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WORLD HEALTH ORGANIZATION



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**FINAL REPORT**

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## FINAL REPORT

### Opening of the Session

1. The 140th Session of the Executive Committee of the Pan American Health Organization (PAHO) was held at the Headquarters of the Organization in Washington, D.C., from 25 to 29 June 2007. The session was attended by delegates of the following nine Members of the Executive Committee elected by the Directing Council: Antigua and Barbuda, Canada, Chile, Cuba, Panama, Trinidad and Tobago, United States of America, Uruguay, and Venezuela. Representatives of the following other Member States and Observer States attended in an observer capacity: Argentina, Bolivia, Brazil, Colombia, France, Mexico, and Spain. In addition, four intergovernmental organizations and five nongovernmental organizations were represented.

2. Dr. Nancy Pérez (Venezuela, President of the Executive Committee) opened the session and welcomed the participants. She was honored to preside over the Committee's deliberations, and she looked forward to sharing her country's experiences in addressing health and social issues and to learning from the experiences of other countries. She emphasized the need for PAHO to work in an integrated manner, focusing not just on health issues per se but also on the social determinants of health, since diseases such as malaria, dengue, and HIV/AIDS could not be separated from the context in which they occurred, and efforts to combat them could not really be effective unless action were also taken to resolve social ills such as poverty and illiteracy. In her view, the Executive Committee should be a forum for dialogue and exchange of opinions on the issues that should be on the public health agenda for the Region. While the agenda before the Committee included a number of those items, the Government of Venezuela considered that it should also reflect matters inextricably linked with health which were under discussion in other forums, especially the Organization of American States (OAS).

3. Accordingly, she proposed that the following topics, most of which had been the subject of resolutions or declarations during the recent 37th regular session of the General Assembly of the OAS, should be included on the agenda for the Committee, with the aim that they should then go forward for discussion by the ministers of health of the Region at the 27th Pan American Sanitary Conference: primary health care; social determinants of health; medicines and intellectual property; alcohol, violence, and disability; the Social Charter of the Americas: Renewal of the Hemispheric Commitment to Fight Poverty in the Region; Coordination of Volunteers in the Hemisphere in the Response to Natural Disasters and the Fight against Hunger and Poverty: White Helmets Initiative; Inter-American Program for a Universal Civil Registry and the "Right to Identity"; Poverty, Equity, and Social Inclusion: Follow up to the Declaration of Margarita; Eradicating Illiteracy and Fighting Diseases that Affect Integral Development; Mechanism to Follow-up on Implementation of the Inter-American Convention on the

Prevention, Punishment, and Eradication of Violence Against Women, “Convention of Belém do Pará”; the Importance of Nutrition for Achieving Healthier Populations and Integral Development; Support for Efforts to Eradicate Child Malnutrition in the Americas; Inter-American Meeting on Economic, Social, and Environmental Aspects Related to the Availability of and Access to Drinking Water; and Water, Health, and Human Rights.

4. Dr. Mirta Roses (Director, Pan American Sanitary Bureau) thanked the President for her inspiring remarks, which had set the tone for the session. Adding her welcome to the participants, she expressed confidence that the session would be most fruitful.

### **Procedural Matters**

#### ***Officers***

5. The following Members elected to office at the Committee’s 139th Session continued to serve in their respective capacities at the 140th Session:

*President:* Venezuela (Dr. Nancy Pérez)

*Vice President:* Antigua and Barbuda (Hon. H. John Maginley)

*Rapporteur:* United States of America (Mr. Mark Abdo)

6. The Director served as Secretary ex officio, and Dr. Cristina Beato, Deputy Director of the Pan American Sanitary Bureau (PASB), served as Technical Secretary.

#### ***Adoption of the Agenda and Program of Meetings (Documents CE140/1, Rev. 1, and CE140/WP/1)***

7. Following a lengthy discussion on the feasibility of adding to the agenda some or all of the items mentioned by the President in her opening remarks, it was agreed that brief reports would be given under “Other Matters” on the status of negotiations on the Social Charter of the Americas, the work of the Commission on Social Determinants of Health, and the topic of Public Health, Innovation, and Intellectual Property, recently discussed by the World Health Assembly.

8. It was pointed out that the agenda had been approved by the Subcommittee on Program, Budget, and Administration in March 2007 and that it was already very long. While the Committee agreed on the importance of the matters raised by the President, most Members felt that adding them as formal items to the agenda would leave too little time to discuss other items of crucial importance to the future of the Organization, such as the Strategic Plan 2008-2012 and the Proposed Program Budget 2008-2009. Several Members also observed that many of the issues of concern to the President were

addressed under the Strategic Plan and could thus be discussed when the Committee took up that item.

9. The Director said that the Committee might wish to recommend that the agendas for future sessions include an item on OAS resolutions of interest to PAHO, similar to the item on World Health Assembly resolutions of interest to the PAHO Governing Bodies. For that purpose, the Secretariat could draw up a table showing OAS resolutions and related PAHO resolutions and activities, like the table contained in Document CE140/INF/2.

10. The Committee adopted the provisional agenda without change. The Committee also adopted a program of meetings (Decision CE140(D1)).

***Representation of the Executive Committee at the 27th Pan American Sanitary Conference, 59th Session of the Regional Committee of WHO for the Americas (Document CE140/3)***

11. In accordance with Rule 54 of its Rules of Procedure, the Executive Committee appointed the delegates of Venezuela and Antigua and Barbuda, its President and Vice President, respectively, to represent the Committee at the 27th Pan American Sanitary Conference. Canada and the United States of America were designated as alternate representatives (Decision CE140(D2)).

***Provisional Agenda of the 27th Pan American Sanitary Conference, 59th Session of the Regional Committee of WHO for the Americas (Document CE140/4, Rev. 1)***

12. The Committee considered the provisional agenda prepared by the Director in accordance with Article 14.B of the PAHO Constitution and Rule 8 of the Rules of Procedure of the Pan American Sanitary Conference, and agreed to remove item 4.9, "Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control," pursuant to its discussions of that item during the 140th Session (see paragraphs 114 to 128 below). The Committee also agreed that a report on the outcome of the international primary health care conference to be held in Argentina in August (see paragraph 142 below) would be presented during the Conference, and that an information session on social determinants of health would be offered outside the formal agenda. It was pointed out that the agenda was very long, and the Director was encouraged to keep any presentations by Secretariat staff as brief as possible in order to allow sufficient time for discussion by Member States.

13. The Committee approved the provisional agenda, as amended (Resolution CE140.R19).

## **Committee Matters**

### ***Report on the First Session of the Subcommittee on Program, Budget, and Administration (Document CE140/5)***

14. Mr. Nick Previsich (Canada, President of the Subcommittee on Program, Budget, and Administration) presented the report on the Subcommittee's First Session, noting that a number of the items discussed by the Subcommittee would also be discussed by the Executive Committee during the 140th Session and that he would report on those items at the time they were taken up by the Committee. The following items examined by the Subcommittee were not on the Committee's agenda: development of the Health Agenda for the Americas, 2008-2017; draft WHO Medium-Term Strategic Plan 2008-2013 and draft WHO Proposed Program Budget, 2008-2009; Report on Voluntary Contributions; and Strengthening Relationships between PAHO and Nongovernmental Organizations. In addition, the Subcommittee had considered a proposal concerning details of the forum of candidates for the post of Director of PASB and had discussed the agenda for the 140<sup>th</sup> Session of the Executive Committee and a preliminary timetable for the 27<sup>th</sup> Pan American Sanitary Conference. The Subcommittee's comments on all of those items could be found in the final report of its First Session (Document SPBA1/FR, annexed to Document CE140/5).

15. In the discussion that followed, the Delegate of Antigua and Barbuda, noting that the Subcommittee had discussed the status of several Pan American centers, said that the ministers of health of the Caribbean region were discussing various governance issues related to the regional institutions in the Caribbean, including the Caribbean Epidemiology Center (CAREC) and the Caribbean Food and Nutrition Institute (CFNI), and were seeking to identify mechanisms that would ensure that those centers were properly funded. He thanked the Director for her support of those efforts and assured the Committee that the Governments of the Caribbean remained committed to the continued operation of the two centers.

16. The Committee commended and thanked the Subcommittee for its work and took note of the report.

### ***Nongovernmental Organizations in Official Relations with PAHO (Document CE140/7)***

17. Mr. Previsich (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had reviewed the collaboration between PAHO and one nongovernmental organization, the Medical Confederation of Latin America and the Caribbean (CONFEMEL). Based on its review of the documentation provided by the Secretariat and the information obtained from the NGO, the Subcommittee had recommended discontinuation of relations with CONFEMEL, noting that it might be desirable to consider reestablishing official relations in the future as



PAHO seemed interested in pursuing relations with the NGO. The Subcommittee had noted that its recommendation applied only to formal official relations with CONFEMEL; informal working relations might continue, and official relations might be reestablished after two years on the basis of a new collaborative work plan. The Subcommittee had stressed that maintaining fruitful relations required effort on the part of both PAHO and the NGO, and had encouraged the Secretariat to remain vigilant and to strive to ensure that all NGOs in official relations with PAHO fulfilled their commitments to the Organization.

18. Dr. Marco Becker (Medical Confederation of Latin America and the Caribbean, CONFEMEL) said that CONFEMEL accepted the criticisms of its shortcomings, conceding that it had been very inactive. The Confederation had recently had an election, was reforming its bylaws, and expected to be more effective in the future.

19. The Executive Committee adopted resolution CE140.R2, discontinuing official relations between PAHO and CONFEMEL, with the possibility of reestablishing them in the future.

***PAHO Award for Administration 2007 (Documents CE140/6, CE140/6, Add. I, and CE140/6, Add. II)***

*Changes to the Procedures and Guidelines for Conferral of the PAHO Award for Administration*

20. Dr. Pedro Brito (Area Manager, Health Systems Strengthening, PAHO) recalled that the 2006 Award Committee for the PAHO Award for Administration had recommended that the procedures and guidelines for the selection of candidates and award recipients should be adapted to the new conditions influencing the health field, as well as to the terminology currently being utilized. He drew attention to the proposed changes, listed in the Annex to Document CE140/6, Add. I.

21. The Committee adopted resolution CE140.R1, approving the proposed changes.

*Report of the Award Committee of the PAHO Award for Administration 2007*

22. Ms. Kate Dickson (Canada) reported that the Award Committee of the PAHO Award for Administration 2007, consisting of the representatives of Canada, Trinidad and Tobago, and Uruguay, had met on 27 June 2007. After careful examination of the documentation on the candidates nominated by Member States, the Committee had decided to confer the award on Dr. Armando Mariano Reale, of Argentina, for his contribution to the modernization of the health and social security systems by fostering integration between the public and private sectors, the creation of networks of providers at the different levels of health care, and the adoption of new models of financing for the public and social security sectors.

23. The Committee adopted Resolution CE140.R12, endorsing the decision of the Award Committee.

***Annual Report of the Ethics Office (Document CE140/27)***

24. The President drew the attention of the Committee to Document CE140/27 and opened the floor for discussion.

25. The Committee welcomed the report, acknowledging the efforts that the Organization was making to promote a culture of ethics and accountability, and to establish an effective integrity and conflict resolution system. It was clear that the Ethics Office had contributed, through the provision of advice and training, to helping staff to make ethical decisions and to ensuring compliance with all applicable rules and policies on the standards of conduct for PAHO staff.

26. The Committee endorsed the provision of a mandatory online course on the PASB Code of Ethical Principles and Conduct, as well as the decision of the Ethics Office to move forward with 13 investigations of suspected violations of the Code. Recognizing that such investigations could create further internal tensions, the Committee endorsed the plan to develop a manual of investigative procedures, whistleblower protection, and policy guidelines to prevent staff or contractors guilty of ethical violations from being rehired. It was suggested that the United Nations policy on whistleblower protection could serve as a resource. The Committee sought information on the relationship of the PAHO Ethics Office to the WHO Office of Internal Oversight Services and stressed the need to ensure that there was coordination and avoidance of overlap in their activities.

27. Mr. Philip MacMillan (Manager, Ethics Office, PAHO) reported that an awareness campaign would be launched in July 2007, with brochures for all staff members and posters for all offices, emphasizing the importance of ethical conduct and informing staff of the means available to them to ask questions or report unethical conduct. The online training program would be made available on CDs for use in some countries where Internet access was problematic. It was encouraging that the Ethics Office was receiving a growing number of questions on ethical issues, including anonymously through the Ethics Help Line.

28. He presented an overview of the web-based Integrity and Conflict Management System, which was currently about 80% complete and which would also be launched in July 2007. The system offered nine resources to staff to resolve ethical issues, and provided guidance on which resource was the most appropriate. The Office of Internal Oversight Services was one of the nine, and efforts were under way to ensure that the information on which resource to use in which situation was clear and accurate, which would help to minimize overlap.

29. The Executive Committee took note of the report of the Ethics Office.

### **Program Policy Matters**

#### ***Proposed Strategic Plan 2008–2012 (Official Document 328)***

30. Mr. Previsich (Representative of the Subcommittee on Program, Budget, and Administration), introducing the item, highlighted the main points of the SPBA's discussion of a draft version of the Strategic Plan at its first session in March. On the question of whether to merge some strategic objectives in order to bring PAHO's Strategic Plan into line with the WHO Medium-Term Strategic Plan, the Subcommittee had been of the view that the Region should not necessarily follow whatever decision was made within WHO on the matter. The consensus of the Subcommittee had been that Strategic Objectives 1 and 2 should be kept separate, and that while Strategic Objectives 10 and 11 might be combined, Strategic Objectives 13 and 14 should also remain separate. In relation to Strategic Objective 13, several delegates had emphasized the critical importance of health workforce issues, especially migration of health workers, in the Americas.

31. Concerning the allocations for the various strategic objectives, several delegates had thought that the amount allocated for noncommunicable diseases was too small in proportion to the magnitude of the problem. Delegates had also raised concerns about the number and the ambitiousness of some of the indicators and targets, questioning whether it was realistic to expect that they could all be achieved within the planned timeframe and with the allotted resources. The need to ensure that indicators were feasible, measurable, evidence-based, and truly reflective of the priorities of the Organization had been underscored. The Subcommittee had made a number of recommendations for improving the content, style, and language of the document. In particular, it had been suggested that the document would benefit from a more explicit discussion of the methodology used to formulate the Strategic Plan and, especially, an explanation of how priorities had been identified and how resource allocation decisions had been made in the face of competing priorities. Also in regard to methodology, the need to clearly distinguish between activities, targets, and strategic approaches had been emphasized.

32. Dr. Daniel Gutiérrez (Area Manager, Planning, Program Budget, and Project Support, PAHO) noted that the version of the Strategic Plan contained in *Official Document 328* would need to be adjusted to bring it into line both with the Health Agenda for the Americas, 2008-2017, adopted earlier in June, and with the final version of the WHO Medium-Term Strategic Plan adopted in May 2007. However, in keeping with the recommendations of the SPBA, Strategic Objectives 10, 11, 13, and 14 would be kept separate, and the PAHO Strategic Plan would thus retain 16 objectives. Additionally, biennial workplans were needed in order to complete the Plan and to finalize the region-wide expected results and their respective indicators and targets.

Those plans were currently being developed by all areas within the Organization. The Secretariat would make the foregoing adjustments and would also incorporate the comments of the Executive Committee into the final version of the document, which would be submitted to the Pan American Sanitary Conference for approval in October 2007.

33. The Executive Committee applauded the revised version of the Strategic Plan, which Members found to be much improved. It was considered that the document was well-aligned with the WHO Medium-Term Strategic Plan, but that it also demonstrated a commendable degree of regional specificity. Nevertheless, the Committee felt that the document could be further enhanced, and therefore welcomed the Secretariat's willingness to continue receiving input from Member States prior to the Pan American Sanitary Conference. Several delegates, while recognizing the inherent complexity of aligning the Strategic Plan with the Health Agenda for the Americas and the WHO Eleventh General Program of Work and Medium-Term Strategic Plan, encouraged the Secretariat to shorten and simplify the document in order to make it easier to analyze and understand, both for Member States and for PAHO staff. In that regard, it was strongly recommended that the Secretariat require all PAHO staff to take part in a training exercise aimed at ensuring that they were thoroughly familiar with the Plan and understood how their respective programmatic activities would contribute to the achievement of the strategic objectives and expected results. Otherwise, it was feared that the document might simply be put away on a shelf and forgotten.

34. Several delegates signaled the need for additional refinement of the region-wide expected results and their indicators in order to ensure that progress could be measured. It was pointed out, for example, that many of the indicators referred to numbers of countries that had established a government unit to carry out a particular activity, but that the mere establishment of a unit did not guarantee that the activity would be carried out effectively or that it would have any real impact. Additionally, the language used in many of the indicators was vague. For instance, a number of them called for a "substantial increase," but the term "substantial" was not defined. It was also suggested that the number of indicators should be reduced and that an effort should be made to identify those that were most sensitive.

35. The need for annual and biannual evaluation to assess progress towards the expected results was underscored. Members sought clarification on what evaluation methodology would be employed and how the Secretariat would deal with the timing conflict created by the fact that the five-year Strategic Plan would cover three bienniums, or six years. The Secretariat was asked to include more detailed information on monitoring and evaluation of the Plan in the next version of the document.

36. The effort at programmatic prioritization was acknowledged, but some delegates considered that additional information was needed, including an analysis of the percentage of the total budget allocated to each strategic objective, to enable Member States to see the relative priority assigned to each program area. Noting the cross-cutting nature of many of the strategic objectives, delegates emphasized the need for interprogrammatic coordination and integration in order to implement the plan and achieve the expected results. Several delegates also highlighted the need for a multisectoral approach in order to achieve the results envisaged in the Strategic Plan. In that connection, it was felt that the document could be enhanced through the addition of an analysis of the economic and social determinants of the health issues to be addressed under the Plan.

37. Delegates requested, and received from various members of the Secretariat, clarification of a number of specific points in relation to the strategic objectives. In addition, several delegates submitted specific comments in writing. The representative of the Inter-American Development Bank, who also submitted written comments, suggested that the values mentioned in paragraph 8 of the document should include efficiency and effectiveness in the use of resources, which was a major concern in all countries of the Region and had been one of the primary aims of health sector reform initiatives in recent years.

38. Dr. Gutiérrez encouraged all delegations to submit their comments in writing and said that Member States could continue providing input on the Strategic Plan electronically via SharePoint until 15 August 2007. The Secretariat was aware of the weaknesses in the document and was currently engaged in a revision process aimed at correcting the inconsistencies and other problems highlighted by Members of the Executive Committee, refining the indicators and targets, and making the document more concise. The process of preparing biennial workplans, currently under way, would help to pinpoint specific problems with the indicators and targets that needed to be addressed before the next version of the document was produced. Moreover, the Strategic Plan was flexible and additional adjustments could be made over the next six years in order to correct any problems that arose or to respond to changing circumstances.

39. Some of the inconsistency and repetition in the document was due to the fact that numerous staff from all areas and levels of the Organization had participated in drafting it. However, the extensive involvement of staff in the development of the Strategic Plan also ensured that they were aware of the Plan and knew its content. Additional training for staff was being provided in conjunction with the biennial workplans for 2008-2009. The document would certainly not be put on a shelf and forgotten because it would serve as the guide for operational planning over the next six years, and managers would not be able to access funding for their activities without specifying how they were related to the expected results and indicators set out in the Plan.

40. The Strategic Plan would indeed cover three bienniums, or six years, because it was impractical from an operational standpoint to split a biennium, and doing so would also complicate monitoring and evaluation. Accordingly, the Strategic Plan for 2008-2012 would cover the 2008-2009, 2010-2011, and 2012-2013 bienniums, while the next Plan, for 2013-2017, would cover the 2014-2015 and 2016-2017 bienniums.

41. The programmatic prioritization exercise was not complete. The Secretariat was embarking upon the second phase now. However, Member States should not expect to see any drastic changes in the budget allocations for the various strategic objectives because the largest share of the budget went to finance posts, not program activities, although in the future some posts might be moved to better reflect priorities.

42. Regarding the methodology for monitoring and evaluation of the Plan, operationally the Plan would be executed through the biennial workplans negotiated with each country and subregion. The biennial workplans would contain expected results, indicators, and targets, which would be linked to the region-wide expected results, indicators, and targets. For each indicator, there would be a six-month benchmark in PAHO's monitoring and evaluation software. It was those benchmarks that would enable the Secretariat to determine whether the indicators were being met, which in turn would enable it to assess whether the region-wide expected results were being achieved and to report to Member States and to WHO on how the Americas had contributed to the global objectives contained in the WHO Medium-Term Strategic Plan.

43. The Director wished to make three points in response to the Committee's comments on the Strategic Plan. First, the Organization's planning and evaluation system (AMPES)—which had been in existence for 25 years and which was widely considered to be among the best such systems in the United Nations system—provided a highly reliable means of assessing the achievement of expected results. Moreover, AMPES enabled the Secretariat to clearly link spending to results all along the results chain, from the country level right up to the global level.

44. Second, while the Strategic Plan did apply mainly to the Secretariat, achieving the strategic objectives would involve the entire Organization, including Member States. The targets and indicators for the various objectives were essentially proposals by the Secretariat; it was up to individual Member States to decide whether they would embrace a particular target. In some cases, it might be feasible for a country to commit to achieving a target only partially. In other cases, a target would not be relevant for some countries because they had already achieved it, although those countries might commit to maintaining their status or to helping other countries to achieve the target. The point was that when Member States approved a broad strategic direction for programmatic action, they were committing the entire Organization to work towards that end.

45. Third, other organizations and individuals would also be involved in carrying out the Strategic Plan. It was understood that achieving the results envisaged in the Plan would require both financial and non-financial resources from donors and other partners. However, any such contributions would have to be in line with the orientations set out in the Strategic Plan; PAHO would not pursue activities in other areas just for the sake of obtaining resources. And when it came to monitoring and evaluation, what would be measured would be PAHO's specific contribution to the overall results achieved.

46. The Committee adopted Resolution CE140.R7, recommending that the 27th Pan American Sanitary Conference approve the proposed Strategic Plan 2008-2012.

***Proposed Program Budget 2008–2009 (Official Document 327 and Document CE140/28)***

47. Mr. Previsich (Representative of the Subcommittee on Program, Budget and Administration), reporting on the SPBA's discussion of an earlier version of the proposed program budget in March 2007, said that the Subcommittee had requested further detail on the methodology used to calculate the cost increases and on the assumptions underlying those calculations. It had also requested that the budget proposal to be submitted to the Executive Committee include alternative budget scenarios and provide an analysis of how programs would be impacted if the proposed increase in Member States' assessments were not approved or if the anticipated increase in voluntary contributions did not occur. In relation to the latter, several delegates had wondered whether PAHO's projection of a 30% increase was realistic. The Subcommittee had made several suggestions regarding the format and content of the budget document, notably the inclusion of data showing the proportion of the total budget allocated to each strategic objective in the 2006-2007 budget and in the proposed 2008-2009 budget. It had also been suggested that the document should include a pie chart showing the impact on program funds of mandatory post-related increases and of the implementation of the International Public Sector Accounting Standards and the proposed Master Capital Investment Plan.

