



**PAN AMERICAN  
HEALTH  
ORGANIZATION**

XXXIX Meeting



**WORLD  
HEALTH  
ORGANIZATION**

XLVIII Meeting

Washington, D.C.  
September 1996

*Provisional Agenda Item 3.1*

CD39/5 (Eng.)  
15 July 1996  
ORIGINAL: SPANISH

**ANNUAL REPORT OF THE CHAIRMAN OF THE  
EXECUTIVE COMMITTEE**

Presented below, in compliance with the provisions of Article 9.C of the Constitution of the Pan American Health Organization, which establishes that the Directing Council shall review the annual report of the Chairman of the Executive Committee, is the report on the activities carried out by the Executive Committee and its various subcommittees between September 1995 and September 1996. During the period covered by this report, the Executive Committee held two meetings: the 117th Meeting, on 30 September 1995, and the 118th Meeting, from 24 to 27 June 1996. The Subcommittee on Planning and Programming held its 25th Meeting on 30 November and 1 December 1995 and its 26th Meeting from 25 to 27 March 1996. The 16th Meeting of the Special Subcommittee on Women, Health, and Development was held from 27 to 29 March 1996.

The 117th Meeting of the Committee was attended by the representatives of the following Member Governments elected by the Directing Council: Bahamas, Bolivia, Canada, Chile, Costa Rica, El Salvador, Saint Kitts and Nevis, United States of America, and Uruguay. Argentina, Belize, and Brazil participated as observers.

The 118th Meeting was attended by representatives of the following Member Governments elected by the Directing Council: Bahamas, Bolivia, Canada, Chile, Costa Rica, El Salvador, Saint Kitts and Nevis, United States of America, and Uruguay. Also present were observers for Brazil, Cuba, France, Venezuela, and Spain, as well as six intergovernmental organizations and three nongovernmental organizations.

Representatives of the following Member Governments were elected to serve as officers for the 117th and 118th Meetings: Bolivia (Chairman), Costa Rica (Vice Chairman), and Canada (Rapporteur).

During the 117th Meeting, El Salvador and Uruguay were elected to serve on the Subcommittee on Planning and Programming on the expiration of the terms of office of Belize and Mexico on the Executive Committee. Chile and Saint Kitts and Nevis were elected to serve on the Standing Committee on Nongovernmental Organizations on the expiration of the terms of office of Argentina and Belize on the Executive Committee. In addition, the Committee set the dates for the 25th and 26th Meetings of the Subcommittee on Planning and Programming; the 16th Meeting of the Special Subcommittee on Women, Health, and Development; the 118th Meeting of the Executive Committee; and the XXXIX Meeting of the PAHO Directing Council. The Committee adopted one resolution and six decisions, which appear, together with a summary of the Committee's deliberations, in the Final Report of the 117th Meeting (Annex A).

During the 118th Meeting, the Committee appointed the representatives of Bolivia and El Salvador to represent it at the XXXIX Meeting of the Directing Council, XLVIII Meeting of the Regional Committee of WHO for the Americas, and selected the representatives of Canada and Chile to serve as alternates for Bolivia and El Salvador, respectively. It also approved a provisional agenda for the XXXIX Meeting of the Directing Council. The Committee heard reports from the Subcommittee on Planning and Programming; the Special Subcommittee on Women, Health, and Development; the Award Committee of the PAHO Award for Administration; and the Standing Committee on Nongovernmental Organizations.

The following agenda items were also discussed during the 118th Meeting:

**Program Policy Matters**

- Provisional Draft of the Program Budget of the World Health Organization for the Region of the Americas for the Financial Period 1998-1999-Renewal of the Call for Health for All
- Progress of Activities in Health Sector Reform
- Progress in Implementation of the Regional Plan for Investment in the Environment and Health
- Progress in the Implementation of the Regional Plan of Action on Violence and Health
- PAHO's Role in Promoting Government-NGO Collaboration
- Evaluation of the Strategic and Programmatic Orientations, 1995-1998
- Study on the Feasibility of Eradicating *Aedes aegypti*
- Acquired Immunodeficiency Syndrome (AIDS) in the Americas
- Expanded Program on Immunization

**Administrative and Financial Policy Matters**

- Report on the Collection of Quota Contributions
- Financial Report of the Director and Report of the External Auditor for 1994-1995
- PAHO Building Fund and Maintenance and Repair of PAHO-owned Buildings
- PAHO Field Office Buildings

**General Information Matters**

- Statement by the Representative of the PAHO/WHO Staff Association
- Resolutions and Other Actions of the Forty-ninth World Health Assembly of Interest to the PAHO Executive Committee

The Executive Committee adopted 14 resolutions and 5 decisions, which appear, together with a summary of the presentations and discussions on each item, in the Final Report of the 118th Meeting (Annex B).

**Annexes**

*executive committee of  
the directing council*



**PAN AMERICAN  
HEALTH  
ORGANIZATION**

*working party of  
the regional committee*



**WORLD  
HEALTH  
ORGANIZATION**

117th Meeting  
Washington, D.C.  
30 September 1995

CD39/5 (Eng.)  
Annex A

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CE117/FR (Eng.)  
30 September 1995  
ORIGINAL: ENGLISH-SPANISH

**FINAL REPORT**

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## FINAL REPORT

The 117th Meeting of the Executive Committee of the Pan American Health Organization was held at the Headquarters building in Washington, D.C., on 30 September 1995, as convened by the Director of the Pan American Sanitary Bureau (PASB).

### Participants

The accredited delegations of the members of the Executive Committee, observers, and PASB officers present at the Meeting were as follows:

#### *Members of the Executive Committee*

Bahamas	Ms. Theresa Moxey-Ingraham Dr. Vernell T. Allen Ms. Hannah Gray
Bolivia	Dr. Joaquín Monasterio Pinckert Mr. Erwin Ortiz
Canada	Dr. Guy Nantel
Chile	Mr. Carlos Massad Mr. Francisco Bayo Dr. Manuel Inostroza Mr. Mariano Ruiz-Esquide Dr. Rosa Tapia Mr. Isidoro Tohá
Costa Rica	Dr. Herman Weinstok
El Salvador	Dr. Ana María Alfaro de Gamero
Saint Kitts and Nevis	Mr. Ian Hodge

**Participants (cont.)**

***Members of the Executive Committee (cont.)***

United States  
of America

Ms. Linda A. Vogel  
Mr. Neil A. Boyer  
Ms. Mary Lou Valdez

Uruguay

Dr. Angel Grillo  
Dr. Alejandro Gherardi

***Observers***

***Member Governments of PAHO***

Argentina

Dr. Argentino Luis Pico

Belize

Hon. Ruben Campos

Brazil

Mr. Ernesto Rubarth

***Secretariat***

***Secretary ex officio of the Executive Committee***

Sir George Alleyne  
Director, PASB

***Advisers to the Director of PASB***

Dr. David Brandling-Bennett  
Deputy Director

Dr. Mirta Roses  
Assistant Director

Mr. Thomas Tracy  
Chief of Administration

*Secretariat (cont.)*

*Advisers to the Director of PASB (cont.)*

Dr. Stephen J. Corber  
Director, Division of Disease Prevention and Control

Mr. Horst Otterstetter  
Director, Division of Health and Environment

Dr. José M. Paganini  
Director, Division of Health Systems and Services Development

Dr. Helena Restrepo  
Director, Division of Health Promotion and Protection

Dr. José R. Teruel  
Director, Division of Health and Human Development

Dr. Ciro de Quadros  
Director, Special Program on Vaccines and Immunization

Dr. Irene Klinger  
Chief, Office of External Relations

Dr. Juan Manuel Sotelo  
Chief, Office of Analysis and Strategic Planning

*Chief, Department of Conference and General Services*

Mr. César A. Portocarrero

*Chief, Conference and Secretariat Services*

Ms. Janice A. Barahona



## Opening of the Meeting

The outgoing Chairman of the Executive Committee, Dr. Argentino Luis Pico (Argentina), declared the 117th Meeting open and welcomed the Representatives of the Bahamas, Chile, and Costa Rica, elected to the Committee on the expiration of the terms of office of Argentina, Belize, and Mexico.

## Officers

The following representatives were elected as Officers:

<i>Chairman:</i>	Bolivia	Dr. Joaquín Monasterio Pinckert
<i>Vice Chairman:</i>	Costa Rica	Dr. Herman Weinstok
<i>Rapporteur:</i>	Canada	Dr. Guy Nantel

The Director of the Pan American Sanitary Bureau, Sir George Alleyne, acted as Secretary *ex officio* of the Executive Committee.

## Agenda

The provisional agenda was adopted (Document CE117/1).

## Decisions

### ***CE117(D1) Composition of the Subcommittee on Planning and Programming***

El Salvador and Uruguay were elected to serve on the Subcommittee on Planning and Programming on the expiration of the terms of office of Belize and Mexico on the Executive Committee.

### ***CE117(D2) Composition of the Standing Subcommittee on Nongovernmental Organizations***

Chile and Saint Kitts and Nevis were elected to serve on the Standing Subcommittee on Nongovernmental Organizations on the expiration of the terms of office of Argentina and Belize on the Executive Committee.

***CE117(D3) Dates and Agendas of the 25th and 26th Meetings of the Subcommittee on Planning and Programming***

The Subcommittee on Planning and Programming will hold its 25th Meeting at the Headquarters of PAHO from 30 November to 1 December 1995, and its 26th Meeting, from 25 to 27 March 1996.

The items that will be addressed in the two meetings are the following: evaluation of the Latin American and Caribbean Center on Health Sciences Information (BIREME); evaluation of the technical cooperation program with Bolivia; veterinary public health, especially the role of the Pan American Foot-and-Mouth Disease Center (PANAFTOSA) and relations between the Inter-American Institute for Cooperation on Agriculture (IICA) and PAHO; information management in PAHO; the regional food and nutrition program; renewal of the strategy of health for all; evaluation of the Strategic and Programmatic Orientations of PAHO, 1995-1998; violence and health; report on the progress made by the Regional Plan for Investment in the Environment and Health (PIAS); research on health systems and services; and monitoring of activities in health sector reform.

***CE117(D4) Dates of the 16th Meeting of the Special Subcommittee on Women, Health, and Development***

The Special Subcommittee on Women, Health, and Development will hold its 16th Meeting at Headquarters from 27 to 29 March 1996.

***CE117(D5) Dates of the 118th Meeting of the Executive Committee***

The Executive Committee will hold its 118th Meeting at Headquarters from 24 to 28 June 1996.

***CE117(D6) Elimination of the Summary Records of the Meetings of the Executive Committee***

In order to reduce expenditures, it was agreed to dispense with the preparation of summary records of the meetings of the Executive Committee. In place of the summary records, a more extensive final report will be prepared.

**Administrative Matters**

The Secretariat informed the Executive Committee that it had reached an agreement concerning payment of the actuarial costs owed by PAHO to the United Nations Joint Staff Pension Fund with regard to the former staff members of the Pan

American Zoonoses Center (CEPANZO). As result of this agreement, the Organization will pay \$2,806,000 instead of \$4,750,000 as initially calculated.

### **Other Topics Addressed**

#### *Analysis of the Process and Content of the XXXVIII Meeting of the Directing Council of PAHO, XLVII Meeting of the Regional Committee of WHO for the Americas*

The members of the Committee expressed general satisfaction with the meeting of the Directing Council. However, some improvements were suggested for future meetings. It was proposed that the order of items in the agenda follow the sequence in which the meeting will take up the items to better enable participants to prepare for the discussions. Concerning the budget, it was suggested that, in the future, the document include not only the projections but the expenditures in order to provide better orientation for the discussions and decisions in this regard. With respect to the Special Meeting on Health Sector Reform, the key role of PAHO in monitoring and coordinating the process was emphasized; the unfortunate absence on this occasion of the ministers of the treasury, finance, and economy of the countries was mentioned, although the possibility of securing their participation in a follow-up meeting on this topic was suggested. It was also pointed out that, in the future, it would be better if this type of meeting were held outside the agenda of the Directing Council meeting. It was also proposed that the PAHO/WHO Representative Offices in the countries provide timely information to the ministries of health and provide support to them in the areas to be addressed in the meetings of the Governing Bodies; this will enable delegations to be better informed and participate more fruitfully in the discussions.

#### *Resolutions Adopted by the XXXVIII Meeting of the Directing Council of PAHO, XLVII Meeting of the WHO Regional Committee for the Americas, of Interest to the Executive Committee*

Fourteen resolutions were adopted by the Directing Council. The most important, because of their relation to the program budget, were CD38.R3 and CD38.R4, on the appropriations for PAHO and the assessments of the Member Governments corresponding to 1996-1997, respectively. The Council adopted six resolutions on topics that had not been dealt with previously by the Executive Committee in its 115th and 116th Meetings, and six resolutions proposed by the Committee in its 116th Meeting.

### **Resolutions**

One resolution was adopted by the Committee:

***CE117.R1      Dates of the XXXIX Meeting of the PAHO Directing Council, XLVIII Meeting of the WHO Regional Committee for the Americas***

***THE 117th MEETING OF THE EXECUTIVE COMMITTEE,***

Considering that the Director has proposed the dates 23 to 28 September 1996 for the XXXIX Meeting of the PAHO Directing Council, XLVIII Meeting of the WHO Regional Committee for the Americas; and

Bearing in mind Articles 12.A and 14.A of the Constitution of the Pan American Sanitary Bureau and Rule 1 of the Rules of Procedure of the Directing Council,

***RESOLVES:***

To authorize the Director to convoke the XXXIX Meeting of the PAHO Directing Council, XLVIII Meeting of the WHO Regional Committee for the Americas, to meet at the Headquarters building in Washington, D.C., from 23 to 28 September 1996.

