducing the malaria disease burden in the Region during the implementation of the *Strategy and Plan of Action for Malaria in the Americas 2011-2015* (Resolution CD51.R9), as reflected in the achievement of malaria-related targets set in the Millennium Development Goals through concerted efforts of Member States and partners;

Aware that despite these achievements, malaria remains a serious threat to the health, well-being, and economy of peoples and nations in the Americas and has historically resurged in areas where commitment and efforts against the disease have weakened;

Aware that malaria elimination efforts will necessitate strengthened coordination among all partners and stakeholders, review and updating of malaria policies and strategic frameworks to accelerate efforts towards malaria elimination, sustained and strengthened surveillance at all levels of the health system, sustained commitment of stakeholders, and tailored approaches to contextual specificities and preparation for the end game and beyond;

Considering that Resolution WHA68.2 of the World Health Assembly, which adopts the global technical strategy and targets for malaria during the period 2016-2030, presents a bold vision of a world free of malaria, and aims to reduce malaria incidence and mortality rates globally by at least 90% by 2030, to eliminate the disease in at least 35 new countries, and to prevent its reestablishment in countries that were free of malaria in 2015;

Recognizing that this Plan of Action is the platform for the implementation of the global strategy,

RESOLVES:

1. To approve the *Plan of Action for Malaria Elimination 2016-2020* (Document CD55/13).
2. To urge the Member States, taking into account their contexts, needs, vulnerabilities, and priorities, to:
 - a) affirm the continuing importance of malaria as a health priority;
 - b) review and update national plans or establish new ones towards malaria elimination, investing appropriate resources and employing tailored approaches that address the social determinants of health and provide for inter-programmatic collaboration and intersectoral action;
 - c) reinforce engagement in efforts to address malaria, including coordination with other countries and relevant subregional initiatives in epidemiological surveillance of malaria, supply chain management, surveillance of resistance to antimalarial medicines and insecticides, and monitoring and evaluation;
 - d) guarantee the availability of key malaria supplies including anti-malarials through effective planning and forecasting of needs and utilizing, as applicable, the PAHO Regional Revolving Fund for Strategic Public Health Supplies for joint procurement;
 - e) strengthen health services and align them accordingly with PAHO/WHO evidence-based guidelines and recommendations on malaria prevention and case management;

- f) sustain the commitment of both malaria-endemic and non-endemic countries and various sectors to fight the disease, particularly in terms of sustained or increased investments and provision of necessary resources;
 - g) establish integrated strategies and develop capacities to eliminate malaria and prevent the reestablishment of transmission with broad community participation so that the process helps to strengthen and sustain national health systems, surveillance, alert and response systems, and other disease elimination programs, with attention to factors related to gender, ethnicity, and social equity;
 - h) further intensify efforts focusing on highly susceptible and vulnerable populations and occupational groups;
 - i) support engagement in the development and implementation of a research agenda that addresses important gaps in knowledge, operations, and technology in malaria elimination and in various contexts of malaria work in the Region.
3. To request the Director to:
- a) support the implementation of the *Plan of Action for Malaria Elimination* and provide technical cooperation, including capacity-building efforts needed for countries to develop and implement national plans of action;
 - b) coordinate Region-wide efforts to eliminate local malaria transmission and prevent its potential reestablishment in malaria-free areas, in collaboration with countries and partners;
 - c) advise on the implementation of national strategic plans for malaria control;
 - d) continue to advocate for the active mobilization of resources among countries, as well as globally, and encourage close collaboration to forge strategic partnerships that support the implementation of national and cross-border efforts, including those targeting vulnerable and hard-to-reach populations;
 - e) employ tailored approaches addressing the social determinants of health and providing for inter-programmatic collaboration and intersectoral action;
 - f) report to the Governing Bodies on the progress of the implementation of the Plan of Action and the achievement of its targets at mid-term and at the end of the implementation period.

(Seventh meeting, 29 September 2016)

CD55.R8 *Resilient Health Systems*

THE 55th DIRECTING COUNCIL,

Having reviewed the *Resilient Health Systems* policy document (Document CD55/9);

Bearing in mind that the health situation of the Americas has improved considerably in recent decades, that social policies aiming to alleviate poverty and improve health and well-being have resulted in significant improvements in life expectancies and health outcomes, and that national health systems are more inclusive and responsive;

Cognizant that policies supporting sustained development and investment in health systems and social and economic stability contribute both directly and indirectly to improved health and well-being, alleviation of poverty, elimination of inequities, and health system resilience;

Observing that health systems remain highly vulnerable to risks that significantly impact local, national, and global health, debilitating the response capacity of health systems and eliminating gains in health outcomes and social and economic development;

Deeply concerned by global disease outbreaks such as the Ebola, chikungunya, and Zika virus outbreaks that have highlighted important structural weaknesses in health systems, particularly weaknesses related to health surveillance, response, and information systems, to the implementation of strategies for infection prevention and control, to the competencies and capacities of health professionals, to health financing and mobilization of financial resources, and to the organization and delivery of health services;

Noting that fragmented approaches to public health preparedness, including application of the International Health Regulations (IHR or Regulations), constitute a major risk to health and well-being and to social and economic development;

Recalling article 44 of the Regulations and the commitment made by Member States at the 65th World Health Assembly (2012) to further strengthen active collaboration among States Parties, WHO and other relevant organizations and partners, as appropriate, in order to ensure the implementation of the IHR (Resolution WHA65.23 [2012], Document A68/22, Add. I [2015], and Resolution WHA68.5 [2015]), including establishing and maintaining core capacities;

Recognizing that while disease outbreaks and disasters caused by natural phenomena and the impact of climate change represent high-level, immediate risks to the health and well-being of the population, other, more long-term internal and external risks—for example, lack of sustained development, social instability, weak stewardship and capacity in essential public health functions, demographic transitions, migration and rapid urbanization, economic crises, and the growing burden and impact of non-communicable diseases and their risk factors—affect the sustainability and responsiveness of health systems and influence health outcomes;

Noting that economic downturns remain one of the principal risks affecting health system responsiveness, adaptiveness, and resilience;

Cognizant that the Strategy for Universal Access to Health and Universal Health Coverage (2014), the values of solidarity and equity, and the urgent need for the majority of countries to strengthen their health systems, including from the perspective of the right to health where nationally recognized and the right to the enjoyment of the highest attainable standard of health, provide the foundation for continued health system development in the Americas;

Recognizing that resilience is a critical attribute of a well-developed and well-performing health system whereby health actors, institutions, and populations prepare for and effectively respond to crises, maintain core functions when a crisis hits, and, informed by lessons learned, reorganize if conditions require it;

Bearing in mind that resilient health systems are information- and evidence-informed, responsive, predictive, complex, adaptive, robust, integrated, participatory, and people- and community-centered;

Aware that increasing levels of integration, migration, disasters, and regional/global disease outbreaks highlight the interdependence of national health systems within the global health system framework;

Recalling relevant global frameworks and agreements, including the Sustainable Development Goals, the Paris Agreement on Climate Change, the Sendai Framework for Disaster Risk Reduction, and the International Health Regulations, as well as relevant PAHO mandates, particularly the Strategy for Universal Access to Health and Universal Health Coverage,

RESOLVES:

1. To support the *Resilient Health Systems* policy (Document CD55/9).
2. To urge Member States to:
 - a) support the development of resilient health systems and societies in the framework of achievement of the Sustainable Development Goals;
 - b) develop resilience in health systems through integration of actions in the core policy areas of health system strengthening, social determinants of health, risk reduction, public health surveillance and disease outbreak management, implemented within the framework of national sustainable development objectives;
 - c) work in accordance with the national context to gradually develop the resilience of health systems within the framework of the Strategy for Universal Access to Health and Universal Health Coverage;
 - d) build reserve capacity (health workers, financing, medicines, and health technologies) to scale up the response of health services in the event of an acute

- or sustained risk to the system and to support and coordinate the response of the health service network to the needs of individuals and the community;
- e) implement a holistic and multisectoral approach to the IHR, including developing, strengthening, and maintaining the capacities and functions called for in the Regulations, as part of strengthening essential public health functions, by embedding the Regulations in national health policy and planning processes, in legislative actions and regulatory frameworks, and in efforts to strengthen the capacity of institutions, networks, and human resources to respond to disease outbreaks of international concern; and work with other partners to support States Parties' IHR implementation;
 - f) strengthen health information systems that support the identification and isolation of public health risks, capture in a timely manner impending risks, and support measured and targeted responses, reporting on system capacity (e.g., health service delivery and utilization, human resource mapping, availability of health financing, and availability of medicines and health technologies), and decision making related to rapid reorganization of health systems and services;
 - g) develop multisectoral frameworks and implement multisectoral actions that focus on risk management and on strengthening the resilience of the health system;
 - h) maintain and increase investments in health systems and actions to improve their resilience, in line with the orientations of the Strategy for Universal Access to Health and Universal Health Coverage;
 - i) promote research on the characteristics of resilient health systems to generate further evidence on gaps and on linkages with system resilience;
 - j) as appropriate, strengthen the Integrated Health Services Networks (IHSNs) within countries, and build networks among countries with a special focus on health in border areas.
3. To request the Director to:
- a) provide support to countries, within the framework of the Sustainable Development Goals, in their development of multisectoral plans and strategies that support health system resilience and improved health and well-being;
 - b) advocate, among countries and partners, the importance of resilient health systems and their characteristics, as well as the integrated and long-term actions required to build such systems;
 - c) continue to support countries in strengthening their health systems and developing national plans towards universal access to health and universal health coverage, as well as through the efficient implementation of IHSNs;
 - d) support the development of reserve capacity in health systems (health workers, financing, medicines, and health technologies) to scale up the response of health services in the event of an acute or sustained risk to the system;

- e) support the response of the health service network to the needs of individuals and the community;
- f) promote a holistic approach in the application of the IHR through the strengthening of essential public health functions and continue to provide technical cooperation to countries in the assessment of health system readiness in the event of a disease outbreak of international concern;
- g) provide support to countries in the development of health information systems to improve health surveillance and to monitor system capacity to detect, predict, adapt, and respond;
- h) intensify technical and financial cooperation in disaster and other risk reduction efforts within health systems, in the assessment and evaluation of risk, and in risk management, contributing to health system resilience;
- i) continue to strengthen PAHO's efforts to develop scientific evidence on resilient health systems, promote health systems research, and develop methodologies for the assessment of health system performance in situations of risk or stress;
- j) promote the strengthening of regional cooperation strategies that include information systems, identification of real needs, and support mechanisms, to be considered by the Member States through their internally defined structures.