48. Mr. Román Sotela (Unit Chief, Planning and Program Budget, PAHO) drew attention to *Official Document 327*, which contained the Proposed Program Budget for 2008-2009, and to Document CE140/28, which contained the information requested by the SPBA regarding the program impact of a zero nominal growth budget and prioritization of the 16 strategic objectives. He then reviewed the various sources of funding for the proposed budget (shown in Table 1 of *Official Document 327*), noting that the information was the same as that presented to the SPBA, with one exception: the WHO share of the regular budget had been reduced by US\$3.5 million<sup>1</sup> because the Sixtieth World Health Assembly had allocated \$81,501,000 to the Americas, not the

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<sup>1</sup> Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

\$85,000,000 requested. The proposed increase in PAHO Member State assessments remained 3.9%, all of which would be used to help offset cost increases for fixed-term posts. Even so, an increase of 3.9% would result in an average reduction of 23% in regional program activities. The reductions associated with various alternative scenarios were shown in Document CE140/28.

49. Under the Regional Program Budget Policy approved in 2004, the regional share of the budget continued to decline, while the country and subregional proportions continued to grow. Annexes 4 and 5 of *Official Document 327* showed the effect of application of the policy at country level. In the prevailing environment of reduced funding, the Secretariat had taken a number of steps to reduce costs and enhance its efficiency in the use of resources, including eliminating posts, decentralizing many regional posts to the field and merging programs and Pan American centers. The number of fixed-term posts was currently at its lowest level in 30 years, having declined from over 1,200 in 1980-1981 to 778 at present.

50. In the ensuing discussion, the Executive Committee expressed appreciation for the information provided in response to the requests of the SPBA, in particular the additional details concerning the basis for the proposed increase, the information on prioritization of the strategic objectives, and the alternative scenarios presented in Document CE140/28. The Committee found the format and structure of the budget document satisfactory, although it was suggested that, as with the Strategic Plan, an effort should be made to shorten and simplify it. It was also suggested that the document would benefit from more information on projected voluntary contributions and the use of such funds in line with the Organization's strategic priorities. Like the Subcommittee, the Executive Committee questioned whether the estimate of voluntary contributions was realistic and whether enough of the voluntary contributions received would be unearmarked to allow PAHO to carry out its program and achieve the proposed results. The Committee also highlighted the need to refine some of the indicators and to reduce their number, ensuring that the indicators retained were those with the greatest sensitivity in order to facilitate the measurement of results.

51. Members of the Committee sought clarification regarding the criteria used in prioritizing the strategic objectives and the rationale for some of the changes made in the distribution of resources among the various objectives since the SPBA session in March. It was pointed out, for example, that the allocation for Strategic Objective 10 was being reduced by 4.1% with respect to the amount allocated in 2006-2007, although that objective encompassed primary health care, which Member States had clearly identified as a priority. It was also pointed out that Strategic Objective 16, which had to do with administrative functions, had received the largest allocation, indicating that it was, apparently, the Organization's highest priority. Delegates from the Caribbean subregion noted that relatively little had been allocated for prevention and control of chronic



diseases, although they were a crushing problem and had been identified as a top priority for all of the countries of the Caribbean.

52. It was pointed out that the cost of implementing the International Public Sector Accounting Standards and the Master Capital Investment Plan, while mentioned in the narrative portion of the budget, had not yet been incorporated into the budget itself. The Secretariat was encouraged to make provision in the regular budget for ongoing capital investments. It was also noted that the budget did not show a breakdown of resources by country, subregional, and regional levels.

53. With regard to the proposed 3.9% rise in Member States' assessments, opinions were divided, with some delegates calling for zero nominal growth in the Organization's budget, while others felt that the increase was justified and necessary to enable the Organization to meet the demands of Member States. One delegate—while acknowledging the concerns of countries that had zero-nominal-growth policies—pointed out that PAHO could not be expected to respond effectively to threats such as avian influenza or to unpredictable events such as natural disasters unless it had sufficient resources. Another delegate observed that current economic trends seemed positive and that the Organization might therefore receive significantly more miscellaneous income than in 2006-2007. She hoped that, by the time of the Pan American Sanitary Conference, the Secretariat would have a better idea of how much miscellaneous income could be expected.

54. Mr. Sotela, replying to the comments concerning the format and content of the budget document, said that because the budget was inextricably linked to the Strategic Plan, as the Secretariat revised and simplified the Strategic Plan, the budget document would also be simplified. Regarding the resource breakdown by country, subregional, and regional levels, he noted that the levels of financing for countries were shown in Annexes 4 and 5 of *Official Document 327*. Details of country and subregional programs, including national and subregional priorities and the amount of money allocated for each one, would be added prior to the Pan American Sanitary Conference. Normally, that information was provided in the budget document submitted to the Executive Committee; however, because the country and subregional programs were linked to the Strategic Plan, which was still being finalized, the information had not been available.

55. Regarding the criteria applied in prioritizing the strategic objectives, they were listed in paragraph 9 of Document CE140/28. As a result of the first round of programmatic prioritization, the allocations for Strategic Objectives 1, 2, 3, 4, 7, 11, 12, and 15 had gone up with respect to the amounts shown in the document presented to the SPBA in March, while allocations for Strategic Objectives 5, 6, 8, 9, 10, 14, and 16 had gone down. Those shifts reflected both historical trends and current needs and realities, including certain funding levels dictated by WHO. The allocation for Strategic Objective 16 was large because it comprised most of the enabling functions that made PAHO's

technical cooperation possible; while the allocation for that objective had risen, it was the smallest increase accorded to any of the objectives (2.1%). Chronic diseases were covered under Strategic Objective 3, the allocation for which had increased almost 48% over the amount allocated in 2006-2007. With regard to Strategic Objective 10, the regular budget allocation for 2008-2009 would actually go up with respect to 2006-2007. The 4.1% reduction shown in *Official Document 237* was the result of an adjustment in the expected amount of voluntary contributions, which had been overestimated in 2006-2007. If Member States wished to see more allocated to that area, or to any other area, the Secretariat would make the necessary adjustments.

56. As for the cost of implementing the Master Capital Investment Plan, it was envisaged that most of the initial funding for the Master Capital Investment Fund would come from the current PAHO Building Fund and the Capital Equipment Fund and from any surplus funds remaining at the end of the 2006-2007 biennium, not from the 2008-2009 regular budget. Some regular budget funds would be expended simply because of personnel costs associated with information technology functions, building maintenance and repair, and related areas. However, it was simply not feasible to contemplate funding the Master Capital Investment Fund at the proposed level of \$8 million entirely out of the regular budget, as doing so would leave no funding at all for many of the Organization's technical programs. It appeared that PAHO would end the 2006-2007 biennium with a substantial surplus, thanks to higher-than-projected miscellaneous income and to the collection of an extraordinarily high level of quota arrears in 2006. That situation, which was not likely to occur again, had created a window of opportunity for Member States to set aside the funding needed to pay for major capital expenditures in the future. He hoped that they would seize that opportunity by approving the Master Capital Investment Plan.

57. With respect to voluntary contributions, PAHO was working on increasing the level of unearmarked funds, but the majority of PAHO's voluntary contributions continued to be earmarked. Nevertheless, the Secretariat believed that the strategic objectives and region-wide expected results were broad enough that it would be possible to attract the projected level of voluntary funding, although, admittedly, it might be earmarked for areas other than those in which funds were most needed.

58. The Director emphasized that any income received, whether from Member State assessments or from voluntary contributions, would be used to address the priorities and achieve the objectives approved by Member States in the Strategic Plan. It was important to bear in mind that PAHO's budget was structured not only thematically but also by level—regional, subregional, and national—and that almost 50% of the total resources were allocated to countries. Each country decided what priority would be accorded to each area within its budget allocation, which allowed for greater specificity in the use of resources, as did the subregional allocations, which accounted for almost 7% of the budget. Thus, the Caribbean countries could decide to allot more of their budgets to prevention and control of chronic diseases, while countries in other subregions might opt

to allocate a larger share for primary health care or other activities.

59. It was also important to understand that the Organization's budget was divided into two parts: one for staff costs and the other for program activities. Some programs and some country offices and programs had very few posts, and thus a greater portion of their budgets could be allocated to program activities. Moreover, many of the support staff in the PAHO country offices were seconded from ministries of health or national institutions, and those staff costs were therefore not included in the Organization's budget. In many cases, countries also contributed buildings and services for the country offices. Those countries, although they were not considered "donor countries" in the traditional sense of the term, made an enormous contribution to the maintenance of the Organization, enabling it to do more with its limited resources.

60. The bulk of PAHO's administrative support (the functions alluded to by Mr. Sotela under Strategic Objective 16) was concentrated at the regional level. The Organization was already devoting a larger proportion of the regional budget to staff costs than to non-staff activities. If there were zero nominal growth in the budget, 84% at the regional level would be allocated to staff costs, leaving only 16% for program activities. That would be an untenable situation. The Organization had eliminated 41 posts during 2006-2007, and would cut another 12 prior to the start of the 2008-2009 biennium. In addition, 22 posts had been transferred from Washington to lower-cost areas. But there was a limit to the efficiencies and savings that could be realized, and PAHO was approaching that limit. It would soon become necessary to take more drastic measures, such as outsourcing certain functions, closing country offices, or moving PAHO Headquarters to a lower-cost setting.

61. She believed that PAHO had provided ample justification for the requested 3.9% increase, and produced a budget document with detail and in-depth analysis of why the increase was needed. She urged the Committee to approve it; Member States had recently agreed to increases of about the same magnitude in the budgets of the OAS and WHO, which could be taken as a positive trend.

62. In the Committee's subsequent discussion of the proposed resolutions on this item, the Delegate of the United States of America reiterated her Government's policy of zero nominal growth in the budgets of all international organizations, but said that the United States would not block the consensus on the proposed resolutions. The Observer for Mexico said that his Government also favored zero nominal growth, but would not oppose the resolutions or the proposed increase.

63. The Committee adopted Resolutions CE140.R8 and CE140.R9, recommending that the Pan American Sanitary Conference approve the proposed program budget and Member State assessments for 2008-2009, with the 3.9% increase.

***Elimination of Rubella and Congenital Rubella Syndrome in the Americas: Progress Report (Document CE140/8)***

64. Dr. Cuauhtémoc Ruíz Matus (Unit Chief, Immunizations, PAHO) introduced the report on progress towards rubella elimination in the Region, noting that the success achieved thus far was a tangible result of the Organization's work and one that had had an evident impact on the health of the peoples of the Americas. The Region was well on track to achieve the goal established by the 44th Directing Council in 2003 of eliminating rubella and congenital rubella syndrome by 2010. Virtually all countries and territories in the Americas were now administering the measles-mumps-rubella vaccine as part of their routine childhood immunization programs (and by September 2007 all of them would be), and special vaccination campaigns had been carried out all over the Region to immunize susceptible adolescents and adults against the disease, resulting in immunization coverage levels of over 95% in the majority of countries. From 1980 to 2007, the number of rubella cases had dropped by over 98%. Surveillance of the disease was also greatly improved. The next step in the initiative would be to document and certify the interruption of endemic rubella virus transmission. To that end, it was necessary, firstly, to determine what data were necessary for countries to document rubella and measles elimination and, secondly, to form an international expert committee to provide independent verification of the interruption of transmission.

65. In addition to the obvious benefits of eliminating rubella and congenital rubella syndrome, the rubella initiative had yielded a number of complementary benefits, including strengthening health services, reducing inequities in maternal health outcomes, fostering a culture of prevention, generating lessons learned which could be applied in the introduction of future vaccines, and providing essential experiences to facilitate the transition from child to family immunization. It had also contributed to the achievement of Millennium Development Goals 4 and 5.

66. The Executive Committee applauded the success of the rubella initiative thus far, and underlined the need for sustained effort in order to ensure that the elimination goal was met. The Secretariat was asked to keep Member States apprised of progress and of any obstacles that might impede achievement of the goal. Political commitment at the highest level and support for national immunization programs—including adequate and sustainable levels of financing—were considered critical to the achievement of the goal and to the maintenance of high immunization coverage after it was achieved. Delegates emphasized the importance of community participation and effective public information campaigns in raising immunization coverage. The need to vaccinate susceptible men, in particular, was highlighted. Support was expressed for the transition from child to family immunization as a means of achieving other disease reduction targets, such as those envisaged in the joint WHO/United Nation's Children's Fund (UNICEF) Global Immunization Vision and Strategy.

67. Several delegates described their countries' efforts to vaccinate their populations against rubella and reaffirmed their Governments' commitment to the goal of eliminating rubella and congenital rubella syndrome. The Delegate of Cuba, noting that the progress report contained no information on the situation in his country, said that Cuba had eliminated congenital rubella syndrome in 1989 and rubella in 1995. His country would be pleased to share its experience with other countries that were still working to eliminate the two diseases.

68. Dr. Ruíz Mata thanked the countries for their comments and their continued support of the initiative.

69. The Director said that the rubella elimination initiative had truly been a hemispheric effort to which all Member States had made valuable contributions. Other WHO Regions were now beginning to emulate the strategies that had enabled the Americas to achieve such great success in the elimination of vaccine-preventable diseases. The idea of a regional vaccination week, for example, had been adopted by several Regions, and the African Region had made great strides in reducing measles using strategies developed in the Americas.

70. The Committee adopted Resolution CE140.R10 on this item.

***Avian Flu and Pandemic Influenza: Progress Report (Document CE140/9)***

71. Dr. Jarbas Barbosa da Silva (Area Manager, Health Surveillance and Disease Management, PAHO) summarized the content of Document CE140/9, which reported on recent progress in the Region with regard to influenza preparedness. As the report noted, 28 Member States now had national influenza pandemic preparedness plans. PAHO had developed an assessment tool to help countries evaluate the effectiveness of their national plans, and a first round of assessments had taken place in late 2006 and early 2007. The report highlighted the chief strengths and weaknesses found in the national plans. A second round of evaluation was currently under way, the results of which would be reported to the 27th Pan American Sanitary Conference. Future PAHO technical cooperation would be aimed at addressing any weaknesses identified. In collaboration with the United States Centers for Disease Control and Prevention, PAHO had also developed a protocol for influenza surveillance, which was being introduced through subregional workshops targeting technical experts from national ministries of health. The major challenge for the future would be ensuring that national preparedness plans were implemented at subnational levels, especially the local level.

72. The Executive Committee welcomed the progress reported in Document CE140/9 and commended PAHO for its leadership in helping the countries of the Region to prepare for a possible influenza pandemic. The Organization's efforts to foster intersectoral coordination between ministries of health and ministries of agriculture were

also praised. Several delegates reported on recent avian and pandemic influenza preparedness activities in their countries, and some also submitted additional information in writing. In addition, delegates offered to share their countries' experiences in influenza preparedness with other countries.

73. PAHO's efforts to strengthen preparedness at the local level were applauded, and the Organization was urged also to work to improve surveillance in border areas, consistent with the revised International Health Regulations, in order to promptly detect any outbreaks of avian influenza and stop the spread of the disease between countries. In addition, the Organization was encouraged to assist countries in conducting simulation exercises to test the effectiveness of their national plans and to support international efforts to develop a safe and effective vaccine against the H5N1 virus and increase the availability of antiviral medicines. In that connection, one delegate inquired whether the Organization had any plans for supporting the creation of reserves of oseltamivir (Tamiflu®) at the national level or for stockpiling the drug at the central level so that it could be made available to countries in the event of an emergency.

74. Dr. Barbosa da Silva replied that a global stockpile of both Tamiflu® and H5N1 influenza vaccine was being created under the coordination of WHO with the aim of ensuring that they were available for immediate use wherever they might be needed to control outbreaks and prevent the spread of disease. Thanking the Committee for acknowledging PAHO's efforts to promote integrated work with the agricultural sector, he said that the Secretariat viewed the pandemic preparedness campaign as an excellent opportunity to strengthen intersectoral collaboration in relation to a variety of health issues.

75. The Director congratulated Committee Members on their efforts to raise awareness of the need for influenza preparedness in the Region and for their response to her appeal of the previous year for assistance in ensuring that PAHO was invited to participate in international meetings at which avian influenza would be discussed. She felt that the countries of the Region had truly understood that avian and pandemic influenza preparedness should be seen as an opportunity to implement the International Health Regulations, and in the course of a year the regional situation had improved markedly in terms of awareness of the implications of the Regulations, surveillance capacity, and general influenza preparedness. The Executive Committee and its Members had played an important role in those successes.

76. The Committee thanked the Secretariat for the update and took note of the report.

***Malaria in the Americas: Progress Report (Document CE140/10)***

77. Dr. Keith Carter (Regional Advisor on Malaria, PAHO) updated the Committee on the progress achieved in combating malaria in the Region since the adoption of Resolution CD46.14 in 2005, which had set the goal of reducing the malaria burden by at least 50% by 2010 and 75% by 2015, and called for the designation of a malaria control day in the Americas. In order to implement that resolution, the Secretariat, in consultation with external malaria experts, had developed a Regional Strategic Plan for Malaria in the Americas, 2006-2010, which had the following components: prevention, surveillance, detection and containment of epidemics, integrated vector management, malaria diagnosis and treatment, promotion of an enabling environment for malaria prevention and control, and health system strengthening and capacity-building at country level.

78. The number of reported malaria cases in the Region, including cases of falciparum malaria, had fallen 23% between 2000 and 2006, and malaria mortality had dropped 69% during the same period. If that trend continued, it should be possible to attain the goal of halving the malaria burden by 2010. Six countries had achieved such dramatic reductions that they were now envisaging the elimination of malaria. Nevertheless, a number of challenges remained. Document CE140/10 listed some of those challenges, along with some recommendations for addressing them.

79. The Executive Committee was asked to consider recommending to the Pan American Sanitary Conference that 6 November be designated Malaria Day in the Americas. That date was recommended because it was the date on which the malaria parasite had first been identified by Charles Louis Alphonse Lavéran, but also because adopting the date of World Malaria Day, 25 April, which coincided with Vaccination Week in the Americas, might divert attention away from the serious problem of malaria.

80. The Committee welcomed the progress outlined in the report, but emphasized that the Region must not rest on its laurels because much remained to be done in order to control and, eventually, eliminate malaria. The Committee also endorsed the proposal to designate 6 November as Malaria Day in the Americas. Members found the Regional Strategy and its five components appropriate and considered the recommendations put forward in Document CE140/10 clear and feasible, although it was suggested that they should place more emphasis on research, especially research aimed at finding an effective malaria vaccine, developing effective drugs, and identifying effective but safe insecticides and biological vector control methods. In addition to the interventions mentioned in the document, it was considered important for PAHO to provide support to countries for rapid diagnostic testing and for assessing the effectiveness of diagnostic tests where adequate laboratory support was not available. Increasing access to health services was also seen as critical in order to improve malaria detection and diagnosis, particularly in remote areas and among indigenous peoples and migratory populations, such as miners. The representative of the United States Pharmacopeia emphasized that it

was also necessary to ensure the quality of medicines supplied in remote areas; he recommended the use of portable laboratories, which were a simple but effective tool for assessing the quality of drugs for malaria and other diseases.

81. Members stressed the need for multisectoral action and community education and participation in order to ensure a safe water supply, control mosquito breeding sites, and address the social determinants that influenced malaria prevalence. The link between malaria control and economic development was also highlighted. One Member surmised that if malaria had been a problem in the developed world, the disease probably would have been eliminated long ago.

82. Another Member raised the question of whether, in a country such as Haiti, which had experienced an increase in number of malaria cases since 2000, it was feasible to envisage the elimination of malaria. She felt that there should be a debate among malaria experts on the pros and cons of eradication versus control.

83. The Secretariat was asked to provide an estimate of the financial resources required to achieve the goal of reducing the malaria burden in the Region by 75% by 2015. Members also inquired how the Secretariat proposed, under the Strategic Plan for 2008-2013, to address the issue of limited coordination between PAHO and the Global Fund to Fight AIDS, Tuberculosis, and Malaria, which was one of the challenges listed in Document CE140/10.

84. Dr. Carter agreed wholeheartedly that the Region must not rest on its laurels but must continue striving to control malaria. Even in countries where the disease had been eliminated, it was essential to maintain good surveillance in order to detect any imported cases and prevent reintroduction. On the question of eradication versus control, PAHO would be pleased to look into the possibility of organizing a debate of malaria experts. In his view, however, elimination of transmission was a more reasonable goal for countries to set than eradication. He also agreed that more research on malaria was needed. In that connection, he noted that PAHO was considering establishing a school of malariology in Mexico or reviving the school that existed in Maracay, Venezuela, as there was currently no institution in the Region engaged in research and training specifically on malaria.

85. With regard to the Global Fund, in a number of cases the principal recipients of funding in countries of the Region had been NGOs, not ministries of health, which had sometimes resulted in a weakening of national malaria control programs, particularly where malaria experts employed by the ministry of health, lured by the influx of funding from the Global Fund, had left their posts to work for nongovernmental organizations. The Secretariat was working to foster closer coordination among Global Fund principal recipients, ministries of health, and PAHO.



86. As for the amount of financing needed to achieve the target for 2015, the Secretariat would provide an estimate as soon as possible.

87. The Director commented that the July 2007 edition of *National Geographic* magazine had carried an excellent article on malaria, which she highly recommended to Members of the Committee. The article made the point that malaria was a major obstacle to economic development and that overcoming poverty was contingent on eliminating malaria. With other diseases, poverty had to be addressed first in order to tackle the disease, but it simply was not possible to make any headway against poverty while malaria persisted.

88. The Executive Committee adopted Resolution CE140.R11, recommending, *inter alia*, that 6 November be designated Malaria Day in the Americas.

***Regional Plan of Action for Human Resources for Health 2007-2015 (Document CE140/11)***

89. Dr. Charles Godue (Unit Chief, Human Resources Development, PAHO), introducing the Regional Plan of Action, said that recent years had seen a growing consensus on the urgency of addressing some of the key challenges regarding human resources for health. The underlying assumption for the Regional Plan of Action was fairly simple, namely that human resources for health made a difference in terms of health status and people's quality of life. But behind that rather self-evident statement lay a very complex set of relationships between human resources and health outcomes. There was a growing body of evidence on the interaction, in both qualitative and quantitative aspects, between the human resources situation and the level of coverage of basic public health interventions.