*(Adopted at the single plenary session,  
30 September 1995)*

IN WITNESS WHEREOF, the Chairman 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., United States of America, on this thirtieth day of September, nineteen hundred and ninety-five. The Secretary shall deposit the original texts in the archives of the Pan American Sanitary Bureau and shall send copies thereof to the Member Governments of the Organization.

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Joaquín Monasterio Pinckert  
Chairman of the 117th Meeting  
of the Executive Committee  
Representative of Bolivia

---

George A. O. Alleyne  
Secretary *ex officio* of the 117th Meeting  
of the Executive Committee  
Director of the  
Pan American Sanitary Bureau

*executive committee of  
the directing council*



**PAN AMERICAN  
HEALTH  
ORGANIZATION**

*working party of  
the regional committee*



**WORLD  
HEALTH  
ORGANIZATION**

118th Meeting  
Washington, D.C.  
June 1996

CD39/5 (Eng.)  
Annex B

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CE118/FR (Eng.)  
27 June 1996  
ORIGINAL: ENGLISH-SPANISH

**FINAL REPORT**

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## FINAL REPORT

### Opening of the Meeting

The 118th Meeting of the Executive Committee was held at the Headquarters of the Pan American Health Organization from 24 to 27 June 1996. The meeting was attended by representatives of the nine members of the Executive Committee: Bahamas, Bolivia, Canada, Chile, Costa Rica, El Salvador, Saint Kitts and Nevis, United States of America, and Uruguay. Also present were observers for Brazil, Cuba, France, Venezuela, and Spain, as well as four intergovernmental organizations and three nongovernmental organizations.

Dr. George A. O. Alleyne, Director of PAHO, opened the meeting and welcomed the participants, extending a special welcome to the new members of the Committee, Bahamas, Chile, and Costa Rica. He noted with satisfaction the presence of observers from several other Member States—an expression of their interest in the work of the Executive Committee and the Organization. He pointed out that many PAHO staff also are present at these meetings, where they obtain information that is very valuable to their work with the countries.

The Director pointed out that the Executive Committee elects members of the Committee to the offices of Chairman, Vice Chairman, and Rapporteur, and that the members of the Committee are States, not individuals. He noted that Bolivia had been elected at the 117th Meeting to the chairmanship of the Executive Committee, and he welcomed the representative of that country, Dr. Oscar Sandoval Morón.

### *Officers*

The members elected to serve as officers at the Committee's 117th Meeting continued to serve in their respective capacities at the 118th Meeting. The officers were therefore as listed below:

<i>Chairman:</i>	Bolivia	Dr. Oscar Sandoval Morón
<i>Vice Chairman:</i>	Costa Rica	Dr. Juan Ignacio Barrios Arce
<i>Rapporteur:</i>	Canada	Mr. Nick Previsich

Dr. Alleyne served as Secretary ex officio, and Dr. David Brandling-Bennett, Deputy Director of PAHO, served as Technical Secretary.

***Adoption of the Agenda and Program of Sessions (Documents CE118/1, Rev. 2 and CE118/WP/1)***

The Committee adopted the provisional agenda and the program of sessions (Decision CE118(D1)).

**Committee and Subcommittee Reports**

***Report of the Subcommittee on Planning and Programming (Document CE118/5)***

The report on the 25th and 26th Meetings of the Subcommittee on Planning and Programming was presented by Dr. Alfredo Solari (Uruguay), Chairman of the Subcommittee. At those two meetings the Subcommittee discussed seven items that were subsequently considered by the Executive Committee at its 118th Meeting, namely, Provisional Draft of the Program Budget of the World Health Organization for the Region of the Americas for the Financial Period 1998-1999; Renewal of the Call for Health for All; Progress of Activities in Health Sector Reform; Progress in the Implementation of the Regional Plan of Action on Violence and Health; Progress in the Implementation of the Regional Plan for Investment in the Environment and Health; PAHO's Role in Promoting Government-NGO Collaboration; and Evaluation of the Strategic and Programmatic Orientations, 1995-1998. The Subcommittee's comments on these subjects are summarized in this report under the respective items. The Subcommittee also considered the following items, which were not taken up by the Executive Committee.

***Latin American and Caribbean Health Sciences Information System:*** Salient issues in the Subcommittee's discussion were the financing of the system's coordinating center, the Latin American and Caribbean Center on Health Sciences Information (BIREME), and whether the center could become self-sustaining; the services provided by BIREME and justification of its continued existence as a specialized center, given recent changes in information technology and the financial situation of the Organization; and the suitability of BIREME being located in Brazil rather than Washington, D.C. The Director of BIREME reported that sale of BIREME's products and services is a significant source of income; that the Government of Brazil and users in that country provide most of the financing for the system; and that the physical location is not crucial to BIREME's role in the decentralized information network.

***Joint Evaluation of PAHO/WHO Technical Cooperation in Bolivia:*** The Subcommittee reviewed a document describing the results of the joint evaluation undertaken in May 1995. In general, the evaluation found that PAHO/WHO technical cooperation had helped to bring about improvement in the four areas examined (maternal and child health, communicable diseases, health services development, and human

resources), but that coordination with the pertinent governmental secretariats and departments needed to be improved. The main features of Bolivia's new health care model were described. The Subcommittee saw Bolivia's experience with decentralization and popular participation as a valuable example for other countries. Noting that Bolivia is part of an intensified WHO cooperation initiative to combat the health consequences of poverty, the Subcommittee pointed to the need to carefully coordinate the WHO and PAHO cooperation programs to avoid duplication of efforts. It also suggested that the sharing of the results of this and other joint evaluations might prove useful to other donor agencies.

*PAHO Program on Veterinary Public Health: Pan American Foot-and-Mouth Disease Center (PANAFTOSA) and Relations between PAHO and the Inter-American Institute for Cooperation on Agriculture (IICA):* The Subcommittee expressed the view that the document on this subject did not contain sufficient financial data to allow it to judge the advisability of PAHO's continued support for the program as a whole and its various components. While the value of the foot-and-mouth disease control program was not questioned, there was consensus that PAHO should examine other options for financing PANAFTOSA, in particular, greater participation by the private sector. At the request of the Subcommittee, the Director agreed to prepare a document presenting a detailed analysis of all financing options for presentation to a future meeting of the Executive Committee.

*Information Management in PAHO:* The Subcommittee commended the Secretariat for its leadership in utilizing new technologies such as the Internet to enhance information management in the Organization. It was suggested that the Secretariat might provide guidance to the countries in selecting the information technologies most appropriate for their purposes. Several participants underscored the value of PAHO's activities in the area of epidemiological surveillance. The availability of systems to rapidly collect and disseminate reliable information on outbreaks and epidemics was seen as vital, especially given the increasing commercial links among countries. PAHO was urged to support the Member States in developing such systems. It was suggested that the country health profiles prepared in all the WHO regions should be comparable in format and content. Regarding the set of core data that the Secretariat was developing for use in the country profiles, it was felt that there should be some flexibility in the type of information collected, as the capacity to generate such data and the cost of doing so differed among the countries.

*PAHO Program on Food and Nutrition:* The Subcommittee noted that the document on this subject did not indicate the volume of resources to be devoted to the Regional Plan of Action on Food and Nutrition or the sources of funding. Also lacking was information on the status of the countries' efforts to develop national plans of action. The members asked how the Regional Plan would relate to the national plans and to the

work of the United Nations Food and Agriculture Organization (FAO). The importance of coordination among all the international and national agencies working in the area of food and nutrition was stressed. It was felt that the document needed to include a more detailed exploration of such topics as food security, the relationship between food and nutrition problems and development models, and the adverse impacts of some food and nutrition policies on a country's agricultural sector. The Subcommittee recommended that a revised version of the document addressing these omissions be presented to a future meeting of the Executive Committee.

*Evaluation of PAHO Technical Cooperation in El Salvador:* The Subcommittee examined a report on the results of an evaluation exercise conducted in 1993-1995. As a consequence of the evaluation, PAHO's technical cooperation plan for 1996 had been reformulated to shift it away from direct participation in projects and toward mobilization of resources and project management. The major objectives of the country's national health plan for 1994-1999 were outlined, and the Subcommittee was informed that the technical cooperation provided by PAHO coincided fully with those objectives. The Subcommittee praised the report for properly placing the emphasis on what PAHO was doing in the country, rather than on the actions of the country itself. It suggested, however, that future reports should include more details about the results produced by the Organization's technical cooperation.

*Review of the Terms of Reference and Rules of Procedure of the Subcommittee:* The Subcommittee decided to recommend to the Executive Committee that it adopt the proposed modification to the terms of reference of the Subcommittee, which aimed to foster a greater exchange of ideas in its meetings and improve the quality of its contribution to policy formulation. In addition, the Subcommittee approved the revised rules of procedure for its meetings. Regarding a suggestion that a mechanism for expressing the Subcommittee's decisions to the Executive Committee should be established, the Director said he would consult with the legal staff of the Organization to determine whether that was feasible. Among other topics discussed were the proposed participation by observer governments in ad hoc working groups and the need for working documents to clearly stipulate the actions expected from the Subcommittee.

In the discussion that followed Dr. Solari's report, one representative reminded the Secretariat that the Subcommittee had requested more information on the relative magnitude of PAHO resources devoted to some of the program areas. It was also noted that the process of optimizing the functioning of various components of the Organization must be a permanent and ongoing concern, not merely a response to economic stringency. The Director agreed, adding that many of the steps that had been taken would have been implemented in any case—for example, the sale of services by BIREME.

On the subject of health sciences information, the Representative of the Bahamas highlighted the value to the Caribbean subregion of MEDCARIB, an indexing system operated by the University of the West Indies and linked with BIREME. PAHO was commended for its leadership in expanding access to the Internet in Latin America, and the Secretariat was urged to continue providing technical cooperation for that purpose, so that information exchange could be further democratized and strategies for problem solving could be more easily shared. In this regard, the Representative of Costa Rica stated that his country would be carrying out a national evaluation of technical cooperation using a new computerized methodology, which could be shared with other countries in the future.

Several representatives reiterated the importance of coordination with other agencies in various areas, notably food and nutrition, development of information systems within the countries, and efforts to renew commitment to the goal of health for all. The Director reported that the Organization was exploring ways to implement the Subcommittee's suggestion that the results of evaluations of technical cooperation be shared with other international agencies. PAHO was actively studying the question of how best to evaluate technical cooperation and was consulting with other institutions, such as UNDP.

The Committee adopted Decision CE118(D3), taking note of the report of the Subcommittee. The Committee also adopted Resolution CE118.R2, approving the proposed modifications to the terms of reference of the Subcommittee.

***Report of the Special Subcommittee on Women, Health, and Development (Document CE118/6)***

The report on the 16th Meeting of the Special Subcommittee on Women, Health, and Development was presented by Dr. Javier Torres-Goitia (Bolivia), Chair of the Special Subcommittee. The presentations and discussions on the various agenda items are summarized below. A more complete account of the Subcommittee's deliberations and its recommendations to the Secretariat and the Member States may be found in the Final Report of the 16th Meeting (Document MSD16/FR).

***Report on Implementation of the Recommendations Made by the Subcommittee in 1995:*** Dr. Pamela Hartigan (Coordinator of the Program on Women, Health, and Development (HDW), PAHO) reviewed the progress made during the year toward implementing the recommendations made by the 15th Meeting of the Subcommittee. The recommendations that were successfully implemented included: presentation of a report on implementation of the 1995 recommendations; inclusion in annual reports of HDW of more information on work undertaken at the country level; a request from the Director that governments include representatives of the health sector in their official delegations

to the Fourth World Conference on Women in Beijing; circulation of notices of employment opportunities in the Organization to the countries and relevant health organizations; and continued effort by the Program to provide gender training to PAHO staff. The Subcommittee underscored the need for ongoing effort to ensure disaggregation of health data by both sex and age. It also noted the importance of incorporating a gender perspective into the curricula of schools that train health professionals.

*Report on the Activities of the Program on Women, Health, and Development (HDW) in 1995 and Activities Proposed for 1996:* Dr. Hartigan highlighted the main features of the Program's work in 1995 and mentioned some of the activities that it was pursuing in 1996. The four salient achievements during the year were: (1) initiation of gender and health sensitization training for PAHO staff at Headquarters and in the field offices; (2) increased capacity to mobilize extrabudgetary resources, as a result of which funding had been secured from three new donors for three new intercountry projects; (3) expansion and solidification of the Program's collaboration with other agencies of the United Nations system, the Inter-American system, multilateral agencies, and nongovernmental organizations (NGOs); and (4) continued progress in promoting research and disseminating information. The Subcommittee emphasized that the Program had a critical role to play in promoting the involvement of women in decision-making processes and in shaping thinking about health reform, ensuring that a gender perspective was incorporated in discussions of the issue.

*Follow-up Report on the Gender Training Carried Out at PAHO Headquarters and in the PAHO/WHO Representative Offices:* Dr. Hartigan described the training activities carried out during 1995 to sensitize staff at Headquarters and in the PAHO/WHO Representative Offices to the need to incorporate a gender perspective in all aspects of the Organization's work. The Subcommittee expressed unanimous support for the gender training efforts, which linked the work of the HDW Program with that of other PAHO programs more than any other initiative in the past. The need to conduct similar training exercises among national health personnel was underscored, as was the need to target high-level health officials in order to reach those who had decision-making authority and were therefore capable of effecting real change.

*Report on PAHO/WHO's Role at the World Conference on Women in Beijing:* Dr. Hartigan described her experience as a member of the WHO delegation to the Beijing conference and outlined the major health issues discussed at the meeting. In addition to WHO's efforts to provide technical information on health issues, the Organization had worked to ensure that the wording of the Platform for Action adopted at the Conference emphasized the importance of health in all aspects of life. The Conference had drawn attention to the need to approach issues such as sexuality and reproductive health at the family, couple, and individual level, which the Subcommittee

viewed as one of its most important results. It had also highlighted the need to deal with issues relating not only to women's health but also to their overall quality of life. Much of the Subcommittee's discussion of this item focused on the need for PAHO and the countries to translate the recommendations contained in the Platform into concrete action. It was felt that the countries should be encouraged to develop plans of action, which should be aimed not just at addressing specific health problems and needs of women but also at empowering women and incorporating them fully into the development process.