(Seventh meeting, 29 September 2016)

CD55.R9 Plan of Action for the Elimination of Neglected Infectious Diseases and Post-elimination Actions 2016-2022

THE 55th DIRECTING COUNCIL,

Having examined the *Plan of Action for the Elimination of Neglected Infectious Diseases and Post-elimination Actions 2016-2022* (Document CD55/15);

Considering that the World Health Organization (WHO) has provided an overarching framework to address the challenge of prevention, elimination, and control of neglected tropical diseases at the global level;

Considering the Health Agenda for the Americas 2008-2017 (2007), the Strategic Plan of the Pan American Health Organization 2014-2019 (*Official Document 345* [2014]), the Report on the 16th Inter-American Meeting at the Ministerial Level on Health and Agriculture (RIMSA 16) (Document CD52/INF/3 [2013]), the Plan of Action on Health in All Policies (Resolution CD53.R2 [2014]), the Strategy for Universal Access to Health and Universal Health Coverage (Resolution CD53.R14 [2014]), and the concept paper on Health and Human Rights (Resolution CD50.R8 [2010]);

Acknowledging the impact of neglected infectious diseases on morbidity and mortality, disability, and stigma in the Region of the Americas, especially among high-risk populations and groups in situations of vulnerability;

Recognizing that neglected infectious diseases both reflect and accentuate inequities in coverage of health services by affecting populations at the economic margins of society;

Acknowledging that measures of prevention and treatment of neglected infectious diseases implemented in childhood and among women of childbearing age in the Region may protect these vulnerable groups from acute and chronic illness and premature death and reduce the risk of disability and stigma;

Acknowledging that some neglected infectious diseases are also a risk for the periurban, rural, and agricultural workforce in the Region and impair the economic development of the individuals, families, and communities at risk;

Acknowledging that in the Region there is evidence of the elimination and interruption of transmission of several priority neglected infectious diseases and the elimination as a public health problem of other neglected infectious diseases;

Acknowledging that some countries that have eliminated neglected infectious diseases have implemented monitoring/surveillance measures for the post-elimination phase to prevent reintroduction or recrudescence and to consolidate sustainability;

Considering that prevention, elimination, expanded control, and post-elimination monitoring/surveillance of neglected infectious diseases in the Region are possible in each country and territory in the foreseeable future,

RESOLVES:

1. To approve the *Plan of Action for the Elimination of Neglected Infectious Diseases and Post-elimination Actions 2016-2022* (Document CD55/15).
2. To urge all Member States, taking into account their epidemiological situation, national context, and priorities, to:
 - a) prioritize neglected infectious diseases and their elimination as an important public health priority, promoting an integrated comprehensive response based on PAHO/WHO recommendations and establishing specific targets to face the challenges entailed by these diseases with the goal of eliminating as many as possible by 2022 or earlier;
 - b) foster interprogrammatic alliances, initiatives, synergies, and activities within and outside of the health system, engaging all relevant partners and stakeholders, including civil society, in the work of prevention, elimination, control, and post-elimination surveillance of neglected infectious diseases;

-
- c) promote mechanisms in each country to ensure the professionalization and stability of technical personnel and the political continuity of programmatic strategies;
 - d) establish specific strategies for integrated surveillance and management of vectors of neglected infectious diseases and for strengthening the prevention of select neglected zoonoses through a veterinary public health/One Health approach, including collaboration with animal health and production areas, and outreach and educational interventions for neglected key populations and groups living in vulnerable conditions, with involvement of affected communities and key stakeholders;
 - e) support promotion of treatment, rehabilitation, and related support services through an approach focused on integrated morbidity management and disability prevention for individuals and families afflicted by those neglected infectious diseases that cause disability and generate stigma;
 - f) support the development of health-related policies, regulations, norms, and capacities at the country level for surveillance, screening, diagnosis, care, and treatment of neglected infectious diseases both within and outside of health care settings (according to evidence-based normative guidance developed by PAHO and WHO), and ensure their implementation, monitoring, and periodic evaluation;
 - g) promote inter-country collaboration and coordination in the monitoring of progress towards elimination goals and monitoring/surveillance in the post-elimination phase;
 - h) ensure inclusion of medicines, diagnostics, and equipment related to neglected infectious disease elimination in national essential medicine lists and formularies; negotiate expedited importation of medicines with the national regulatory, customs, and taxation authorities, and promote access to them through price negotiation processes and national and regional procurement mechanisms such as PAHO's Regional Revolving Fund for Strategic Public Health Supplies;
 - i) strengthen countries' capacity to generate and disseminate timely and quality strategic information (and mapping) on neglected infectious diseases, disaggregated by age, gender, and ethnic group;
 - j) support the development of integrated strategies for provision of safe water, basic sanitation and hygiene, improved housing conditions, health promotion and education, vector control, and veterinary public health based on intersectoral approaches, taking into account and addressing the social determinants of health, for elimination of neglected infectious diseases; and assume a leadership role to champion such strategies at the highest level of authority;
 - k) eliminate gender, geographical, economic, sociocultural, legal, and organizational barriers that prevent universal equitable access to comprehensive health services for those affected by neglected infectious diseases, following the PAHO Strategy for Universal Access to Health and Universal Health Coverage.

3. To request the Director to:
 - a) establish a technical advisory group on elimination and interruption of transmission among humans of neglected infectious diseases to advise PASB and, through it, the Member States;
 - b) support the implementation of the Plan of Action, especially with respect to strengthening services for innovative and intensified disease surveillance and case management (surveillance, screening, diagnosis, care, and treatment) and for preventive chemotherapy of neglected infectious diseases as part of the expansion of primary health care and universal health coverage in the Region of the Americas;
 - c) support Member States in reinforcing national and regional information and surveillance systems on neglected infectious diseases in order to monitor progress in control and elimination and to support decision making in countries according to their epidemiological status;
 - d) provide technical assistance to Member States to scale up actions to eliminate neglected infectious diseases, strengthen integrated management of vectors of these diseases, and strengthen the prevention of select neglected zoonoses through a veterinary public health/One Health approach, in keeping with national priorities;
 - e) support Member States in increasing access to affordable neglected infectious disease medicines and commodities, including through price negotiation processes and other mechanisms for sustainable procurement;
 - f) promote strategic partnerships, alliances, and technical cooperation among countries in the Region in carrying out the activities included in this Plan of Action considering the foreseeable goal of elimination and interruption of transmission among humans of select neglected infectious diseases in the Americas;
 - g) present to the Governing Bodies a mid-term evaluation in 2019 and a final evaluation report in 2023.

(Seventh meeting, 29 September 2016)

CD55.R10 Plan of Action for Disaster Risk Reduction 2016-2021

THE 55th DIRECTING COUNCIL,

Having examined the *Plan of Action for Disaster Risk Reduction 2016-2021* (Document CD55/17, Rev. 1), which includes the final report on the Plan of Action on Safe Hospitals for 2010-2015;

Taking into account the advances made in the implementation of Disaster Preparedness and Response (Resolution CD45.R8 [2004]); Safe Hospitals: A Regional Initiative on Disaster-Resilient Health Facilities (Resolution CSP27.R14 [2007]); and Plan of Action on Safe Hospitals (Resolution CD50.R15 [2010]);

Observing that the implementation of the Plan of Action on Safe Hospitals (Document CD50/10) 2010-2015 has demonstrated advances and challenges that have contributed to the adoption of national programs and policies for safe hospitals, to the implementation of activities aimed at ensuring that all new hospitals are built with a higher level of protection, and to the implementation of measures to cope with climate change in terms both of disaster adaptation and mitigation in order to strengthen existing health facilities;

Recalling that the 2030 Agenda for Sustainable Development, the Paris Agreement on climate change, the Agenda for Humanity, and the Sendai Framework for Disaster Risk Reduction 2015-2030 all affirm that the health of the population is a priority in disaster risk reduction, and that, therefore, special attention should be paid to the capacity to respond to natural events and events caused by human activity, including those of an environmental, biological, or radiological nature, and emphasize access to medical services after disasters, care for the needs of priority care groups such as persons with disabilities and ethnic groups, and mental health, taking a gender approach;

Taking into account the conclusions of the Regional Meeting of Health Disaster Coordinators held in Managua, Nicaragua, on October 2015, at which 29 countries and territories of the Region identified advances in disaster risk reduction and prioritized interventions with regard to existing gaps;

Aware of the importance of having a Plan of Action that enables the Member States of the Organization to implement actions to better protect the health of the population against emergencies and disasters,

RESOLVES:

1. To approve and implement the *Plan of Action for Disaster Risk Reduction 2016-2021* (Document CD55/17, Rev. 1).
2. To urge the Member States to:
 - a) strengthen emergency and disaster response programs in the health sector;
 - b) incorporate health sector disaster risk management into national policies, plans, and budgets, and promote the integration of health into national plans and strategies for disaster risk reduction;

- c) promote initiatives in partnership with the scientific and technological community, academia, and others, to investigate, disseminate, and share good practices in disaster risk management in the health sector, and to include these in human resources training;
 - d) continue implementing the Safe Hospitals initiative and incorporate criteria for disaster mitigation and adaptation to climate change into health facility policies, planning, design, construction, operation, and accreditation;
 - e) strengthen national-level efforts to develop and update the knowledge and procedures of emergency and disaster response teams;
 - f) promote the creation of strategic reserves and the proper management of critical supplies for preparedness, response, and early recovery.
3. To request the Director to:
- a) collaborate with the Member States in the coordination and implementation of the *Plan of Action for Disaster Risk Reduction 2016-2021* at the national, subregional, and regional levels;
 - b) support the development of methodologies, technical guidelines, and information systems to facilitate disaster risk assessment;
 - c) promote the strengthening of partnerships with specialized agencies in order to mobilize the human and financial resources and the technology necessary to improve disaster risk management;
 - d) report to the Governing Bodies on the advances and limitations in the implementation of this Plan of Action at the end of each biennium and prepare a final evaluation in its last year.

(Seventh meeting, 29 September 2016)

CD55.R11 Analysis of the Mandates of the Pan American Health Organization

THE 55th DIRECTING COUNCIL,

Having reviewed the report on the *Analysis of the Mandates of the Pan American Health Organization* (Document CD55/18, Rev. 1), regarding the status of resolutions adopted by the Directing Council and the Pan American Sanitary Conference in their capacity as Regional Committee of WHO for the Americas during the past 17 years (1999-2015), as well as recommendations for sunseting and reporting requirements;

Noting that a number of resolutions have an open-ended requirement for reporting back to the Governing Bodies,

RESOLVES:

1. To endorse the recommendations made in *Analysis of the Mandates of the Pan American Health Organization* (Document CD55/18, Rev. 1) for sunsetting resolutions and reporting, that is, to establish a practice of time-limited reporting and to sunset the resolutions that have been superseded in their entirety by subsequent resolutions, or whose commitments are considered to have been met.
2. To request the Director to:
 - a) continue the practice of defining the requirements for reporting on the implementation of resolutions, with a specific end date for reporting back to the Directing Council or the Pan American Sanitary Conference;
 - b) present similar analyses of resolutions at least every three years in order to sunset resolutions as appropriate.