90. The essence of the Plan of Action was that in order to achieve maximum impact on health outcomes, human resources policy should focus on the development of integrated health systems based on primary health care and health promotion and on the strengthening of public health capacities. On the basis of the five critical challenges identified in the 2005 Toronto Call to Action for a Decade of Human Resources for Health, the Plan proposed the 20 objectives set out in Document CE140/11. The Plan was still under development, with more work being needed on the objectives, on indicators, and on the methodology for monitoring results.

91. The Executive Committee agreed that the issue of human resources for health was a critical and complex one. It was considered fruitless to develop policies to improve the health of the peoples of the Region, or—in some countries—to declare that health was a constitutional right, if there were not enough human resources to make those policies or rights a reality. The need for a multisectoral approach to planning and policy-making, involving the areas of health, education, labor policy, and finance, was highlighted.

92. Some delegates felt that the objectives needed greater definition in terms of indicators, baselines, and strategies, to make them more specific and achievable. Others saw the objectives themselves as being no more than indicators, making it difficult to clearly define the overall results needed to strengthen human resources for health. It was also suggested that there were too many objectives.

93. Members felt that the Plan needed to be organized in a clear results-based framework. Also, as it and its objectives were drawn up entirely from a supply perspective, some objectives should be redrafted to reflect the demand emanating from the population. It was pointed out that while the document did set out strategic objectives, it lacked proposals for specific actions to meet those objectives. A set of four or five proven strategies should be outlined, which might include increasing capacity for effective management of health centers and for the exercise of public health functions; ensuring that salary payment mechanisms were reliable; or aligning education systems so that health sector human resources obtained the needed skill sets through pre- or in-service training. Additionally, delegates thought that it should be made clear who would carry out the Plan—ministries of health, local NGOs, the private sector, or a combination—and who would be responsible for measuring the indicators. Information was also lacking on the financial resources needed to achieve the objectives.

94. It was also felt that it might not be desirable for the Plan to call for “all countries of the Region” or “all subregions” to achieve the objectives. It would be preferable to introduce a more graduated concept, because otherwise if any individual country did not achieve an objective, then the Plan as a whole would be seen to have failed. Similarly, it was considered necessary to frame the objectives in terms of the reality of each country; otherwise, countries would not participate in a regional plan, but would simply maintain their own national ones. It was pointed out, for example, that the various objectives dealing with cooperation between training institutions and health services institutions would be problematic in many countries because universities were autonomous and ministries of health had no influence to dictate how many medical personnel, of what types, they should train. It was also noted that one topic that was absent from the Plan was that of cooperation between countries in the training of health workers.

95. Members were of the view that the question of emigration of medical personnel required very thorough analysis, as there could be many different reasons for it. Equally, there might be different incentives that could be introduced to induce medical personnel to remain in their own country. It was pointed out that, while some action with respect to the migration of health professionals might be desirable, countries could not regulate the voluntary legal migration of health workers, who in any case might choose to migrate for a variety of reasons having nothing to do with the search for employment.

96. A delegate from the Caribbean, noting that his subregion had grappled with human resources shortages for a very long time, emphasized that dealing successfully

with the issue of emigration of health workers would require joint action by both the sending and the receiving countries. The Caribbean ministers of health had put forward a program with two components: a scaling-up of training for medical personnel, particularly nurses, in the recipient countries; and assistance from those countries to the sending countries to enable them to train more medical personnel of their own. He called on recipient countries to act as partners in that program.

97. Several other delegates also described the human resources situation and difficulties in their country, and the policies and strategies adopted to deal with them. The representative of the Inter-American Development Bank provided some information on the Bank's financing of various training projects for medical personnel. He also raised the issue of mutual recognition by countries of each other's medical qualifications.

98. Dr. Godue said that the Secretariat was well aware that the document needed further work, and also that the problem of human resource shortages was not one simply of numbers, but also of skill mix and location. He agreed, too, that training and retaining the right mix of medical personnel for the Region would require multisectoral and multi-institutional strategies. It was true that—except in Cuba—training institutions for health personnel were not under the jurisdiction of the ministries of health, which highlighted the need for creativity in striving to align the training of medical personnel with the desired outcomes.

99. The underlying spirit of the Regional Plan of Action was one of cooperation. The intent was not for each country to struggle individually to achieve the objectives, but for all countries to take responsibility for the achievement of them throughout the Region.

100. The Director said that one topic that had not been mentioned in the discussion was that of the network of some 20 countries with human resources observatories. The growth of the network reflected the growing interest in the topic of human resources for health, but at the same time the observatories themselves were an important forum for debate among the various actors within each country. While each group had its own autonomy and its own institutional framework, the observatories were an instrument to lead people to dialogue and the search for a solution for all.

101. The Executive Committee adopted Resolution CE140.R13 on this item.

***Preparations for the International Health Security Roundtable (Document CE140/12)***

102. Dr. Barbosa da Silva (Area Manager, Health Surveillance and Disease Management, PAHO) recalled that the Subcommittee on Program, Budget, and Administration had been informed that the topic for the roundtable would be the same as that for World Health Day 2007: health security. The Director-General of WHO had selected that theme in order to draw attention to the new International Health Regulations (IHRs).

103. Following the entry into force of the IHRs on 15 June 2007, Member States would have a period of five years in which to comply with the new requirements relating to enhanced capacity for early detection, transparent communications, strengthened exchange of information, and better coordination for response and risk reduction. It was intended that the roundtable would contribute to that upgrading process, with ministers of health of the Region sharing their countries' experiences and lessons learned. The aim was to assist countries in identifying strengths and weaknesses to be addressed over the coming five years, as well as to help PAHO to pinpoint areas in which to focus its technical cooperation with the countries of the Region.

104. The Executive Committee welcomed the choice of topic. Delegates cautioned, however, that it was a rather broad topic, and urged that the discussion should be focused on some very specific subjects in order to avoid dissipation and inconclusive debate. Possible subjects might include the response to the recent outbreak of malaria in Jamaica; technical cooperation on health controls at ports and airports in Central America; subregional cooperation among the countries of MERCOSUR, for example during the outbreak of dengue in Paraguay, Brazil, and Argentina; the process of implementing the new IHRs in the United States, which had involved coordinating many different Government agencies; or the measures taken to safeguard public health during the Cricket World Cup 2007 in the Caribbean, under which visitors were subject to health controls only once upon their entry into the Caribbean region, rather than on entry into each country.

105. Dr. Barbosa da Silva thanked the participants for their contributions, all of which had been noted.

106. The Director pointed out that the Director-General of WHO had decided that additional aspects of the broad topic of health security would be examined in 2008. She recalled that the SPBA had examined the agenda of the Pan American Sanitary Conference from the standpoint of how certain items should be scheduled so as to ensure maximum participation by ministers of health. Those items included not only the roundtable, but also the awards, the discussion of the Strategic Plan, and the elections. That was why the roundtable had been scheduled for the Tuesday and the elections for the Wednesday.

107. The Executive Committee took note of the information provided.

***Regional Initiative on Safe Hospitals (Documents CE140/13)***

108. Dr. Jean Luc Poncelet (Area Manager, Emergency Preparedness and Disaster Relief, PAHO) underscored several of the points raised in Document CE140/13. First, the Region was highly vulnerable to natural disasters, and the risk of disasters was increasing as a result of environmental changes and other factors. However, there was also

increasing awareness of the risk of disasters and increasing knowledge about how to prepare for and prevent damages from disasters. Second, the economic impact of damage or destruction of hospitals in a disaster was much greater than was commonly thought: it included not just the cost of repairing or rebuilding facilities but also the social and economic impact of not having functioning hospitals in the post-disaster period. Third, to ensure the functionality of a hospital after a disaster, the collaboration of sectors other than the health sector was indispensable because hospitals could not operate without water and sanitation services, electricity, adequate financing, and a host of other elements. Hence, achieving the goal adopted by the World Conference on Disaster Reduction (Kobe, Japan, 2005) of ensuring “hospitals safe from disasters” by 2015 would depend on intersectoral action.

109. Key strategies for achieving that goal and for ensuring the success of the global safe hospitals campaign 2008-2009 included establishing partnerships with actors outside the health sector, sharing best practices, and documenting action to build new health facilities or modify existing ones to reduce their vulnerability to disasters.

110. The Executive Committee expressed support for the Regional Safe Hospitals Initiative, although it was felt that the title of the document was somewhat misleading, given that the focus seemed to be mainly on disaster preparedness and not on other hospital safety concerns, such as nosocomial infections and hospital management issues. Members agreed fully on the need for intersectoral coordination—before and during as well as after a disaster—to ensure that hospitals remained functional. It was pointed out that, in addition to the measures mentioned in the document, hospitals needed to build up a reserve of supplies such as drugs, medical and non-medical equipment, and consumables in order to continue operating effectively in the wake of a disaster. The need for support mechanisms to encourage health workers to continue working after a disaster was also highlighted. It was suggested that the implementation of vulnerability reduction measures should be made a condition for hospital accreditation. Noting that populations in remote areas often did not have easy access to hospitals, one delegate emphasized the need also to ensure the continued functionality of other health facilities, which would probably be the only source of medical assistance for such populations following a disaster.

111. Several delegates described safe hospitals programs and initiatives in their countries or subregions. The Delegate of the United States of America reported that his Government was developing a number of practices and initiatives based on the lessons learned from the response to Hurricane Katrina—which had demolished not only several hospitals but an entire health system—and said that the United States would be happy to share them with PAHO and other Member States.

112. Dr. Poncelet said that the Committee’s comments illustrated the complexity of a topic that was often thought to be relatively simple. He thanked Members for their

suggestions and their offers to share their experience. Regarding the title of the document, it was true that the concept of hospital safety encompassed much more than disaster preparedness, although the latter also included taking steps to prevent such things as nosocomial infections. In any case, the Secretariat would modify the title to reflect the focus on ensuring that hospitals were adequately prepared to withstand a disaster.

113. The Executive Committee adopted Resolution CE140.R15 on this item.

***Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control (Document CE140/14)***

114. Dr. James Hospedales (Unit Chief, Noncommunicable Diseases, PAHO) summarized the main features of the proposed regional strategy and plan of action for cervical cancer Prevention and Control presented in Document CE140/14. He began by presenting some data on cervical cancer incidence and mortality in Latin America and the Caribbean, emphasizing that nearly all of the suffering associated with the disease was avoidable because most cases could be prevented. However, prevention required good screening methods, and the Pap smear technology that had proved so successful in bringing down cervical cancer rates in North America had been far less effective in most countries of Latin America and the Caribbean for a variety of reasons having to do with the performance of the test, women's knowledge of the availability of the test, and the need for follow-up visits if precancerous lesions were found. For that reason, PAHO was advocating the use of a screen-and-treat approach, using visual inspection screening followed by cryotherapy to treat any precancerous lesions. Studies had shown that visual screening was a highly cost-effective strategy for identifying precancer; it cost less than Pap smears; it could be integrated into routine primary health care services; and it reduced loss to follow-up by combining screening and treatment in a single visit. PAHO was also recommending the use of the new vaccine against human papillomavirus (HPV), which was safe and well-tolerated and cost-effective and elicited a strong immune response against several strains of HPV, a leading cause of cervical cancer.

115. Through implementation of those measures and the other components of the regional strategy and plan of action, PAHO aimed to reduce the incidence of cervical cancer by 20% and mortality from cervical cancer by 30% by 2015. Achieving that goal would save the lives of some 50,000 women over the next eight years. To that end, PAHO would work with Member States to ensure that cervical cancer screening programs were strengthened, that all women were screened at least once in their lifetimes, and that young girls were protected through the application of the HPV vaccination before they became sexually active.

116. The Executive Committee welcomed PAHO's attention to the serious problem of cervical cancer, which affected not just women but entire families and entailed a high social cost. However, some Members questioned whether the goals set for the regional

strategy were too ambitious, given the cost of implementing some of the components of the strategy and plan of action. The Secretariat was asked to provide further information on how it planned to implement the Strategy. The Committee generally supported the introduction of the HPV vaccine, although Members raised several concerns.

117. The cost of the vaccine was seen as a major obstacle to its widespread use. Several delegates emphasized that their countries did not wish to introduce a vaccine that was unaffordable for the majority of their populations and called on PAHO to explore possibilities for assisting countries in negotiating more favorable prices through the Revolving Fund for Vaccine Procurement. It was also pointed out that the introduction of the vaccine would have to be accompanied by vigorous health communication and education efforts in order to make people aware that the vaccine did not protect against all strains of the virus, nor was it effective against any of the other possible causes of cervical cancer. In addition, it had to be emphasized that, even if the vaccine was introduced, women must continue to undergo screening to detect cancer and precancerous lesions due to HPV serotypes not included in the vaccine and to other causes.

118. PAHO was encouraged to support countries in gathering the evidence needed for informed decision-making about the advisability of introducing the vaccine, including research to identify the serotypes that were most prevalent in their national territories. Several delegates mentioned that such research was already under way in their countries. Noting that the Plan of Action called for additional research on the vaccine, one Member inquired whether there was some question as to its efficacy. The same Member questioned whether the use of the DNA test kits for human papillomavirus was feasible in low-resource settings.

119. Concerns were also expressed in relation to the screen-and-treat methodology, which delegates felt should not necessarily be recommended in countries where Pap screening was working well. In addition, it was pointed out that visual screening might lead to unnecessary treatment because of the relatively low specificity of the test. It was emphasized that the decision as to whether or not to adopt visual screening should be based on local realities. The need for adequate computer and information systems to ensure follow-up of patients was also highlighted.

120. Dr. Hospedales said that the Committee's comments reflected the discussions that had taken place within the Secretariat about the feasibility of the approach recommended in the regional strategy and plan of action. The Secretariat was optimistic that the approach would be successful for several reasons. First, although the HPV vaccine was still very costly and was not 100% efficacious, studies indicated that it could dramatically reduce cervical cancer rates. While more research was needed to ascertain which serotypes were present in each country, there was already sufficient evidence regarding

the serotypes circulating in the different parts of the Region to provide sufficient basis for moving ahead.

121. Second, there was solid evidence that if women in a population were screened even once in their lifetimes, cervical cancer mortality could be reduced by 30%. In some countries of the Region, up to half of women were never screened and as many as 40% were unaware of the availability of screening. That situation could be changed, however. Awareness could be raised through the media at relatively low cost. Third, a simple, effective, low-cost screening method was available. Visual screening with acetic acid, followed by cryotherapy if precancerous lesions were detected, could be done in a single visit by a trained health care provider, who did not necessarily have to be a doctor. In Peru, for example, the method was being employed successfully by public health nurses. Hence, PAHO believed that there was reason to be optimistic that the goals laid out in the proposed regional strategy could be achieved, although of course it recognized that the vaccine was not the whole answer and that approaches to screening would have to be decided on the basis of local realities.

122. Regarding implementation of the strategy, the Secretariat had looked at the situation in the countries with the highest burden of disease (Bolivia, Guyana, Haiti, Honduras, and Nicaragua) and had drawn up a concrete plan, based on the size of the target population and the anticipated cost. It was estimated that with an investment of about \$9.7 million over seven years, the mortality reduction goal could be met in those countries by the established target date.

123. Dr. Merle Josephine Lewis (Public Health Specialist, Family and Community Health, PAHO) stressed that PAHO was not recommending substitution of visual screening for Pap screening in countries where the latter had proved effective. The proposed approach recognized that Pap screening required considerable resources and investment to maintain high quality and therefore offered a cost-effective alternative for settings in which Pap screening was not feasible or had proved ineffective: single-visit screening and treatment using visual inspection and cryotherapy in a primary health care facility. Visual screening was recommended on the basis of evidence gathered by PAHO and its partners in the global Alliance for Cervical Cancer Prevention over the previous seven years, which had demonstrated that it could bring about a 30% reduction in mortality in a seven-year period.

124. Responding to the comment concerning HPV DNA testing, she said that, while it was not possible to obtain results in a single visit with the test available at present, a new test currently undergoing clinical trials could be performed in a single visit and appeared to have much higher sensitivity and specificity than the Pap test. PAHO had therefore included HPV testing as one of the new technologies that would be available in the future and could be used in a single-visit approach.



125. Ms. Silvana Luciani (Project Manager, Health Surveillance and Disease Management, PAHO), acknowledged that introduction of the HPV vaccine would present several challenges, including cost and public information, as the Committee had noted. PAHO was working with WHO, the GAVI Alliance, the donor community, and vaccine suppliers with a view to ensuring that the vaccine would be available at affordable prices to the women who most needed it. It was hoped that the HPV vaccine would be prequalified by WHO by the end of 2008, so that it could be purchased through the PAHO Revolving Fund in early 2009.

126. PAHO would certainly work with countries to enable them to make informed decisions about introducing the vaccine. In that regard, she noted that there was no need for all countries to undertake research to determine which strains of the virus were circulating; it would suffice to conduct studies in one or two countries in each subregion. Concerning the question on the need for further research on the efficacy of the vaccine, she said that studies were needed, for example, to find out how effective the vaccine would be in males or in HIV-positive persons and to determine the duration of immunity and whether a booster would be needed.

127. In the light of all the concerns raised in regard to the proposed regional strategy and plan of action, the Executive Committee was unable to agree on a resolution on this item and agreed to reconsider the matter during 2008. The Delegates of Canada and Trinidad and Tobago expressed dismay at the Committee's failure to come to a resolution on a public health issue of such critical importance to the women of the Region.

128. The Director emphasized that, even if the Committee postponed action on the item until 2008, the Organization would continue providing technical cooperation to assist Member States in dealing with cervical cancer.

***Strategy for Strengthening Vital and Health Statistics in the Countries of the Americas (Document CE140/15)***

129. Dr. Barbosa da Silva (Area Manager, Health Surveillance and Disease Management, PAHO) recalled that in 2003 the Regional Advisory Committee on Health Statistics (CRAES) had recommended the development of a sustainable regional mechanism to support the strengthening of vital and health statistics in the countries of the Americas. In 2004, a set of guidelines for the evaluation of vital and health statistics had been produced and had then been used to conduct a study of statistics systems in 26 countries of the Region. The study had found that while some countries had excellent systems in terms of coverage and quality, some had major weaknesses in their systems, with some registering, for example, only one out of every two births and deaths.

130. The proposed regional strategy and plan of action for strengthening vital and health statistics aimed to address those weaknesses. The dimensions, components, and

objectives of the strategy and plan of action were outlined in Document CE140/15. Specific lines of action for 2007-2008 would include creation of interinstitutional teams at country level to enhance coordination between national statistics offices and the statistics departments of ministries of health, preparation or expansion of situation assessments and development of plans for strengthening statistics systems at country levels, development of methodologies for data analysis and dissemination, and training and upgrading of personnel skills in techniques, standards, and procedures for data collection and processing. He was confident that the strategy and plan of action would rapidly lead to a noticeable improvement in the quality of the data produced in the Region and in the use of those data.

131. The Executive Committee expressed solid support for PAHO's efforts to improve the quality of health and vital statistics and underscored the importance of timely and reliable data to support informed decision-making and policy formulation and monitoring. Members highlighted the need for harmonization of concepts, definitions, standards, and techniques for the production of health statistics and for training of the personnel who collected and managed health data. The need for health statistics training programs in the Spanish language, in particular, was emphasized, and it was suggested that horizontal cooperation between countries might be a good way to meet that need. In that connection, several delegates affirmed their countries' willingness to share their experience with other countries. Members also welcomed the incorporation of the principles of the Health Metrics Network into PAHO's work in this area. One delegate, however, expressed the view that the focus of the regional strategy should be broadened to encompass health information systems in general, of which health and vital statistics were a component, so as also to include information on management of health centers, information flow, and other areas where improvement might be needed.

132. Dr. Barbosa da Silva explained that PAHO was focusing on vital statistics because in some countries of the Region there were huge gaps in the information being produced by vital statistics systems, and accurate information on vital events such as births and deaths was critical to health information systems. At the same time, by focusing on vital and health statistics, PAHO was also promoting better coordination between the health sector and other sectors of government that produced and utilized such information.

133. The Director pointed out that because of the gaps in vital statistics in the Region, the health sector had been obliged to work with estimates in order to generate health data, even in such fundamental areas as vaccination coverage. In her view, it was time to remedy that situation by forging partnerships between the health sector and the sectors responsible for vital statistics. To that end, PAHO was working closely with the United National Economic Commission for Latin America and the Caribbean (ECLAC) and its Latin American and Caribbean Demographic Center (CELADE), the IDB, the OAS, and other entities.

134. The Executive Committee adopted Resolution CE140.R16, endorsing the proposed strategy for strengthening vital and health statistics in countries of the Region.

***Faces, Voices, and Places: A Community-based Response to the Millennium Development Goals (Document CE140/16)***

135. Dr. Sofia Leticia Morales (Senior Advisor for Millennium Goals and Health Targets, PAHO), introducing Document CE140/16, said that the Faces, Voices, and Places Initiative was a corporate response that reflected the positioning of PAHO vis-à-vis the Millennium Development Goals. The initiative aimed to respond to the needs of the poorest and most vulnerable communities, returning to the essence of public health: people and places, and also community participation—i.e., voices—the importance of which had been noted repeatedly by the Executive Committee. In addition, the initiative sought to shift the focus of efforts to achieve the Millennium Development Goals from poor countries alone to people living in conditions of poverty, including those in middle-income countries, since more than 90% of poor people in Region currently lived in middle-income countries. Prospective studies using the Gini coefficient indicated that, if the focus of efforts were not changed to target those communities, in 2015 the Americas would remain the most inequitable region in the world even if the Millennium Development Goals had been achieved by the Region as a whole.

136. The Faces, Voices, and Places Initiative reflected PAHO's values of equity and Pan-Americanism reaffirmed the importance of primary health care, and sought to promote intersectoral and interagency action. The initiative did not seek to reinvent the wheel, but to make it turn more rapidly, building on the programs and efforts already under way within PAHO and other agencies in order to improve health and development in the least visible and most marginalized communities of the Region. To that end, it was essential to work at the local level, responding both to the multidimensional nature of poverty and to the social determinants of health. UNICEF, the United Nations Development Program (UNDP), the Spanish International Cooperation Agency, and other partners had already agreed to work with PAHO on the initiative, and only nine months after the launching of the initiative, work was already under way with personnel in 25 communities in 15 countries of the Region. Document CE140/16 provided details of those local experiences. PAHO would continue to promote similar work at the local level, which was crucial to ensuring the success of the initiative and the achievement of the Millennium Development Goals for everyone in the Region.