*Quality of Care from a Gender Perspective: An Update on PAHO's Efforts in this Area:* The Subcommittee heard two presentations under this item. The first concerned a research project being conducted by the HDW Program to determine how gender constructs influence the quality of medical care provided to men and women. The Subcommittee noted, inter alia, that the communication problems in the patient-provider relationship revealed by the study pointed up the need for gender-sensitivity training for current and future health care providers. The second presentation described a study carried out in Chile on the impact that health sector reform and the introduction of a private health insurance system had had on health care for women. The tentative conclusion suggested by the study was that women's access to services in the private system was being limited by income and by restrictions within the system that were linked to biological and gender factors. The Subcommittee felt that the Chilean experience provided many valuable insights for the discussion of health reform and stressed that discussion of health reform must include consideration of women's health and access to services.

*Review of the Terms of Reference and Proposal for Rules of Procedure for Meetings of the Subcommittee:* The Subcommittee adopted rules of procedure for its meetings and proposed that the Executive Committee approve the terms of reference for the Subcommittee presented in Document CE118/6.

In the discussion that followed the presentation, members of the Executive Committee underscored the importance of incorporating a gender perspective into the curricula of schools of public health and affirmed the need to address women's health issues in all discussions of health sector reform. Several representatives described measures that had been instituted in their countries to improve the situation and the health of women and to implement the recommendations contained in the declarations and plans of action approved at the Cairo and Beijing conferences. The Representative of Chile was pleased to inform the Committee that steps had been taken to eliminate many of the barriers to women's access to health services cited in the study presented to the Subcommittee. The value of sharing information on successful women's health programs or initiatives was emphasized, and it was pointed out that PAHO—especially its Program on Women, Health, and Development—had an important role to play in facilitating such exchanges of experience and information between countries. The Observer for Spain



noted that women's health had been discussed at the most recent Ibero-American Summit of Heads of State and Government, held in Bariloche, Argentina, and said that his country would propose that it be discussed in greater depth at the 1997 Summit.

Several representatives stressed that the focus of efforts to promote gender equity should be to ensure equal opportunities for men and for women, not to secure special privileges or treatment for women. Gender equity meant giving equal attention to the problems faced by some segments of the male population. In regard to the recommendations made by the Subcommittee, the Executive Committee emphasized the need to develop a way of monitoring the incorporation of a gender perspective in all aspects of the Organization's work. However, the representatives felt that a special monitoring system should not be implemented for this purpose; rather, mechanisms for assessing how the various programs were incorporating the gender perspective should be integrated into overall monitoring systems.

The Director assured the Committee that the Secretariat would do everything possible to implement those Subcommittee recommendations that concerned matters that fell within its sphere of competence. In relation to the proposed terms of reference, he suggested that perhaps the time had come to rethink the functions of the Subcommittee. He outlined the Subcommittee's evolution since its inception in 1988, emphasizing that it had been very effective in fulfilling the purposes for which it was created, in particular providing guidance for the work of the Program on Women, Health, and Development. However, the Program was now solidly established as a regular program of technical cooperation and it might no longer need the oversight of a special subcommittee. Dr. Alleyne therefore proposed that the Executive Committee consider postponing the next meeting of the Subcommittee until 1998, at which time the Subcommittee itself should consider whether it was necessary to continue to have such an oversight mechanism for a particular program area. He pointed out, in addition, that discontinuing the Subcommittee's meetings or establishing a biennial meeting cycle would result in considerable economic savings.

The consensus of the Committee was that no decision should be taken with regard to the continued existence of the Subcommittee or the way in which it functioned without first consulting its current members. It was pointed out that the Subcommittee was an advisory body and its primary purpose was therefore not to exercise oversight but to provide input to the Organization on matters pertaining to women's health and development and the search for gender equity. The Executive Committee agreed that the rationale behind the Director's proposal for change was valid and emphasized that such changes were important both to conserve resources and maintain a dynamic organization; however, it also felt that it was essential to preserve a forum for discussion of the types of issues examined by the Subcommittee. If the Subcommittee were to be eliminated, then some provision should be made for those issues to be taken up on an ongoing basis

by the Subcommittee on Planning and Programming or another body. Several representatives also noted that the Subcommittee played an important role in lending international support for efforts at the national level to implement policies and programs to benefit women.

The Committee took note of the report of the Special Subcommittee (Decision CE118(D3)) and also decided to request the Director to consult with the Member States currently serving on the Subcommittee concerning its functions and terms of reference and to report on the matter to the Executive Committee at its 119th Meeting. The Committee adopted Resolution CE118.R1.

***Report of the Award Committee of the PAHO Award for Administration, 1996 (Document CE118/7, Rev. 1 and Add. I)***

The Award Committee of the PAHO Award for Administration, 1996, composed of the Representatives of Canada, Costa Rica, and Uruguay, decided to confer the award on Ms. Michaela M. Storr of the Bahamas for her work at the grassroots level in developing an integrated local health system and for the introduction of innovative hospital management systems.

The Award Committee also suggested that the Director review the criteria and procedures for the nomination of candidates for the award and requested that nomination information be presented to future award committees in a standardized format to facilitate comparison of candidates' qualifications.

The Representative of the Bahamas expressed her gratitude for the honor bestowed on a highly respected citizen of her country.

The Committee adopted Resolution CE118.R7.

***Report of the Standing Committee on Nongovernmental Organizations (Document CE118/8, Rev. 1 and Add. I)***

The Standing Committee on Nongovernmental Organizations, composed of the Representatives of Bolivia, Chile, and Saint Kitts and Nevis, reviewed the applications of two inter-American NGOs and one national NGO for admission into official relations with the Pan American Health Organization. It recommended to the Executive Committee that PAHO establish official relations with all three applicants—the International Diabetes Federation, North, Central, and South American Regional Councils; the International Organization of Consumers Unions (Consumers International), Regional Office for Latin America and the Caribbean; and the National Coalition of

Hispanic Health and Human Services Organizations of the United States of America—and grant to each of them all the privileges afforded NGOs in official relations with PAHO.

The Director welcomed these organizations into official relations with PAHO. He drew particular attention to the work PAHO was doing with the International Diabetes Federation (IDF). Together with the ministers of health and other public- and private-sector entities, PAHO and IDF were developing a Declaration of the Americas on diabetes and a plan for diabetes control. He proposed that the president of IDF be invited to address the Directing Council in September under the agenda item on diabetes.

The Committee approved the report of the Standing Committee and adopted Resolution CE118.R8.

### **Program Policy Matters**

#### ***Provisional Draft of the Program Budget of the World Health Organization for the Region of the Americas for the Financial Period 1998-1999 (Document CE118/9)***

Mr. Michael Usnick (Chief of Budget, PAHO) noted that the document before the Committee reflected only the WHO portion of the PAHO/WHO regular program budget. He also recalled that the budget and planning guidelines issued by the Director-General of WHO for the 1998-1999 biennium had provided for no overall program growth with respect to the 1996-1997 budget, which itself had allowed for no nominal growth over the 1994-1995 budget. The PAHO Office of Budget estimated that the proposed 1998-1999 program budget of WHO for the Region therefore represented a real reduction of US\$ 6.5 million from the 1996-1997 level.

As requested by the Subcommittee on Planning and Programming, Document CE118/9 contained a more detailed breakdown of program expenditures. When the Subcommittee had examined the budget proposal at its meeting in March 1996, the Director had outlined some of the measures he proposed to take in response to the expected budget shortfall for the 1996-1997 biennium. The Subcommittee had commended the Director for his sound approach to the budget situation and his efforts to achieve greater efficiency. The need to avoid across-the-board cuts in programs had been stressed, as had the need to apply established criteria and ensure transparency in the process of making program reductions. Strong concern had been expressed regarding the insufficient allocation that PAHO received from WHO, and several representatives had stated that the countries should insist that the WHO budget for the Region be increased at least enough to enable PAHO to cover cost increases and maintain current program spending.

The Executive Committee expressed satisfaction at the inclusion of greater detail on program spending, which provided the representatives with crucial information needed to assess the Organization's program of technical cooperation. The Representative of the United States of America said that his delegation would have liked to also see a comparison of the new budget figures to actual expenditures under the current budget, which would have given the Committee a better understanding of how the money was being spent. He recalled that at the March 1996 meeting of the Subcommittee on Planning and Programming his delegation had reported that the U.S. contribution to WHO for calendar year 1995 might be as much as 40% less than had been appropriated, which would have significantly reduced the amount PAHO could expect from WHO. Happily, the shortfall had been only 7%. Nevertheless, given the effort under way in his country to achieve a balanced national budget, the amounts available for organizations in the United Nations system, including PAHO, could be expected to decrease in 1996 and subsequent years. His delegation felt that it had an obligation to inform those organizations in advance that amounts available from the United States Government would probably not be sufficient to meet the country's assessments and it would therefore be necessary for them to adjust their budgets accordingly. The United States would not oppose the budget proposal before the Committee because it recognized that it had been prepared in accordance with the Director-General's instructions; however, PAHO should be aware that the United States would be entering into further negotiations with WHO aimed at reducing its budget, as a result of which the amount PAHO could expect from WHO might also be reduced.

Both Mr. Usnick and the Director expressed the hope that all Member States would fulfill their obligations to the Organization because they recognized the importance of its work. The Director pointed out that programming for the eventuality of a budget shortfall was intrinsically difficult. If a shortfall did occur, the Secretariat would adjust the program accordingly, but he would not want to take remedial measures before the fact. With regard to the request for a comparison of budget figures with actual expenditures, he said that such a comparison would be made when the combined PAHO/WHO budget was presented to the Governing Bodies in 1997. In addition, the Secretariat would show whether expected results had indeed been achieved under the 1996-1997 budget.

The Committee adopted Resolution CE118.R5.

***Renewal of the Call for Health for All (Document CE118/10)***

This item was introduced by Ms. Cristina Puentes-Markides (Office of Analysis and Strategic Planning, PAHO), who presented to the Committee the document containing the Organization's proposal for renewing the Region's commitment to the goal of health for all (HFA). Ms. Puentes-Markides noted that evaluation of national efforts

to attain the goal of HFA had shown that the economic crisis of the 1980s had adversely affected application of the primary health care strategy—the cornerstone of the HFA initiative—and had led to an increase in health inequity in the Region. The changing health, social, and economic situation in the Hemisphere compelled the Organization and the countries to develop a new approach to HFA that was in keeping with the times and to reaffirm their commitment to the goal. After some initial activities in 1994, the Organization's work in this area had intensified in 1995, with the holding of meetings of both interagency and in-house groups in support of the process, as well as technical discussions at PAHO Headquarters and in the countries. There was also increased recognition of the linkage between HFA and the topics of health sector reform and rethinking technical cooperation.

Ms. Puentes-Markides called the Committee's attention to the general objectives of the process listed in the document. She pointed out that no specific strategies were proposed, although primary health care was still seen as a viable strategy. Two criteria would guide the definition of strategies: (1) they should address priority health problems with a view to maintaining or improving health gains through feasible policies, plans, and projects and (2) their principles and components, while expressed in concrete terms, should be adaptable to different national and local conditions.

The Regional Conference on Future Trends and Renewing the Call for Health for All was held in Montevideo, Uruguay, from 9 to 12 June. It allowed the 115 participants from 17 countries in the Americas and Europe to share experiences derived from their work toward the goal of HFA, as well as approaches that could be used to confront future health trends that would affect the achievement of HFA. One of the most important themes to emerge from the Conference had been the central role of social participation in the process of renewal of HFA. As a result, the Secretariat proposed to reorder the policy orientations listed in the document before the Committee, giving highest priority to participation in decision-making and the social model of health practice.

At its 26th Meeting in March 1996, the Subcommittee on Planning and Programming had found an earlier version of the document to be a sound basis for future efforts to achieve HFA, but had requested that the section on global cooperation for local development be clarified and that an annex be added describing what WHO was doing to renew commitment to HFA. It had also suggested that the document should give more in-depth treatment to the role of the population and to community involvement in the HFA process. Ms. Puentes-Markides indicated that the Subcommittee's comments had been taken into account in revising the document, as had been comments emanating from national and regional consultations and individuals associated with various health-related institutions. As requested by the Subcommittee, she distributed a document (A49/12, 4 March 1996) describing WHO activities toward renewal of HFA.

The Committee congratulated the Secretariat for its work on this complex and important subject and expressed satisfaction with the improvements made in the document. Several representatives commented that the increased emphasis on social participation was not only appropriate but essential, since individual countries and communities needed to define their own health priorities and specific strategies to achieve HFA based on local situations and culture. Several elements were identified as key to the success of local initiatives, including increased implementation of the primary health care strategy, the provision of training and information to health human resources, an adequate understanding of the epidemiologic situation, aggressive and creative use of mass communication, and development of ambitious but realistic goals that took account of the population's desires. The theoretical underpinnings of the document—equity, solidarity, and an ethical response to the challenge of achieving sustainable development—should guide the definition of concrete goals in the countries.

While it was true that great deficiencies remained, many countries had made extraordinary gains toward HFA despite the economic crisis of the 1980s. Various speakers applauded those accomplishments. It was suggested that the document should stress the importance of sustaining the progress that had been made. More emphasis on measurable, outcome-oriented goals was also needed. Another concept that should be added to the document was that of optimizing the national resources to achieve the goal of HFA and managing them with the maximum possible efficiency, as a result of the governments' ethical responsibility to their people.