(Eighth meeting, 29 September 2016)

CD55.R12 Access and Rational Use of Strategic and High-cost Medicines and Other Health Technologies

THE 55th DIRECTING COUNCIL,

Having reviewed the policy document *Access and Rational Use of Strategic and High-cost Medicines and Other Health Technologies* (Document CD55/10);

Considering that the Constitution of the World Health Organization (WHO) establishes as one of its basic principles that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, and political belief, economic or social condition”; and observing that countries of the Region affirmed in Resolution CD53.R14 “the right to health where nationally recognized and promoting the right to the enjoyment of the highest attainable standard of health”;

Recalling Resolution CD53.R14 (2014) on Universal Access to Health and Universal Health Coverage, and United Nations Resolution A/RES/70/1 adopting the Agenda 2030 for Sustainable Development, including Goal number 3, “Ensure healthy lives and promote well-being for all at all ages”;

Recalling Resolution WHA61.21 (2008) which adopts the *Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property*, Resolution CD48.R15 (2008) *Public Health, Innovation, and Intellectual Property: A Regional Perspective*, and the *Report of the Consultative Expert Working Group on Research and Development*;

Recognizing that improving equitable access to and the rational use of medicines and other health technologies contributes to achieving universal access to health and universal health coverage and the achievement of the Sustainable Development Goals;

Taking into consideration that the adoption and implementation of comprehensive policies, laws, regulations, and strategies contribute to improving access to medicines and other health technologies, including those considered strategic and of high cost, and the quality of health services and health outcomes, while ensuring the sustainability of health systems;

Taking into account that a number of high-cost medicines and other health technologies are now considered essential and can significantly improve quality of life and health outcomes when used in accordance with evidence-based clinical practice guidelines;

Recognizing that the adoption of some new and high-cost medicines and other health technologies incorporated into health systems does not provide significant added value as they displace effective lower-cost treatments;

Recognizing the need to improve access through comprehensive approaches that focus on improving availability, affordability, and rational use within health systems, as well as the selection processes described in World Health Assembly Resolution WHA67.22;

Recognizing the challenges currently faced by Member States in ensuring access and rational use of high-cost medicines and other health technologies,

RESOLVES:

1. To urge Member States, taking into account their context and national priorities, to:
 - a) adopt comprehensive national policies and/or strategies, together with legal and regulatory frameworks, to improve access to clinically effective and cost-effective medicines and other health technologies, which consider the needs of health systems and take into account the overall life-cycle of the medical products from research and development to quality assurance and use, including prescribing and dispensing, and which disincentivize inappropriate demands for medicines and health technologies that are costly and ineffective, or that do not offer sufficient benefits over lower cost alternatives;
 - b) in order to improve the efficacy and efficiency of health systems, *i*) strengthen health institutions, mechanisms, and regulatory capacities to promote good governance and evidence-based decision making on the quality, safety, efficacy and the optimal use of medicines and other health technologies, and *ii*) promote

- transparency and accountability in the allocation of resources for medicines and other health technologies;
- c) regularly evaluate, review, and update formularies and lists of essential medicines through transparent and rigorous selection processes and mechanisms based on evidence and informed by health technologies assessment methodologies to meet health needs;
 - d) promote adequate financing and financial protection mechanisms to foster the sustainability of the health system, to improve access and to advance toward the elimination of direct payments that constitute a barrier to access at the point of service, in order to avoid financial difficulties, impoverishment, and exposure to catastrophic expenditures;
 - e) work together with the pharmaceutical sector to improve transparency and access to timely and comprehensive information, including in relation to comprehensive research and development costs and trends, as well as pricing policies and price structures, supply chain management, and procurement practices in order to improve decision-making, avoid waste, and improve affordability of medicines and other health technologies;
 - f) strengthen institutional capacities to produce quality health technology assessments of new medicines and other health technologies before their introduction into health systems, with special attention to those considered of high cost;
 - g) promote competition through comprehensive strategies, which may include intellectual property policies that take into account the public health perspective considering the maximization of health-related innovation, the establishment of incentives and regulations that permit the prompt entry and uptake of quality multisource generic medicines¹ and/or therapeutic equivalents, the reduction of tariffs, and the adoption of joint procurement mechanisms that limit fragmentation by pooling the demand;
 - h) adopt effective strategies to improve access to single source or limited source products such as, but not limited to, transparent national and international price negotiations, reimbursement, and pricing policies and strategies, and when appropriate, the use of flexibilities affirmed by the Doha Ministerial Declaration on the TRIPS Agreement and Public Health;
 - i) adopt measures to promote access to information on medical products that is impartial and free of conflicts of interest, for health authorities, health professionals, and the general population, in order to promote the rational use of medicines and other health technologies and to improve the prescription and

¹ WHO uses the term “multisource pharmaceutical products”, defined as “pharmaceutically equivalent or pharmaceutically alternative products that may or may not be therapeutically equivalent. Multisource pharmaceutical products that are therapeutically equivalent are interchangeable” (WHO Expert Committee on Specifications for Pharmaceutical Preparations, WHO Technical Report Series 937, 2006, available at <http://apps.who.int/medicinedocs/documents/s14091e/s14091e.pdf>).

- dispensing; and monitor the safe and effective use of these products through solid pharmacovigilance and technovigilance systems;
- j) recognize the role of prescribers in decisions relating to treatment options and provide support to improve practices so that prescriptions are appropriate, ethical, and based on rational use, employing tools such as clinical practice guidelines, educational strategies, and regulations to address conflicts of interest between prescribers and manufacturers of medical products;
 - k) develop frameworks, including through consultations with all relevant stakeholders, that define ethical principles which, from a public health perspective, guide the development of pharmaceutical advertising and marketing, and codes of conduct that guide the ethical behavior of pharmaceutical representatives;
 - l) promote the adoption of instruments or mechanisms to improve the quality of examination of patent applications for pharmaceuticals and other health technologies, and to facilitate examiners' access to the necessary information for appropriate decision-making;
 - m) promote the work of national health authorities and other competent authorities, according to the national context, on issues related to patents for pharmaceuticals and other health technologies and to patenting practices, to promote health-related innovation and the use of mechanisms and procedures such as the United States Food and Drug Administration (FDA) Orange Book and Canada's Patent Register, which support transparent and clear information including information on medicinal ingredients, their associated patents, the patent expiry dates and other related information, and to foster market competition.
2. To request the Director to:
- a) support Member States in the development of comprehensive policies and legal frameworks² for medicines and health technologies that promote access to essential and strategic medicines and other health technologies, including those considered high-cost;
 - b) support Member States in the development, implementation, and/or review of national legal and regulatory frameworks, policies, and other provisions that permit the prompt entry and uptake of quality multisource generic medicines and/or therapeutic equivalents through comprehensive strategies from a public health perspective;
 - c) support Member States in building capacities and adopting strategies to improve the selection and rational use of medicines and other health technologies based on health technology assessments and other evidence-based approaches to improve health outcomes and efficiencies;

² In accordance with Resolution CD54.R9

- d) promote cooperation and the sharing of information, successful experiences, and technical capacity with respect to the cost-effectiveness of medicines and other health technologies, supply chain issues, and best practices in pricing, among other topics, through PAHO's channels and networks, and synthesize and report progress made by Member States in key areas;
- e) continue to strengthen the PAHO Regional Revolving Fund for Strategic Public Health Supplies and the PAHO Revolving Fund for Vaccine Procurement, which are important initiatives to provide ongoing support to Member States on all aspects related to making quality medicines and health technologies available and more affordable, including providing a platform for supporting participating Member States in the pooling, negotiation, and procurement of high-cost single source and limited source medicines;
- f) support the Member States in developing and adopting frameworks that define ethical principles which, from a public health perspective, guide the development of pharmaceutical advertising and marketing, guide the relationship between industry and patient associations, and support the development of codes of conduct that guide the behavior of pharmaceutical representatives;
- g) promote the identification and coordination of initiatives that address access to high-cost medicines and other health technologies in the Region in order to contribute to their efficiency and prevent duplication.

(Eighth meeting, 29 September 2016)

CD55.R13 *Health of Migrants*

THE 55th DIRECTING COUNCIL,

Having reviewed the policy document *Health of Migrants* (Document CD55/11);

Recognizing that human migration is one of the most challenging priorities in global public health;

Considering that the Universal Declaration of Human Rights and international law recognize the right of individuals to leave any country, including their own, and that the rights and freedoms set forth in the Declaration, including health-related rights, belong to all persons, including migrants, refugees, and other non-nationals;

Considering the urgent need for the majority of countries to strengthen their health systems including from the perspective of the right to health where nationally recognized and promoting the right to the enjoyment of the highest attainable standard of health, with the fundamental goals of achieving universal access to health and universal health coverage;

Recognizing that the plight of migrants has been increasingly recognized and its prominence reflected on the international agenda, in the 2030 Agenda for Sustainable Development, and most recently in the New York Declaration approved by the United Nations General Assembly in September 2016;¹

Observing that for decades PAHO Member States have prioritized the health of migrant and displaced populations, generating arrangements for collaborative responses; and recognizing that PAHO has approved several resolutions that promote the incorporation of the respect for human rights and human security in country health policies, plans, programs, and health-related laws to strengthen the resilience of members of migrant populations in the highest conditions of vulnerability;

Recognizing that border areas constitute points of passage for migrants and have specific characteristics that require bilateral or multilateral initiatives for discussion and coordination of actions for health;

Noting that PAHO Member States have demonstrated a heightened appreciation for the development of health policies and programs to address health inequities and improve access to health services;

Recognizing that the Strategy for Universal Access to Health and Universal Health Coverage, adopted by Resolution CD53.R14 (2014), constitutes a framework for the action of health systems to protect the health and well-being of migrants, and recognizing the contributions of prior PAHO strategies and mandates that deal with this issue and that are aligned with other related strategies and commitments, including the 2030 Sustainable Development Goals,

RESOLVES:

1. To support the policy document *Health of Migrants* (Document CD55/11).
2. To urge the Member States, as appropriate to their context, priorities, and institutional and legal frameworks, to:
 - a) utilize this policy document in their efforts to generate health policies and programs to address health inequities that affect migrants and to develop targeted interventions to reduce migrants' health risks by strengthening programs and services that are sensitive to their conditions and needs;
 - b) lead the effort to modify or improve regulatory and legal frameworks in order to address the specific health needs of migrant individuals, families, and groups;

¹ New York Declaration for Refugees and Migrants (A/71.L.1)

- c) advance towards providing migrants with access to the same level of financial protection² and of comprehensive, quality, progressively expanded health services that other people living in the same territory enjoy, regardless of their migratory status, as appropriate to national context, priorities, and institutional and legal frameworks;
 - d) promote action at the bilateral, multilateral, national, and local levels to generate proposals for the coordination and articulation of programs and policies on health issues considered to be of common interest in the border areas involved.
3. To request the Director to:
- a) use the policy document *Health of Migrants* to increase advocacy and promote the mobilization of national resources to develop policies and programs that are sensitive to the health needs of migrant populations;
 - b) develop actions, technical resources, and tools to support the inclusion of the proposed policy elements within PAHO's program of work;
 - c) strengthen interagency coordination and collaboration mechanisms to achieve synergies and efficiency in technical cooperation, including within the United Nations system, and particularly with the International Organization for Migration, the Inter-American system, and other stakeholders working toward improving the health and protection of migrants in countries of origin, transit, and destination;
 - d) facilitate the exchange of experiences among Member States, and generate a repository of information on relevant experiences in the countries of the Region of the Americas.