137. In the ensuing discussion, Members expressed firm support for the Millennium Development Goals and for PAHO's efforts to help countries achieve them. However, while Members endorsed various aspects of the Faces, Voices, and Places Initiative—including its emphasis on primary health care, intersectoral action, and the social determinants of health and its focus on work at the local level—they also raised a number questions about it and about Document CE140/16. Several Members found the document

lacking in specific substance and detail, such as information on the mechanisms for implementation of the Initiative. One Member commented that the document presented only the broad strokes of the community initiatives that would become demonstration projects. She recommended that each initiative should use the unmet basic needs (UBN) indicator mentioned in the document as a baseline for the demonstration projects and that each demonstration project should be fully documented and the results widely published, including both quantitative results and the qualitative changes that were detected in the process. Otherwise, she feared that the Initiative might simply be a small series of unconnected and fragmented projects that lacked a broad and coherent basis for concrete change. Another Member pointed out that while the document said (in paragraph 9) that the Initiative, laudably, would help support countries in closing equity gaps, it did not say how it would accomplish that or how persons living in conditions of poverty and extreme poverty could be active participants in the processes that guaranteed their health.

138. Members also felt that further explanation of the UBN indicator was needed, particularly the data required to use the indicator across a number of different countries and subregions. One Member wondered whether the data would be comparable, given the differences in data collection systems in the Region. The same Member questioned the Initiative's emphasis on advocacy, emphasizing that there should be a strong scientific and evidence base to PAHO's activities. In his view, the term "advocacy" did not imply scientific evidence-based action. It was also felt that more information was needed on the basket of evidence-based methodologies, strategies, and interventions that the Secretariat proposed to make available at country level.

139. Several delegates commented that the Initiative did not appear to offer anything new or different from what PAHO was already doing. Its similarity to the Healthy Communities and Municipalities Initiative, for example, was noted. The Secretariat was asked to clarify how the activities and methodologies that were being made available through the Initiative differed from existing activities. Information on the financial and human resource implications of the Initiative was also requested.

140. Members emphasized that the year 2015 should not be seen as a stopping point. Efforts to reduce poverty and improve health and well-being should continue into the future. Members also underscored the importance of involving children—who were the future of their nations—in health promotion and community development efforts. Accordingly, it was suggested that there should be greater focus on schools in the Initiative.

141. The Delegate of Cuba observed that the document referred to a municipality in his country that had been chosen because of its "socioeconomic vulnerability," which he considered a poor criterion for selection, since, in reality, all of Latin America suffered from socioeconomic vulnerability. The municipality in question, Cotorro, offered some important lessons in approaches to local development—that was a good reason to include

it in the Initiative, whereas its socioeconomic vulnerability was not. He also pointed out that most development efforts thus far had focused on the effects of poverty, not on its causes. In order to really resolve the socioeconomic vulnerability of the peoples of Latin America, it was essential to tackle the causes of poverty and inequitable distribution of wealth in the Region.

142. The Delegate of Argentina, noting the connection between primary health care and the Faces, Voices, and Places Initiative, reminded the Committee that his Government would be hosting an international conference on primary health care from 13 to 17 August 2007 in Buenos Aires. The conference, “Buenos Aires 30-15: From Alma-Ata to the Millennium Declaration,” was timed to coincide with the approach of the 30<sup>th</sup> anniversary of the Declaration of Alma-Ata and the mid-point between adoption of the Millennium Declaration and 2015, the target date for achievement of the Millennium Development Goals. Additional information was available at [www.buenosaires30-15.gov.ar](http://www.buenosaires30-15.gov.ar).

143. Dr. Morales thanked Committee Members for their comments and constructive criticisms, which would help the Secretariat to refine the document and strengthen the Initiative. She reiterated that the Initiative was a corporate response and that it did not seek to reinvent the wheel. Rather, it built upon activities and initiatives already under way, both within PAHO and in Member States, and it brought to bear the expertise and the methodologies and best practices of a whole range of PAHO programs. It also made use of the best that other agencies had to offer in the way of methods and approaches for working at the local level. That was the content of the basket of methodologies, strategies, and good practices to which the document alluded.

144. The Director, providing some general context for the Initiative, recalled that in the years immediately following the adoption of the Millennium Declaration, little action had been taken in the Americas with regard to the achievement of the Millennium Development Goals because they had been perceived to be something that applied only to poor countries, and most of the countries of the Americas did not fall into that category. Nevertheless, as was well known, the Americas was the most inequitable region in the world in terms of distribution of wealth, and there was a great deal of poverty, even in the richest countries of the Region. That was why PAHO was working to shift the focus from poor countries to poor people, the vast majority of whom lived in middle- or high-income countries in the Americas, not in poor countries.

145. For the first time, the Region seemed to be making some real headway against poverty. It had experienced four consecutive years of economic growth and four years of declining poverty rates. Moreover, the countries of the Region had launched a whole series of social policies and initiatives aimed at reducing poverty, improving health and education, and promoting development, targeting the poorest families and communities.

PAHO was seeking to build on that momentum in order to make the Millennium Development Goals a reality for everyone in the Region.

146. Regarding the UBN indicator, it was not being constructed from ad hoc data but from existing data that had already been collected. The Demographic and Health Surveys conducted in almost every country of the Region were one of the sources. As for the basket of methodologies, strategies, and good practices, the idea was to make available to poor and excluded communities all the wealth of resources that existed at the national and international levels to tackle problems such as malnutrition or malaria, or HIV/AIDS. The Faces, Voices, and Places Initiative would also facilitate, through information technology, the sharing of experiences between communities so that they could learn from one another.

147. With regard to financial and human resources, PAHO had allocated no specific resources for the Initiative apart from those for Dr. Morales' post. However, it was mobilizing resources from national and international sources, such as the UNDP-Spain Fund established by the Spanish Government expressly to support projects for the achievement of the Millennium Development Goals.

148. The Executive Committee thanked the Secretariat for the information provided.

***Dengue Prevention and Control in the Americas: Integrated Approach and Lessons Learned (Document CE140/17)***

149. Dr. José Luis San Martín (Regional Advisor on Dengue, PAHO) reviewed the background to the strategy of integrated management of dengue, which had been discussed twice since 2001 by the Governing Bodies of PAHO, noting that an integrated approach had also been advocated by other regional and subregional bodies. He then described the trend of dengue over the past 30 years, pointing out that virtually all countries in the Region were now reporting dengue cases. The disease had shown a steady rising trend, with epidemic peaks every three to five years, each peak exceeding the preceding one. The strategy being applied by Member States aimed to stop that trend. Disturbingly, however, dengue hemorrhagic fever had continued to show a strong upward trend even since the implementation of the strategy, although deaths from dengue had declined, and preventing deaths was the primary objective of the strategy. There was a high probability that there would be a sharp rise in dengue cases in 2007—with perhaps more than a million cases—as a result of the El Niño/Southern Oscillation phenomenon and various other climatic, environmental, demographic, and socioeconomic factors. It was therefore essential to continue promoting the implementation of the integrated management strategy at national level, including provision of the necessary funding.

150. The Executive Committee voiced solid support for PAHO's integrated strategy for dengue prevention and control and encouraged the Organization to support its

implementation in all countries of the Region, pointing out that the strategy was also effective against other diseases. Members observed that, based on the information in the document, the integrated approach clearly worked, but that it must be applied over a sustained period of time in order to yield results. In that connection, one delegate, recognizing the cyclical nature of epidemic dengue, the complexity of dengue epidemiology, and the difficulty in measuring the efficacy of prevention programs, urged caution in declaring success based on quantitative reductions, so as to avoid creating a premature or false sense that the disease had been overcome.

151. The Committee stressed that community participation, communication, and education were essential to support an integrated approach, especially in the area of vector control and management, and pointed out that education about and involvement in vector control should begin in childhood through the incorporation of specific content in school curricula. The Committee also emphasized the need for a multisectoral approach to dengue, as various aspects of dengue prevention and control were outside the direct purview of the health sector. The necessity of sustained financing for prevention and control activities was also underscored.

152. Delegates emphasized that, even where dengue was not a serious problem, it was important for countries to apply the strategy and to remain vigilant in order to prevent outbreaks or to stop them promptly if they occurred. The importance of dengue prevention and control activities in border areas was highlighted, and it was pointed out that the experience gained through the effort to curb the spread of dengue could be useful in implementing the International Health Regulations.

153. Several delegates called attention to the importance of addressing the issue of climate change, noting the link between it and the rise in dengue and other vector-borne diseases. Delegates also signaled the need for more research into a dengue vaccine and dengue diagnostic testing methods.

154. Dr. San Martín agreed on the need for sustaining funding for implementation of the integrated management strategy, noting that research was needed to determine the true magnitude of the costs associated with dengue. He also agreed that a multisectoral approach was essential. The recent outbreak in Paraguay had been instructive in that regard, he felt. The Government had declared a public health emergency, thus generating a concerted multisectoral response and also facilitating the mobilization of financial and technical support. As a result, there had been no more than 20 deaths in a country where the number of susceptibles and the magnitude of the outbreak made it likely that the death toll would have been in the hundreds.

155. The Director said that it was interesting to note that one of the items on the agenda of the United States Conference of Mayors, which had taken place immediately prior to the Committee's 140th Session, had been the issue of plastic bottles, which, in

addition to contributing to environmental problems, were a major breeding site for mosquitoes.

156. The Committee adopted Resolution CE140.R17 on this item.

***Regional Policy and Strategy for Ensuring Quality of Care, Including Patient Safety (Document CE140/18)***

157. Dr. Hernán Montenegro (Unit Chief, Health Services Organization, PAHO), introducing Document CE140/18, emphasized the importance that PAHO attached to quality of care and patient safety, which were important concerns for all countries of the Region. He highlighted the five strategic lines of action put forward in the document and the rationale for them, noting the linkage between this item and those on vital and health statistics and on human resources for health.

158. The Organization was not currently in a position to propose a regional strategy to strengthen quality of care. Several preliminary steps had to be completed before that could happen, one of the first being to agree, through a wide-ranging discussion involving all Member States and a variety of stakeholders, on a definition of “quality.” It was also necessary to generate evidence on quality as a basis for developing solutions, recognizing that no single solution could be prescribed for all countries, but that there was a “menu” of approaches that could vastly enhance quality of care. In developing the regional strategy, PAHO would give priority to vulnerable populations, especially those targeted in the Millennium Development Goals. PAHO would also take a systemic approach, working across programs and collaborating with all levels of the Organization, and it would build on the developments already in place in the countries. It was proposed to create a regional observatory on quality of care to support the definition of basic concepts, the generation and exchange of information and evidence, the dissemination of solutions, and other activities envisaged in the strategic lines of action. The observatory would also be a forum for discussion and development of the regional strategy. Accordingly, the Executive Committee was asked to endorse the creation of the regional observatory, leading to the development of a regional strategy for improving patient safety and quality of care.

159. The Executive Committee enthusiastically welcomed the proposal to create a regional observatory and develop a regional strategy for improving quality of care and expressed support for the lines of action described in the document. The Committee also applauded the linkage of PAHO’s work in this area with that of WHO, in particular the World Alliance for Patient Safety and the Global Patient Safety Challenge. Members raised a number of considerations that should be borne in mind in thinking about the conceptual framework for the strategy.



160. One delegate emphasized that initiatives to improve quality of care should be seen as part of broader efforts to enhance the quality of life of the peoples of the Region. Another delegate stressed that patient satisfaction should be a prime concern, since medical care, even if it was deemed to have been entirely successful from a technical standpoint, could not be considered quality care if the patient was not happy with the treatment that he or she had received. At the same time, it was pointed out that patients had increasingly high expectations—and indeed sometimes unreasonable expectations about the omnipotence of physicians and their ability to forestall death—and that it was important not to lose sight of the fact that medical care was provided by human beings, and human beings were fallible. Moreover, all medical procedures entailed some risk.

161. Several delegates alluded to the increasingly litigious environment in the health care profession, which had led to the practice of “defensive medicine,” as a result of which health professionals sometimes viewed quality assurance schemes with suspicion. It was therefore necessary to convince them that improving the quality of care was in everyone’s best interest and to ensure that they were willing participants in any quality improvement program. In that connection, the need to incorporate quality assurance into the training of medical professionals was highlighted. It was pointed out that quality assurance could not be the responsibility of a single department within a health care facility; it had to involve the entire institution, from the cleaning staff to the medical personnel directly responsible for patient care. Similarly, quality assurance efforts had to encompass entire health systems—they could not be limited to individual health care facilities—in order to ensure both continuity and quality of care. Nongovernmental entities also had to be involved, as they were often responsible for accreditation of health facilities and certification of health professionals.

162. Members underscored the importance of evidence-based guidelines and clinical protocols for assuring consistency and quality of care. It was pointed out that the use of modern health information technology could reduce medical errors, lower health care costs, and improve health outcomes. However, it was also recognized that introducing such technology and upgrading systems for collecting information and reporting on adverse events would require significant resources. Partnerships such the World Alliance for Patient Safety and collaboration among countries were seen as ways of creating synergies and mobilizing the necessary resources.

163. The Committee identified a number of areas for PAHO technical cooperation, including working with countries to adapt global norms, standards, and guidelines for the definition, measurement, and reporting of adverse events; providing support to countries in developing reporting systems, taking preventive action, and implementing measures to reduce risks; and assisting countries in finding the best approach to quality control, based on their individual circumstances. The Committee felt that the proposed observatory on quality of care would be a good tool for providing information, guidelines, and best

practices to enable countries to make the best possible decisions with regard to quality assurance.

164. Dr. Montenegro said that the Committee's comments illustrated that quality assurance was a very broad area and that a flexible approach that respected the diversity of countries was needed. Agreeing that the observatory would be a good tool for sharing and building on the experiences of the countries of the Region, he noted that PAHO was currently engaged in a multicountry, multicenter study that would also contribute to the discussion.

165. The Executive Committee adopted Resolution CE140.R18 on this item.

### **Administrative and Financial Matters**

#### ***International Public Sector Accounting Standards (Document CE140/19)***

166. Mr. Previsich (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had heard a presentation on the International Public Sector Accounting Standards (IPSAS) by Ms. Sharon Frahler (Area Manager, Financial Management and Reporting), who had described the principal features of the IPSAS, highlighting the benefits and challenges of their implementation. She had drawn particular attention to the cost implications of funding after-service health insurance benefits under the IPSAS, as well as the other costs involved in their implementation. The total costs, excluding the cost of funding after-service health insurance, had been estimated at around \$500,000. Despite the costs, however, the Secretariat had recommended that PAHO join the rest of the United Nations system in adopting the IPSAS, as doing so would enable the Organization to implement recognized best practices in public-sector financial accounting and reporting and, especially, because the new system would enable PAHO to practice results-based management in a way that it could not do under the current United Nations Accounting Standards.

167. The Subcommittee had expressed general support for PAHO's adoption of the International Public Sector Accounting Standards, but had voiced concern over the costs of the transition, encouraging the Secretariat to seek cost savings wherever possible in implementing the new system. The Subcommittee had emphasized, for example, that PAHO should carefully weigh the benefits of moving to annual auditing against the cost of doing so. It had been suggested that, in preparing the documents to be submitted to the Executive Committee, the Secretariat should consider including a pie chart showing the real impact on program funds of the implementation of both the IPSAS and the Master Capital Investment Plan. It was also pointed out that it would be useful to have a table or chart showing the costs and benefits of implementing the IPSAS, in both the short and the long terms.

168. Ms. Frahler reported that the United Nations was finding the implementation of the IPSAS to be quite challenging. The difficulties arose in four main areas: the move to annual audited financial statements; the requirement that investments be accounted for on a market-value basis; the need to establish a capital equipment accounting module with annual depreciation; and the changeover to accrual accounting. It was the last area that was causing the greatest difficulties for the United Nations system, because it involved training all staff, worldwide, to think differently about their work.

169. Three agencies, one of them being WHO, would be implementing the IPSAS with effect from 1 January 2008. As some changes—such as the shift to accrual accounting—would have to be made anyway in order for PAHO to remain aligned with WHO, some training for the IPSAS had already started at PAHO. However, if the Member States decided not to approve the adoption of the IPSAS, that would mean that PAHO would be operating with two different sets of accounting standards simultaneously. If the PAHO Member States did decide that PAHO should implement the IPSAS, that did not have to happen all at once. PAHO could start implementing on 1 January 2008, in parallel with WHO, but carry out the implementation gradually and progressively, completing it by 2010.

170. The figure of \$500,000 given as the estimated implementation cost for PAHO had assumed that annual audits were to be introduced, but as it appeared that the Member States favored retention of biennial audits, the cost for 2008-2009 would go down by about \$100,000. Further to the request from the Subcommittee that the Secretariat should seek further economies, PAHO would be joining the United Nations in a contract with an independent organization for actuarial services, which would yield cost savings.

171. Like the Subcommittee on Program, Budget, and Administration, the Executive Committee supported the adoption of the IPSAS, considering that in the long term, the benefits would outweigh the costs. However, noting that the cost estimates given did not include the financing of after-service health insurance, the Committee asked whether an estimate of that cost could be provided to the Pan American Sanitary Conference. The Committee also asked for an estimate of the expenditures for IPSAS implementation to be included in the 2008-2009 budget.

172. Ms. Frahler said that as PAHO had only recently learned that it would be able to join the United Nations in obtaining actuarial services, it would not be possible to determine the estimated cost of financing after-service health insurance in time for the Pan American Sanitary Conference in October 2007, but that an estimate could probably be provided to the Subcommittee on Program, Budget, and Administration in 2008.

173. The Director acknowledged that the cost of implementing the IPSAS had not been included in the regular budget proposal for 2008-2009. She also noted, however, that some of the excess income that the Organization expected to have at the end of the

current biennium might be placed in a special fund, and the Secretariat might then request authorization—probably at the March 2008 session of the Subcommittee on Program, Budget, and Administration—to use it to defray the cost of implementing the IPSAS. Some of the costs might also be met through cost-cutting measures, postponement of certain activities, or delays in the filling of posts.

174. The Committee adopted resolution CE140.R4 on this item, recommending that the 27th Pan American Sanitary Conference endorse the introduction of the IPSAS into PAHO, to be completed by 2010.

***Master Capital Investment Plan (Document CE140/20)***

175. Mr. Previsich (Representative of the Subcommittee on Program, Budget, and Administration) reported that the SPBA had discussed an earlier version of the document on this item, following an introduction by Mr. Edward Harkness (Area Manager, General Services Operations, PAHO) who had explained that the aim of the proposal was to ensure a stable source of funding for regular maintenance and upgrading of the Organization's real estate assets and information technology infrastructure, rather than addressing those needs on an ad hoc basis, as had been the case in the past. The proposal called for the creation of a Master Capital Investment Fund with two sub-funds, one for real estate and equipment, and the other for information technology, to which the balances of the current PAHO Building Fund and Capital Equipment Fund would be transferred, effective 1 January 2008. Other proposed sources of funding for the Master Capital Investment Fund included a biennial program budget allocation, miscellaneous income exceeding the budgeted figure, and any excess budget funds remaining at the end of each biennium.

176. In its discussion of the item, the Subcommittee had welcomed the long-range approach to planning and budgeting for capital investments, and had agreed that regular preventive maintenance of buildings and equipment would ultimately save the Organization money. While the consensus of the Subcommittee had been that the Master Capital Investment Fund should be set up, Members had raised a number of issues and questions in relation to the proposed sources of funding. Strong concern had been voiced regarding the proposal to use excess resources from the Organization's biennial program budgets as a source of funding, and several Members had been adamant that funds allocated for program activities should not be used to pay for building maintenance and repair. The Subcommittee had considered that the Governing Bodies should continue to decide how any budget surpluses would be utilized. The Subcommittee had requested that the Secretariat draw up a revised proposal to be submitted for consideration by the Executive Committee at the present session, specifying in particular the ceilings for the two sub-funds.

177. Mr. Harkness said that a survey of the PAHO buildings throughout the Region

(PAHO-owned, rented, or Government-provided) had indicated that renovations totaling over \$8 million would be needed over the next ten years. A similar survey of computer and communications equipment needs for the same period had yielded a figure of roughly \$18 million. Against that background, it was proposed that the Real Estate and Equipment sub-fund should have a ceiling of \$2 million (by comparison with the existing Building Fund's \$500,000) and that the Information Technology sub-fund should have a ceiling of \$6 million (by comparison with the existing Capital Equipment Fund's \$5.6 million).

178. In response to the concerns expressed by the Subcommittee about accountability, he noted that all operations were totally transparent, with full documentation of the needs for all projects available to any interested Member State. He confirmed that the sub-funds would be separate, with no borrowing from one to the other.

179. The Executive Committee acknowledged the need for maintaining and renovating buildings, some of which were PAHO-owned assets, and for ensuring an up-to-date computer and communications infrastructure. At the same time, Members expressed some surprise that there should be difficulty in funding such projects, as the Organization appeared to be very healthy financially. The Committee welcomed the addition of fixed financial ceilings for the two sub-funds, as requested by the SPBA. However, the financial rules for the sub-funds, and the procedures for transferring funds to them, still seemed a little vague. It was felt that the potential utilization of any surplus funds should be reviewed annually by the SPBA and the Executive Committee.

180. Delegates sought information on how resources would be allocated between the two sub-funds based on the priority of the work to be done and on whether buildings would be treated differently depending on whether they were owned by PAHO, rented, or provided by a ministry of health. The Secretariat was also asked to elucidate the relationship between the proposed Fund and WHO's Real Estate Fund, from which PAHO was also entitled to receive funds. Several delegates spoke in favor of an initial injection of seed money into the Fund, given the number of urgent needs described in the document.

181. Mr. Harkness said that the approach to maintenance and renovation was uniform, regardless of who owned a building used by PAHO. The Organization would first seek to have work paid for by the owner of a commercial building, or the Government providing one free of charge, but if that was not feasible then PAHO would pay. With regard to the WHO Real Estate Fund, he explained that every biennium WHO shared out about \$2 million among all Regions. The amounts received by PAHO were variable, but tended to be modest, the Region of the Americas being regarded as one of the more prosperous ones.

182. The Director said that it was true that the Organization was financially healthy at

present, with a high level of quota payments having been made on time, but that situation might not last. She also clarified that it would not be possible to review the disposition of surplus funds every year, but only at the end of the Organization's two-year budget cycle.

183. She pointed out that the proposed Master Capital Investment Fund related in some measure to the discussion of the preceding item: PAHO was an organization moving towards results-based management, with new accounting standards and procedures and new ways of recording the value and depreciation of assets. For the first time it was attempting to predict upcoming costs, rather than simply reacting on an ad hoc basis to maintenance problems, the need for equipment upgrades, enhanced building security, and related issues. She recalled that the renovation of the Headquarters building had required emergency approval of \$14 million, which had almost completely drained the Working Capital Fund and had seriously impacted the Organization's core activities for two years. The whole purpose of the proposed Fund was to avoid such damage to the Organization's true mission. Moreover, some of the costs being discussed would be recouped: enhanced communications equipment, for example, would reduce the need for travel; maintaining the nine buildings that PAHO owned around the Region would enhance their value as investments. In sum, establishing the Fund was part of the good administration that the Member States expected of the Organization.