The Committee raised the question of whether the countries viewed the process of renewing commitment to HFA as an exercise to clarify the principles of HFA for WHO and PAHO or for themselves. One representative suggested that the recent conference in Uruguay had answered that question, making it clear that the countries were working to regain their own enthusiasm and commitment. They were returning to a focus on people—which was the foundation of HFA—rather than on the sterile concepts of efficiency and efficacy. It was important to understand that health sector reform was a mechanism for achieving HFA, not the other way around. Another representative commented that the goal of HFA could not be realized without the involvement of other sectors and the governments' commitment to invest in all aspects of human potential.

Several of the representatives asked the Secretariat to comment on the next step in this process—that is, how the concepts in the document would be operationalized.

Ms. Puentes-Markides explained that the document before the Committee was not intended as an operational document, but rather as a statement of general objectives that must be translated into appropriate actions at the local level. Similarly, each country had to determine how to make its national health sector reform efforts consistent with the goal of HFA.

The Director pointed out that the basic principles of the HFA initiative remained as valid today as they had been in 1978 at Alma-Ata. Nevertheless, it was useful to look at how to renew enthusiasm for the goal and adjust the pertinent strategies to the realities of 1996. This exercise would enhance the Organization's contribution to development of the Global Health Charter, which was expected to be unveiled at the World Health Assembly in 1998. The Charter would seek to establish a global consensus on the importance of health as a resource and the actions needed to enhance and maintain it. In his opinion, the role of WHO was to lead a global affirmation of the importance of health in human development and to provide guidance on how to make that vision operational through specific programs.

Regarding how the Secretariat intended to transform the proposals contained in the document into action, Dr. Alleyne told the Committee that a major thrust of the Organization's work would be to help communities become "healthy spaces," recognizing that community participation was essential to that task. Many different programs would be involved, since building a healthy community must be an interdisciplinary effort. Another priority area of technical cooperation would be helping countries develop and maintain information systems and basic health indicators, since inequity could not be detected without data on the human condition. The search for equity would remain a central theme for the Organization.

The Director also reminded the Committee that the third evaluation of implementation of the strategy for health for all by the year 2000 would begin in late 1996 and be concluded during early 1997. The Member States would be receiving a document to guide them in carrying out the evaluation. The reports received by the Directing Council of PAHO and the regional committees for the other WHO regions in late 1997 would be reviewed at the global level by the WHO Executive Board in 1998.

The Committee adopted Resolution CE118.R10.

***Progress of Activities in Health Sector Reform (Document CE118/11)***

Dr. César Vieira (Coordinator, Program on Public Policy and Health, PAHO) introduced the document on this item, which described activities undertaken or planned by PAHO in the area of health sector reform. Those actions fell into three basic categories: cooperation with the countries, interagency cooperation, and coordination of internal activities.

As of mid-1995, almost all the countries and territories of the Americas had implemented, or were contemplating, some type of reform of their health systems. Several international cooperation agencies were aiding the countries' reform efforts. PAHO had provided various types of direct support to most of these national processes

through the PAHO/WHO Representative Offices, including, inter alia, sponsorship of seminars and forums, technical assistance, training, and dissemination of technical information and national reform experiences. PAHO had also worked with social security institutions in more than a dozen countries and subregional organizations in Central America and the Andean area to actively involve these institutions in national reforms. Despite budgetary restrictions, the Organization planned to continue providing extensive direct support to national health reform processes along several lines of work listed in the document.

As part of the Interagency Committee on Health Sector Reform, PAHO had shared responsibility for organizing the Special Meeting on Health Sector Reform (September 1995). The participating agencies were working together to define and develop follow-up activities, including a reform monitoring scheme mandated by the Special Meeting and the Summit of the Americas. The Organization was also participating in interagency groups created to support specific countries' reform processes; the extension of this mechanism to other interested countries was envisioned. Another priority in the area of interagency coordination was implementation of the inter-American network on health sector reform, also mandated by the Summit and the Special Meeting.

Within PAHO, the Working Group on Health Sector Reform had been created to coordinate the cooperation activities provided by different units and to advise the Director. Among other activities, the Working Group had prepared a document consolidating the mandates and policies of the Organization in the area of health sector reform to guide the Secretariat's actions. Plans for the next few years called for expansion of participation in the Working Group and training of PAHO staff to enable them to respond to the new challenges posed by health sector reform. The Secretariat would also seek to exchange information on health sector reform with WHO Headquarters and other regional offices, and would periodically update the Governing Bodies on developments related to the topic.

In its discussion of a previous version of the document, the Subcommittee on Planning and Programming had commended the Organization for its rapid and competent response to the countries' need for support of their health reform processes. It had suggested that PAHO should prioritize its proposed cooperation activities, emphasizing those aimed at leadership development, sharing and dissemination of information, and mobilization of resources. The value of information-sharing among countries, particularly those using very similar approaches, had been underscored. The Subcommittee had stressed the importance of linking health sector reform to renewal of the goal of health for all, proposing that less emphasis be placed on the idea of reform and more on the quest for equity, efficiency, and effectiveness.



During the Executive Committee's discussion of this item, several representatives remarked that it was important that PAHO continue to be the leader among cooperation agencies that were supporting health sector reform. As a specialist in the health field, the Organization had expertise that allowed it to fully understand the problems that health reform sought to alleviate, and it also understood that there could be no fixed recipe for reform that would work in every country. PAHO was commended for not attempting to impose on the countries its ideas of what reform must entail, as some other institutions had done, but instead providing guidance on how to achieve equity, sustainability, and good public health practice.

The idea that reform should reorient the countries toward the goal of health for all was highlighted by various speakers. Although the specific aspects of reform would vary from country to country, popular participation was seen as being a key element, and decentralization as a key policy. PAHO was urged to continue to facilitate the sharing of reform experiences among the countries, which could learn from each other's successes and failures. A number of representatives briefly described their countries' reform efforts and offered to make more information available. One speaker also pointed out that certain aspects of the "old" health system that had helped to achieve tremendous advances should be preserved, while reform should concentrate on specific areas of inefficiency. Reform must not focus exclusively on health care delivery, since many types of public health activities were also in need of improvement.

One representative expressed concern that the document put too much emphasis on research, which should be the domain of national governments and universities; PAHO should concentrate on monitoring. Other representatives pointed out that perhaps the problem was semantic, and that research and monitoring could both be subsumed under the broader heading of evaluation of health sector reform. In any case, the fundamental need for PAHO to monitor both the process and impact of health sector reform was emphasized, particularly in light of the Organization's mandate from the Summit of the Americas.

The Observer for Spain informed the Committee that the WHO Conference on European Health Care Reforms had recently taken place in Ljubljana, Slovenia. That conference had adopted the Ljubljana Charter on Reforming Health Care, copies of which were distributed to the Committee. The Observer for the Latin American Federation of Hospitals announced an upcoming meeting in Argentina on crisis and reform in health care. Its theme would be the need to shift from a curative health care model to a model that emphasized prevention. The topic of health reform would also be discussed at the next Ibero-American Summit of Heads of State and Government, to be held in December 1996 in Santa Cruz, Bolivia. The Summit would provide an opportunity to consolidate high-level political support for this movement.

Dr. Vieira thanked the representatives for their offers to share information, saying that PAHO's unique vantage point allowed it to see the commonalities of experiences among countries and to promote information-sharing while respecting each country's political autonomy and integrity. He assured the Committee that the Organization was mindful of the need for reform to extend beyond the realm of personal health care and into the public health arena and to be directed toward achieving equity without sacrificing efficiency. In response to a request for information on the inter-American network on health sector reform, he reported that PAHO was working with the World Bank and other agencies to develop this network, which would be an informal mechanism to facilitate communication.

The Director agreed that it was proper that health organizations take the leadership role in health reform and reminded the representatives that they must insist on this at both the regional and the local level. He underscored that PAHO would never try to impose reform plans on the countries. In response to a comment from the Representative of Canada, he promised that future PAHO documents would contain estimates of the resources that the Organization proposed to devote to particular subject areas.

The Committee adopted Resolution CE118.R11.

***Progress in Implementation of the Regional Plan for Investment in the Environment and Health (Document CE118/12)***

Dr. Daniel López Acuña (Director, Division of Health Systems and Services Development, PAHO) outlined the content of the progress report on the Regional Plan for Investment in the Environment and Health (PIAS) and highlighted the ways in which it had been modified to reflect the comments of the Subcommittee on Planning and Programming, which had requested that the document presented to the Executive Committee contain more background on the origin and objectives of the Plan and on the extent of PAHO's role in implementing it. The document described the activities that had been undertaken since the Plan's approval by the Directing Council in 1992 and described the program approved by the PIAS Advisory Council for 1996.

The Plan had three major objectives: (1) to reestablish the flow of investments in the environmental and health sectors in Latin America and the Caribbean; (2) to redirect capital spending in health, drinking water, basic sanitation, and environmental protection to ensure sectoral expansion, recovery, and operational improvement; and (3) to support the process of sectoral reform, in both environment and health, in the countries of Latin America and the Caribbean by mobilizing investment resources. One of the first steps that had been taken was to quantify the investment needs in the Region over the 12 years of the Plan's duration. The total amount required had been estimated

at \$217,000 million, 70% of which was expected to come from national sources and 30% from external sources. An initiative of this magnitude obviously required broad involvement of multiple institutions in the countries and at the international level. For that reason PAHO had devoted considerable attention to building strategic alliances with key multilateral and bilateral agencies, as well as with NGOs.

After consulting with the countries in regard to their specific needs for technical cooperation in relation to the Plan, the Secretariat had focused its efforts on preinvestment activities aimed at strengthening their capacity to design investment projects and mobilize resources. It had identified four major areas of action in which the Organization's technical cooperation would have the greatest impact in terms of promoting investment in the health and environment sectors: (1) sectoral analyses to determine the priority areas for investment in the countries; (2) formulation of master plans for investment in the environment and health; (3) formulation of investment proposals; and (4) institutional development for the planning, management, and evaluation of investment projects. In the three years since 1992, more than 40 preinvestment operations had been carried out, resulting in the mobilization of approximately \$12 million in resources. Some of these operations were listed in the document, as were some of the preinvestment activities approved by the PIAS Advisory Council for 1996.

Dr. López Acuña concluded by noting that the resources provided directly by PAHO to support implementation of the PIAS were multiplied several times over, yielding between four and six times the amount supplied in resources for investment. He also informed the Committee that, as the Director had indicated at the March 1996 meeting of the SPP, the Executive Secretariat of the PIAS, a special unit which had been created to coordinate the activities in this area of the various divisions and programs, had been incorporated into the regular structure of the Organization. All activities having to do with investment in the health sector were currently being carried out by Division of Health Systems and Services Development and those having to do with investment in the environment were being overseen by the Division of Health and Environment.

The Executive Committee welcomed the incorporation of the Executive Secretariat into the regular technical cooperation structure of the Organization. Various representatives underscored the importance of sustainability. It was essential to develop the necessary human resources and strengthen national capacity to maintain the gains made in the health and environment sectors under the PIAS. Similarly, environmental monitoring was crucial in order to detect and promptly correct any problems that arose. The close association between environmental problems and health conditions was highlighted, and it was pointed out that the ultimate objective of the environmental measures sought under the PIAS was to improve human health. The strong linkage between the PIAS and health reform efforts was also noted. In this regard, several

representatives stressed the need for a multidisciplinary approach to health that took account of the broader context in which it occurred and of the myriad factors that determine health status. The health reform efforts currently under way in the Region should incorporate such an approach and should recognize the key role of the health sector in providing guidance on environmental issues such as water quality, solid waste disposal, and hazardous waste management.

A number of representatives noted that the countries' efforts to carry out investment projects in the health and environment sectors were hampered by the lack of national capacity, especially in the health sector, to design effective projects and mobilize financing for them. The value of PAHO's preinvestment activities to support the countries in this area was underscored. It was suggested that the PAHO/WHO representatives in the countries might play a more active role as liaisons between the governments and financing agencies. The importance of building strategic alliances with other agencies and organizations was also emphasized, and PAHO was encouraged to continue its efforts in this area.

Dr. López Acuña affirmed the need for sustainability and emphasized that the Organization's technical cooperation under the PIAS was aimed at helping the countries to achieve sustainable development in the health and environment sectors. One of the principal objectives of its preinvestment activities was therefore to bolster national capacity through institutional and human resource development. He noted that the representatives' comments reflected the fact that many countries had weaknesses in their ability to design, negotiate, and manage projects, which pointed up the strategic importance of preinvestment activities. By becoming involved at the preinvestment stage, PAHO could influence the way in which projects were designed and resources were allocated, as well as the extent to which projects targeted the neediest populations.

At the request of the Director, Mr. Horst Otterstetter (Director, Division of Health and Environment, PAHO), responded to the representatives' comments on environmental monitoring. He pointed out that the PIAS clearly demonstrated the relationship that existed between health and other sectors. That relationship had also been highlighted in a document presented to the Governing Bodies in 1991, which proposed a new approach to environmental health in the Region. The document identified several functions that the health sector should play in relation to environmental issues, including definition of quality standards and monitoring. It would be made available to any representative who desired more detailed information.

The Director noted that recognition of the relationship between health and the environment was also clearly reflected in the strategic and programmatic orientations adopted by the Member States for the 1995-1998 quadrennium. He urged the countries to avail themselves of PAHO's technical support in preparing and negotiating projects

for investment in the health and environment sectors and to ensure that the health sector was involved as far upstream as possible when such projects were being designed.

Dr. Alleyne proposed that the progress report on the PIAS not be sent forward to the Directing Council, as it had already been discussed extensively by both the Executive Committee and the Subcommittee on Planning and Programming. The representatives agreed that the document had been sufficiently examined by the Governing Bodies and should not go forward (Decision CE118(D4)).