(Ninth meeting, 30 September 2016)

Decisions

Decision CD55(D1) Appointment of the Committee on Credentials

Pursuant to Rule 31 of the Rules of Procedure of the Directing Council, the Council appointed Argentina, Belize, and Canada as members of the Committee on Credentials.

(First meeting, 26 September 2016)

² Financial protection, as established in the Strategy for Universal Access to Health and Universal Health Coverage (Document CD53/5, Rev. 2 [2014]) is a means to “advance toward the elimination of direct payment [...] that constitutes a barrier to access at the point of service, avoiding impoverishment and exposure to catastrophic expenditures. Increasing financial protection will reduce inequity in the access to health services”

Decision CD55(D2) Election of Officers

Pursuant to Rule 16 of the Rules of Procedure of the Directing Council, the Council elected Honduras as President, Grenada and Paraguay as Vice Presidents, and the Jamaica as Rapporteur of the 55th Directing Council.

(First meeting, 26 September 2016)

Decision CD55(D3) Establishment of the General Committee

Pursuant to Rule 32 of the Rules of Procedure of the Directing Council, the Council appointed Cuba, Guyana, and United States of America as members of the General Committee.

(First meeting, 26 September 2016)

Decision CD55(D4) Adoption of the Agenda

Pursuant to Rule 10 of the Rules of Procedure of the Directing Council, the Council adopted the agenda submitted by the Director (Document CD55/1, Rev. 2).

(First meeting, 26 September 2016)

Decision CD55(D5) Implementation of the International Health Regulations (IHR)

The 55th Directing Council, having reviewed the document entitled Regional Consultation on the Draft WHO Global Implementation Plan for the Recommendations of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response (Document CD55/12, Rev. 1, Annex B), presenting the report of the formal Regional Consultation held in Miami, United States, 1-3 August 2016;

Having recalled Resolution WHA61.2 (2008), Decision CD52(D5) (2013), Resolution WHA68.5 (2015), Document CD54/FR (2015), Document EB138/4 (2016), Document A69/20 (2016), Document A69/21 (2016), Decision WHA69(14), and Document CE158/INF/5 (2016),

Decides:

1. To welcome the report of the formal Regional Consultation on the Implementation of the International Health Regulations and the Member States' comments on the Draft Global Implementation Plan for the Recommendations of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response (hereafter the "Draft Plan"); with a request to WHO's

Secretariat to include the report under the relevant agenda item to be presented to the Executive Board of WHO at its 140th session in January 2017 and to be presented to the Seventieth World Health Assembly in May 2017.

2. To request the Director to:
 - a) transmit to the WHO Secretariat the report of the formal Regional Consultation in its entirety,
 - b) facilitate the preparations of Member States in the Americas for the 140th session of the Executive Board of WHO, in January 2017, with the dissemination of an Information Note on this matter to the Member States and to their Missions in Geneva.

(Eighth meeting, 29 September 2016)

IN WITNESS WHEREOF, the President of the 55th Directing Council, 68th Session of the Regional Committee of WHO for the Americas, Delegate of Honduras, and the Secretary ex officio, Director of the Pan American Sanitary Bureau, sign the present Final Report in the Spanish language.

DONE in Washington, D.C., United States of America, on this thirtieth day of September in the year two thousand sixteen. The Secretary shall deposit the original texts in the archives of the Pan American Sanitary Bureau. The Final Report will be published on the webpage of the Pan American Health Organization once approved by the President.

Edna Yolani Batres
President of the
55th Directing Council, 68th Session of the
Regional Committee of WHO
for the Americas
Delegate of Honduras

Carissa Etienne
Secretary ex officio of the
55th Directing Council, 68th Session of the
Regional Committee of WHO
for the Americas
Director of the
Pan American Sanitary Bureau

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- 5.3 Update on the Appointment of the External Auditor of PAHO for 2018-2019 and 2020-2021

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- 7.2. Process for the Development of the WHO Program Budget 2018-2019

7. MATTERS FOR INFORMATION (*cont.*)

7.3. Update on WHO Reform

- WHO's Work in Health Emergency Management: WHO Health Emergencies Program

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7.5. Millennium Development Goals and Health Targets: Final Report

7.6. Implementation of the Sustainable Development Goals in the Region of the Americas

- Report on the Development of the Roadmap on: *The Role of the Health Sector in the Strategic Approach to International Chemicals Management Towards the 2020 Goal and Beyond*

7.7. Regional Plan of Action for Strengthening Vital and Health Statistics: Final Report

7.8. Regional Strategy and Plan of Action on Nutrition in Health and Development, 2006-2015: Final Report

7.9. Strategy and Plan of Action for the Reduction of Chronic Malnutrition: Final Report

7.10. Plan of Action for Maintaining Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Region of the Americas: Final Report

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LIST OF DOCUMENTS

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CD55/3 Annual Report of the Director of the Pan American Sanitary Bureau

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CD55/5 Report of the End-of-biennium Assessment of the Program and Budget 2014-2015/First Interim Report on the PAHO Strategic Plan 2014-2019

CD55/6 Interim Assessment of the Implementation of the PAHO Budget Policy

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CD55/8, Rev. 1 Framework of Engagement with non-State Actors

CD55/9 Resilient Health Systems

CD55/10, Rev. 1 Access and Rational Use of Strategic and High-cost Medicines and Other Health Technologies

CD55/11, Rev. 1 Health of Migrants

Working Documents (*cont.*)

CD55/12, Rev. 1	Implementation of the International Health Regulations
CD55/13	Plan of Action for Malaria Elimination 2016-2020
CD55/14	Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections 2016-2021
CD55/15	Plan of Action for the Elimination of Neglected Infectious Diseases and Post-elimination Actions 2016-2022
CD55/16	Strategy for Arboviral Disease Prevention and Control
CD55/17, Rev. 1	Amendments to the Financial Regulations and Financial Rules of PAHO
CD55/18, Rev. 1	Analysis of the Mandates of the Pan American Health Organization
CD55/19 and Add I	Report on the Collection of Assessed Contributions
CD55/20	Update on the Appointment of the External Auditor of PAHO for 2018-2019 and 2020-2021
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CD55/22	PAHO Award for Administration: Changes to Procedures

Information Documents

CD55/INF/1	PAHO Program and Budget 2016-2017: Mechanisms for Interim Reporting to Member States
CD55/INF/2, Rev. 1	Process for the Development of the WHO Program Budget 2018-2019
CD55/INF/3 and Add. I	Update on WHO Reform <ul style="list-style-type: none">• WHO's Work in Health Emergency Management: WHO Health Emergencies Program

Information Documents (*cont.*)

CD55/INF/4	Update on the Zika Virus in the Region of the Americas
CD55/INF/5	Millennium Development Goals and Health Targets: Final Report
CD55/INF/6 and Add. I	Implementation of the Sustainable Development Goals in the Region of the Americas <ul style="list-style-type: none">• Report on the Development of the Roadmap on: <i>The Role of the Health Sector in the Strategic Approach to International Chemicals Management Towards the 2020 Goal and Beyond</i>
CD55/INF/7	Regional Plan of Action for Strengthening Vital and Health Statistics: Final Report
CD55/INF/8, Rev. 1	Regional Strategy and Plan of Action on Nutrition in Health and Development, 2006-2015: Final Report
CD55/INF/9	Strategy and Plan of Action for the Reduction of Chronic Malnutrition: Final Report
CD55/INF/10, Rev. 1	Plan of Action for Maintaining Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Region of the Americas: Final Report
CD55/INF/11	Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care: Final Report
CD55/INF/12	Progress Reports on Technical Matters: <ul style="list-style-type: none">A. Strategy and Plan of Action on <i>eHealth</i>: Midterm ReviewB. Plan of Action on Adolescent and Youth HealthC. Plan of Action for the Prevention and Control of Noncommunicable Diseases: Midterm ReviewD. Plan of Action to Reduce the Harmful Use of Alcohol: Midterm ReviewE. Plan of Action on Psychoactive Substance Use and Public Health: Midterm ReviewF. Status of the Pan American Centers

Information Documents (*cont.*)

- CD55/INF/13 Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO:
- A. Sixty-ninth World Health Assembly
 - B. Forty- sixth Regular Session of the General Assembly of the Organization of American States
 - C. Subregional Organizations

**LIST OF PARTICIPANTS/LISTA DE PARTICIPANTES
OFFICERS/MESA DIRECTIVA**

President / Presidente:	Dra. Edna Yolany Batres (Honduras)
Vice-President / Vicepresidente:	Dr. Antonio C. Barrios Fernández (Paraguay)
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Rapporteur / Relator:	Hon. Christopher Tufton (Jamaica)

MEMBER STATES/ESTADOS MIEMBROS

ANTIGUA AND BARBUDA/ANTIGUA Y BARBUDA

Head of Delegation – Jefe de Delegación

Hon. Molwyn Morgorson Joseph, MP
Minister of Health and the Environment
Ministry of Health and the Environment
St. John's

Alternate Head of Delegation – Jefe Alterno de Delegación

Dr. Rhonda Sealey-Thomas
Chief Medical Officer
Ministry of Health and the Environment
St. John's

ARGENTINA

Head of Delegation – Jefe de Delegación

Dr. Jorge Daniel Lemus
Ministro de Salud
Ministerio de Salud de la Nación
Buenos Aires

Alternate Head of Delegation – Jefe Alterno de Delegación

Dr. Rubén A. Nieto
Secretario de Relaciones Nacionales e Internacionales
Ministerio de Salud de la Nación
Buenos Aires

Delegates – Delegados

Exmo. Sr. Juan José Acuri
Embajador, Representante Permanente de Argentina ante la Organización de los Estados Americanos
Washington, D.C.

ARGENTINA (cont.)

Delegates – Delegados (cont.)

Dra. Miguela Pico
Subsecretaria de Relaciones Institucionales
Ministerio de Salud de la Nación
Buenos Aires

Alternates and Advisers – Suplentes y Asesores

Dra. María del Carmen Lucioni
Asesora del Ministro
Ministerio de Salud
Buenos Aires

Sr. Julio César Ayala
Ministro, Representante Alterno de Argentina ante la Organización de los Estados Americanos
Washington, D.C.

Sr. Julio Mercado
Ministro
Misión Argentina ante los Organismos Internacionales
Ginebra, Suiza

Sra. Cynthia Hotton
Consejera, Representante Alternas de Argentina ante la Organización de los Estados Americanos
Washington, D.C.

Sra. María Lorena Capra
Primera Secretaria, Representante Alternas de Argentina ante la Organización de los Estados Americanos
Washington, D.C.