184. The Committee adopted Resolution CE140.R6, recommending that the 27th Pan American Sanitary Conference approve the establishment of the Master Capital Investment Fund.

***Report on the Collection of Quota Contributions (Document CE140/21 and CE140/21, Add. I)***

185. Ms. Linda Kintzios (Treasurer and Unit Chief, Fund Management, Analysis, and Systems, PAHO) drew attention to Document CE140/21, which gave information on the collection of quota contributions up to 7 May 2007, and Document CE140/21, Add. I, which updated the information as far as 18 June 2007. She noted that subsequent to the latter date, \$84,000 had been received from Cuba and \$225,194 from Uruguay. With that payment, Cuba had fully liquidated all of its arrears (and had also made a payment towards 2007). It had thus successfully concluded its ten-year deferred payment plan.

186. The combined collection of arrears and current year assessments to date totaled \$70.1 million, representing a significant improvement in overall collections as compared to \$42.9 million in 2006, \$42.8 million in 2005, and \$37.8 million in 2004. Current year assessments had been received from 25 Member States, amounting to \$27.2 million or 30%, a welcome increase over 7% at the same date in 2006. To date, income received for the trust fund Voluntary Contributions for Priority Programs totaled \$12,534.

187. In the ensuing discussion, a Member inquired why the Netherlands and Puerto

Rico appeared in the statement of quota contributions shown in Annex A of Document CE140/21.

188. The Director clarified that the Netherlands, as well as France and the United Kingdom, were Member States of the Organization, representing their various overseas territories in the Region. Puerto Rico was an Associate State. In addition, Spain and Portugal were Observer States, with Spain making a significant contribution to the Organization's budget.

189. She also thanked the countries that had made payments. It was a very favorable trend that Member States were determined to bring their quota payments up to date. Cuba's completion of its deferred payment plan was a cause for celebration. Other countries with a ten-year plan were also on track to complete their payments on time. The first time a payment scheme of ten years had been suggested, there had been some doubts as to whether such a long term would enable countries to resolve their compliance problems, but they had proved effective. An important factor in their success had been frank dialogue between representatives of the Organization and a whole range of decision-making bodies within the countries—from parliamentary budget committees to the prime minister's office.

190. The Executive Committee adopted Resolution CE140.R3, thanking the Member States that had already made payments for 2007, urging the other Member States to pay all their outstanding contributions as soon as possible, and recommending to the 27th Pan American Sanitary Conference that the voting restrictions contained in Article 6.B of the PAHO Constitution be consistently applied to those Member States that were in arrears.

***Process for Implementing the New Scale of Quota Assessments Based on the New OAS Scale (CE140/22)***

191. Mr. Sotela (Unit Chief, Planning, Program Budget, and Project Support, PAHO), recalling that the PAHO scale of assessments was based on that of the Organization of American States, reported that, earlier in June, the OAS General Assembly had considered the issue of establishing a new scale for 2009 and beyond, and had requested the group of experts working on the issue to conclude their task by 30 September 2007. There would then be a special session of the OAS General Assembly no later than 14 December 2007 to adopt the new scale.

192. For the PAHO 2008-2009 budget, it would be necessary to decide whether to apply (a) the OAS 2009 scale once it was adopted in December 2007, (b) the transitional OAS 2008 scale, already approved, or (c) the current PAHO assessment scale (based on the OAS scale for 2007) until such time as the OAS adopted a permanent scale. He clarified that because PAHO's budgets were biennial, even though the OAS had an

annual budget cycle the OAS scale ultimately adopted would apply to both years of the PAHO biennium.

193. The Executive Committee favored adoption of the third option, namely continuance of the present scale until the OAS adopted a permanent scale for 2009 and beyond. However, the Observer for Brazil expressed a preference for the second option, emphasizing that it was important to maintain the link between the PAHO budget and the scale of assessments laid down by the OAS.

194. The Executive Committee adopted Resolution CE140.R5, whereby the current PAHO scale would be applied to the proposed program budget for 2008-2009 and, once the OAS had decided on a new scale, that scale would be applied in subsequent bienniums.

***Interim Financial Report of the Director 2006 (Official Document 326)***

195. Mr. Previsich (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had discussed the Interim Financial Report of the Director, after hearing a summary of it by Ms. Sharon Frahler (Area Manager, Financial Management and Reporting, PAHO). She had informed the Subcommittee that there had been a significant increase in the Organization's financial resources in 2006, with income from all sources totaling \$537 million. Trust fund income and funds received for procurement on behalf of Member States had accounted for the greatest growth. Voluntary contributions from WHO had also increased significantly. With regard to income from Member State assessments, 37 of the Organization's 39 Member and Associate States had made quota contributions during the year, totaling \$97.2 million, of which \$47 million had corresponded to prior years' assessments. Ms. Frahler had also reported that the Organization had ended 2006 with a budget surplus of \$11.1 million, but had noted that that was a normal occurrence in the first year of a biennium because the Director conservatively held back funds to cover expenditures in the second year in the event that there should be a delay in the receipt of quota assessments. The surplus would no doubt be drawn down over the course of the current year.

196. The Subcommittee had applauded the increase in receipts of prior years' assessments, but several Members had expressed concern about some countries' continuing arrears, stressing the need for all Member States to respect their commitments to the Organization, including its Pan American centers. The fact that voluntary contributions were now a larger proportion of PAHO's income than quota contributions had also been viewed as a potential concern, particularly because many voluntary contributions were earmarked for specific purposes, which might limit the Organization's ability to carry out its programs and channel funds to where they were most needed. The trend towards increased use of trust fund income for internal projects had been seen as



positive, and the Organization had been encouraged to explore possibilities for expanding that modality of technical cooperation.

197. Ms. Frahler, referring to the Subcommittee's concern about arrears, reported that more than \$53 million had been received in payment of arrears in the current biennium. Remaining arrears now amounted to no more than \$11.3 million. In addition, the growth in voluntary funds had been higher than ever before: at the present time, the figure stood at over \$200 million. There had also been major growth in funds for procurement of vaccines and antiretroviral drugs, which currently amounted to \$250 million for the biennium. While total income for the 2004-2005 biennium had reached \$799 million, the projection for the current biennium was between \$900 million and \$1 billion.

198. In the ensuing discussion, a Member of the Committee, while welcoming the increase in income, inquired whether it had created increased challenges in the area of financial management. Further information on the financial situation of the Pan American centers was also sought.

199. Ms. Frahler said that the increase in the financial resources being received and then expended had indeed engendered some challenges, both in financial management and in implementation. On the financial management side, the challenge was to handle significantly increased amounts of resources with a dwindling number of staff. PAHO was meeting that challenge through automation of accounting and streamlining every area of financial management and reporting. To ensure that the necessary internal controls were in place, PAHO had implemented the financial accountability framework, within which the Secretariat had assisted the heads of the country offices in taking full responsibility for their offices. That had involved a major training effort for the financial staff in the 35 country offices. PAHO had also implemented a monthly review procedure, under which the head of each country office, and all area managers and unit chiefs at Headquarters, were required to certify the accuracy of their accounts.

200. Two of the Pan American centers were in a very healthy financial situation: the Caribbean Epidemiology Center (CAREC) had a working capital fund of over \$1.2 million, while the Institute of Nutrition of Central American and Panama (INCAP) also had a working capital fund of over \$1 million, as well as trust fund resources of almost \$400,000. The Caribbean Food and Nutrition Institute (CFNI) was in a more difficult position, due largely to the fact that a single Member State was in arrears by over \$1 million. The Secretariat was currently exploring several options—such as outsourcing printing or combining the administration of CFNI with that of the PAHO/WHO country office in Jamaica—as a means of alleviating the center's financial situation.

201. The Director noted that in the past, the maximum amount of WHO voluntary contributions to the Region had been \$12 million in any biennium; now, in the second

year of the current biennium, the figure was almost \$44 million. That major change was largely to be ascribed to the Member States themselves, who had clearly articulated their concerns about WHO's policy with regard to the distribution of resources among the Regions, leading to the adoption by WHO of a more equitable policy.

202. Another cause for the greater level of resources provided to the Region had been the recognition by WHO of the effectiveness of PAHO's Planning, Programming, Monitoring, and Evaluation System (AMPES). At the same time, the success of that system had enabled the Organization to enter into negotiations for multiyear and program-based contributions from major donors such as Canada, Spain, and the United States, rather than traditional project-specific support. Such multiyear agreements in turn simplified processes, administration, and reporting, and lowered transaction and implementation costs.

203. The Committee took note of the interim financial report of the Director.

***Report on the Activities of the Internal Oversight Services Unit (Document CE140/23)***

204. Mr. Michael Boorstein (Director of Administration, PAHO) recalled that the Financial Regulations mandated the Director of the Pan American Sanitary Bureau (PASB) to maintain an internal audit function which was responsible for monitoring the adequacy and effectiveness of the Organization's overall systems of internal control. The internal oversight function in the past had been a joint activity under the general authority of the Director-General of WHO and the Director of PASB. Over time, the previous and present directors of PASB had made efforts to rationalize the balance between the two offices. In August 2006, it had been agreed that the WHO Office of Internal Oversight Services would continue its oversight of WHO-funded projects in the Region of the Americas, acting as it did in other WHO regions, and that PAHO would assume the internal oversight of PAHO-funded projects, through compliance audits and program implementation evaluations.

205. Thus, PAHO's internal oversight function was currently in a state of transition. The Internal Oversight Services Unit was in the process of developing a risk-based audit plan, focusing on the highest-risk areas within the Organization. While the traditional audit function had primarily examined finance and administration, the trend now was to look at programs and end-to-end processes, verifying that they meshed with strategic goals and seeking efficiencies. Because of the Organization's increased country focus, the audits themselves would also be increasingly country-focused.

206. The Executive Committee expressed appreciation for the work of the Internal Oversight Services Unit during 2006, noting that it provided needed monitoring, evaluation, and accountability. The Committee therefore urged the Secretariat to implement the Unit's recommendations swiftly and fully. At the same time, the

Committee urged the Internal Oversight Services Unit to continue to pay due regard to monitoring the implementation of its own recommendations. It was suggested that future reports should contain a table showing the status of the recommendations made for the reporting period. Members sought information on how the new system was working, with PAHO's audit functions now being separate from those of WHO, and expressed concern that two senior positions within the Unit remained unfilled.

207. Mr. Boorstein said that he had taken note of the suggestion concerning a table of recommendations. The process of engaging the Evaluation Officer and the Chief Audit Executive was under way, with both posts expected to be filled by the end of summer 2007. Meanwhile, the Unit did have a staff, which in 2006 had conducted audits in the country offices of Bolivia, Brazil, Jamaica, and Nicaragua, as well as at CFNI. For 2007, it had already carried out audits in Argentina, Belize, Chile, Costa Rica, and Venezuela. Relations with the WHO Office of Internal Oversight Services in Geneva remained excellent.

208. The Director noted that achieving the present situation had taken 10 years of dialogue with WHO. As a result of the changes that had finally been made, PAHO was the only WHO Regional Office that had four oversight functions: its own Internal Oversight Services Unit and the WHO Office of Internal Oversight Services, and the external auditors of both PAHO and WHO.

209. The Executive Committee took note of the report of the Internal Oversight Services Unit.

### **Personnel Matters**

#### ***Contract Reform in PAHO and Confirmation of Amendments to the PASB Staff Rules (Documents CE140/24 and CE140/25)***

210. Ms. Dianne Arnold (Area Manager, Human Resources Management, PAHO), noting that the United Nations common system regulated and coordinated the conditions of service for United Nations employees, said that PAHO regularly monitored the common system to ensure that its own personnel system was in alignment with the frameworks and guidelines provided by the United Nations General Assembly and the International Civil Service Commission (ICSC). In 2005 the ICSC had decided that three categories of appointment would suffice to cover the needs of international organizations: fixed-term, indefinite or continuing, and temporary. The WHO Executive Board had made corresponding changes to the WHO Staff Rules, most of them to take effect on 1 July 2007. In order to remain consistent with WHO and the ICSC recommendations, PAHO proposed to implement the three types of contract with effect from 1 January 2008. Ms. Arnold provided some practical details on the implementation of the

various types of contract, pointing out that in fact PAHO had already had those three types, although they might have been called something different.

211. The Delegate of the United States of America considered that it would be premature to endorse the proposed contract reform for PAHO, recalling that while the 61st United Nations General Assembly had noted the ICSC's proposed contractual framework, it had not decided to implement it, pending receipt of further information from the ICSC. She suggested that additional wording, to the effect that such contract reform would be contingent upon prior approval by the General Assembly of new contractual arrangements for the United Nations common system, should be added to the proposed resolution, which was to cover both contract reform and Staff Rule amendments.

212. The Director pointed out that the contract reform proposal had been prepared on the basis of rigorous analysis and in close cooperation with the Staff Association. The Organization had always been very conservative in terms of staff management, and very concerned with the cost implications of personnel matters, always seeking to balance the interests of the Member States, the sustainability of the Organization, and the well-being of staff. PAHO was different in many ways from other agencies, and in particular from the United Nations itself. It was not, therefore, appropriate to apply to PAHO the same considerations as pertained to other organizations in other parts of the world.

213. She wished to stress three points: firstly, most of the proposed reform was already current practice and had been for many years—the aim now was not to change the practice but to align the language with the practice. Secondly, the simplification and streamlining of processes would enhance efficiency, which Member States had repeatedly called on the Secretariat to do; and thirdly the proposed reform was part of the process of tightening the relationship between performance evaluation and the needs of the position.

214. Ms. Arnold put forward three reasons for the proposed amendments to the Staff Rules: consistency with the United Nations system, WHO's contractual framework, and sound managerial practices. While many of the amendments were largely editorial, she explained the rationale for some of the more substantive ones.

215. The Delegate of the United States of America acknowledged that there were a number of good changes and expressed appreciation for the United Nations common system, which was designed to avoid discrepancies in conditions of employment and prevent competition for personnel among agencies. However, she felt compelled to raise concerns regarding the proposed amendments on meritorious within-grade increases, leave for military training or service, home leave, extensions of paternity or adoption leave, the Administrative Tribunal, and maternity leave in the case of multiple births. The Delegates of Canada and Chile also raised concerns about the latter change.

216. Following an explanation from Ms. Arnold, the Delegate of the United States of America withdrew her objections concerning home leave. With regard to the proposed changes on the mobility and hardship allowance and on the assignment grant, it was agreed, following a suggestion from the United States, that the wording “agreed among international organizations” should be changed to “approved by the United Nations General Assembly for the United Nations system.” It was also agreed that the issues of maternity leave in the case of multiple births, meritorious within-grade increases, and leave for military training or service would be examined by the SPBA at its Second Session in March 2008, and that future changes to the Staff Rules would be submitted as a matter of course to the SPBA.

217. The Executive Committee adopted Resolution CE140.R14 on this item.

***Statement by the Representative of the PASB Staff Association (Document CE140/26)***

218. Ms. Carolina Báscones (President, PASB Staff Association) summarized the content of Document CE140/26, Rev. 1, which presented the matters that the Staff Association wished to bring to the attention of the Executive Committee. Those matters were related to the Ethics and Conflict Resolution System, including both the achievements to date and the Staff Association’s recommendation for further action; strengthening of staff recruitment and selection procedures in the context of human resources reform; improvement of managerial capacities and administrative leadership, and the direct impact thereof on human resources management at PAHO; and 360-degree performance evaluation and the promotion of a participatory culture in leadership training.

219. She noted that in her four years as President of the PASB Staff Association there had been numerous improvements in the institutional environment of the Organization. The staff wished to thank the Executive Committee for its efforts to steer the Organization in the right direction, and above all wished to express its appreciation to the Director for the numerous changes and improvements she had made in its culture and working environment. There had been improvements in the relationship between staff and management; in enhancement of transparency and conflict management; in selection processes and the Staff Rules; in human resources management; and in contractual reform, all of which had led to the creation of a new institutional culture. The challenge for the future would be to sustain and improve that culture. The staff of PAHO were committed to furthering the Organization’s mission.

220. The Executive Committee welcomed the very positive presentation and its evocation of a thriving institutional culture.

221. The Director paid tribute to the contribution that the staff had made to the many positive changes within the Organization, noting that all of the Staff Association’s work

was done on a voluntary basis, outside paid working hours.

222. The Executive Committee took note of the report and expressed appreciation to Ms. Báscones, who was stepping down as President of the Staff Association.

### **Matters for Information**

#### ***PASB Human Resources: Staffing Profile (Document CE140/INF/1)***

223. Ms. Arnold (Area Manager, Human Resources Management, PAHO), noting that graphs and summary information on the human resources staffing profile could be found in Document CE140/INF/1, reviewed the achievements of the Organization in the area of human resources management over the past year. Three key policies had been issued: on the employment of retirees; on HIV/AIDS in the workplace; and on the administration of personnel in a hardship duty station, which for the Region currently meant Haiti. In addition, much work had been done with respect to employee awareness and education programs, including a series of workshops on disaster response and risk management and a mandatory online training course on staff security. PAHO, like all the WHO Regions, had been required to submit a proposal for WHO's global leadership program, and PAHO's proposed program had been taken as the model for all Regions. The funds that PAHO had received in response to its proposals had been used to improve results-based management, to enhance leadership and managerial capacities, to strengthen skills in knowledge management, and to implement strategies for the focal points in noncommunicable diseases.

224. Additionally, the entire Organization was undergoing the Strategic Assessment and Resource Alignment (SARA) exercise, under which each office had firstly to evaluate its mandates in terms of the overall strategic direction of the Organization and secondly to ensure that its staff had the competencies needed to achieve those mandates, developing training plans as needed. In other undertakings, the health insurance claims process had been simplified for country office personnel, and there had been improvements in the administration of relocation grants. There had also been progress on gender balance, particularly in the country offices, where the proportion of women at the professional level had increased from 33% to 35% while female PAHO/WHO representatives had increased from 39% to 52%.

225. Upcoming actions for the remainder of the year would include the completion and implementation of a business continuity plan for the Organization; standardization of post descriptions and job titles; definition of which positions had to be core positions reserved for United Nations staff members; and improvements in the administration of non-United Nations contracts in the country offices.

226. The Executive Committee took note of the information provided.

***Resolutions and Other Actions of the Sixtieth World Health Assembly of Interest to the PAHO Executive Committee (Document CE140/INF/2)***

227. Dr. Hugo Prado Monje (Area Manager a.i., Governance, Policy, and Partnerships, PAHO) drew the attention of the Committee to Document CE140/INF/2, pointing out that it comprised four parts. The first contained general information about the World Health Assembly (WHA), the names and affiliations of officers of the Health Assembly elected from the Region, and a summary of the speech of the Director-General. The second part covered a special meeting of the Heads of Delegation from the Region of the Americas and the topics discussed. The third part listed the WHA resolutions of greatest relevance to PAHO, and the fourth listed the outgoing and new members of the WHO Executive Board

228. Annex A of the document consisted of a table showing the relationship between the resolutions of the WHA and resolutions and documents of the PAHO Governing Bodies. The table helped to ensure close alignment of PAHO's work with the policies decided on at the World Health Assembly, and was thus not just an informational document, but also served as a guide to improving the work of the Organization. Further, the Secretariat was now working on a similar table of declarations and decisions of the General Assembly of the Organization of American States of relevance to PAHO. In the future, a similar exercise might be undertaken with the resolutions of the Summit of the Americas. The objective would be to see how the mandates approved by the Governing Bodies of PAHO were related to the highest decision-making levels in the Americas.

229. In the discussion that followed, the President said that it was a very welcome initiative to connect the policy and work of PAHO with that of other bodies. Other delegates concurred that the provision of information showing the alignment of PAHO's work with that of other bodies would enable the PAHO Governing Bodies to make more informed decisions. It was suggested that a further column might be added to the comparative table, indicating what action PAHO had to take as a result of the WHA resolutions. A delegate inquired whether consideration of the WHA resolutions had been part of the creation of the Strategic Plan.

230. Another delegate, referring to Resolution WHA60.27, said that strengthening of health information systems was something that the Region really needed, since he was not confident that the right information was being produced. He suggested that a PAHO working group might be set up to look into the issue. He also expressed surprise that the issue of human resources for health, which had been a major topic at the Fifty-ninth Health Assembly, seemed to have received no attention at all at the Sixtieth.

231. Dr. Prado Monje confirmed that the issue of health information systems was a priority for PAHO. The matter of human resources for health was also on the Committee's agenda, but was not mentioned in Document CE140/INF/2 as the topic had

not been discussed at the 60th World Health Assembly.

232. The Director pointed out that the Regional Strategy for Strengthening Vital And Health Statistics would be one of the major tools for improving health information systems. PAHO was working with the United Nations Economic Commission for Latin America and the Caribbean, the OAS, the Inter-American Development Bank, and UNICEF on improving systems for registration of births, which was not only a component in health information but was also essential for people's full enjoyment of citizenship, identity, and democracy. On the topic of aligning the work of PAHO with that of other bodies, she said that it might also be extended to cover inter-ministerial forums such as RIMSA. She confirmed that in drawing up the Strategic Plan, the Secretariat had indeed undertaken an analysis of the decisions, resolutions, and declarations of the World Health Assembly, the United Nations, and other forums.

233. The Executive Committee thanked the Secretariat for the information provided and took note of the report.

***Update on the Process for the Appointment of the External Auditor (CE140/INF/3)***

234. Mr. Previsich (Representative of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed in March that no nominations had been submitted for the post of External Auditor, but that the Government of the United Kingdom had indicated its intention to nominate its National Audit Office for the post. As noted in Document CE140/INF/3, that nomination had, in fact, been submitted and would go forward to the 27th Pan American Sanitary Conference in October.

235. The Executive Committee took note of the updated information provided.

**Other Matters**

236. The Committee heard brief reports on the following items:

*Health Agenda for the Americas, 2008-2017*

237. Mr. Cirilo Lawson (Panama), representing Dr. Camilo Alleyne (Minister of Health of Panama, President of the Health Agenda Working Group), reported that the Health Agenda for the Americas, 2008-2017, had been launched in Panama on 3 June 2007 in conjunction with the 37th regular session of the General Assembly of the OAS. In addition to the Director of PAHO, the Secretary-General of the OAS, the Secretary-General of the United Nations, the President and two Vice-Presidents of Panama, and numerous ministers of health from the Region had attended the launch ceremony. He then presented a video produced by the Government of Panama, which described the process of developing the Health Agenda for the Americas, 2008-2017, and



outlined its main features. The text of the Health Agenda may be found at [http://www.paho.org/English/DD/PIN/Health\\_Agenda.pdf](http://www.paho.org/English/DD/PIN/Health_Agenda.pdf).