***Progress in the Implementation of the Regional Plan of Action on Violence and Health (Document CE118/13)***

Dr. Rodrigo Guerrero (Coordinator, Program on Healthy Lifestyles and Mental Health, PAHO) summarized the activities that had been carried out since 1993 under the Regional Plan of Action on Violence and Health, adopted pursuant to Resolution CD37.R19 of the Directing Council. That resolution had also urged the countries to establish national policies and plans for the prevention of violence, with particular attention to violence against women, children, and young people; mobilize resources for violence prevention; promote epidemiological surveillance and research on the problem; and involve the communications media in efforts to prevent violence.

One of the principal activities carried out under the Plan had been the Inter-American Conference on Society, Violence, and Health, organized by PAHO in collaboration with several other agencies and organizations and held in November 1994. The final report of this event was distributed to the Committee at the 118th Meeting. The Conference had been the first international forum to focus on violence as a public health problem. Other activities undertaken in the framework of the Plan included a multicenter study on cultural norms and attitudes toward violence; a project on violence against women, being carried out by the Program on Women, Health, and Development; a workshop aimed at developing a standardized instrument for measuring the economic costs of violence; a review of the scientific literature on use of corporal punishment in schools in the Region; and various workshops and seminars designed to enhance the countries capacity for epidemiological surveillance of violence. Strengthening of epidemiological surveillance was considered a key aspect of the Plan, given the need for accurate information on deaths from external causes. In addition, improved epidemiological surveillance was expected to help public health officials identify the risk factors for violence and thereby enable them to design appropriate interventions.

When the Subcommittee on Planning and Programming had discussed the Regional Plan at its 26th Meeting in March 1995, it had been pointed out that the definition of violence contained in the document was rather narrow. Dr. Guerrero noted that, in order for the Organization to begin to address the problem, it had been necessary

to first agree on a definition of what constituted violence. PAHO had decided to adopt the definition used by the United States Centers for Disease Control and Prevention: "the use (or threatened use) of physical force with the intent to harm oneself or someone else." Statistics on homicide and suicide had been chosen as indicators because those data were readily obtainable. The Organization was aware that the definition and indicators selected failed to take account of the many forms of violence that were less visible, including psychological abuse, sexual abuse, and domestic violence against women and children; however, those problems had been insufficiently studied in all countries of the Region and data were not available to make it possible to assess their true magnitude.

With regard to statistics on homicide presented in the document, the Subcommittee had suggested that grouping the countries by rates rather than by geographic region would have provided a better basis for comparison and analysis. Dr. Guerrero noted that the version of the document before the Committee did provide somewhat more detailed information about homicide rates in certain countries; however, the geographic classification had been retained because it was the classification used in the publication *Health Situation in the Americas: Basic Indicators 1995*, which provided the most recent data. Had a country classification been used, in some cases the most recent data available would have been for 1985.

The Executive Committee commended PAHO for drawing attention to the need to view violence as a public health problem. Several representatives noted that violence continued to be perceived largely as an issue to be dealt with in the legal and judicial spheres. However, the only way to have any real impact on the problem was to address its root causes, especially poverty and social inequities, through a public health approach that emphasized prevention and linked violence to other public health problems, such as alcoholism and drug addiction. In this connection, epidemiological surveillance was considered crucial in order to accurately characterize the problem and determine the risk factors. One representative pointed out that health professionals could bring a unique perspective to efforts to address violence because they often had intimate contact not only with the victims but also with the perpetrators of violent acts.

The Committee welcomed PAHO's efforts to develop an instrument for measuring the costs of violence that would show not only the tremendous impact that it had on health systems and social structures, but its devastating effect in economic terms. One representative pointed out that it was essential to show the economic costs of violence in order to convince political and financial officials in the countries of the need to fund prevention programs. The Organization's efforts to engage the communications media in violence prevention and health promotion were also applauded, and PAHO was encouraged to pursue this line of action.

In regard to the homicide statistics included in the document, it was pointed out that the relatively low rates in some areas might give the impression that violence was not a major problem in those areas. Nevertheless, violence was a serious concern for all the countries. It was suggested that future research efforts might look at countries that had similar rates and attempt to elucidate the reasons for the similarities, although the value of contrasting rates was also recognized. The importance of cultural norms and attitudes as contributing factors or deterrents to violence was stressed, and strong support was expressed for the multicenter study.

The Observer for UNICEF drew attention to the grave problem of violence against children and underscored the need to enact and enforce legislation to protect children. He pointed out that the Convention on the Rights of the Child had been ratified by more countries than the international covenants on human rights, but in many cases it had yet to be codified in the form of national legislation. UNICEF felt that the problem of violence should be attacked with the same vigor as had characterized the polio eradication campaign.

The Observer for France noted that the French-American Foundation would be co-sponsoring a meeting on violence at UNICEF headquarters in New York in October 1996.

Dr. Guerrero noted that the public health approach to violence was closely linked to health promotion and underscored that it was an eminently practical approach to the problem. One of its major advantages was that it identified risk factors, such as alcohol use or easy access to firearms, which made it possible to take immediate action, even when all the underlying causes of violence were not fully understood. In regard to a suggestion from the Committee that the recommendations presented in the document could have been more specific, he noted that violence was a delicate problem with political and cultural overtones. It must therefore be addressed at the national level, in accordance with the particular situation and characteristics of each country. PAHO's role was to provide the countries with the technical support they needed for the implementation of their national plans of action.

The Director pointed out that the Committee's comments made it apparent that the Member States considered violence an issue of utmost importance. PAHO was committed to supporting the countries in their efforts to address the problem; however, in order to do so, it almost certainly would have to scale down or eliminate activities in other areas, given the current budgetary situation. He hoped the Governments would understand that, if cuts were made elsewhere, it was because they had clearly identified violence prevention as a priority area of action for the Organization.

He also noted that the General Assembly of the Organization of American States (OAS) had recently adopted a resolution on the issue of land mines, which were a major source of violence in some parts of the Region. He proposed that a reference to the OAS resolution be included among the preambular paragraphs of the resolution to be adopted by the Executive Committee on this item.

The Committee adopted Resolution CE118.R6.

***PAHO's Role in Promoting Government-NGO Collaboration (Document CE118/14)***

Ms. Kate Dickson (Office of External Relations, PAHO) introduced this item, noting that the document before the Committee summarized the gains that had been made and the lessons learned in the previous six years of a PAHO initiative aimed at promoting greater cooperation between governments and nongovernmental organizations (NGOs). The document also presented the general criteria developed by PAHO to guide countries in identifying appropriate NGO partners and establishing effective working relationships, and it analyzed the factors that facilitated or hindered successful partnerships. In addition, it described several of the collaborative activities undertaken by the various PAHO programs with NGOs since 1991.

PAHO's objectives in seeking more effective partnerships between governments and NGOs were to support better means for technical cooperation and program support in key areas such as primary health care; to promote and support the exchange of information and experiences between governments and NGOs and among NGOs themselves through the formation of networks; to link government-NGO services in order to avoid duplication and waste of resources; and to provide technical training and develop national action plans for government-NGO collaboration by broadening small-scale success stories to full-scale application. Among the lessons that the Organization had learned, one of the main ones was that any successful collaboration between governments and NGOs required mutual recognition by each party of the other's strengths and comparative advantages, as well as time, patience, and personnel with proven negotiation skills. In addition, it was necessary to articulate the concrete national priorities and areas of action where the expertise and contribution of NGOs were considered desirable. Such areas might include health promotion and education, strengthening of community participation, immunization campaigns, and some aspects of health sector reform.

When the Subcommittee on Planning and Programming had discussed an earlier version of the document at its 26th Meeting in March 1996, it had acknowledged the growing importance of NGOs and the need to build effective working relationships with them. Several representatives had noted that the tradition of working with NGOs was not as well developed in most Latin American countries as it was in countries such as the



United States and Canada because there had historically been a lack of trust and understanding between the governments and NGOs. It had been pointed out, however, that many NGOs had unique strengths and capabilities that could make them valuable allies in government programs. For example, they often had closer ties to local populations. The Subcommittee had noted that the activities of NGOs were often project-related and therefore finite and that collaboration between governments and NGOs could help to lend greater continuity to their efforts. It had also emphasized that strategies for working with NGOs would be successful only if they were implemented at the national, departmental, and local levels, bearing in mind the particular characteristics and social history of each country.

The Subcommittee had also suggested that the definition of NGOs included in the document be expanded to reflect the strong health advocacy role played by some of these organizations. A broader definition of NGOs had therefore been included in the document presented to the Executive Committee. Ms. Dickson also drew the Committee's attention to a document entitled "Nongovernmental Organizations" (Document SPP15/5), presented to the 15th Meeting of the Subcommittee in December 1990, which contained a thorough discussion of the various categories of NGOs.

The Executive Committee commended PAHO for its leadership in facilitating relations between governments and NGOs. Like the Subcommittee, the Committee emphasized the need to exercise caution in establishing relations with NGOs. It was pointed out that NGOs had their own agendas and priorities, which might not necessarily coincide with those set by governments. Various representatives described initiatives under way in their countries to register or accredit NGOs and set standards for collaboration between these organizations and the government. The importance of establishing councils or other forums for dialogue between NGOs, government officials, and community representatives at the local level was emphasized. It was pointed out that PAHO had played a pivotal role in many countries by promoting this type of dialogue and enhancing the government's capacity to negotiate with NGOs.

Several representatives noted that the increased prominence of NGOs was due in part to the perception of some donors that government agencies were inefficient. As a result, they often preferred to channel their funds through NGOs, which placed governments in the position of having to compete against NGOs for resources to fund their programs. It was pointed out that in some cases only a very small proportion of the funding mobilized by NGOs for projects actually reached the target population. The rest was consumed in administrative and other expenses.

Nevertheless, the Committee did acknowledge that NGOs had unique capabilities and could be valuable allies with governments in their efforts to achieve national health goals, and it encouraged the Organization to intensify its efforts to help build effective

working relations between the government and non-government sectors. Several representatives asked the Secretariat to comment on PAHO's long-term plans for working with NGOs and on what impact increased interaction with NGOs might have on the Organization's programs and staff.

Ms. Dickson agreed on the need for governments to carefully select the NGOs with which they would work and pointed out that the criteria developed by PAHO and presented in the document were intended to assist the governments in identifying appropriate NGO partners. She noted, in addition, that mechanisms for accreditation or registration of NGOs were desired not just by governments but by many NGOs, which wished to gain official recognition and enter into a synergistic relationships with governments.

The Director stressed that PAHO would never view NGOs as an alternative to governments. The Organization was committed to facilitating partnerships between government entities and NGOs, not undermining the authority of governments. The Organization felt strongly that it was the province of governments to establish the policies and framework for technical cooperation at the national level and to decide which NGOs could contribute most effectively to the achievement of national objectives. Nevertheless, it was undeniable that NGOs and other organizations of civil society were playing an increasingly prominent role in defining national interests. Within the United Nations system, agencies such as PAHO continued to view constitutional governments as their sole interlocutors, but the day might well come when NGOs would play a role in the governance of international organizations.

With regard to PAHO's long-range plans for working with NGOs, for the foreseeable future the Director did not believe that any of the Organization's responsibilities for cooperating with the countries would be transferred to NGOs. Hence, he did not expect that PAHO's collaboration with NGOs would result in any scaling down of its programs or activities. Rather, the Organization would endeavor to utilize its interaction with NGOs as a means of enhancing the technical cooperation provided to the countries in response to the priorities identified by them.

The Director also pointed out that the subject of NGOs had been discussed by the Directing Council the previous year at its XXXVIII Meeting. During 1996 the Secretariat had received valuable input on the subject from both the Subcommittee on Planning and Programming and the Executive Committee. He therefore proposed that the document before the Committee not be sent forward to the Directing Council.

The Committee decided to accept the Director's proposal (Decision CE118(D5)).

***Evaluation of the Strategic and Programmatic Orientations, 1995-1998 (Document CE118/15)***

Dr. Germán Perdomo (Office of Analysis and Strategic Planning, PAHO) presented the document on this item, highlighting the information that had been added in response to comments from the Subcommittee on Planning and Programming, which had examined an earlier version of the document at its 26th Meeting in March 1996. He recalled that when the XXIV Pan American Sanitary Conference had adopted the Strategic and Programmatic Orientations (SPO) in 1994, it had requested the governments to bear them in mind in the formulation of their national health plans and policies and it requested the Secretariat to apply the SPO in programming its technical cooperation. The evaluation of the SPO was therefore aimed at assessing the extent to which the SPO were reflected in national health plans and policies, the way in which the programming of technical cooperation had contributed to the achievement of the goals and objectives set forth in the SPO, and the degree to which the regional goals adopted in the SPO had been met. When the Subcommittee on Planning and Programming had discussed this item, it had pointed out that the document contained relatively little information about what how the SPO were being incorporated into the Secretariat's technical cooperation with the countries. The document therefore included more detailed information about how the American Region Planning, Programming, Monitoring, and Evaluation System (AMPES) was being utilized to link the programming of technical cooperation to the areas of work and lines of action established under the SPO, as well as to the long-term goal of health for all. Dr. Perdomo noted that a document on the AMPES had been presented to the Executive Committee at its 116th Meeting.

The Subcommittee had also stressed the need to develop indicators for monitoring and evaluating the implementation of the SPO and to establish a baseline against which to measure progress. Dr. Perdomo noted that the baseline for purposes of the evaluation would be the situation in 1994, the year before the SPO were adopted. With regard to indicators, as the document explained, the AMPES included indicators of quantity, quality, and time for monitoring and evaluating technical cooperation at both the regional and country level. In addition, a number of countries had begun the process of selecting indicators to assess the implementation of the SPO at the national level. Every attempt was being made to utilize existing indicators, although it would be necessary to develop new indicators for some purposes, such as monitoring changes in inequities or assessing the effectiveness of health promotion activities. The Subcommittee had emphasized the need for PAHO to support the countries in compiling the necessary information for the evaluation of the SPO, and the Secretariat had programmed specific technical cooperation for that purpose.