MEMBER STATES/ESTADOS MIEMBROS (cont.)

BAHAMAS

Head of Delegation – Jefe de Delegación

Hon. Michael Perry Gomez, MP
Minister of Health
Ministry of Health of the Commonwealth of
the Bahamas
Nassau

Alternate Head of Delegation – Jefe Alterno de
Delegación

Dr. Glen Beneby
Chief Medical Officer
Ministry of Health
Nassau

Delegates – Delegados

Dr. Merciana Moxey
Senior Medical Officer
Ministry of Health
Nassau

BARBADOS

Head of Delegation – Jefe de Delegación

Hon. John D. E. Boyce, MP
Minister of Health
Ministry of Health
St. Michael

Alternate Head of Delegation – Jefe Alterno de
Delegación

Dr. Joy St. John
Chief Medical Officer
Ministry of Health
St. Michael

Delegates – Delegados

Dr. E. Arthur Phillips
Medical Officer of Health
Ministry of Health
St. Michael

BARBADOS (cont.)

Delegates – Delegados (cont.)

Ms. Jane Brathwaite
Interim Representative of Barbados
to the Organization of American States
Washington, D.C.

Alternates and Advisers – Suplentes y
Asesores

Ms. Angela Kinch
First Secretary, Alternate Representative
of Barbados to the Organization of
American States
Washington, D.C.

Mr. Jovan Bernard Reid
Second Secretary, Alternate Representative
of Barbados to the Organization of
American States
Washington, D.C.

BELIZE/BELICE

Head of Delegation – Jefe de Delegación

Hon. Pablo Saul Marin
Minister of Health
Ministry of Health
Belmopan City

Alternate Head of Delegation – Jefe Alterno de
Delegación

Mrs. Ardelle Lisette Sabido
Minister-Counselor, Alternate Representative
of Belize to the Organization of American
States
Washington, D.C.

Delegates – Delegados

Mr. Emil Joseph Waight
Minister-Counselor, Alternate Representative
of Belize to the Organization of American
States
Washington, D.C.

MEMBER STATES/ESTADOS MIEMBROS (cont.)

**BOLIVIA (PLURINATIONAL STATE OF/
ESTADO PLURINACIONAL DE)**

Head of Delegation – Jefe de Delegación

Sr. Germán Mamani Huallpa
Viceministro de Medicina Tradicional
e Interculturalidad
Ministerio de Salud
La Paz

Alternate Head of Delegation – Jefe Alterno de Delegación

Excmo. Sr. Diego Pary
Embajador, Representante Permanente de
Bolivia ante la Organización de los
Estados Americanos
Washington, D.C.

Delegates – Delegados

Dr. Dante Ergueta
Director General de Seguros de Salud
Ministerio de Salud
La Paz

Dra. Teresa Rosso
Responsable del Área de Relaciones
Internacionales
Ministerio de Salud
La Paz

Alternates and Advisers – Suplentes y Asesores

Sra. Tania Paz González
Primera Secretaria, Representante Alternada de Bolivia ante la Organización de los Estados Americanos
Washington, D.C.

BRAZIL/BRASIL

Head of Delegation – Jefe de Delegación

Sr. Antonio Carlos Figueiredo Nardi
Secretário-Executivo do Ministério da Saúde
Ministério da Saúde
Brasília

BRAZIL/BRASIL (cont.)

Alternate Head of Delegation – Jefe Alterno de Delegación

Excmo. José Luiz Machado E Costa
Embaixador, Representante Permanente do Brasil junto à Organização dos Estados Americanos
Washington, D.C.

Delegates – Delegados

Sr. Bernardo Paranhos Velloso
Ministro, Representante Alternado do Brasil junto à Organização dos Estados Americanos
Washington, D.C.

Conselheiro Fabio Rocha Frederico
Assessor Especial do Ministro da Saúde Para Assuntos Internacionais
Ministério da Saúde
Brasília

Alternates and Advisers – Suplentes y Asesores

Sr. Eduardo Hage Carmo
Diretor do Departamento de Vigilância das Doenças Transmissíveis
Secretaria de Vigilância em Saúde
Ministério da Saúde
Brasília

Sra. Indira Meira Gonçalves
Técnica da Assessoria de Assuntos Internacionais de Saúde
Ministério da Saúde
Brasília

Sr. Francisco Viegas Neves Da Silva
Técnico da Assessoria de Assuntos Internacionais de Saúde
Ministério da Saúde
Brasília

Sr. Erwin Epiphanyo
Primeiro Secretário, Representante Alternado do Brasil junto à Organização dos Estados Americanos
Washington, D.C.

MEMBER STATES/ESTADOS MIEMBROS (cont.)

CANADA/CANADÁ

Head of Delegation – Jefe de Delegación

Ms. Sarah Lawley
Director General
Office of International Affairs for the
Health Portfolio
Health Canada
Ottawa

Alternate Head of Delegation – Jefe Alterno de Delegación

Her Excellency Jennifer Loten
Ambassador, Permanent Representative
of Canada to the Organization of
American States
Washington, D.C.

Delegates – Delegados

Ms. Natalie St. Lawrence
Director, Multilateral Relations Division
Office of International Affairs for the
Health Portfolio
Health Canada
Ottawa

Ms. Lucero Hernandez
Manager, Multilateral Relations Division
Office of International Affairs for the
Health Portfolio
Health Canada
Ottawa

Alternates and Advisers – Suplentes y Asesores

Ms. Charlotte McDowell
Senior Development Officer and Alternate
Representative of Canada to the
Organization of American States
Washington, D.C.

Mr. Réjean Hallée
Senior Development Officer
Office of International Affairs for the
Health Portfolio
Health Canada
Ottawa

CANADA/CANADÁ (cont.)

Alternates and Advisers – Suplentes y Asesores (cont.)

Ms. Heidy Sanchez
Alternate Representative of Canada
to the Organization of American States
Washington, D.C.

Dr. André Dontigny
Directeur, Direction du développement des
individus et de l'environnement social à la
Direction générale de la santé publique
Ministère de la Santé et des Services
Sociaux du Québec
Québec

Ms. Geneviève Poirier
Conseillère en coopération internationale
Direction des affaires intergouvernementales
et de la coopération internationale
Ministère de la Santé et des Services
Sociaux du Québec
Québec

Ms. Ramya Kancherla
International Federation of Medical Student
Associations
Ottawa

CHILE

Head of Delegation – Jefe de Delegación

Dra. Carmen Castillo
Ministra de Salud
Ministerio de Salud
Santiago

Alternate Head of Delegation – Jefe Alterno de Delegación

Dra. Matilde Maddaleno
Jefa, Oficina de Cooperación y Asuntos
Internacionales
Ministerio de Salud
Santiago

MEMBER STATES/ESTADOS MIEMBROS (cont.)

CHILE (cont.)

Delegates – Delegados

Dra. Raquel Child
Asesora de la Ministra de Salud
Ministerio de Salud
Santiago

Excmo. Sr. Juan Aníbal Barría
Embajador, Representante Permanente de
Chile ante la Organización de los Estados
Americanos
Washington, D.C.

Alternates and Advisers – Suplentes y
Asesores

Sr. Francisco J. Devia
Primer Secretario, Representante Alterno
de Chile ante la Organización de los
Estados Americanos
Washington, D.C.

Sra. Carolina Horta
Segunda Secretaria, Representante Alternata
de Chile ante la Organización de los
Estados Americanos
Washington, D.C.

COLOMBIA

Head of Delegation – Jefe de Delegación

Dr. Luis Fernando Correa
Viceministro Encargado
Ministerio de Salud y Protección Social
Bogotá

Alternate Head of Delegation – Jefe Alternata de
Delegación

Sr. Jaime Matute Hernández
Coordinador de Cooperación y Relaciones
Internacionales
Ministerio de Salud y Protección Social
Bogotá

Delegates – Delegados

Sra. Adriana Maldonado Ruiz
Consejera, Representante Alternata
de Colombia ante la Organización de los
Estados Americanos
Washington, D.C.

COSTA RICA

Head of Delegation – Jefe de Delegación

Dr. Fernando Llorca Castro
Ministro de Salud
Ministerio de Salud
San José

Alternate Head of Delegation – Jefe Alternata de
Delegación

Excmo. Sr. Rogelio Sotela Muñoz
Embajador, Representante Permanente de
Costa Rica ante la Organización de los
Estados Americanos
Washington, D.C.

Delegates – Delegados

Excma. Rita Hernández Bolaños
Embajadora, Representante Alternata de
Costa Rica ante la Organización de los
Estados Americanos
Washington, D.C.

Sr. Joshua Céspedes Víquez
Consejero, Representante Alternata de
Costa Rica ante la Organización de los
Estados Americanos
Washington, D.C.

Alternates and Advisers – Suplentes y
Asesores

Sra. Maureen Barrantes Rodríguez
Primera Secretaria, Representante Alternata
de Costa Rica ante la Organización de los
Estados Americanos
Washington, D.C.

CUBA

Head of Delegation – Jefe de Delegación

Dr. José Ángel Portal Miranda
Viceministro Primero y a cargo de
Higiene, Epidemiología y Microbiología
Ministerio de Salud Pública
La Habana

MEMBER STATES/ESTADOS MIEMBROS (cont.)

CUBA (cont.)

Alternate Head of Delegation – Jefe Alterno de Delegación

Dr. Alex Carreras Pons
Asistente del Departamento de Relaciones Internacionales
Ministerio de Salud Pública
La Habana

Delegates – Delegados

Excmo. Sr. José R. Cabañas Rodríguez
Embajador
Embajada de Cuba
Washington, D.C.

Sr. Joel Lago Oliva
Primer Secretario
Embajada de Cuba
Washington, D.C.

Alternates and Advisers - Suplentes y Asesores

Sr. Luis Javier Baro Báez
Primer Secretario
Embajada de Cuba ante la Organización de las Naciones Unidas
Ginebra, Suiza

DOMINICA

Head of Delegation – Jefe de Delegación

Hon. Dr. Kenneth Darroux
Minister for Health and Environment
Ministry of Health and Environment
Roseau

Alternate Head of Delegation – Jefe Alterno de Delegación

Dr. Laura Esprit
Director, Primary Health Care Services
Ministry of Health and Environment
Roseau

DOMINICA (cont.)

Delegates – Delegados

Dr. Vince Henderson
Ambassador, Permanent Representative of
Dominica to the Organization of
American States

DOMINICAN REPUBLIC/REPÚBLICA DOMINICANA

Head of Delegation – Jefe de Delegación

Dra. Altagracia Guzman Marcelino
Ministra de Salud
Ministerio de Salud Pública
Santo Domingo

Alternate Head of Delegation – Jefe Alterno de Delegación

Dr. Anulfo López
Encargado, Departamento de Cooperación Internacional
Ministerio de Salud Pública
Santo Domingo

Delegates – Delegados

Sr. Edward Pérez Reyes
Encargado de Negocios, a.i., Embajador Alterno de la República Dominicana ante la Organización de los Estados Americanos
Washington, D.C.