### *Social Charter of the Americas*

238. Ambassador María del Luján Flores (Uruguay, Chair of the OAS Joint Working Group on the draft Social Charter of the Americas) updated the Committee on the latest developments in the effort under way within the Organization of American States to draft a Social Charter of the Americas, pursuant to OAS General Assembly Resolution AG/RES.2056 (XXXIV-O/04), adopted in 2004, which instructed the Permanent Council of the OAS and the Permanent Executive Committee of the Inter-American Council for Integral Development (CEPCIDI) jointly to prepare a draft Social Charter of the Americas and a Plan of Action. The resolution further instructed that the Social Charter and Plan of Action should include the principles of social development and establish specific goals and targets that would reinforce existing instruments in the OAS having to do with democracy, integral development, and the fight against poverty.

239. To carry out that mandate, the Permanent Council and CEPCIDI had established a Joint Working Group, which had begun working on the Social Charter and Plan of Action in September 2005. As of March 2007, the Group had held 20 meetings, aimed at arriving at a consensus text. The most recent revision of the draft Social Charter comprised a preamble and five chapters. The first dealt with social justice, development with equity, and democracy; the second with economic development; the third with social development; the fourth with cultural development; and the fifth with solidarity and collective effort in the hemisphere. Chapter I had been approved on 23 April 2007 and Chapter II was currently under discussion.

240. A number of proposals relating to health had been put forward for inclusion in the Social Charter. The issues addressed therein included food security and the eradication of malnutrition; health as a human right; healthy environments and their relationship to human health; prevention, health education, and access to quality health care; sexual and reproductive health; child health; HIV/AIDS, tuberculosis, and malaria; and emerging issues such as severe acute respiratory syndrome (SARS) and avian influenza.

### *Social Determinants of Health*

241. Dr. Luis Augusto Galvão (Area Manager, Sustainable Development and Environmental Health, PAHO) provided an overview of the work of the WHO Commission on Social Determinants of Health, beginning with a review of the structure of the Commission and its various Knowledge Networks. The Commission's goals were to support countries in positioning health as a shared goal to which many government departments and sectors of society contributed; to help build a sustainable global movement for action on health equity and social determinants, linking governments,

international organizations, research institutions, civil society and communities; and to support policy change in countries by promoting models and practices that effectively address the social determinants of health. In order to achieve its goals, the Commission focused on country action, work with civil society, global initiatives to promote an integrated approach to health, and its Knowledge Networks, which collected information and evidence in nine thematic areas to support policy design and action.

242. The Commission had held eight meetings since its inaugural meeting in Chile in September 2005. The most recent meeting, held in Vancouver, Canada, in June 2007, had focused on drafting of the Commission's interim statement, which would be released for comment in August 2007. There had also been several presentations on topics of great relevance to the Commission's work, including one by the Director of PAHO on primary health care, which would be a key topic in the final report of the Commission, to be published in May 2008. More information on the Commission's work could be found on its website: [http://www.who.int/social\\_determinants](http://www.who.int/social_determinants).

#### *Public Health, Innovation, and Intellectual Property*

243. Dr. Jorge Bermúdez (Unit Chief, Technology and Health Services Delivery, PAHO) noted that the topic of access to medicines and intellectual property rights had been under discussion within PAHO and WHO since the mid-1990s. Those discussions had coincided with the signing of the Agreement on Trade-Related Aspects of Intellectual Property Rights and the establishment of the World Trade Organization in 1994. Both WHO and PAHO had adopted several resolutions on the topic, the most recent ones being Resolution WHA59.24 (2006), on public health, innovation, essential health research, and intellectual property rights, and Resolution CD47.R7 (2006), on public health, health research, and production of and access to essential medicines.

244. The WHO Commission on Public Health, Innovation, and Intellectual Property had been created in 2003, and in 2006 it had published a report putting forward 60 recommendations aimed at promoting innovation and increasing access to medicines and other products for use against diseases that disproportionately affected developing countries. Resolution WHA59.24 had established the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property, which was tasked with drawing up a draft global strategy and plan of action based on the Commission's recommendations.

245. The Intergovernmental Working Group had held its first meeting in December 2006 and had identified eight priority areas to be addressed under the plan of action: prioritizing research and development needs; promoting research and development; building and improving innovative capacity; improving delivery and access; ensuring sustainable financing mechanisms; establishing monitoring and reporting systems; transfer of technology; and management of intellectual property. Input

was being solicited from Member States on the strategy and plan of action. PAHO had held a regional consultation meeting on the subject in June 2007 and was considering the possibility of organizing another prior to the second and last meeting of the Working Group in November 2007, when the strategy and plan of action would be finalized. Member States could find additional information and submit their input on the Working Group's website: <http://www.who.int/phi>.

*Update on the Negotiation of a Headquarters Agreement*

246. Dr. Heidi Jiménez (Legal Counsel, PAHO) reported that PAHO's Office of Legal Affairs had had several meetings with staff from various offices of the United States Department of State. The Office was currently drawing up a proposal addressing specific issues to be submitted to the Government of the United States for consideration and subsequent negotiation. Although such negotiations always took time, she was confident that it would be possible to arrive at a positive outcome in the relatively near future.

247. In the discussion of the foregoing items, the Executive Committee welcomed the Health Agenda for the Americas and expressed gratitude to the Government of Panama for its leadership in developing the document. The Committee also underscored the importance of social determinants of health and stressed that efforts to improve health must be linked to the broader economic, social, and political context and must involve other sectors. Several delegates recommended that an item on social determinants of health should be included on the agenda for the 27th Pan American Sanitary Conference.

248. The Director felt, however, that it would be premature for the Regional Committee to discuss the topic before the final report of the Commission on Social Determinants had been released by WHO and suggested that, instead, an item should be placed on the agenda for the Governing Bodies in 2008. After further discussion, the Committee requested that the Secretariat organize an informal information session on social determinants of health during the week of the Pan American Sanitary Conference. The Delegate of Chile noted that the relationship between health and a variety of social issues would be examined during the next Iberoamerican Summit, the central theme of which would be social cohesion. The Summit would take place in Chile in November 2007.

249. Delegates also suggested that information on the work of the Intergovernmental Working Group on Public Health, Innovation, and Intellectual Property should be provided during the Pan American Sanitary Conference and that the topic should perhaps be discussed by the Governing Bodies in 2008. The Delegates of Bolivia and Brazil announced that their countries would be hosting regional consultations on the matter.

### **Closure of the Session**

250. Following the customary exchange of courtesies, the President declared the 140<sup>th</sup> Session of the Executive Committee closed.

### **Resolutions and Decisions**

251. The following are the resolutions and decisions adopted the Executive Committee at its 140th Session:

#### ***Resolutions***

#### ***CE140.R1 PAHO Award for Administration: Changes to the Procedures and Guidelines***

#### ***THE 140th SESSION OF THE EXECUTIVE COMMITTEE,***

Bearing in mind the recommendations of the 2006 Award Committee for the PAHO Award for Administration, relating to changes that would improve the procedures and guidelines for the Award; and

Having reviewed the changes made by the Secretariat as a result of that recommendation (Annex to Document CE140/6, Add. I),

#### ***RESOLVES:***

To approve the amended procedures and guidelines for the PAHO Award for Administration.

*(Second meeting, 25 June 2007)*

#### ***CE140.R2 Nongovernmental Organizations in Official Relations with PAHO***

#### ***THE 140th SESSION OF THE EXECUTIVE COMMITTEE,***

Bearing in mind that the provisions of the *Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations* provide that the Subcommittee on Program, Budget, and Administration (SPBA) will review collaboration with each nongovernmental organization with which PAHO has official working relations every four years and make a recommendation to the Executive Committee on the desirability of maintaining those relations; and

Having studied the report (Document CE140/7) regarding the SPBA's review of collaboration between PAHO and the Medical Confederation of Latin America and the Caribbean (Confemel) during the period under review, as well as its recommendation on the desirability of maintaining relations,

***RESOLVES:***

1. To discontinue official relations between PAHO and the Medical Confederation of Latin America and the Caribbean (Confemel), with the possibility of reestablishing official relations in the future.
2. To request the Director to inform Confemel of the decision taken by the Executive Committee.

*(Third meeting, 26 June 2007)*

***CE140.R3 Collection of Quota Contributions***

***THE 140th SESSION OF THE EXECUTIVE COMMITTEE,***

Having considered the report of the Director on the collection of quota contributions (Document CE140/21 and Add. I), including a report on the status of the trust fund entitled "Voluntary Contributions for the Priority Programs: Surveillance, Prevention, and Management of Chronic Diseases; Mental Health and Substance Abuse; Tobacco; Making Pregnancy Safer; HIV/AIDS; and Direction";

Noting the information provided on Member States in arrears in the payment of their quota contributions to the extent that they can be subject to the application of Article 6.B of the Constitution of the Pan American Health Organization;

Noting the provisions of Article 6.B of the PAHO Constitution relating to the suspension of voting privileges of Member States that fail to meet their financial obligations and the potential application of these provisions to those Member States that are not in compliance with their approved deferred payment plan; and

Noting with concern that there are 18 Member States that have not made any payments towards their 2007 quota assessments and that the amount collected for 2007 assessments represents only 30% of total current year assessments,

***RESOLVES:***

1. To take note of the report of the Director on the collection of quota contributions, including a report on the status of the trust fund entitled “Voluntary Contributions for the Priority Programs: Surveillance, Prevention, and Management of Chronic Diseases; Mental Health and Substance Abuse; Tobacco; Making Pregnancy Safer; HIV/AIDS; and Direction.”
2. To thank the Member States that have already made payments for 2007 and to urge the other Member States to pay all their outstanding contributions as soon as possible.
3. To thank those Member States that have contributed to the Voluntary Contributions for the Priority Programs trust fund and to encourage all Member States to make a contribution in support of these programs.
4. To recommend to the 27th Pan American Sanitary Conference that the voting restrictions contained in Article 6.B of the PAHO Constitution be consistently applied to those Member States that by the opening of the Conference have not made substantial payments toward their quota commitments and to those that have failed to make the scheduled payments in accordance with their deferred payment plans.
5. To request the Director to continue to inform the Member States of any balances due and to report to the 27th Pan American Sanitary Conference on the status of the collection of quota contributions.

*(Third meeting, 26 June 2007)*

***CE140.R4 International Public Sector Accounting Standards***

***THE 140th SESSION OF THE EXECUTIVE COMMITTEE,***

Having examined the report of the Director on the proposed introduction of the International Public Sector Accounting Standards (IPSAS) (Document CE140/19),

***RESOLVES:***

To recommend to the 27th Pan American Sanitary Conference the adoption of the following resolution:

***THE 27th PAN AMERICAN SANITARY CONFERENCE,***

Having considered the report on the introduction of the International Public Sector Accounting Standards (IPSAS) (Document CSP27/17) proposed by the Director,

***RESOLVES:***

1. To endorse the introduction of IPSAS into the Pan American Health Organization (PAHO).
2. To recognize that the implementation of IPSAS will contribute to transparency in results based management.
3. To note that the current United Nations System Accounting Standards (UNSAS) have been amended to permit the gradual introduction of individual standards for each agency, with IPSAS to be fully implemented by 2010.
4. To further note that the Director shall submit to the Governing Bodies, for consideration at future sessions, proposals to amend the Financial Regulations and Financial Rules resulting from the adoption of IPSAS.
5. To recognize that the implementation of IPSAS will require financial resources, which will be included in the PAHO biennial program budgets beginning with the 2008-2009 biennium.

*(Fourth meeting, 26 June 2007)*

***CE140.R5 Scale of Quota Assessments***

***THE 140th SESSION OF THE EXECUTIVE COMMITTEE,***

Having examined the document submitted by the Director on the process for implementing the new scale of quota assessments for PAHO based on a new OAS scale and the options contained therein concerning the scale to be used for the PAHO program budget biennium 2008-2009 (Document CE140/22);

Aware that the OAS General Assembly at its meeting in Panama on 5 June 2007 postponed a decision on adopting a new scale of quota assessments until late 2007, for implementation into its annual budget cycle for 2009, and that its 2008 budget assessments are based on an interim scale; and

Aware that the Director of the Pan American Sanitary Bureau has presented to the Executive Committee a proposed program budget 2008-2009 and a scale of quota assessments, on which the Committee will be asked to make a recommendation to the 27th Pan American Sanitary Conference,

***RESOLVES:***

1. To request the Director of the Pan American Sanitary Bureau to apply the current PAHO assessment scale in her submission of the proposed program budget 2008-2009 for transmission and recommendation to the 27th Pan American Sanitary Conference.
2. To reiterate that once a decision has been reached by the OAS regarding a scale of quota assessments, PAHO will apply such scale for the subsequent bienniums.

*(Sixth meeting, 27 June 2007)*

***CE140.R6 Master Capital Investment Fund***

***THE 140th SESSION OF THE EXECUTIVE COMMITTEE,***

Having examined the report of the Director on the proposed creation of the Master Capital Investment Fund (Document CE140/20),

***RESOLVES:***

To recommend to the 27th Pan American Sanitary Conference the adoption of a resolution along the following lines:

***THE 27th PAN AMERICAN SANITARY CONFERENCE,***

Having examined the report of the Director on the proposed creation of the Master Capital Investment Fund (Document CSP27/18) and aware of the need to plan adequately and to make provisions for funding for the maintenance and repair of the PAHO office buildings and the systematic replacement of computer and telecommunications equipment, software and systems to support the information technology infrastructure of the Organization,

***RESOLVES:***

1. To establish the Master Capital Investment Fund with two subfunds, Real Estate and Equipment, and Information Technology, in lieu of the current PAHO Building Fund and the Capital Equipment Fund, effective 1 January 2008.



2. To establish a ceiling of \$2.0 million for the new Real Estate and Equipment subfund and \$6.0 million for the Information Technology subfund.
3. To fund the Master Capital Investment Fund as follows:
  - (a) Initial capitalization up to the \$8.0 million authorized ceiling from the following resources:
    - The respective balances as of 1 January 2008 in the existing PAHO Building Fund and the Capital Equipment Fund;
    - Excess of income over expenditure from the Regular Program Budget funds at the conclusion of the 2006-2007 biennium.
  - (b) Beginning with the conclusion of the 2008-2009 biennium, replenishment of the Master Capital Investment fund to derive from:
    - Annual income from the rental of the Organization's premises and land, to be credited to the Real Estate and Equipment subfund;
    - Up to \$2.0 million of excess income over expenditure from the Regular Program Budget funds with notification to the Executive Committee;
    - Replenishment over \$2.0 million per biennium with the approval of the Executive Committee.
4. To adopt the following guidelines for the Master Capital Investment Fund:
  - (a) Each subfund shall be distinct and separate with no transfers between them.
  - (b) The Real Estate and Equipment subfund will fund building renovations/repairs for projects larger than \$15,000 at the locations provided by the Member States where PAHO bears the responsibility under the bilateral agreement for major repairs/renovations; the office spaces rented by PAHO; and the PAHO-owned office spaces or buildings.
  - (c) The Information Technology subfund will provide funding for the systematic replacement of cabling and infrastructure-related items, telecommunications equipment, and computer hardware and software at locations provided by the Members States to PAHO, commercial office space rented by PAHO, and PAHO-owned office space or buildings.

- (d) The Secretariat will develop cost projections over the next 10-year period for the Master Capital Investment Fund, taking into account adequate maintenance, repair and replacement cycles.

*(Sixth meeting, 27 June 2007)*

***CE140.R7 Proposed Strategic Plan 2008-2012***

***THE 140th SESSION OF THE EXECUTIVE COMMITTEE,***

Having considered the proposed Strategic Plan 2008-2012 presented by the Director (*Official Document 328*);

Acknowledging the briefing provided by the President of the Subcommittee on Program, Budget and Administration (SPBA); and

Anticipating that the Bureau will take into consideration the comments of the Executive Committee in the finalization of the Strategic Plan,

***RESOLVES:***

To recommend to the 27th Pan American Sanitary Conference the adoption of a resolution along the following lines:

***THE 27th PAN AMERICAN SANITARY CONFERENCE,***

Having considered the proposed Strategic Plan 2008-2012 presented by the Director (*Official Document 328*);

Noting that the Strategic Plan provides a flexible multi-biennial framework to guide and ensure continuity in the preparation of program budgets and operational plans over three biennia, and that the Strategic Plan responds to the Health Agenda for the Americas and to the Eleventh General Programme of Work and the Medium-term Strategic Plan of the World Health Organization;

Welcoming the cross-cutting nature of the strategic objectives that create synergies and promote collaboration between different programs by capturing the multiple links among determinants of health, health outcomes, health policies, systems and technologies;

Acknowledging that the Strategic Plan is a comprehensive sum of the results that the Pan American Sanitary Bureau aims to achieve, and that future performance reporting on the implementation of this Strategic Plan will constitute the principle means of programmatic accountability to Member States;

Applauding the advance in transparency and results-based planning that this Strategic Plan represents; and

Recognizing the need of the Bureau to channel its efforts and resources towards collective regional health priorities in order to help ensure that all the peoples of the Region enjoy optimal health;

***RESOLVES:***

1. To approve the proposed Strategic Plan 2008-2012 (*Official Document 328*),
2. To call upon Member States to identify their role and actions to be taken in order to achieve the strategic objectives contained in the Strategic Plan.
3. To invite concerned organizations of the United Nations and Inter-American systems, international development partners, international financial institutions, non-governmental organizations, and private sector and other entities to consider their contribution in supporting the strategic objectives contained in the Strategic Plan.
4. To review the Strategic Plan 2008–2012 every two years in conjunction with the proposed biennial program budgets with a view to revising the Strategic Plan, including its indicators and targets, as may be necessary.
5. To request the Director to:
  - (a) Report on implementation of the Strategic Plan through biennial performance assessment reports;
  - (b) Use the Strategic Plan in providing strategic direction for the Organization during the period 2008–2012 in order to advance the Health Agenda for the Americas and the global health agenda contained in the WHO Eleventh General Programme of Work;
  - (c) Recommend to the Directing Council, through the Executive Committee, with the proposed biennial program budgets 2010-2011 and 2012-2013, revisions to the Strategic Plan as may be necessary.

*(Sixth meeting, 27 June 2007)*

**CE140.R8 Proposed Program Budget of the Pan American Health Organization  
2008-2009**

**THE 140th SESSION OF THE EXECUTIVE COMMITTEE,**

Having examined the proposed program budget of the Pan American Health Organization for the financial period 2008-2009 (*Official Document 327*);

Having considered the report of the Subcommittee on Program, Budget and Administration (Document SPBA1/6);

Noting significant mandatory cost increases in fixed-term posts for 2008-2009, despite the continuing and cautious reductions in fixed-term posts;

Having examined Document CE140/28, *Impact of a Zero Nominal Growth Budget*, in which the Bureau outlines steps taken toward programmatic prioritization; identification of regional level activities at risk; and efficiencies;

Noting the efforts of the Director to propose a program budget that takes into account both the economic concerns of Member States and the Organization's public health mandates; and

Bearing in mind Article 14.C of the Constitution of the Pan American Health Organization and Article III, paragraphs 3.5 and 3.6, of the PAHO Financial Regulations,

**RESOLVES:**

1. To thank the Subcommittee on Program, Budget and Administration for its preliminary review of and report on the proposed program budget.
2. To express appreciation to the Director for the attention given in her development of the program budget to programmatic prioritization and to cost savings through the implementation of additional efficiencies.
3. To request the Director to incorporate the comments made by the Members of the Executive Committee in the revised *Official Document 327* that will be considered by 27th Pan American Sanitary Conference.
4. To recommend to the 27th Pan American Sanitary Conference that it adopt a resolution along the following lines:

***THE 27th PAN AMERICAN SANITARY CONFERENCE,***

Having examined the proposed program budget of the Pan American Health Organization for the financial period 2008-2009 (*Official Document 327*);

Having considered the report of the Executive Committee (Document CSP27/\_\_);

Noting significant mandatory cost increases in fixed-term posts for 2008-2009, despite the continuing and cautious reductions in fixed-term posts;

Noting the efforts of the Director to propose a program budget that takes into account both the economic concerns of Member States and the Organization's public health mandates; and

Bearing in mind Article 14.C of the Constitution of the Pan American Health Organization and Article III, paragraphs 3.5 and 3.6, of the PAHO Financial Regulations,

***RESOLVES:***

1. To approve the program of work for the Bureau as outlined in the proposed program budget 2008-2009 (*Official Document 327*).
2. To appropriate for the financial period 2008-2009 the amount of \$297,395,182, which represents an increase to assessments of PAHO Member States, Participating States, and Associate Members of 3.9% with respect to the biennium 2006-2007, as follows:

<b>SECTION</b>	<b>TITLE</b>	<b>AMOUNT</b>
1	To reduce the health, social and economic burden of communicable diseases	22,700,000
2	To combat HIV/AIDS, tuberculosis and malaria	8,590,000
3	To prevent and reduce disease, disability and premature death from chronic noncommunicable conditions, mental disorders, violence and injuries	13,000,000
4	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals	12,490,000
5	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact	4,200,000
6	To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity, and unsafe sex	6,000,000

SECTION	TITLE	AMOUNT
7	To address the underlying social and economic determinants of health through policies and programs that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches	7,000,000
8	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health	13,000,000
9	To improve nutrition, food safety and food security throughout the life-course, and in support of public health and sustainable development	10,000,000
10	To improve the organization, management and delivery of health services	12,000,000
11	To strengthen leadership, governance and the evidence base of health systems	18,400,000
12	To ensure improved access, quality and use of medical products and technologies	6,400,000
13	To ensure an available, competent, responsive and productive health workforce in order to improve health outcomes	9,300,000
14	To extend social protection through fair, adequate and sustainable financing	5,200,000
15	To provide leadership, strengthen governance and foster partnership and collaboration with countries, the United Nations system and other stakeholders in order to fulfill the mandate of PAHO/WHO in advancing the global health agenda as set out in WHO's Eleventh General Programme of Work, and the Health Agenda for the Americas	51,210,000
16	To develop and sustain PAHO/WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively	76,577,000
	<u>Effective Working Budget for 2008-2009 (Parts 1-16)</u>	<u>209,087,000</u>
17	Staff Assessment (Transfer to Tax Equalization Fund)	21,328,182
	<u>Total – All Sections</u>	<u>297,395,182</u>

3. That the appropriation shall be financed from:

(a) Assessments in respect to:

Member Governments, Participating Governments, and Associate Members assessed under the scale adopted by the Organization of American States in accordance with Article 60 of the Pan American

Sanitary Code or in accordance with Directing Council and Pan American Sanitary Conference resolutions.....	201,394,182
(b) Miscellaneous Income .....	14,500,000
(c) AMRO share approved by Resolution WHA60.12 .....	<u>81,501,000</u>
<u>TOTAL</u>	<u>297,395,182</u>

4. In establishing the contributions of Member States, Participating States, and Associate Members, their assessments shall be reduced further by the amount standing to their credit in the Tax Equalization Fund, except that credits of those which levy taxes on the emoluments received from the Pan American Sanitary Bureau (PASB) by their nationals and residents shall be reduced by the amounts of such tax reimbursements by PASB.