The document described an initial evaluation exercise carried out in the seven countries of the Region, which had revealed, inter alia, that national plans, where they

had been established, did indeed reflect the SPO. The annexes to the document provided specific examples of how national health plans and policies had been linked to the Regional goals and areas of work established under the SPO. Dr. Perdomo informed the Committee that several other countries not included in the initial evaluation had also defined national health plans and goals and developed indicators that would serve to monitor both their national plans and the fulfillment of the SPO. Hence, significant progress had been made in evaluation at the national level, even though the evaluation process had not been formally extended to all the countries. The Secretariat would continue to extend the process during the remaining months of 1996.

The evaluation experience thus far suggested several conclusions, one of the major ones being that the participation of all the governments was crucial in order to avoid presenting only a partial vision of the implementation of the SPO in the Region. Similarly, the involvement and input of all the governments was needed in order to define the criteria for establishing strategic and programmatic orientations for subsequent quadrenniums, building on the experience of the past.

The Executive Committee took note of the report, commending the Secretariat for the way in which it had heeded and incorporated the suggestions of the Subcommittee on Planning and Programming. It was not considered necessary to adopt a resolution on this item.

***Study on the Feasibility of Eradicating Aedes aegypti (Document CE118/16)***

Dr. Stephen Corber (Director, Division of Disease Prevention and Control, PAHO) introduced the document on this item, which described the work of the technical task force established pursuant to Resolution CD38.R12. The task force's mission was to study the feasibility, timeliness, and appropriateness of drawing up a hemispheric plan for the eradication of *Aedes aegypti* as a means of controlling dengue and urban yellow fever. Dr. Corber summarized the background information considered by that task force, as well as its conclusions.

In 1947 the Organization had officially endorsed a regional effort to eradicate *A. aegypti*, whose range had already been greatly reduced in the fight against urban yellow fever. Although it had been eradicated in 18 countries by 1962, failures in post-eradication surveillance had allowed the vector to become reestablished, and it was now present in all but four countries and territories. Proliferation of this urban-adapted mosquito was favored by the growth of cities and by poor urban sanitation, which created more of the small pools of water where it bred. As the mosquito had spread, so had the virus that causes dengue and the more severe dengue hemorrhagic fever (DHF). The countries had spent millions of dollars in attempts to control recent dengue epidemics, with PAHO providing assistance in the form of resource mobilization, control guidelines,

training, support for a dengue laboratory network, and other activities. Urban yellow fever—also transmitted by this vector—had been eliminated from the Americas over 40 years ago, but there was fear that infected persons might reintroduce the virus from its jungle reservoir into cities infested by *A. aegypti*, as had occurred in Nigeria in the late 1980s.

In addition to the historical background, the task force had reviewed the results of a survey of current dengue and *A. aegypti* control activities in the countries and opinions on the feasibility of eradication. It had identified the following elements as necessary to the success of an eradication plan: a clear definition of the magnitude of the problem, a realistic estimate of costs and sources of funding, international and hemispheric agreement on the goal, identification of eradication as a health priority, availability of a proven eradication strategy to serve as a model, and political support that would guarantee the provision of personnel and resources.

All 12 members of the task force believed that it was timely and appropriate to consider drawing up a hemispheric eradication plan for *A. aegypti*, and 8 of the 12 felt that it was feasible to do so because most of the countries could meet most of the key challenges it had identified. Some members believed that certain necessary factors were not yet in place, including a proven model strategy and international commitment.

During the Committee's discussion of this item, the Observers for Brazil and Cuba described their countries' *A. aegypti* eradication plans and programs. Brazil's eradication plan had been approved by the country's health officials earlier in 1996 and had recently received the backing of the President, giving the plan the high-level political commitment that was deemed to be essential for its success. The key components of the plan were improvement of environmental sanitation, information dissemination to encourage community participation, and integrated vector control with entomological surveillance. The control program would be decentralized, and thus political support at all levels was being sought. The plan was expected to provide economic as well as health benefits and to improve the overall quality of people's lives. The Brazilian delegation requested the Executive Committee to recommend to the Directing Council that a regional plan for eradication be drafted. The Cuban delegation concurred with that request. Cuba's program had practically achieved eradication prior to the onset of severe economic restrictions. Despite a shortage of resources, the country continued to work toward eradication. One of the biggest threats to the program's success was reinfestation through importation of mosquitoes. International cooperation, including a hemispheric plan, was needed to eliminate that threat in Cuba and elsewhere.

Several members of the Committee expressed reservations about the feasibility of eradication and suggested that control of *A. aegypti* might be a more realistic goal. Their reasons included the climatic conditions in tropical countries, which strongly favored

mosquito-breeding, and the competing health priorities in the Region, which might preclude devoting the necessary resources to eradication. Nevertheless, there was consensus on the need for increased attention to the control of this mosquito and of insect vectors in general. Community involvement in vector control was identified as crucial, as people must be enlisted to eliminate breeding sites in and around their homes. International cooperation in the form of trade agreements, border area surveillance, and sharing of experience was also considered essential. The subject of vector control was closely linked to environmental health and should be taken up at all high-level meetings where the environment was discussed. Vector control must also be integrated into the primary health care strategy.

Dr. Corber remarked that action was clearly needed to confront the increasingly serious dengue situation and that the cost of preventing a dengue outbreak had been shown to be much less than the cost of fighting it. In response to a question about the role of PAHO's dengue prevention and control guidelines in a proposed eradication or control effort, he said that the guidelines would remain relevant whether the countries committed to eradicating or controlling the vector. He reported that the task force had congratulated Brazil for its bold initiative, recognizing the firm political commitment behind it and applauding the components of the eradication plan. It had urged the Government of Brazil to document its progress and keep other countries informed. Perhaps the approach being undertaken within Brazil, in which some areas would take the lead in eradicating *A. aegypti* and then help other areas, might be useful among the countries of the Region.

The Director indicated that he was in favor of the drafting of a hemispheric plan that strove toward the ideal situation; however, he believed it was a wise compromise that the resolution to be forwarded to the Directing Council call for combating the vector rather than eradicating it. He emphasized the importance of technical cooperation among Member States in this effort.

The Committee adopted Resolution CE118.R13.

***Acquired Immunodeficiency Syndrome (AIDS) in the Americas (Document CE118/17 and Add. I)***

Dr. Fernando Zacarías (Coordinator, Program on AIDS and Sexually Transmitted Diseases, PAHO) presented the most recent statistics on HIV/AIDS and other sexually transmitted diseases (STDs) in the Americas in comparison with other regions of the world and reported on the current status of the Joint United Nations Program on HIV/AIDS (UNAIDS). He also described the activities of the PAHO's regional program in the new framework of interagency and intersectoral collaboration for AIDS prevention and control.

Since the regional program's last report to the Governing Bodies, the headquarters of UNAIDS had been established in Geneva and 80-100 staff members had been recruited. In addition, 70-80 professionals were being recruited to provide technical cooperation and support for interagency coordination at the country level. Interagency theme groups had been established in all the countries in which the six cosponsoring agencies of UNAIDS were represented, and in most cases the PAHO/WHO country representatives had been selected to chair or coordinate these groups. However, owing to problems relating to the transition from the WHO Global Program on AIDS to the Joint United Nations Program, UNAIDS had not become fully operational by January 1996, as envisaged in the original plan. Moreover, during the transition, there had been reductions and delays in the delivery of technical and financial cooperation to national programs for AIDS prevention. One positive repercussion of this situation had been greater allocation of national resources and increased technical cooperation among countries.

In regard to PAHO's ongoing collaboration with the countries in the framework of UNAIDS, Dr. Zacarias told the Committee that the decision had been made to maintain PAHO's regional program on AIDS/STDs, despite severe budget and staff reductions, in order to continue to provide technical and scientific support for national AIDS programs and ensure that the gains made thus far in AIDS prevention and control were not lost during the interim before UNAIDS became fully operational. The regional program had continued to assist the countries in areas such as epidemiological surveillance, development of plans and projects for AIDS prevention, training of human resources, and mobilization of resources. At the same time, the Organization had provided crucial support for the establishment of UNAIDS and had promoted the creation of the interagency theme groups. He reviewed the objectives of the Regional Plan of Action approved by the Directing Council in 1995, noting that the Plan was consonant with the multisectoral approach advocated by both UNAIDS and PAHO, yet it also recognized PAHO's unique strengths as the intergovernmental agency responsible for health in the Americas. He invited the Executive Committee to comment on the suitability of the Plan as a basis for continued technical cooperation with the countries of the Region.

The Executive Committee felt that the Plan provided a realistic and appropriate approach for PAHO's technical cooperation with the countries in the framework of UNAIDS. The Committee applauded the Organization for the positive and constructive way in which it had worked to ensure the success of UNAIDS and commended the regional program for adopting a team approach that utilized the resources of other programs within the Organization. It was pointed out that, especially in view of current budgetary constraints, PAHO should concentrate its efforts in the areas in which it had the greatest expertise and could have the most impact, including epidemiological surveillance, training, and health education.

Several questions were asked regarding the statistics presented by Dr. Zacarías. One representative observed that, while it was essential to have up-to-date information, the figures on numbers of AIDS cases and prevalence of HIV infection made it clear that there was not much cause for optimism with regard to the possibilities for stemming the epidemic.

The authors of the document were commended for highlighting the linkage between AIDS and STDs and pointing out the need for an integrated approach to the prevention and control of these two related problems. Education and health promotion were considered crucial components of the fight against both STDs and AIDS. In the absence of a vaccine or cure for AIDS, it was imperative to convince people of the need to adopt healthy lifestyles and avoid behaviors that put them at risk for HIV infection. Moreover, education and prevention were much less costly than treatment of HIV infection and AIDS.

Several representatives expressed their gratitude for the support PAHO had provided for their national AIDS prevention and control activities. The Observer for France pledged his government's ongoing support for the Organization's efforts in this area. The Observer for the Latin American Union Against Sexually Transmitted Diseases (ULACETS), a nongovernmental organization in official relations with PAHO, also expressed his organization's willingness to continue to work with PAHO and the Member States.

Dr. Zacarías thanked the observers for France and ULACETS for their expressions of support. He agreed fully on the need for education and prevention efforts, not only among high-risk groups but in the general population. In this regard, he noted that a joint WHO-UNICEF-UNESCO initiative targeting schoolchildren was aimed at educating children about AIDS and discouraging them from engaging in behaviors later in life that might lead to HIV infection.

He acknowledged that the statistics on the AIDS epidemic were distressing. Treating the estimated 21 million persons currently infected with HIV would place a tremendous burden on health and social services during the next decade. Nevertheless, there was some reason for optimism. Those who had been working to control the epidemic had seen that change was possible. In some high risk groups, the prevalence of HIV infection had stabilized because individuals had adopted preventive behaviors. Moreover, on the societal level there was greater collective awareness and acceptance of the need for behavioral change to stop the spread of HIV/AIDS.

He informed the Committee that during the 11th International Conference on AIDS, to be held in Canada in early July 1996, PAHO officials would meet with the



directors of national AIDS programs and representatives of UNAIDS to discuss how the Organization would continue to work with the countries.

Dr. Mirta Roses (Assistant Director, PAHO) announced that the Organization had recently proposed to UNDP, UNFPA, and UNICEF the possibility of organizing joint subregional meetings, to be attended by the Executive Director of UNAIDS, Dr. Peter Piot, in order to discuss how to improve coordination at the local level among the various agencies that form UNAIDS. In addition, at the request of UNICEF and UNFPA, during the subregional training meetings held for PAHO/WHO representatives in 1997, one day of discussions would be devoted to common programs and ways of improving joint interventions and coordination mechanisms. Dr. Piot had also been asked to participate in those meetings.

The Committee adopted Resolution CE118.R12.

*Expanded Program on Immunization (Document CE118/18)*

The item was introduced by Dr. Ciro de Quadros (Director, Special Program for Vaccines and Immunization, PAHO). He reviewed the status of the measles elimination initiative in the Region, informing the Committee that no laboratory-confirmed cases of measles had been reported for four years in the English-speaking Caribbean, three years in Chile, and two years in Cuba. Reported measles cases were at an all-time low for the Region in 1995, but only half of them had been confirmed by laboratory tests. The regional measles diagnostic laboratory network, now in its final phase of development, would allow the percentage of cases receiving laboratory investigation to be increased.

Despite these promising advances, several obstacles to measles elimination remained. One was the growing pool of children susceptible to measles either because they failed to respond to the vaccine or because they were never vaccinated. To prevent outbreaks among this susceptible population, PAHO was recommending that countries carry out follow-up measles vaccination campaigns every four to five years, targeting all children 1-4 years of age, regardless of their previous vaccination status. Dr. de Quadros was pleased to report that such campaigns had been carried out in a number of countries, including all those of Central America. A second obstacle to measles elimination was the danger of importation of cases from other parts of the world, which pointed to the need for continued vaccination in this Region.

Regarding other vaccine-preventable diseases, Dr. de Quadros indicated that the Americas was on track to achieve the target set by the World Summit for Children related to neonatal tetanus, that is, less than 1 case per 1,000 live births by the year 2000 in all districts. Most countries had maintained good surveillance for poliomyelitis during 1995, but some surveillance indicators had fallen below acceptable levels in a few

countries. This was a matter of concern, owing to the danger that travelers could bring wild-type poliovirus back to the Americas from other areas of the world, as had happened in Canada.

Dr. de Quadros reported that the relative contribution of national governments to immunization programs, compared to the contribution from external sources, had risen steadily in the past 10 years. Moreover, the countries were now paying almost all the purchase costs of vaccines. These facts evidenced political commitment, which ensured the sustainability of the vaccination programs. Nevertheless, an estimated \$53 million would be needed from external sources over the next five years to continue the programs, including activities aimed at measles elimination. The Organization had already received commitments of support for the measles elimination campaign from Spain, the Netherlands, and the Inter-American Development Bank, and at this session of the Executive Committee PAHO was signing a grant agreement with the United States Agency for International Development (USAID) for approximately \$8 million.