Sr. Flavio Holguin
Ministro Consejero, Representante Alterno de la República Dominicana ante la Organización de los Estados Americanos
Washington, D.C.

Alternates and Advisers – Suplentes y Asesores

Sra. Érika Álvarez Rodríguez
Consejera, Representante Alterna de la República Dominicana ante la Organización de los Estados Americanos
Washington, D.C.

MEMBER STATES/ESTADOS MIEMBROS (cont.)

ECUADOR

Head of Delegation – Jefe de Delegación

Dra. Margarita Guevara Alvarado
Ministra de Salud Pública
Ministerio de Salud Pública
Quito

Alternate Head of Delegation – Jefe Alterno de Delegación

Excmo. Sr. Marco Albuja Martínez
Embajador, Representante Permanente del Ecuador ante la Organización de los Estados Americanos
Washington, D.C.

Delegates – Delegados

Excmo. Sr. Marcelo Vázquez
Embajador, Representante Alterno del Ecuador ante la Organización de los Estados Americanos
Washington, D.C.

Dra. María Verónica Espinosa Serrano
Viceministra de Gobernanza y Vigilancia de la Salud
Ministerio de Salud Pública
Quito

Alternates and Advisers
– Suplentes y Asesores

Sr. Soc. Peter N. Skerrett Guanoluisa
Analista de Cooperación y Relaciones Internacionales
Ministerio de Salud Pública
Quito

Sra. Irina Moreno
Consejera, Representante Alternante ante la Organización de Naciones Unidas
Washington, D.C.

Sr. Santiago Chiriboga
Primer Secretario, Representante Alternante del Ecuador ante la Organización de los Estados Americanos
Washington, D.C.

ECUADOR (cont.)

Alternates and Advisers – Suplentes y Asesores (cont.)

Sr. Miguel Loayza
Segundo Secretario, Representante Alternante del Ecuador ante la Organización de los Estados Americanos
Washington, D.C.

Sr. Sebastián Jaramillo
Tercer Secretario, Representante Alternante del Ecuador ante la Organización de los Estados Americanos
Washington, D.C.

EL SALVADOR

Head of Delegation – Jefe de Delegación

Dra. Elvia Violeta Menjívar
Ministra de Salud
Ministerio de Salud
San Salvador

Alternate Head of Delegation – Jefe Alternante de Delegación

Dr. José Eliseo Orellana
Asesor del Despacho Ministerial
Ministerio de Salud
San Salvador

Delegates – Delegados

Srta. Wendy J. Acevedo
Representante Alternante de El Salvador ante la Organización de los Estados Americanos
Washington, D.C.

GRENADA/GRANADA

Head of Delegation – Jefe de Delegación

Hon. Nickolas Steele
Minister of Health and Social Security
Ministry of Health and Social Security
St. George's

MEMBER STATES/ESTADOS MIEMBROS (cont.)

GUATEMALA

Head of Delegation – Jefe de Delegación

Dra. Lucrecia Hernández Mack
Ministra de Salud Pública y Asistencia Social
Ministerio de Salud Pública
y Asistencia Social
Ciudad de Guatemala

Alternate Head of Delegation – Jefe Alterno de Delegación

Excmo. Gabriel Aguilera Peralta
Embajador, Representante Permanente de
Guatemala ante la Organización de los
Estados Americanos
Washington, D.C.

Delegates – Delegados

Sra. Olga María Pérez Tuna
Consejera, Representante Alternativa
de Guatemala ante la Organización de los
Estados Americanos
Washington, D.C.

Sra. Vilma Eugenia Ávila de Gentry
Ministra Consejera, Representante Alternativa
de Guatemala ante la Organización de los
Estados Americanos
Washington, D.C.

Alternates and Advisers – Suplentes y
Asesores

Sr. Mauricio Benard
Tercer Secretario, Representante Alternativa
de Guatemala ante la Organización de los
Estados Americanos
Washington, D.C.

GUYANA

Head of Delegation – Jefe de Delegación

Hon. Dr. George Norton
Minister of Public Health
Ministry of Public Health
Georgetown

GUYANA (cont.)

Alternate Head of Delegation – Jefe Alterno de Delegación

Dr. Karen Gordon-Boyle
Deputy Chief Medical Officer
Ministry of Public Health
Georgetown

HAITI/HAÏTÍ

Head of Delegation – Jefe de Delegación

Dr Daphnée Benoît Delsoin
Ministre de la Santé publique
et de la Population
Ministère de la Santé publique
et de la Population
Port-au-Prince

Alternate Head of Delegation – Jefe Alterno de Delegación

Dr Linda Muse Sèvère
Directeur de Cabinet
Ministère de la Santé Publique et de la
Population
Port-au-Prince

HONDURAS

Head of Delegation – Jefe de Delegación

Dra. Edna Yolany Batres
Secretaria de Estado en el Despacho
de Salud
Secretaría de Salud
Tegucigalpa

Alternate Head of Delegation – Jefe Alterno de Delegación

Abogada Laura Mejía Aguilar
Directora de Cooperación Externa
Secretaría de Salud
Tegucigalpa

MEMBER STATES/ESTADOS MIEMBROS (cont.)

HONDURAS (cont.)

Delegates – Delegados

Dra. Lizeth M. Alfaro Alemán
Coordinadora de la Red Descentralizada
de Salud
Mancomunidad Mocalempa
Secretaría de Salud
Tegucigalpa

Dr. Rolando E. Pinel Godoy
Asesor del Despacho de Salud
Secretaría de Salud
Tegucigalpa

Alternates and Advisers – Suplentes y
Asesores

Licda. Ana Paola Acosta Gallardo
Técnico de la Unidad de Comunicación
Institucional
Secretaría de Salud
Tegucigalpa

JAMAICA

Head of Delegation – Jefe de Delegación

Hon. Christopher Tufton
Minister of Health
Ministry of Health
Kingston

Alternate Head of Delegation – Jefe Alterno de
Delegación

Mrs. Elaine Foster-Allen
Permanent Secretary
Ministry of Health
Kingston

Delegates – Delegados

Mrs. Julia E. Hyatt
Interim Representative of Jamaica to the
Organization of American States
Washington, D.C.

Dr. Winston De La Haye
Chief Medical Officer
Ministry of Health
Kingston

JAMAICA (cont.)

Alternates and Advisers – Suplentes y
Asesores

Dr. Lundie Richards
Director, Health Services Planning and
Integration
Ministry of Health
Kingston

Mrs. Marva Lawson-Byfield
Chief Nursing Officer
Ministry of Health
Kingston

Ms. Ava-Gay Timberlake
Director, International Cooperation in Health
Ministry of Health
Kingston

Ms. Denese McFarlane
Health Specialist
Planning Institute of Jamaica
Kingston

MEXICO/MÉXICO

Head of Delegation – Jefe de Delegación

Dr. Pablo Kuri Morales
Subsecretario de Prevención y Promoción
de la Salud
Secretaría de Salud
México, D.F.

Alternate Head of Delegation – Jefe Alterno de
Delegación

Excmo. Sr. Luis Alfonso de Alba
Embajador, Representante Permanente de
México ante la Organización de los
Estados Americanos
Washington, D.C.

Delegates – Delegados

Sra. Alejandra García Brahim
Ministra, Representante Alternativa de
México ante la Organización de los
Estados Americanos
Washington, D.C.

MEMBER STATES/ESTADOS MIEMBROS (cont.)

MEXICO/MÉXICO (cont.)

Delegates – Delegados (cont.)

Dr. Miguel Ángel Lutzow Steiner
Coordinador de Asesores
Subsecretaría de Prevención y Promoción
de la Salud
Secretaría de Salud
México, D.F.

Alternates and Advisers – Suplentes y
Asesores

Licda. Hilda Dávila Chávez
Directora General de Relaciones
Internacionales
Secretaría de Salud
México, D.F.

Sr. Luis Alberto del Castillo Bandala
Ministro, Representante Alterno de
México ante la Organización de los
Estados Americanos
Washington, D.C.

Licda. Mario Alberto Puga Torres
Consejero, Representante Alterno de México
ante la Organización de los Estados
Americanos
Washington, D.C.

Licda. Jesús Schucry Giacoman Zapata
Consejero, Representante Alterno de
México ante la Organización de los
Estados Americanos
Washington, D.C.

Licda. Christopher Schubert Letayf
Segundo Secretario, Representante Alterno
de México ante la Organización de los
Estados Americanos
Washington, D.C.

Sra. Martha Leticia Caballero Abraham
Directora de Cooperación Bilateral y
Regional
Secretaría de Salud
México, D.F.

NICARAGUA

Head of Delegation – Jefe de Delegación

Sr. Alejandro Solís Martínez
Director General de Planificación y
Desarrollo
Ministerio de Salud
Managua

Alternate Head of Delegation – Jefe Alterno de
Delegación

Excmo. Sr. Denis Ronaldo Moncada
Embajador, Representante Permanente de
Nicaragua ante la Organización de los
Estados Americanos
Washington, D.C.

Delegates – Delegados

Licda. Luis Alvarado
Ministro Consejero, Representante Alterno
de Nicaragua ante la Organización de los
Estados Americanos
Washington, D.C.

Licda. Julieta Blandón
Primera Secretaria, Representante Alternas
de Nicaragua ante la Organización de los
Estados Americanos
Washington, D.C.

PANAMA/PANAMÁ

Head of Delegation – Jefe de Delegación

Dr. Miguel Mayo Di Bello
Ministro de Salud
Ministerio de Salud
Ciudad de Panamá

Alternate Head of Delegation – Jefe Alterno de
Delegación

Excmo. Sr. Jesús Sierra Victoria
Embajador, Representante Permanente de
Panamá ante la Organización de los
Estados Americanos
Washington, D.C.

MEMBER STATES/ESTADOS MIEMBROS (cont.)

PANAMA/PANAMÁ (cont.)

Delegates – Delegados

Dra. Reina Gisela Roa
Viceministra de Funciones Especiales
Ministerio de Salud
Ciudad de Panamá

Licda. Natasha Dormoi
Directora de Asuntos Internacionales y
Cooperación Técnica
Ministerio de Salud
Ciudad de Panamá

Alternates and Advisers – Suplentes y
Asesores

Sr. Demetrio Fong Vigil
Consejero, Representante Alterno de
Panamá ante la Organización de los
Estados Americanos
Washington, D.C.

PARAGUAY

Head of Delegation – Jefe de Delegación

Dr. Antonio Carlos Barrios Fernández
Ministro de Salud Pública y
Bienestar Social
Ministerio de Salud Pública y
Bienestar Social
Asunción

Alternate Head of Delegation – Jefe Alterno de
Delegación

Excma. Sra. Elisa Ruíz Díaz Bareiro
Embajadora, Representante Permanente de
Paraguay ante la Organización de los
Estados Americanos
Washington, D.C.