5. That, in accordance with the Financial Regulations of PAHO, amounts not exceeding the appropriations noted under paragraph 1 shall be available for the payment of obligations incurred during the period 1 January 2008 to 31 December 2009, inclusive; notwithstanding the provision of this paragraph, obligations during the financial period 2008-2009 shall be limited to the effective working budget, i.e., Sections 1-16.

6. That the Director shall be authorized to make transfers between the appropriation sections of the effective working budget up to an amount not exceeding 10% of the amount appropriated for the section from which the transfer is made; transfers between sections of the budget in excess of 10% of the section from which the credit is transferred may be made with the concurrence of the Executive Committee, with all transfers of budget credits to be reported to the Directing Council or the Pan American Sanitary Conference.

7. That up to 5% of the budget assigned to country level will be set aside as the "Variable Country Allocation" as stipulated in the Regional Program Budget Policy. Expenditure in the country variable allocation will be authorized by the Director in accordance with the criteria approved by the 39th Subcommittee on Planning and Programming as presented to the 136th Session of the Executive Committee in Document CE136/INF/1. Expenditure made from the country variable allocation will be reflected in the corresponding appropriation sections 1-16 at the time of reporting.

8. To estimate the amount of expenditure in the program budget for 2008-2009 to be financed by voluntary contributions at \$347,000,000, as reflected in *Official Document 327*.

*(Sixth meeting, 27 June 2007)*

***CE140.R9 Assessments of the Member States, Participating States, and Associate Members of the Pan American Health Organization for 2008-2009***

***THE 140th SESSION OF THE EXECUTIVE COMMITTEE,***

Having considered the proposed program budget of the Pan American Health Organization for the financial period 2008-2009 (*Official Document 327*),

***RESOLVES:***

To recommend to the 27th Pan American Sanitary Conference the adoption of a resolution along the following lines:

***THE 27th PAN AMERICAN SANITARY CONFERENCE,***

Having seen the proposed program budget of the Pan American Health Organization for the financial period 2008-2009 (*Official Document 327*) presented by the Director;

Having approved the program of work and appropriation for 2008-2009 by adopting Resolution CSP27.R\_\_;

Whereas, Member States appearing in the scale adopted by the Organization of American States (OAS) are assessed according to the percentages shown in that scale, adjusted to PAHO Membership, in compliance with Article 60 of the Pan American Sanitary Code; and

Whereas, adjustments were made taking into account the assessments of Cuba, the Participating States and the Associate Member,



**RESOLVES:**

To establish the assessments of the Member States, Participating States, and Associate Members of the Pan American Health Organization for the financial period 2008-2009 in accordance with the scale of assessments shown below and in the corresponding amounts, which represents an increase of 3.9% with respect to the biennium 2006-2007.

Membership	Scale Adjusted to PAHO Membership		Gross Assessment		Credit from Tax Equalization Fund		Adjustment for Taxes Imposed by Member States on Emoluments of PASB Staff		Net Assessment	
	2008	2009	2008	2009	2008	2009	2008	2009	2008	2009
	%	%	US\$	US\$	US\$	US\$	US\$	US\$	US\$	US\$
<b>Member States:</b>										
Antigua and Barbuda	0.020	0.020	20,140	20,140	2,133	2,133			18,007	18,007
Argentina	4.898	4.898	4,932,144	4,932,144	522,328	522,328			4,409,816	4,409,816
Bahamas	0.070	0.070	70,488	70,488	7,465	7,465			63,023	63,023
Barbados	0.080	0.080	80,557	80,557	8,531	8,531			72,026	72,026
Belize	0.030	0.030	30,209	30,209	3,199	3,199			27,010	27,010
Bolivia	0.070	0.070	70,488	70,488	7,465	7,465			63,023	63,023
Brazil	8.546	8.546	8,605,573	8,605,573	911,353	911,353			7,694,220	7,694,220
Canada	12.355	12.355	12,441,126	12,441,126	1,317,549	1,317,549	25,000	25,000	11,148,577	11,148,577
Chile	0.540	0.540	543,764	543,764	57,586	57,586			486,178	486,178
Colombia	0.940	0.940	946,552	946,552	100,242	100,242			846,310	846,310
Costa Rica	0.130	0.130	130,906	130,906	13,863	13,863			117,043	117,043
Cuba	0.730	0.730	735,089	735,089	77,848	77,848			657,241	657,241
Dominica	0.020	0.020	20,140	20,140	2,133	2,133			18,007	18,007
Dominican Republic	0.180	0.180	181,254	181,254	19,195	19,195			162,059	162,059
Ecuador	0.180	0.180	181,254	181,254	19,195	19,195			162,059	162,059

Membership	Scale Adjusted to PAHO Membership		Gross Assessment		Credit from Tax Equalization Fund		Adjustment for Taxes Imposed by Member States on Emoluments of PASB Staff		Net Assessment	
	2008	2009	2008	2009	2008	2009	2008	2009	2008	2009
	%	%	US\$	US\$	US\$	US\$	US\$	US\$	US\$	US\$
<b>Member States:</b>										
El Salvador	0.070	0.070	70,488	70,488	7,465	7,465			63,023	63,023
Grenada	0.030	0.030	30,209	30,209	3,199	3,199			27,010	27,010
Guatemala	0.130	0.130	130,906	130,906	13,863	13,863			117,043	117,043
Guyana	0.020	0.020	20,140	20,140	2,133	2,133			18,007	18,007
Haiti	0.070	0.070	70,488	70,488	7,465	7,465			63,023	63,023
Honduras	0.070	0.070	70,488	70,488	7,465	7,465			63,023	63,023
Jamaica	0.180	0.180	181,254	181,254	19,195	19,195			162,059	162,059
Mexico	6.077	6.077	6,119,362	6,119,362	648,057	648,057			5,471,305	5,471,305
Nicaragua	0.070	0.070	70,488	70,488	7,465	7,465			63,023	63,023
Panama	0.130	0.130	130,906	130,906	13,863	13,863			117,043	117,043
Paraguay	0.180	0.180	181,254	181,254	19,195	19,195			162,059	162,059
Peru	0.410	0.410	412,858	412,858	43,723	43,723			369,135	369,135
Saint Kitts and Nevis	0.020	0.020	20,140	20,140	2,133	2,133			18,007	18,007
Saint Lucia	0.030	0.030	30,209	30,209	3,199	3,199			27,010	27,010
Saint Vincent and the Grenadines	0.020	0.020	20,140	20,140	2,133	2,133			18,007	18,007
Suriname	0.070	0.070	70,488	70,488	7,465	7,465			63,023	63,023
Trinidad and Tobago	0.180	0.180	181,254	181,254	19,195	19,195			162,059	162,059
United States of America	59.445	59.445	59,859,388	59,859,388	6,339,270	6,339,270	5,600,000	5,600,000	59,120,118	59,120,118
Uruguay	0.260	0.260	261,813	261,813	27,727	27,727			234,086	234,086
Venezuela	3.199	3.199	3,221,300	3,221,300	341,144	341,144	1,500	1,500	2,881,656	2,881,656
Subtotal	99.450	99.450	100,143,257	100,143,257	10,605,439	10,605,439	5,626,500	5,626,500	95,164,318	95,164,318

Membership	Scale Adjusted to PAHO Membership		Gross Assessment		Credit from Tax Equalization Fund		Adjustment for Taxes Imposed by Member States on Emoluments of PASB Staff		Net Assessment	
	2008	2009	2008	2009	2008	2009	2008	2009	2008	2009
	%	%	US\$	US\$	US\$	US\$	US\$	US\$	US\$	US\$
<b>Participating States:</b>										
France	0.289	0.289	291,014	291,014	30,819	30,819			260,195	260,195
Kingdom of the Netherlands	0.090	0.090	90,628	90,628	9,598	9,598			81,030	81,030
United Kingdom	0.060	0.060	60,418	60,418	6,398	6,398			54,020	54,020
Subtotal	0.439	0.439	442,060	442,060	46,815	46,815			395,245	395,245
<b>Associate Members:</b>										
Puerto Rico	0.111	0.111	111,774	111,774	11,837	11,837			99,937	99,937
Subtotal	0.111	0.111	111,774	111,774	11,837	11,837			99,937	99,937
TOTAL	100.000	100.000	100,697,091	100,697,091	10,664,091	10,664,091	5,626,500	5,626,500	95,659,500	95,659,500

(5) This column includes estimated amounts to be received by the respective Member States in 2008-2009 in respect of taxes levied by them on staff members' emoluments received from PASB, adjusted for the difference between the estimated and the actual for prior years.

(Sixth meeting, 27 June 2007)

***CE140.R10 Elimination of Rubella and Congenital Rubella Syndrome in the Americas***

***THE 140th SESSION OF THE EXECUTIVE COMMITTEE,***

Having considered the progress report presented by the Director on the elimination of rubella and congenital rubella syndrome (CRS) in the Americas (Document CE140/8);

Noting with satisfaction that tremendous progress has been achieved in obtaining the interruption of endemic rubella virus transmission, thus reducing the number of rubella cases in the Region by 98%, and that incidence is at its lowest to date in the Americas; and

Recognizing that considerable efforts will be needed to support and reach the elimination goal by 2010, requiring further commitment on the part of governments and

the partner organizations that are collaborating on the elimination initiative, and the strengthening of ties between public and private sectors,

***RESOLVES:***

To recommend to the 27th Pan American Sanitary Conference the adoption of a resolution along the following lines:

***THE 27th PAN AMERICAN SANITARY CONFERENCE,***

Having considered the progress report presented by the Director on the elimination of rubella and congenital rubella syndrome (CRS) in the Americas (Document CSP27/7);

Noting with satisfaction that tremendous progress has been achieved in obtaining the interruption of endemic rubella virus transmission, thus reducing the number of rubella cases in the Region by 98%, and that incidence is at its lowest to date in the Americas; and

Recognizing that considerable efforts will be needed to support and reach the elimination goal by 2010, requiring further commitment on the part of governments and the partner organizations that are collaborating on the elimination initiative, and the strengthening of ties between public and private sectors,

***RESOLVES:***

1. To congratulate all Member States and their health workers on the progress achieved to date in the elimination of rubella and congenital rubella syndrome (CRS) in the Americas, which demonstrates their level of commitment to the health of the population of the Western Hemisphere.

2. To express appreciation and request continued support from the various organizations that, together with PAHO, have offered crucial support to national immunization programs and national endeavors to eliminate rubella and CRS, including the U.S. Department of Health and Human Services Centers for Disease Control and Prevention, the Canadian International Development Agency, the Global Alliance for Vaccines and Immunization, the Inter-American Development Bank, the International Federation of Red Cross and Red Crescent Societies, the Japanese International Cooperation Agency, the March of Dimes, the Sabin Vaccine Institute, the United Nations Children's Fund, the United States Agency for International Development, and the Church of Jesus Christ of Latter-day Saints.

3. To urge all Member States to:
  - (a) Achieve the elimination of rubella and CRS in the Americas by finalizing the implementation of vaccination strategies, intensifying integrated measles/rubella surveillance, and strengthening CRS surveillance;
  - (b) Establish national commissions to compile and analyze data to document and verify measles, rubella and CRS elimination, for review by an expert committee.
4. To request the Director to:
  - (a) Continue efforts to mobilize additional resources necessary to surmount the challenges described in the progress report;
  - (b) Form an Expert Committee responsible for documenting and verifying the interruption of transmission of endemic measles virus and rubella virus.

*(Seventh meeting, 28 June 2007)*

***CE140.R11 Malaria in the Americas***

***THE 140th SESSION OF THE EXECUTIVE COMMITTEE,***

Having considered the progress report submitted by the Director on malaria in the Americas (Document CE140/10),

***RESOLVES:***

To recommend to the 27th Pan American Sanitary Conference the adoption of a resolution along the following lines:

***THE 27th PAN AMERICAN SANITARY CONFERENCE,***

Having considered the progress report submitted by the Director on malaria in the Americas (Document CSP27/9), which reviews progress towards attainment of the Roll Back Malaria Initiative (2001-2010) and the achievement of the malaria-related Millennium Development Goals for 2015 that propose that the Member States continue efforts to combat malaria through strengthening national capacity to preserve achievements and further reduce the burden of disease;

Taking into account that the 46th Directing Council (2005) urged Member States, *inter alia*, to reaffirm their commitment to establish national policies and operational plans to ensure accessibility to prevention and control interventions for those at risk or affected by malaria in order to achieve a reduction of the malaria burden by at least 50% by 2010 and 75% by 2015; to allocate domestic resources, mobilize additional resources and effectively utilize them in the implementation of appropriate malaria prevention and control interventions; and to designate a malaria control day in the Americas to annually recognize past and current efforts to prevent and control malaria, promote awareness and monitor progress;

Concerned that the disease continues to be a public health problem in a number of territories and that increased migration within and among countries increases susceptibility of both endemic and non-endemic countries to malaria outbreaks;

Recognizing the potential for mobilizing additional financial support from the Global Fund to Fight AIDS, Tuberculosis and Malaria, among other sources; and

Cognizant of the malaria report presented by the WHO Secretariat to the Sixtieth World Health Assembly, and Resolution WHA60.18 on malaria, which includes a proposal for the establishment of "...Malaria Day on 25 April or on such day or days as individual members may decide..."

***RESOLVES:***

1. To urge Member States to:
  - (a) Reaffirm their commitment to establish and implement national policies and operational plans to ensure accessibility to prevention and control interventions for those at risk or affected by malaria in order to achieve a reduction of the malaria burden by at least 50% by 2010 and 75% by 2015;
  - (b) Upgrade health surveillance, monitoring and evaluation systems to assess progress in reducing the malaria burden and to prevent re-establishment of transmission where interruption has been achieved, in cognizance of the International Health Regulations (IHR) requirements;
  - (c) Allocate domestic resources, mobilize additional resources, and effectively utilize them in the implementation of appropriate malaria prevention and control interventions;
  - (d) Foster and translate evidence-based recommendations and interventions into implemented policies, as appropriate, to individual specificities;

- (e) Assess the need for staff, training and other human resource management reforms to complement changes and to integrate, institutionalize, and sustain malaria prevention and control efforts within the health system;
- (f) Engage in a multisectoral, multipronged agenda on urban infrastructure development to address various health consequences of vector-borne diseases, including malaria;
- (g) Encourage communication, coordination and collaboration between malaria control activities and other public health areas and institutions and advocacy among all stakeholders and target audiences;
- (h) Establish 6 November as the date to annually commemorate Malaria Day in the Americas.

2. To request the Director to:

- (a) Continue to provide technical cooperation and coordinate efforts to reduce malaria in endemic countries and to prevent the reintroduction of transmission where this has been achieved;
- (b) Develop and support mechanisms for monitoring the progress of prevention and control programs on an annual basis and promote information sharing and exchange of technical capacity among countries;
- (c) Assist Member States, as appropriate, to develop and implement effective and efficient mechanisms for resource mobilization and utilization, including efforts to access resources and successfully implement Global Fund projects;
- (d) Promote and assist Member States in commemorating Malaria Day in the Americas.

*(Seventh meeting, 28 June 2007)*

***CE140.R12 PAHO Award for Administration 2007***

***THE 140th SESSION OF THE EXECUTIVE COMMITTEE,***

Having examined the report of the Award Committee of the PAHO Award for Administration 2007 (Document CE140/6, Add. II); and

Bearing in mind the provisions of the procedures and guidelines for conferring the PAHO Award for Administration, as approved by the 18th Pan American Sanitary Conference (1970) and amended by the 24th Pan American Sanitary Conference (1994), the 124th Session of the Executive Committee (1999), the 135th Session of the Executive Committee (2004), and the 140th Session of the Executive Committee (2007),

***RESOLVES:***

1. To note the decision of the Award Committee to confer the PAHO Award for Administration 2007 on Dr. Armando Mariano Reale of Argentina for his contribution to the modernization of the health and social security systems by fostering integration between the public and private sectors, the creation of networks of providers at the different levels of health care, and the adoption of new models of financing for the public and social security sectors.
2. To transmit the report of the Award Committee of the PAHO Award for Administration 2007 (Document CE140/6, Add. II), together with the amended procedures and guidelines, to the 27th Pan American Sanitary Conference.

*(Eighth meeting, 28 June 2007)*

***CE140.R13 Regional Plan of Action for Human Resources for Health 2007-2015***

***THE 140th SESSION OF THE EXECUTIVE COMMITTEE,***

Having analyzed the Regional Plan of Action for Human Resources for Health 2007-2015 (Document CE140/11);

Taking into account the urgency for a collective effort to address the prevailing crisis of human resources for health in the Region of the Americas and globally;

Cognizant of the fact that sustained efforts over time are needed to achieve the desirable results of health-based human resources for health planning and policy; and

Considering that the success in meeting critical health and health system objectives such as universal access to quality health care and services is largely dependent on a well-distributed, competent and motivated workforce,



***RESOLVES:***

To recommend to the 27th Pan American Sanitary Conference the adoption of a resolution along the following lines:

***THE 27th PAN AMERICAN SANITARY CONFERENCE,***

Having analyzed the Regional Plan of Action for Human Resources for Health 2007-2015 (Document CSP27/10);

Taking into account the urgency for a collective effort to address the prevailing crisis of human resources for health in the Region of the Americas and globally;

Cognizant of the fact that sustained efforts over time are needed to achieve the desirable results of health-based human resources for health planning and policy; and

Considering that the success in meeting critical health and health system objectives such as universal access to quality health care and services is largely dependent on a well-distributed, competent and motivated workforce,

***RESOLVES:***

1. To urge the Member States to:
  - (a) Consider developing a national plan of action for human resources for health, with specific goals and objectives, an appropriate set of indicators and a tracking system, largely intended to strengthen integrated primary health care and public health capacities and ensure access to underserved populations and communities;
  - (b) Establish in the ministry of health a specific structure responsible for the strategic direction of human resources planning and policies, promoting proper alignment with health systems and services policy and ensuring intersectoral coordination;
  - (c) Pursue the development of a critical mass of leaders with specialized competencies in the management of human resources planning and policies at the central and decentralized levels;
  - (d) Commit themselves to the achievement of the proposed objectives of the Regional Plan of Action for Human Resources for Health 2007-2015 and intensify technical and financial cooperation between countries in support of the Plan.
2. To request to the Director to:

- (a) Cooperate with the Member States in the development of their national plans of action for human resources for health 2007-2015 and promote and facilitate technical and financial cooperation between the countries of the Region;
- (b) Actively support the development of plans of action for human resources for health at the subregional level, in coordination with subregional institutions and organizations, to address challenges related to border dynamics, the mobility of health professionals and populations and other issues of common interest;
- (c) Engage the Regional Network of Observatories for Human Resources for Health in the development of indicators and tracking systems to monitor human resources for health 2007-2015 objectives, and to generate, organize and facilitate the access to knowledge relevant to human resources strategies and interventions;
- (d) Intensify efforts to develop regional communities of practice and learning in the management of human resources planning and policy, including those aimed at the integration of primary health care and public health.

*(Eighth meeting, 28 June 2007)*

***CE140.R14 Amendments to the PASB Staff Rules***

***THE 140th SESSION OF THE EXECUTIVE COMMITTEE,***

Having considered the amendments to the Staff Rules of the Pan American Sanitary Bureau submitted by the Director in the Annex to Document CE140/25;

Taking into account the actions of the Sixtieth World Health Assembly regarding the remuneration of the Regional Directors, Assistant Directors-General, and the Director-General;

Bearing in mind the provisions of Staff Rule 020 and Staff Regulation 3.1 of the Pan American Sanitary Bureau; and

Recognizing the need for uniformity of conditions of employment of staff of the Pan American Sanitary Bureau and the World Health Organization,

***RESOLVES:***

1. To establish with effect from the school year in progress on 1 January 2007 the maximum admissible expenses and maximum education grant in the United States at US\$ 34,598 and \$ 25,949, respectively; the maximum admissible expenses and maximum education grant for the United States dollar area outside the United States at \$18,048 and \$13,536, respectively, and amendments to the eligibility requirements.
2. To confirm, in accordance with Staff Rule 020, the amendments to the Staff Rules that have been made by the Director with effect from 1 July 2007 concerning the effective date of the Pan American Health Organization Staff Rules and Staff Regulations, home leave, special leave, leave without pay, leave for military training or service, sick leave (family emergency leave), adoption leave, travel of spouse and children, resignation, effective date of termination, completion of appointments, annual leave, Board of Appeal, and Administrative Tribunal.
3. To confirm, in accordance with Staff Rule 020, the amendments to the Staff Rules that have been made by the Director with effect from 1 January 2008 in order to implement contract reform in the Pan American Sanitary Bureau, provided that the United Nations General Assembly first approves new contractual arrangements for the UN Common System with which the proposed amendments are in line, specifically with respect to salary determination, net base salary on promotion to a higher grade, net base salary on reduction in grade, payment of net base salary to temporary staff in the professional and higher categories, dependants' allowances, education and special education grant, mobility and hardship allowance, assignment grant, service allowance, appointment policies, reinstatement upon reemployment, inter-organization transfers, end of probation, within-grade increase, meritorious within-grade increase, promotion, reassignment, reduction in grade, annual leave, home leave, leave for military training or service, sick leave, paternity leave, travel of staff members, travel of spouse and children, special education grant travel, removal of household goods, termination for reasons of health, completion of appointments, abolition of post, termination of temporary appointments, unsatisfactory performance or unsuitability for international civil service, conference and other short-term service staff, consultants, and national professional officers.
4. To establish the annual salary of the Deputy Director of the Pan American Sanitary Bureau as from 1 January 2007 at \$168,826 before staff assessment, resulting in a modified net salary of \$122,737 (dependency rate) or \$111,142 (single rate).
5. To establish the annual salary of the Assistant Director of the Pan American Sanitary Bureau as from 1 January 2007 at \$167,288 before staff assessment, resulting in a modified net salary of \$121,737 (dependency rate) or \$ 110,142 (single rate);

6. To recommend to the 27th Pan American Sanitary Conference that it adjust the annual salary of the Director of the Pan American Sanitary Bureau by adopting the following resolution:

***THE 27th PAN AMERICAN SANITARY CONFERENCE,***

Considering the revision to the base/floor salary scale for the professional and higher-graded categories of staff, effective 1 January 2007;

Taking into account the decision by the Executive Committee at its 140th Session to adjust the salaries of the Deputy Director and Assistant Director of the Pan American Sanitary Bureau; and

Noting the recommendation of the Executive Committee with regard to the salary of the Director of the Pan American Sanitary Bureau,

***RESOLVES:***

To establish the annual salary of the Director of the Pan American Sanitary Bureau as from 1 January 2007 at US\$ 185,874 before staff assessment, resulting in a modified net salary of \$133,818 (dependency rate) or \$120,429 (single rate).