Mr. Mark Schneider, Assistant Administrator for Latin America of USAID, was in attendance at the session of the Executive Committee and signed the grant agreement on behalf of the Government of the United States of America, thereby fulfilling a promise of support that had been announced at PAHO Headquarters on World Health Day 1995 by Hillary Rodham Clinton. He reaffirmed the commitment of USAID to maternal health and child survival programs in the Region, reporting that the agency's bilateral program funds in those areas would more than equal the amount of this grant. The Director asked Mr. Schneider to convey the thanks of all the other Member States of PAHO to his Government for its contribution.

Following the signing of the agreement by Mr. Schneider and Dr. Alleyne, several members of the Committee and observers expressed gratitude for the grant and congratulated Dr. de Quadros and his staff for the achievements of his program in the Americas. The Region's immunization successes were considered an inspiration that could help renew enthusiasm for the goal of health for all and an example of what the countries can accomplish when political commitment exists. The speakers noted that the success of mass vaccination campaigns depended on community mobilization through use of the communications media, and that the lessons learned about popular participation in this arena were extendable to the fight against other health problems. Dr. de Quadros indicated that the same conclusions had been reached by the Taylor Commission, an expert group which had evaluated the impact of immunization programs in the Region.

The Observer for UNICEF applauded the achievements against vaccine-preventable diseases and indicated that the next major challenge in the area of child survival was to meet the goal set by the World Summit for Children for reducing mortality among children under 5 years of age. Ten countries in the Region were

currently lagging behind in the rate of decrease in mortality rates that was needed to meet the goal. In this regard, the Representative of Bolivia announced that on 1 July his country was implementing a national insurance scheme for mothers and children as a mechanism to reduce both maternal and child mortality.

The Committee adopted Resolution CE118.R14.

### **Administrative and Financial Policy Matters**

#### ***Report on the Collection of Quota Contributions (Document CE118/19 and Add. I)***

Mr. Mark Matthews (Chief, Department of Budget and Finance, PAHO) reported that, as of the opening of the 118th Meeting, eight Member States had paid their 1996 assessments in full and nine had made partial payments; these collections accounted for 14% of the current year's assessments, a figure lower than at the comparable time in 1995 (21%) but higher than in 1994 (8%). Twenty-two Member States had not made any payment toward the 1996 assessment. Collections of arrearages in 1996 represented 54% of total outstanding prior years' assessments.

Mr. Matthews reviewed the findings of the Working Party that had been established at the XXXVIII Meeting of the Directing Council in 1995 to study the application of Article 6.B of the PAHO Constitution, pertaining to the suspension of voting privileges. Seven countries had been potentially affected at the opening of that meeting. Currently, there were six countries (Bolivia, Cuba, Ecuador, Guatemala, Suriname, and Venezuela) in arrears to the extent that they might be subject to the application of Article 6.B at the upcoming meeting of the Directing Council. Mr. Matthews reported on those countries' arrearages and most recent payments.

The Observer for Venezuela informed the Committee that his country intended to send a contribution in June toward its quota payment for 1996 and was making every effort to meet its obligations. Other representatives urged all countries to fulfill the financial commitment they had made to the Organization.

Several representatives commended the Working Party for having made special mention of countries that had met their obligations in spite of extremely difficult economic situations.

The Director remarked that both large and small countries sometimes had difficulties meeting their quota payments. He firmly believed that all countries wished to honor their commitments to the Organization, but sometimes factors beyond their control prevented them from doing so. He wished to recognize the heroic efforts that

some countries had made to honor their obligations. He hoped that no countries would be subject to Article 6.B in September.

The Committee adopted Resolution CE118.R3.

***Financial Report of the Director and Report of the External Auditor for 1994-1995  
(Official Document 278)***

Mr. Mark Matthews (Chief, Department of Budget and Finance, PAHO) outlined the content of the Financial Report of the Director for 1994-1995, which showed that PAHO had maintained moderate program growth during the biennium. He noted that the Organization had ended the biennium with an operating deficit of approximately \$12 million, owing mainly to a shortfall in expected quota receipts and, in particular, to non-receipt of the 1995 fourth-quarter quota installment of the Organization's largest contributor. In accordance with the Financial Rules of PAHO, any such deficit was to be covered by an advance from the Working Capital Fund. However, the amount of the deficit had been greater than the unencumbered balance in the Working Capital Fund, as a result of which it had been necessary for the Organization to finance the shortfall through internal borrowing. The Working Capital Fund would need to be replenished from either the future year's operating surplus or a supplemental quota assessment.

In regard to the Pan American centers, Mr. Matthews reported that the Caribbean Food and Nutrition Institute (CFNI) and the Caribbean Epidemiology Center (CAREC) had both ended 1995 with sizable accumulated deficits, which had been financed by PAHO. The Institute of Nutrition of Central America and Panama (INCAP), on the other hand, enjoyed a sound financial position. It had ended the year with a surplus, which was directly related to a substantial increase in receipt of quota contributions to the Institute, as well as the efforts of its staff.

Mr. David Woodward presented the Report of the External Auditor on behalf of Sir John Bourn, Comptroller and Auditor General of the United Kingdom and External Auditor for PAHO. The External Auditor had formed an unqualified opinion that the financial statements of the Organization and those of INCAP presented an accurate picture of their financial position and the results of their operations for 1994-1995 and for 1995, respectively. PAHO's financial position had weakened somewhat in 1994-1995, largely due to the shortfall in expected receipts. However, other factors had also contributed to the deficit, one of the major ones being the financial position of the Pan American centers. The auditor had examined the four largest centers and had found that, although improvements had occurred in some cases, the centers were generally only surviving with the financial support of PAHO.

The External Auditor had also looked at the operation of the Organization's computerized financial management system (FAMIS), which had been put in place at the end of the 1992-1993 biennium. He was pleased with the significant progress PAHO had made during 1994-1995 toward addressing many of the underlying defects and problems that had arisen during the initial stages of the system's implementation, but he believed that there was still room for improvement in order to achieve maximum efficiency. In particular, he recommended that the Organization integrate all subsidiary accounting systems into FAMIS and take steps to improve the reliability of some financial reports.

In the discussion that followed these reports, various representatives expressed concern about the increasing financial burden that the Pan American centers represented for the Organization. It was emphasized that the centers should not be allowed to endanger PAHO's financial position or hinder its ability to fund its regular programs. Some means should be sought to make the centers more financially self-sufficient. One representative said that his delegation would have preferred that the Director's report include more information about how the Organization intended to address the problems posed by the centers' financial difficulties.

The Representative of the United States of America expressed his delegation's regret that the absence of a fourth-quarter payment by the United States had been partly responsible for the deficit with which the Organization had ended the biennium.

One representative noted that in March 1996 the Director had assured the Subcommittee on Planning and Programming that the Organization would take whatever steps were necessary to live within its means. To do that, it needed a solid sense of what its program priorities were. They should reflect PAHO's unique strengths and should respond to the needs of the Member States, although obviously the Organization could not meet all the needs of all the countries. It was therefore essential to develop a methodology for defining the limits to PAHO's sphere of action. Another representative stressed that the Organization should focus on supporting programs to address problems such as polio and measles, which were of concern for all the countries.

Several questions were asked regarding specific items in the Director's report, including the source of the internal borrowing alluded to by Mr. Matthews, the possible need for a supplemental quota assessment to replenish the Working Capital Fund, and a dispute with the Inter-American Development Bank over funding for a polio vaccination project. In addition, the Secretariat was asked to provide more information about how it was responding to the problems with FAMIS cited in the external auditor's report. It was pointed out that, as in previous years, the amount of miscellaneous income received had been higher than expected. The importance of making accurate projections of miscellaneous income—which directly affected the amounts of the countries' assessments—was underscored.

Mr. Matthews noted that the difference between the actual and the projected amount of miscellaneous income were due to several factors which were difficult to control, including a rise in interest rates, which had increased the return on the Organization's investments, and an increase in the amounts remaining after disbursement of unliquidated obligations, which ultimately became miscellaneous income. In response to the question concerning the source of the internal borrowing, he explained that internal borrowing was a mechanism that enabled the Secretariat to temporarily use money from other funds of the Organization until the Working Capital Fund had been replenished, although that money was charged to the Working Capital Fund. The sources of such borrowing included the Special Fund for Health Promotion, the Textbook and Instructional Materials Program, and unliquidated obligations. With respect to the matter of a supplemental quota assessment, he emphasized that a supplemental assessment was only one possibility for replenishing the Working Capital Fund, but no firm proposal had been made in that regard. As for the balance outstanding on the polio vaccination project, he said that the dispute mainly concerned the acceptability of the documentation for expenditures incurred under the project. The Organization expected to have the matter resolved by the end of July 1996. Concerning FAMIS, he indicated that the Secretariat had recruited a financial systems officer to oversee all aspects of the system's operation and that it was making good progress in correcting the problems that remained.

The Director thanked the representatives for the attention they had obviously given to the details in the report. In regard to the deficit, he noted that it had occurred mainly because the Secretariat had not learned early enough in 1995 that it would not receive a fourth-quarter payment from the United States to give it time to adjust spending in order to avoid a deficit. He hoped such a situation would not reoccur. With respect to the Pan American centers, he pointed out that they were integral parts of the Organization's technical cooperation program. He did not want anyone to be left with the impression that the centers were separate from the Organization or that when PAHO used its resources to fund the centers it was taking money from the technical cooperation program. Nevertheless, the Secretariat was making every attempt to ensure that governments paid their contributions to the centers, and it would continue to monitor their financial position and viability. The Director expressed the hope that the Executive Committee would support whatever action the Secretariat decided to take in the event that it became apparent that the Organization could no longer continue to provide the same level of support to the centers.

In regard to setting priorities for the Organization, he assured the Committee that the Secretariat was well aware that not all the needs identified by individual countries could be considered regional priorities. Decisions regarding which priorities would be addressed at the regional level were guided by specific criteria, one of the most important being PAHO's comparative advantage vis-à-vis other agencies.

The Director then outlined some of the measures that had been taken in response to the financial constraints the Organization faced. One of the first steps the Secretariat had taken was to write to all the ministers of health to inform them of the budget situation and ask them to make a special effort to pay their quotas. It had also reduced the operating budgets of both the country offices and the Regional programs in order to promote greater efficiency and make more money available for program activities. In addition, changes had been introduced in the technical and administrative functioning of the Organization, which had resulted in improved efficiency, streamlining of operations, and savings on costs and posts. Staff cuts and freezing or elimination of vacant posts had yielded a total budget reduction of over \$7 million. The Organization also intended to make more efficient use of consultants.

He stressed that everything possible was being done to spare the country programs. All the programs at Headquarters had been reviewed and the programs on environmental health and veterinary public health had been especially scrutinized. With reference to the latter program, he informed the Committee that he had appointed a group of experts to examine the program and advise him as to how it could better serve the Member States. He was awaiting the group's report and would be open to any suggestions it made, although he had received numerous letters from persons in the countries urging him not to decrease support for the veterinary public health program.

Dr. Alleyne concluded by emphasizing that the Secretariat viewed the financial situation as an opportunity to take actions that should be taken even in the absence of financial problems to increase the Organization's technical capabilities and efficiency through an ongoing process of managerial and programmatic reform.

The Executive Committee thanked the Director for his explanations and expressed confidence in his ability to use the Organization's resources judiciously and achieve maximum efficiency.

The Committee adopted Resolution CE118.R4.

***PAHO Building Fund and Maintenance and Repair of PAHO-Owned Buildings  
(Document CE118/21)***

Mr. Thomas Tracy (Chief of Administration, PAHO) reported on the status of four current projects and stated that no new projects were being proposed for the coming year.

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

***PAHO Field Office Buildings (Document CE118/22)***

Mr. Tracy reviewed the status of three new office construction projects previously approved by the Committee. Cost estimates for the building under construction in Barbados had increased almost 25% since 1993; those for the office to be built in Honduras had increased slightly, but below the rate of increase of local rent. A site and a cost sharing arrangement for construction of a new building in Mexico were being negotiated with the Mexican Government.

The Representative of Uruguay suggested that for future projects the option of renting, rather than constructing, office space should be considered. Renting would give the country offices greater flexibility to adapt to changes in size and technology and would obviate the need for PAHO to make large investments in real estate and construction. The Representative of the United States of America endorsed this suggestion and noted that building projects indirectly took money away from health programs, because money transferred from miscellaneous income to the building fund could otherwise be transferred to the regular budget.

**General Information Matters*****Statement by the Representative of the PAHO/WHO Staff Association (Document CE118/23)***

Mr. Rolando Chacón spoke on behalf of the Staff Association. He reported that despite some unresolved problems, relations between the staff and administration had continued to improve. The formation of a Joint Advisory Committee to study personnel matters had been very beneficial. An ongoing concern was the status of women in the Organization and the fact that men still predominated in decision-making positions. The Association suggested that it form a study group on this issue with the Office of Personnel.

The Staff Association supported streamlining of operations in light of the financial crisis confronting PAHO, but would not support measures that it considered would adversely affect the ability of the Organization to carry out its technical cooperation activities. The atmosphere of tension stemming from the uncertain financial situation during the past year had affected morale but had not reduced the level of work performed by PAHO staff. To alleviate the stress from changes that might be necessitated by cost-cutting measures, the Association had asked the Organization to provide counselling services and training to staff who might need to be reassigned within PAHO or who might, as a last resort, be forced to leave the Organization. The Staff Association urged the Member States to meet their quota payment obligations to PAHO to avoid repercussions on the staff and the work of the Organization.