Delegates – Delegados

Dra. Rocío Fernández de Brítez
Directora General de Asesoría Jurídica
Ministerio de Salud Pública y
Bienestar Social
Asunción

PARAGUAY (cont.)

Delegates – Delegados (cont.)

Dra. Patricia Giménez León
Directora General de Planificación
y Evaluación
Ministerio de Salud Pública y
Bienestar Social
Asunción

Alternates and Advisers – Suplentes y
Asesores

Dra. Águeda Cabello
Directora General de Vigilancia de la Salud
Ministerio de Salud Pública y
Bienestar Social
Asunción

Sr. Ricardo Fabián Chávez Galeano
Abogado, Misión Permanente del Paraguay
ante la Organización de los Estados
Americanos
Washington, D.C.

PERU/PERÚ

Head of Delegation – Jefe de Delegación

Dra. Silvia Ester Pessah Eljay
Viceministra de Salud Pública
Ministerio de Salud
Lima

Alternate Head of Delegation – Jefe Alterno de
Delegación

Excmo. Sr. Luis Chuquihuara Chil
Embajador, Representante Permanente de
Perú ante la Organización de los
Estados Americanos
Washington, D.C.

Delegates – Delegado

Sr. Samuel Ashcallay Samaniego
Primer Secretario, Representante Alterno de
Perú ante la Organización de los
Estados Americanos
Washington, D.C.

MEMBER STATES/ESTADOS MIEMBROS (cont.)

SAINT LUCIA/SANTA LUCÍA

Head of Delegation – Jefe de Delegación

Senator, the Honourable Mary Issac
Minister for Health and Wellness
Ministry of Health and Wellness
Waterfront, Castries

Alternate Head of Delegation – Jefe Alterno de Delegación

Dr. Merlene Fredericks
Chief Medical Officer
Ministry of Health and Wellness
Waterfront, Castries

SAINT KITTS AND NEVIS/SAINT KITTS Y NEVIS

Head of Delegation – Jefe de Delegación

Hon. Senator Wendy Phipps
Minister of State within the Ministry of Health,
Community Development, Gender Affairs
and Social Services
Ministry of State with responsibility for
Health, Community Development,
Gender Affairs and Social Services
Basseterre

Alternate Head of Delegation – Jefe Alterno de Delegación

H.E. Dr. Thelma Phillip-Browne
Ambassador
Embassy of St. Kitts & Nevis
Washington, D.C.

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

Head of Delegation – Jefe de Delegación

Honorable Robert T.L.V Browne
Minister of Health, Wellness and the
Environment
Ministry of Health, Wellness and the
Environment
Kingstown

**SAINT VINCENT AND THE GRENADINES/
SAN VICENTE Y LAS GRANADINAS (cont.)**

Alternate Head of Delegation – Jefe Alterno de Delegación

Mr. Omari Seitu Williams
Interim Representative of St. Vincent and the
Grenadines to the Organization of
American States
Washington, D.C.

Delegates – Delegados

Mr. Gareth H. D. Bynoe
Counselor, Alternate Representative of
St. Vincent and the Grenadines to the
Organization of American States
Washington, D.C.

SURINAME

Head of Delegation – Jefe de Delegación

Dr. Maureen Wijngaarde-van Dijk
Acting Director of Health
Ministry of Health
Paramaribo

Alternate Head of Delegation – Jefe Alterno de Delegación

Mrs. Tilon Edith Juliette
Deputy Director of Health
Ministry of Health
Paramaribo

Delegates – Delegados

Ms. Jhanjan Roshnie
CARICOM Focal Point
Ministry of Health
Paramaribo

**TRINIDAD AND TOBAGO/TRINIDAD Y
TABAGO**

Head of Delegation – Jefe de Delegación

Mr. Richard Madray
Permanent Secretary
Ministry of Health
Port-of-Spain

MEMBER STATES/ESTADOS MIEMBROS (cont.)

TRINIDAD AND TOBAGO/TRINIDAD Y TABAGO (cont.)

Alternate Head of Delegation – Jefe Alterno de Delegación

Dr. Clive Tilluckdharry
Chief Medical Officer (ag.)
Ministry of Health
Port-of-Spain

Delegates – Delegados

Mr. David Constant
Director of International Cooperation
Ministry of Health
Port-of-Spain

His Excellency Brigadier General
(Ret'd.) Anthony W. J. Phillips-Spencer
Ambassador, Permanent Representative
of the Republic of Trinidad and Tobago to
the Organization of American States
Washington, D.C.

Alternates and Advisers – Suplentes y Asesores

Ms. Zauditu Isis Lessey-Perreira
Second Secretary, Alternate Representative
of the Republic of Trinidad and Tobago to
the Organization of American States
Washington, D.C.

UNITED STATES OF AMERICA/ESTADOS UNIDOS DE AMÉRICA

Head of Delegation – Jefe de Delegación

The Honorable Sylvia Mathews Burwell
Secretary of Health and Human Services
Department of Health and Human
Services
Washington, D.C.

Alternate Head of Delegation – Jefe Alterno de Delegación

Ambassador Jimmy Kolker
Assistant Secretary
Office of Global Affairs
Department of Health and Human Services
Washington, D.C.

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

Delegates – Delegados

Dr. Mitchell Wolfe
Deputy Assistant Secretary
Office of Global Affairs
Department of Health and Human Services
Washington, D.C.

Mr. Peter Mamacos
Director, Multilateral Affairs
Office of Global Affairs
Department of Health and Human Services
Washington, D.C.

Alternates and Advisers – Suplentes y Asesores

Dr. Nerissa Cook
Deputy Assistant Secretary of State
Bureau of International Organization Affairs
Department of State
Washington, D.C.

Ms. Ann Blackwood
Senior Health Advisor
Office of Economic and Development Affairs
Bureau of International Organization Affairs
Department of State
Washington, D.C.

Mr. Neil J. Beck
Director
WTO and Multilateral Affairs
Office of the United States Trade
Representative
Washington, D.C.

Ms. Emily Bleimund
Director, Office of Trade and Health
Office of Global Affairs
Department of Health and Human Services
Washington, D.C.

Ms. Ann Danelski
International Health Analyst
Office of Global Affairs
Department of Health and Human Services
Washington, D.C.

MEMBER STATES/ESTADOS MIEMBROS (cont.)

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

Alternates and Advisers – Suplentes y Asesores (cont.)

Mr. Charles Darr
Lieutenant
United States Public Health Service
International Health Analyst
Office of Global Affairs
Department of Health and Human Services
Washington, D.C.

Mr. Thomas Daley
Deputy Director
Bureau of International Organization Affairs
Department of State
Washington, D.C.

Mr. Jose Fernandez
Global Health Security Agenda Team Lead
Office of Global Affairs
Department of Health and Human Services
Washington, D.C.

Ms. Karin Ferriter
Legal Advisor
Office of Policy and International Affairs
Department of Commerce
Office of the U.S. Trade Representative
Washington, D.C.

Ms. Adriana Gonzalez
Office of Management, Policy, and Resources
Bureau of International Organization Affairs
Department of State
Washington, D.C.

Ms. Deborah Horowitz
Bureau for Latin America and the Caribbean
Agency for International Development
Washington, D.C.

Mr. Conor Harrington
Director for Intellectual Property and Innovation
Office of Intellectual Property and Innovation
Office of the U.S. Trade Representative
Washington, D.C.

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

Alternates and Advisers – Suplentes y Asesores (cont.)

Ms. Leslie Hyland
Director
Office of Management Policy and Resources
Bureau of International Organization Affairs
Department of State
Washington, D.C.

Ms. Melissa Kopolow McCall
Health Advisor
Office of Economic and Development Affairs
Bureau of International Organization Affairs
Department of State
Washington, D.C.

Ms. Gabrielle Lamourelle
Deputy Director, Multilateral Relations
Office of Global Affairs
Department of Health and Human Services
Washington, D.C.

Ms. Maya Levine
International Health Analyst
Office of Global Affairs
Department of Health and Human Services
Washington, D.C.

Ms. Hannah Lobel
Attorney Advisor
Office of the Legal Advisor
Department of State
Washington, D.C.

Ms. Tiffany Locus
International Health Analyst
Office of Global Affairs
Department of Health and Human Services
Washington, D.C.

Ms. Rebecca Minneman
Malaria Advisor
Bureau for Latin America and the Caribbean
Agency for International Development
Washington, D.C.

MEMBER STATES/ESTADOS MIEMBROS (cont.)

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

Alternates and Advisers – Suplentes y Asesores (cont.)

Ms. Katherine Monahan
Deputy Director
Office of Economic and Development Affairs
Bureau of International Organization Affairs
Department of State
Washington, D.C.

Mr. Jacob Olivo
International Health Analyst
Americas Region
Office of Global Affairs
Department of Health and Human Services
Washington, D.C.

Ms. Allison O'Donnell
International Health Analyst
Americas Region
Office of Global Affairs
Department of Health and Human Services
Washington, D.C.

Ms. Katie Qutub
Senior Health System Strengthening Advisor
Bureau for Latin America and the Caribbean
Agency for International Development
Washington, D.C.

Ms. Cristina Rabadan-Diehl
Director
Office of the Americas
Office of Global Affairs
Department of Health and Human Services
Washington

Ms. Cristina Rodriguez
Office of Management, Policy, and Resources
Bureau of International Organization Affairs
Department of State
Washington, D.C.

Ms. Anne Snyder
Policy Analyst, Office of Trade and Health
Office of Global Affairs
Department of Health and Human Services
Washington, D.C.

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

Alternates and Advisers – Suplentes y Asesores (cont.)

Ms. Rachel Wood
International Health Analyst
Multilateral Affairs Office
Office of Global Affairs
Department of Health and Human Services
Washington, D.C.

Anne Yu
Deputy Director, Pandemics and Emerging Threats Office
Office of Global Affairs
Department of Health and Human Services
Washington, D.C.

VENEZUELA (BOLIVARIAN REPUBLIC OF/ REPÚBLICA BOLIVARIANA DE)

Head of Delegation – Jefe de Delegación

Excmo. Sr. Bernarndo Álvarez Herrera
Embajador, Representante Permanente de la República Bolivariana de Venezuela ante la Organización de los Estados Americanos
Washington, D.C.

Alternate Head of Delegation – Jefe Alterno de Delegación

Excma. Sra. Carmen Velásquez de Visbal
Embajadora, Representante Alterna de la República Bolivariana de Venezuela ante la Organización de los Estados Americanos
Washington, D.C.

Delegates – Delegados

Sra. Zhaybel Cárdenas
Consejera, Representante Alterna de la República Bolivariana de Venezuela ante la Organización de los Estados Americanos
Washington, D.C.

MEMBER STATES/ESTADOS MIEMBROS (cont.)

**VENEZUELA (BOLIVARIAN REPUBLIC OF/
REPÚBLICA BOLIVARIANA DE) (cont.)**

Delegates – Delegados (cont.)

Sra. Lorena Giménez
Primera Secretaria, Representante Alternata
de la República Bolivariana de Venezuela
Ante la Organización de los Estados
Americanos
Washington, D.C.