*(Ninth meeting, 29 June 2007)*

***CE140.R15 Safe Hospitals: A Regional Initiative on Disaster-Resilient Health Facilities***

***THE 140th SESSION OF THE EXECUTIVE COMMITTEE,***

Having reviewed the report of the Director on the Regional Initiative on Safe Hospitals (Document CE140/13) and aware of the benefit of joining forces to reduce health disaster risk,

***RESOLVES:***

To recommend to the 27th Pan American Sanitary Conference the adoption of a resolution along the following lines:

***THE 27th PAN AMERICAN SANITARY CONFERENCE,***

Having considered the report of the Director on the Regional Initiative on Safe Hospitals (CSP27/12) and aware of the benefit of joining forces to reduce health disaster risk;

Considering that the 45th Directing Council of the Pan American Health Organization (2004) approved Resolution CD45.R8 urging Member States to adopt “Hospitals Safe from Disasters” as a national risk reduction policy and that 168 countries adopted the same goal at the World Conference on Disaster Reduction as one of the priority actions to be implemented by 2015;

Aware that, according to data provided by PAHO/WHO Member States, 67% of their health facilities are located in disaster risk areas and that in the last decade nearly 24 million people in the Americas lost health care for months, and sometimes years, due to damage to health facilities directly related to disasters;

Taking into account that functional collapse is the main cause of hospitals being out of service after a disaster and that access to health services is a critical need in saving lives, especially during emergencies, and is a main responsibility of the health sector and also one of the Essential Public Health Functions;

Considering that the UN International Strategy for Disaster Reduction (ISDR) decided to organize, for 2008-2009, the global safe hospitals campaign as an example of a complex entity that requires the collaboration of all sectors, including financial institutions, in order to make hospitals resilient to disasters, and that the World Health Organization is the technical entity responsible for the campaign; and

In order to significantly contribute to reducing disaster risk in the Region and taking into account that the safe hospital campaign will make a major contribution to comprehensive hospital safety, including patient safety and health of workers,

***RESOLVES:***

1. To urge the Member States to:
  - (a) Ensure that a specific entity in each ministry of health has the responsibility to develop a disaster risk reduction program;
  - (b) Actively support the 2008-2009 ISDR safe hospitals campaign through:

- Establishment of partnerships with stakeholders within and beyond the health sector, such as national disaster management organizations, planning, national and international financial institutions, universities, scientific and research centers, local authorities, communities, and other key contributors;
  - Sharing and implementing best practices in order to achieve practical and significant progress on the safe hospitals initiative at the country level;
  - Ensuring that all new hospitals are built with a level of protection that better guarantees that they will remain functional in disaster situations, and implement appropriate mitigation measures to reinforce existing health facilities;
- (c) Develop national policies on safe hospitals, adopt appropriate national and international norms and standards, and monitor the safety of the health facility network.
2. To request the Director to:
- (a) Develop new tools to assess the likelihood that health facilities remain functional during and after a disaster and assist Member States in their implementation;
  - (b) Support countries in documenting and sharing best practices as well as achieving progress on the safe hospital initiative;
  - (c) Promote and strengthen coordination and cooperation with regional and subregional agencies related to the issue of disasters.

*(Ninth meeting, 29 June 2007)*

***CE140.R16 Strategy for Strengthening Vital and Health Statistics in the Countries of the Americas***

***THE 140th SESSION OF THE EXECUTIVE COMMITTEE,***

Having studied the document presented by the Director, *Strategy for Strengthening Vital and Health Statistics in the Countries of the Americas* (Document CE140/15)

***RESOLVES:***

To recommend that the 27th Pan American Sanitary Conference adopt a resolution along the following lines:

***THE 27th PAN AMERICAN SANITARY CONFERENCE,***

Having studied the document presented by the Director, *Strategy for Strengthening Vital and Health Statistics in the Countries of the Americas* (Document CSP27/13);

Recognizing the importance of improving the coverage and quality of vital and health statistics to ensure more reliable and valid evidence for the design, implementation, and monitoring of health policies in the countries and following international recommendations;

Motivated by the need for better quality indicators at the subnational, national, and regional level to monitor international commitments such as those established at the International Conference on Population and Development (ICPD, Cairo, 1994), the Fourth World Conference on Women (Beijing, 1995), the declaration of the countries on the Millennium Development Goals (2000), the World Conference against Racism, Racial Discrimination, Xenophobia, and Related Intolerance (Durban, 2001) and other specific commitments related to the human rights approach in access to information and evidence for policy-making;

Aware of the efforts to date to develop instruments for analyzing the state of statistics and regional situational diagnosis in the countries;

Recognizing that the Secretariat needs a permanent mechanism that will contribute to the strengthening of vital and health statistics in the countries of the Region, as recommended by the Regional Advisory Committee on Health Statistics in 2003, and that that mechanism should harmonize actions within and among the countries and coordinate activities within the Organization and with other international technical cooperation and financing agencies to promote efficient use of the available human, technical, and financial resources in the Region to strengthen statistics; and

Considering the importance of a strategy that will continuously and permanently serve as a guide for improving the coverage and quality of vital and health statistics in the countries of the Americas,

***RESOLVES:***

1. To urge the Member States to:
  - (a) Endorse, as appropriate, the strategy for strengthening vital and health statistics in the countries of the Americas, which will lead to the design of a plan of action that will promote better quality data and indicators with greater coverage for the design and monitoring of health policies;
  - (b) Promote the participation and coordination of national and sectoral statistics offices, civil registries, and other public and private actors/users in analyzing the state of national and subnational vital and health statistics and designing their plans of action;
  - (c) Coordinate with other countries in the Region implementation of the activities contained in their plans of action and the dissemination and use of tools that promote improved production of vital and health statistics.
  
2. To request the Director to:
  - (a) Work with the Member States in implementing the strategy according to their own national context and priorities and in the design, implementation, and monitoring of the plan of action, and promote the dissemination and use of the products derived from it in the subnational, national, and regional production of health information;
  - (b) Promote the channeling of corporate needs in terms of access to valid, reliable information for developing the Organization's plans and programs through the strategy, advancing toward the formulation of the plan of action;
  - (c) Encourage coordination of the plan of action through similar initiatives by other international technical cooperation and financing agencies to strengthen statistics in the countries;
  - (d) Identify the human resource, technology, and financial needs to guarantee the design and implementation of the plan of action for strengthening vital and health statistics in the countries of the Americas;
  - (e) Periodically report to the Governing Bodies through the Executive Committee on the progress and constraints evaluated during implementation of the plan of action.

*(Ninth meeting, 29 June 2007)*



***CE140.R17 Dengue Prevention and Control in the Americas***

***THE 140th SESSION OF THE EXECUTIVE COMMITTEE,***

Having studied the document presented by the Director, *Dengue Prevention and Control in the Americas: Integrated Approach and Lessons Learned* (Document CE140/17);

Considering efforts by the countries of the Region in dengue prevention and control and pursuant to Resolutions CD43.R4 and CD44.R9 of the Directing Council of PAHO for the preparation and implementation of the Integrated Management Strategy (IMS-dengue), which it presents as a model for reducing the morbidity and mortality from dengue outbreaks and epidemics;

Recognizing that recent outbreaks of dengue and the complexity of the epidemiological situation have raised awareness about the macrodeterminants of transmission, such as climate change, migration, and uncontrolled or unplanned urbanization, with the consequent proliferation of breeding sites for the *Aedes aegypti* mosquito, the principal vector for transmission of the dengue virus; and

Bearing in mind that the encouraging progress and efforts of the countries to fight dengue in the Region are still not enough and that the very process of implementing the IMS-dengue has made it possible to identify weaknesses and threats that demand the continued study of dengue in all its dimensions, magnitude, and complexity,

***RESOLVES:***

To recommend that the 27th Pan American Sanitary Conference adopt a resolution along the following lines:

***THE 27th PAN AMERICAN SANITARY CONFERENCE,***

Having studied the document presented by the Director, *Dengue Prevention and Control in the Americas: Integrated Approach and Lessons Learned* (Document CSP27/15);

Considering efforts by the countries of the Region in dengue prevention and control and pursuant to resolutions CD43.R4 and CD44.R9 of the Directing Council of PAHO for the preparation and implementation of the Integrated Management Strategy (IMS-dengue), which it presents as a model for reducing the morbidity and mortality from dengue outbreaks and epidemics;

Recognizing that recent outbreaks of dengue and the complexity of the epidemiological situation have raised awareness about the macrodeterminants of

transmission, such as poverty, climate change, migration, and uncontrolled or unplanned urbanization, with the consequent proliferation of breeding sites for the *Aedes aegypti* mosquito, the principal vector for transmission of the dengue virus; and

Bearing in mind that the encouraging progress and efforts of the countries to fight dengue in the Region are still not enough and that the very process of implementing the IMS-dengue has made it possible to identify weaknesses and threats that demand the continued study of dengue in all its dimensions, magnitude, and complexity,

***RESOLVES:***

1. To urge the Member States to:
  - (a) Work to address the weaknesses and threats identified by each country in the preparation of the IMS-dengue to achieve the results expected from the implementation of the national strategies;
  - (b) Identify and mobilize financial resources to further implementation of the national strategies;
  - (c) Prevent deaths from dengue by giving priority to strengthening the health services network to offer timely, adequate care to patients with serious cases of dengue hemorrhagic fever and dengue shock syndrome;
  - (d) Promote intersectoral public policies to control the macrodeterminants of dengue transmission, with particular attention to strengthening urban planning, poverty reduction, and environmental sanitation (water, refuse) to permit sustainable prevention of dengue and other vector-borne diseases;
  - (e) Pursue systematic monitoring and evaluation of national IMS-dengue implementation, which will make it possible to provide continuity for the activities and integrate new tools for dengue control;
  - (f) Evaluate evidence on the magnitude of the problem of waste tires and dumps filled with discarded plastic that might pose a growing threat as potential breeding sites for the dengue mosquito vector, and encourage partnerships between government and private industry in the search for solutions;
  - (g) Allocate greater financial resources where appropriate, specifically to improve the technical skills of human resources and their training in neglected fields such as entomology and social communication for development;

- (h) Promote scientific research on new technical tools and ongoing evaluation of existing tools to ensure the greatest impact on dengue prevention and control;
  - (i) Take advantage of the implementation of the International Health Regulations (2005) for the timely detection of cases.
2. To request the Director to:
- (a) Strengthen technical cooperation among the Member States to halt the spread of dengue in the Region and reduce the social, economic, and political burden that dengue represents;
  - (b) Support intersectoral strategic partnerships and the involvement of international financial partners to support implementation and evaluation of the Integrated Management Strategy for dengue prevention and control in all the countries and subregions of the Americas, with a view to reducing the determinants of transmission;
  - (c) Promote preparation of a regional plan for a timely response to the dengue outbreaks and epidemics that have increased over the years in the countries of the Americas.

*(Ninth meeting, 29 June 2007)*

***CE140.R18 Regional Policy and Strategy for Ensuring the Quality of Health Care, Including Patient Safety***

***THE 140th SESSION OF THE EXECUTIVE COMMITTEE,***

Having analyzed the document presented by the Director, *Regional Policy and Strategy for Ensuring the Quality of Health Care, Including Patient Safety* (Document CE140/18),

***RESOLVES:***

To recommend to the 27th Pan American Sanitary Conference that it adopt a resolution along the following lines:

***THE 27th PAN AMERICAN SANITARY CONFERENCE,***

Having analyzed the document presented by the Director, *Ensuring the Quality of Health Care, Including Patient Safety* (Document CSP27/16);

Considering that it is important to take immediate steps at the national and regional levels to ensure that health systems provide effective, safe, efficient, accessible, appropriate, and satisfactory care for users;

Recognizing that policies are needed in the health sector that will impact the health care continuum, foster citizen involvement, and promote a culture of quality and safety in health care institutions;

Recalling the designation of quality assurance in individual and collective health services as an essential public health function (Document CD42/15 of the 42nd PAHO Directing Council (2002)) and recognizing with concern the Region's poor performance in this regard;

Considering Resolution WHA55.18, "Quality of Care: Patient Safety," of the World Health Assembly in 2002, which urges Member States to pay the greatest attention to the problem of patient safety and to establish and strengthen the scientific systems necessary for improving patient safety and the quality of care;

Considering the Regional Declaration on the New Orientations for Primary Health Care (Declaration of Montevideo), endorsed by the 46th Directing Council of PAHO (2005), establishing that health systems should be oriented toward patient safety and quality of care; and

Recognizing with satisfaction the initiatives and leadership of some of the Region's Member States in the field of patient safety and quality of care,

***RESOLVES:***

1. To urge the Member States to:
  - (a) Prioritize patient safety and quality of care in sector health policies and programs, including the promotion of an organizational and personal culture of patient safety and quality of care to patients;
  - (b) Allocate the necessary resources for developing national policies and programs to promote patient safety and quality of care;
  - (c) Incorporate client involvement in processes for improving the quality of health care;
  - (d) Evaluate the patient safety and quality of care situation in the country, with the objective of identifying priority areas and intervention strategies;

- (e) Design and implement interventions to improve patient safety and quality of care;
  - (f) Collaborate with the PAHO Secretariat in drafting an evidence-based regional strategy that includes measurable outcomes for improving patient safety and quality of care.
2. To request the Director to:
- (a) Emphasize to the Member States and subregional, regional, and global forums the importance of improving patient safety and quality of care;
  - (b) Generate and make available information and evidence that will permit scientific evaluation of the magnitude and evolution of performance in the field of quality of care, as well as the effectiveness of the interventions;
  - (c) Provide technical assistance to the countries of the Region in the design and application of solutions for quality improvement;
  - (d) Promote patient/client involvement in the formulation of policies and solutions to improve patient safety and quality of care;
  - (e) Spearhead efforts to create the regional observatory of patient safety and quality of care;
  - (f) Mobilize resources in support of patient safety and quality of care initiatives in the Region;
  - (g) Develop, in consultation with the Member States, a regional strategy for improving patient safety and quality of care.

*(Ninth meeting, 29 June 2007)*

***CE140.R19 Provisional Agenda of the 27th Pan American Sanitary Conference,  
59th Session of the Regional Committee of WHO for the Americas***

***THE 140th SESSION OF THE EXECUTIVE COMMITTEE,***

Having examined the provisional agenda (Document CSP27/1) prepared by the Director for the 27th Pan American Sanitary Conference, 59th Session of the Regional Committee of WHO for the Americas, presented as Annex to Document CE140/4, Rev. 1; and

Bearing in mind the provisions of Article 7.F of the Constitution of the Pan American Health Organization and Rule 8 of the Rules of Procedure of the Conference,

***RESOLVES:***

To approve the provisional agenda (Document CSP27/1) prepared by the Director for the 27th Pan American Sanitary Conference, 59th Session of the Regional Committee of WHO for the Americas.

*(Ninth meeting, 29 June 2007)*

**Decisions**

***CE140(D1) Adoption of the Agenda***

Pursuant to Rule 9 of the Rules of Procedure of the Executive Committee, the Committee adopted, without modification, the agenda submitted by the Director (Document CE140/1, Rev. 1).

*(First meeting, 25 June 2007)*

***CE140(D2) Representation of the Executive Committee at the 27th Pan American Sanitary Conference, 59th Session of the Regional Committee of WHO for the Americas***

Pursuant to Rule 54 of its Rules of Procedure, the Executive Committee decided to designate its President (Venezuela) and Vice President (Antigua and Barbuda) to represent the Committee at the 27th Pan American Sanitary Conference, 59th Session of the Regional Committee of WHO for the Americas. The Committee designated Canada and the United States of America as alternate representatives.

*(First meeting, 25 June 2007)*

IN WITNESS WHEREOF, the President of the Executive Committee and the Secretary ex officio, Director of the Pan American Sanitary Bureau, sign the present Final Report in the English and Spanish languages, both texts being equally authentic.

DONE in Washington, D.C., on this twenty-ninth day of June in the year two thousand seven. The Secretary shall deposit the original texts in the archives of the Pan American Sanitary Bureau and shall send copies thereof to the Member States of the Organization.

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Nancy Pérez  
Delegate of Venezuela  
President of the 140th Session  
of the Executive Committee

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Mirta Roses Periago  
Director of the Pan American Sanitary Bureau  
Secretary ex officio of the 140th Session  
of the Executive Committee

## **AGENDA**

### **1. OPENING OF THE SESSION**

### **2. PROCEDURAL MATTERS**

- 2.1 Adoption of the Agenda
- 2.2 Representation of the Executive Committee at the 27th Pan American Sanitary Conference, 59th Session of the Regional Committee of WHO for the America
- 2.3 Provisional Agenda of the 27th Pan American Sanitary Conference, 59th Session of the Regional Committee of WHO for the Americas

### **3. COMMITTEE MATTERS**

- 3.1 Report on the First Session of the Subcommittee on Program, Budget, and Administration
- 3.2 PAHO Award for Administration 2007
- 3.3 Nongovernmental Organizations in Official Relations with PAHO
- 3.4 Annual Report of the Ethics Office

### **4. PROGRAM POLICY MATTERS**

- 4.1 Proposed Strategic Plan 2008-2012
- 4.2 Proposed Program Budget 2008-2009
- 4.3 Elimination of Rubella and Congenital Rubella Syndrome in the Americas: Progress Report
- 4.4 Avian Flu and Pandemic Influenza: Progress Report



**4. PROGRAM POLICY MATTERS** *(cont.)*

- 4.5 Malaria in the Americas: Progress Report
- 4.6 Regional Plan of Action for Human Resources for Health 2007-2015
- 4.7 Preparations for the International Health Security Roundtable
- 4.8 Regional Initiative on Safe Hospitals
- 4.9 Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control
- 4.10 Strategy for Strengthening Vital and Health Statistics in the Countries of the Americas
- 4.11 Faces, Voices, and Places: A Community-based Response to the Millennium Development Goals
- 4.12 Dengue Prevention and Control in the Americas: Integrated Approach and Lessons Learned
- 4.13 Regional Policy and Strategy for Ensuring Quality of Care, Including Patient Safety

**5. ADMINISTRATIVE AND FINANCIAL MATTERS**

- 5.1 International Public Sector Accounting Standards
- 5.2 Master Capital Investment Plan
- 5.3 Report on the Collection of Quota Contributions
- 5.4 Process for the Implementing the New Scale of Quota Assessments Based on the New OAS Scale
- 5.5 Interim Financial Report of the Director for 2006
- 5.6 Report on the Activities of the Internal Oversight Services Unit

## **6. PERSONNEL MATTERS**

- 6.1 Contract Reform in PAHO
- 6.2 Confirmation of Amendments to the PASB Staff Rules
- 6.3 Statement by the Representative of the PASB Staff Association

## **7. MATTERS FOR INFORMATION**

- 7.1 PASB Human Resources: Staffing Profile
- 7.2 Resolutions and Other Actions of the Sixtieth World Health Assembly of Interest to the Regional Committee
- 7.3 Update on the Process for the Appointment of the External Auditor

## **8. OTHER MATTERS**

## **9. CLOSURE OF THE SESSION**

## LIST OF DOCUMENTS

### Official Documents

<i>Official Document 326</i>	Interim Financial Report of the Director for 2006
<i>Official Document 327</i>	Proposed Program Budget 2008-2009
<i>Official Document 328</i>	Proposed Strategic Plan 2008-2012

### Working Documents

CE140/1, Rev. 2	Agenda
CE140/2	List of Participants
CE140/3	Representation of the Executive Committee at the 27th Pan American Sanitary Conference, 59th Session of the Regional Committee of WHO for the America
CE140/4, Rev.1	Provisional Agenda of the 27th Pan American Sanitary Conference, 59th Session of the Regional Committee of WHO for the Americas
CE140/5	Report on the First Session of the Subcommittee on Program, Budget, and Administration
CE140/6 and Add. I and II	PAHO Award for Administration 2007
CE140/7	Nongovernmental Organizations in Official Relations with PAHO
CE140/8	Elimination of Rubella and Congenital Rubella Syndrome in the Americas: Progress Report
CE140/9	Avian Flu and Pandemic Influenza: Progress Report
CE140/10	Malaria in the Americas: Progress Report

**Working Documents** (*cont.*)

CE140/11	Regional Plan of Action for Human Resources for Health 2007-2015
CE140/12	Preparations for the International Health Security
CE140/13	Regional Initiative on Safe Hospitals
CE140/14	Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control
CE140/15	Strategy for Strengthening Vital and Health Statistics in the Countries of the Americas
CE140/16	Faces, Voices, and Places: A Community-based Response to the Millennium Development Goals
CE140/17	Dengue Prevention and Control in the Americas: Integrated Approach and Lessons Learned
CE140/18	Regional Policy and Strategy for Ensuring Quality of Care, Including Patient Safety
CE140/19	International Public Sector Accounting Standards
CE140/20	Master Capital Investment Plan
CE140/21 and Add. I	Report on the Collection of Quota Contributions
CE140/22	Process for the Implementing the New Scale of Quota Assessments Based on the New OAS Scale
CE140/23	Process for the Implementing the New Scale of Quota Assessments Based on the New OAS Scale
CE140/24 and Corrig.	Contract Reform in PAHO
CE140/25 and Corrig.	Confirmation of Amendments to the PASB Staff Rules.

**Working Documents** *(cont.)*

CE140/26, Rev.1	Statement by the Representative of the PASB Staff Association
CE140/27	Annual Report of the Ethics Office
CE140/28	Proposed Program Budget 2008-20009: Impact of Zero Nominal Growth Regular Budget

**Information Documents**

CE140/INF/1	PASB Human Resources: Staffing Profile
CE140/INF/2	Resolutions and Other Actions of the Sixtieth World Health Assembly of Interest to the Regional Committee
CE140/INF/3	Update on the Process for the Appointment of the External Auditor

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LISTA DE PARTICIPANTES**

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