Alternates and Advisers – Suplentes y
Asesores

Sr. Cristian Romo
Primera Secretaria, Representante Alternata
de la República Bolivariana de Venezuela
Ante la Organización de los Estados
Americanos
Washington, D.C.

URUGUAY

Head of Delegation – Jefe de Delegación

Dr. Jorge Otto Basso Garrido
Ministro de Salud Pública
Ministerio de Salud Pública
Montevideo

URUGUAY (cont.)

Alternate Head of Delegation – Jefe Alternata de
Delegación

Excmo. Sr. Hugo Cayrús
Embajador, Representante Permanente del
Uruguay ante la Organización de los
Estados Americanos
Washington, D.C.

Delegates – Delegados

Sr. Álvaro Gallardo
Ministro, Representante Alternata del Uruguay
ante la Organización de los Estados
Americanos
Washington, D.C.

Sra. Paula Rolando
Consejera, Representante Alternata del
Uruguay ante la Organización de los
Estados Americanos
Washington, D.C.

PARTICIPATING STATES/ESTADOS PARTICIPANTES

FRANCE/FRANCIA

Head of Delegation – Jefe de Delegación

Mr. Michel Pinard
Ambassador, Permanent Representative of
France to the Organization of American
States
Washington, D.C.

Alternate Head of Delegation – Jefe Alternata de
Delegación

Mr. Pierre Pedico
Alternate Observer of France to the
Organization of American States
Washington, D.C.

FRANCE/FRANCIA (cont.)

Delegates - Delegados

Mrs. Nathalie Nikitenko
Director of International Relations and
European affairs
French Ministry of Health

Mrs. Elise Anger
Representative of the Director of
International Relations and European
Affairs
French Ministry of Health

PARTICIPATING STATES/ESTADOS PARTICIPANTES (cont.)

FRANCE/FRANCIA (cont.)

Alternates and Advisers – Suplentes y
Asesores

Mrs. Céline Jaeggy
Counselor in social affairs
Embassy of France
Washington, D.C.

Mr. Stéphane Dovert
Regional Counselor of cooperation
Embassy of France in Saint Lucia

Ms. Morgan Buffet
International volunteer to the French Mission
to the Organization of American States
Washington, D.C.

NETHERLANDS/PAÍSES BAJOS

Head of Delegation – Jefe de Delegación

Dr. Regine Aalders
Counselor
Ministry of Health, Welfare and Sport
Embassy of the Kingdom of the Netherlands
Washington

Dr. Katja Meijgaard
Policy Advisor, Counselor
Ministry of Health, Welfare and Sport
Embassy of the Kingdom of the Netherlands
Washington

UNITED KINGDOM/REINO UNIDO

Head of Delegation – Jefe de Delegación

Mr. Nick Tomlinson
Head of International Branch
Public Health Directorate
Department of Health
United Kingdom

Alternate Head of Delegation – Jefe Alterno de
Delegación

Ms. Asha Batchelor
Head of E.U. & Multilateral Team
E.U., International & Prevention Programmes
Department of Health
United Kingdom

UNITED KINGDOM/REINO UNIDO (cont.)

Delegates - Delegados

Mrs. Petrona N. Davies
Permanent Secretary
Ministry of Health and Social Development
Government of the Virgin Islands
Tortola, British Virgin Islands

Hon. Rufus Ewing
Premier
Turks and Caicos Islands Government

Alternates and Advisers – Suplentes y
Asesores

Mr. Wesley Clerveaux
Permanent Secretary
Ministry of Health, Agriculture and
Human Services
Turks and Caicos Islands Government

Mrs. Althea Been
Director
Premier's Office
Turks and Caicos Islands Government

Mr. Bentley Johnson
Aide De Camp
Turks and Caicos Islands Government

Ms. Renessa Williams
Head of Secretariat
Turks and Caicos Islands Government

ASSOCIATE MEMBERS/MIEMBROS ASOCIADOS

ARUBA

Head of Delegation – Jefe de Delegación

Mr. Jerry E. Staring
Director
Department of Public Health Aruba
Oranjestad

CURAÇAO

PUERTO RICO

Head of Delegation – Jefe de Delegación

Dr. Raúl G. Castellanos Bran
Subsecretario Auxiliar de Salud Familiar y
Servicios Integrados
Departamento de Salud
San Juan

SINT MAARTEN/SAN MARTÍN

Head of Delegation – Jefe de Delegación

Dr. Virginia S. Asin Oostburg
Head of the Collective Prevention Services
Ministry of Social Development, Health and
Labour
Philipsburg

OBSERVER STATES/ESTADOS OBSERVADORES

PORTUGAL

SPAIN/ESPAÑA

Excmo. Sr. D. Jorge Hevia
Embajador, Observador Permanente de
España ante la Organización de los
Estados Americanos
Washington, D.C.

Sr. D. Jorge Cabezas
Observador Permanente Adjunto de
España ante la Organización de los
Estados Americanos
Washington, D.C.

SPAIN/ESPAÑA (cont.)

Sra. Dña. Ana Nuñez
Becaria
Misión Observadora Permanente de España
ante la Organización de los Estados
Americanos
Washington, D.C.

Ms. D. Álvaro Sardiza
Becaria
Misión Observadora Permanente de España
ante la Organización de los Estados
Americanos
Washington, D.C.

**REPRESENTATIVES OF THE EXECUTIVE COMMITTEE/
REPRESENTANTES DEL COMITÉ EJECUTIVO**

Dra. Margarita Guevara Alvarado
Ministra de Salud Pública
Ministerio de Salud Pública
Quito

Dr. Fernando Llorca Castro
Ministro de Salud
Ministerio de Salud
San José

**AWARD WINNERS/
GANADORES DE LOS PREMIOS**

**PAHO Award for Administration 2016/
Premio OPS en Administración 2016**

Dr. Pastor Castell-Florit Serrate
Cuba

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

**Food and Agriculture Organization of the
United Nations/Organización de las
Naciones Unidas para la Agricultura y la
Alimentación**

Ms. Barbara Ekwall

**UNAIDS, Joint United Nations Programme
on HIV/AIDS/ONUSIDA, Programa Conjunto
de las Naciones Unidas sobre el VIH/sida**

Dr. Edward Greene
Dr. César Antonio Núñez

**United Nations Foundation/Fundación de las
Naciones Unidas**

Ambassador John E. Lange
Ms. Elesha Kingshott

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

Mr. Esteban Caballero
Dr. Alma Virginia Camacho

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

**Caribbean Community/
Comunidad del Caribe**

Dr. Douglas Slater
Dr. Rudolph Cummings
Dr. James Hospedales

**Hipólito Unanue Agreement/
Convenio Hipólito Unanue**

Dr. Nila Heredia Miranda
Dr. Gloria Lagos

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

Mr. Ferdinando Regalia

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

Ms. Ideli Salvatti

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

**American Speech-Language-Hearing
Association/Asociación Americana del
Habla, Lenguaje y Audición**

Mrs. Lily Waterston

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

Ms. Pilar Tello Espinoza

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

**Inter-American Heart Foundation/
Fundación Interamericana del Corazón**

Dr. Beatriz Champagne

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

Dr. Alfredo Antía
Dr. Rubén Abete

**Latin American Confederation of Clinical
Biochemistry/Confederación
Latinoamericana de Bioquímica Clínica**

Dr. Graciela Queiruga

**Latin American Federation of the
Pharmaceutical Industry/
Federación Latinoamericana de la Industria
Farmacéutica**

Dr. Alberto Paganelli
Mr. Luis Villalba
Mr. Rodney Lopez

**Latin American Federation of the
Pharmaceutical Industry (cont.)/
Federación Latinoamericana de la Industria
Farmacéutica (cont.)**

Ms. Nacia Pupo Taylor
Mr. Jose Noguera
Ms. Alejandra Martinez
Ms. Julie Hamra

**Latin American Society of Nephrology and
Hypertension/Sociedad Latinoamericana de
Nefrología e Hipertensión**

Dr. Walter Douthat
Dr. Alberto Alles
Dr. Alfonso Cueto-Manzano

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

Ms. Marcela Gaitán

U.S. Pharmacopeia

Mr. Damian Cairatti
Ms. Annie Toro
Ms. Katherine Bond

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

**American Heart Association/Asociación
Americana del Corazón**

Ms. Diana Vaca McGhie

**Framework Convention Alliance for
Tobacco Control/Alianza para el Convenio
Marco para el Control del Tabaco**

Mr. Laurent Huber

**International Alliance of Patients'
Organizations/Alianza Internacional
de Organizaciones de Pacientes**

Licda. Migdalia Denis

**International Council of Nurses/Consejo
internacional de enfermeras**

Mr. Howard Catton

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

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

Ms. Shira Kilcoyne
Mr. James Laubner
Ms. Kathleen Laya
Mr. Andrew Womack

**The International Society of Radiographers
and Radiological Technologists/
Sociedad Internacional de Radiógrafos y
Tecnólogos Radiológicos**

Mr. Jonathan Mazal

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

Mr. Víctor García
Ms. María Ignacia Alvarez Argaluz
Ms. Pamela Delgado Barroso
Mr. Alan Patlán Hernández
Ms. María José Cisneros Cáceres

**World Self-Medication Industry/Industria
Mundial de la Automedicación Responsable**

Mr. Héctor Bolaños

**World Medical Association/Asociación
Médica Mundial**

Dr. Elizabeth Wiley

**World Organization of Family Doctors/
Organización Mundial de Médicos de
Familia**

Dr. Julie Wood

**SPECIAL GUESTS/
INVITADOS ESPECIALES**

Dr. Tedros Adhanom Ghebreyesus
WHO Director-General candidate
Government of Ethiopia

Professor Philippe Douste-Blazy
WHO Director-General candidate
Government of France

Dr. Sania Nishtar
WHO Director-General candidate
Government of Pakistan

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

Dr. Margaret Chan
Director-General

Dr. Anarfi Asamoah-Baah
Deputy Director-General

Dr. Hans Troedsson
Assistant Director-General

Mrs. Ivana Milovanovich
Coordinator
Country Cooperation and Collaboration
with UN System

Dr. Gottfried Hirnschall
Director
HIV/AIDS

Dr. Peter Graaff
Director
Ebola Virus Outbreak Response

Mr. Irme Hollo
Director
Planning, Resource Coordination and
Performance Monitoring

**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. Carissa F. Etienne

**Advisors to the Director
Asesores de la Directora**

Dr. Isabella Danel
Deputy Director
Directora Adjunta

Dr. Francisco C. Becerra Posada
Assistant Director
Subdirector

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

Mr. Gerald Anderson
Director of Administration
Director de Administración

Dr. Heidi Jiménez
Legal Counsel, Office of the Legal Counsel
Asesora Jurídica, Oficina del Asesor
Jurídico

Ms. Piedad Huerta
Senior Advisor, Governing Bodies Office
Asesora Principal, Oficina de los Cuerpos
Directivos

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