One of the representatives pointed out that the countries' difficulties in paying their quota contributions were part of a general economic crisis that also affected their ability to fund necessary programs within the countries. The Staff Association was reminded that the primary goal of the Organization's current efforts to cut costs was to protect the technical cooperation programs, not the jobs of PAHO staff. Nevertheless, the legitimate right of the Staff Association to stand up for its members' interests was recognized. Several representatives expressed support for the proposed study group on women's issues. However, there was concern that some of the other recommendations contained in the document reflected the staff's attempt to involve itself in matters that were properly the domain of the administration. It was also suggested that the Organization had no obligation to rent or provide office space for the Staff Association, which, like any other professional association, should pay for its own space.

Some members felt that the Committee should not be expected to comment on internal problems between the staff and administration about which they had very little background information; other members believed it was appropriate for the Committee to hear the staff's concerns, since those problems could have an impact on the functioning of the Organization. All agreed that the Director had their full confidence to work with the Staff Association to resolve matters as he saw fit.

Mr. Chacón replied that cost-cutting recommendations were included in the document not in an attempt to "co-manage" the Organization but rather to share ideas. He felt that the document made it clear that job security was not the Staff Association's only concern.

The Director stated that he was pleased with the responsible and reasonable attitude displayed by the Staff Association in its discussions with the administration during his tenure. He defended the right of the Staff Association to present its concerns to the Executive Committee. Regarding the proposal for a study group on the status of women in the Organization, he desired clarification of such a group's specific objective before consenting to its formation.

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

***Resolutions and Other Actions of the Forty-ninth World Health Assembly of Interest to the PAHO Executive Committee (Document CE118/20)***

Dr. David Brandling-Bennett (Deputy Director, PAHO) reviewed several of the 29 resolutions adopted by the Forty-ninth World Health Assembly in May 1996 that were of particular relevance to the Region of the Americas. Several of them concerned matters discussed by the Executive Committee at its 118th Meeting, including resolutions WHA49.25 on prevention of violence, WHA49.27 on the Joint United Nations Program

on HIV/AIDS, and WHA49.9 on the employment and participation of women in the work of WHO. In regard to Resolution WHA49.11, "New, Emerging, and Re-emerging Infectious Diseases: Special Program on Malaria," he noted that the Americas had been at the forefront of efforts to design and implement the global strategy for malaria control, although the disease remained one of the most important re-emerging diseases in the Region. Resolution WHA49.14, which concerned the WHO revised drug strategy, had been one of the most contentious because of concerns about the possible impact of WHO guidelines on drug donations and the inherent complexity of drug pricing. Most of those concerns had apparently been resolved through discussions with nongovernmental organizations and representatives of pharmaceutical manufacturers prior to the Assembly. However, Member States in the Americas might wish to weigh the feasibility of implementing guidelines in the Region, bearing in mind their possible impact on drug donations.

He recalled that PAHO had had an initiative to improve the health of indigenous people in the Americas since 1992, which was consistent with Resolution WHA49.26 on development of a program of action for the International Decade of the World's Indigenous People. He also reported that on 1 May 1996 the Director had signed an agreement with the Indigenous Parliament of the Americas to seek legislative and regulatory action to improve the health and living conditions of indigenous people. In addition the Organization was requesting financial support for the Initiative from the Inter-American Development Bank.

The Secretariat strongly supported the efforts to reduce tobacco use in the Region and welcomed the effort to develop an international framework convention for tobacco control, as proposed in Resolution WHA49.17. It was also very pleased with the Assembly's decision to recommend that remaining stocks of variola virus be destroyed.

The Representative of Canada said that his delegation considered the adoption of the resolution on tobacco control a signal achievement. He noted that the governments of the Region had supported the resolution unanimously. The Government of Jamaica deserved particular recognition for taking a stance in favor of tobacco control, despite opposition from the country's tobacco producers. France, too, had shown courage in supporting the resolution, although support had by no means been unanimous in the European region.

With regard to the resolution on prevention of violence, it was suggested that PAHO, with its experience in this area, could provide valuable input for WHO's efforts to characterize the problem and formulate a plan of action for a public health approach to violence prevention.

Several representatives observed that the length of the meetings of the WHO Executive Board and the World Assembly had been considerably shortened, largely as a result of the example PAHO had set by reducing the duration of its meetings. They commended PAHO for showing that the work of the Organization could be accomplished more efficiently.

It was not considered necessary to adopt a resolution on this item.

### **Procedural Matters**

#### ***Representation of the Executive Committee at the XXXIX Meeting of the Directing Council, XLVIII Meeting of the Regional Committee of WHO for the Americas (Document CE118/3)***

It was decided that the Executive Committee would be represented at the above-mentioned meeting by its Chairman and the Representative of El Salvador. Their alternates would be the Representatives of Canada and Chile, respectively (Decision CE118(D2)).

#### ***Provisional Agenda of the XXXIX Meeting of the Directing Council, XLVIII Meeting of the Regional Committee of WHO for the Americas (Document CE118/4)***

Dr. Brandling-Bennett presented the agenda prepared by the Director in accordance with Article 12.C of the PAHO Constitution and Rule 7 of the Rules of Procedure of the Directing Council. The Director proposed that an item on tuberculosis be added to the program policy matters to be discussed by the Council. In addition, he suggested that, under procedural matters, the Council should reexamine its rules of procedure with a view to making them gender-neutral. He also noted that items concerning the Regional Plan for Investment in the Environment and Health and PAHO's role in promoting government-NGO collaboration would be removed from the agenda because the Executive Committee had decided that they should not go forward to the Directing Council.

Some concern was expressed about the inclusion of an item on diabetes, which had not been previously discussed by the Subcommittee on Planning and Programming or the Executive Committee. It was suggested that consideration of this item by the Council should perhaps be deferred until the Executive Committee had had the opportunity to review documentation and prepare a resolution on the subject. However, several delegations felt strongly that the item should remain on the agenda because diabetes is a highly prevalent health problem in many countries of the Region.

It was decided to retain the item on diabetes and make the respective additions and deletions as proposed by the Director.

The Committee adopted Resolution CE118.R9.

### **Other Matters**

The Director summarized the process that had been proposed for reviewing and possibly revising the Constitution of WHO. A study group consisting of a representative from each WHO Region had been established by the 97th Session of the Executive Board in January 1996 to review the constitution, giving special attention to the mission and functions of WHO in light of global changes. The study group would report its findings to the 99th Session of the Executive Board. To gain input from the Region of the Americas, the Director suggested that the Secretariat prepare a brief document for discussion at the XXXIX Meeting of the Directing Council in September. The document would lay out a vision of the role of WHO, discuss how a statement of its mission should be derived, and offer ideas on how the mission could be put into action. The Directing Council's comments would be relayed by the Secretariat to a meeting of the study group in October, as well as by the Region's representatives on the WHO Executive Board to the next meeting of that body.

The Committee indicated its support for the Director's suggestion and agreed the this item should appear on the agenda of the Directing Council meeting. The Committee also suggested that a report on the status of oral health programs in the Region be presented to a future meeting of the Governing Bodies, perhaps in 1997.

The Director informed the Committee that, in order to conserve financial resources, simultaneous interpretation into French and Portuguese would only be provided when the Committee's membership included countries where those languages are spoken. The Canadian representative responded that, since French is one of the official languages of Canada, his Government would expect that interpretation into French would be provided when its delegation included a French speaker.

### **Closing of the Meeting**

The Director thanked the members of the Committee for discharging their duties with enthusiasm and dedication. Noting the high level of participation by all representatives, he said that their discussions would greatly facilitate the work of the Directing Council. He also thanked the observers from Member States and NGOs for their participation and interest, and the Chairman for his management of the meeting. He expressed the hope that the face-to-face interchange of ideas at meetings such as this

one would never be replaced by "virtual" meetings. The Chairman likewise thanked all the participants.

### **Resolutions and Decisions**

In the course of the 118th Meeting the Executive Committee adopted the following resolutions and decisions:

#### ***Resolutions***

#### ***CE118.R1 Special Subcommittee on Women, Health, and Development***

#### ***THE 118th MEETING OF THE EXECUTIVE COMMITTEE,***

Having seen Document CE118/6, Report of the Special Subcommittee on Women, Health, and Development; and

Noting with satisfaction the significant progress which the Member Governments, the Organization, and particularly its Secretariat, have achieved in the area of women, health, and development since the Special Subcommittee was established in 1980,

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

1. To take note of the report of the 16th Meeting of the Special Subcommittee on Women, Health, and Development and to thank the members for their work.
2. To take note of the discussion on the report with reference to the possibility of altering the Subcommittee's mode of functioning.
3. To ask the Director:
  - (a) To ensure incorporation of the concept of gender in all PAHO programs, taking account of national and local experiences and monitoring the situation to keep the Directing Council informed;
  - (b) To consult with the Member Governments currently serving on the Subcommittee concerning the functions and terms of reference of the Subcommittee;
  - (c) To report on these matters to the Executive Committee at its 119th Meeting.

*(Adopted at the sixth plenary session,  
26 June 1996)*

***CE118.R2 Terms of Reference of the Subcommittee on Planning and Programming***

***THE 118th MEETING OF THE EXECUTIVE COMMITTEE,***

Having reviewed the Report of the Subcommittee on Planning and Programming (Document CE118/5), which contains a proposal to modify the terms of reference of the Subcommittee,

***RESOLVES:***

1. To thank the members of the Subcommittee for their work and Dr. Alfredo Solari for his leadership as chairperson.
2. To approve the modifications to the terms of reference of the Subcommittee on Planning and Programming of the Executive Committee, contained in Annex A of Document CE118/5.

*(Adopted at the sixth plenary session,  
26 June 1996)*

***CE118.R3 Collection of Quota Contributions***

***THE 118th MEETING OF THE EXECUTIVE COMMITTEE,***

Having considered the report of the Director on the collection of quota contributions (Document CE118/19 and Add. I) and the report provided on Member Governments 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 Governments that fail to meet their financial obligations and the potential application of these provisions to six Member Governments; and

Noting with concern that there are 22 Member Governments that have not made any payments towards their 1996 quota assessments and that the amount collected for 1996 assessments represents only 14% of total assessments,

**RESOLVES:**

1. To take note of the report of the Director on the collection of quota contributions (Document CE118/19 and Add. I).
2. To thank the Member Governments that have already made payments for 1996 and to urge the other Member Governments to pay their outstanding contributions as soon as possible.
3. To recommend to the XXXIX Meeting of the Directing Council that the voting restrictions contained in Article 6.B of the PAHO Constitution be strictly applied to those Member Governments that by the opening of that meeting have not made substantial payments towards their quota commitments or in accordance with their deferred payment plans.
4. To request the Director to continue to inform the Member Governments of any balances due and to report to the XXXIX Meeting of the Directing Council on the status of the collection of quota contributions.

*(Adopted at the sixth plenary session,  
26 June 1996)*

***CE118.R4 Financial Report of the Director and Report of the External AUDITOR  
for 1994-1995***

***THE 118th MEETING OF THE EXECUTIVE COMMITTEE,***

Having examined the Financial Report of the Director for the financial period 1 January 1994 to 31 December 1995 as contained in *Official Document 278* and taking note of the report presented by the External Auditor on the accounts of the Organization for this financial period,

**RESOLVES:**

1. To transmit the Financial Report of the Director and the Report of the External Auditor for the financial period 1 January 1994 to 31 December 1995 (*Official Document 278*) to the XXXIX Meeting of the Directing Council.
2. To thank the External Auditor for presenting a clear and comprehensive report for the biennium 1994-1995.

3. To note the decline in the rate of collection of quota assessments for the Organization, the Caribbean Epidemiology Center (CAREC), and the Caribbean Food and Nutrition Institute (CFNI) and to encourage the governments to pay their outstanding quota contributions as early as possible.

4. To note that the rate of collection of quota assessments for the Institute of Nutrition of Central America and Panama (INCAP) has greatly improved in 1995 and to recognize the efforts of the member governments of INCAP in that regard.

5. To acknowledge the Director's efforts to maintain a sound financial position for the Organization, while noting with concern that several major contributors did not pay in full their quota assessment for 1995 before the end of the financial period.

*(Adopted at the sixth plenary session,  
26 June 1996)*

***CE118.R5 Provisional Draft of the Program Budget of the World Health Organization for the Region of the Americas for the Financial Period 1998-1999***

***THE 118th MEETING OF THE EXECUTIVE COMMITTEE,***

Having considered Document CE118/9, which contains a tentative request to the World Health Organization for US\$ 79,794,000 without cost increases for the Region of the Americas for the financial period 1998-1999; and

Noting that the Subcommittee on Planning and Programming has reviewed the program budget proposal in general terms,

***RESOLVES:***

1. To thank the Subcommittee on Planning and Programming for its review.
2. To recommend to the XXXIX Meeting of the Directing Council, XLVIII Meeting of the Regional Committee of WHO for the Americas, that it approve the 1998-1999 proposal of US\$ 79,794,000 without cost increases by adopting a resolution along the following lines:



*THE XXXIX MEETING OF THE DIRECTING COUNCIL,*

Having considered Document CD39/\_\_\_ and the tentative request to the World Health Organization for US\$ 79,794,000 without cost increases for the Region of the Americas for the financial period 1998-1999; and

Noting the recommendation of the 118th Meeting of the Executive Committee,

*RESOLVES:*

To request the Director to transmit to the Director-General of WHO the request for US\$ 79,794,000 without cost increases for the Region of the Americas for the financial period 1998-1999, for consideration by the WHO Executive Board and the World Health Assembly in 1997.

*(Adopted at the sixth plenary session,  
26 June 1996)*

*CE118.R6 Regional Plan of Action on Violence and Health*

*THE 118th MEETING OF THE EXECUTIVE COMMITTEE,*

Having reviewed the document "Implementation of the Regional Plan of Action on Violence and Health" (Document CE118/13),

*RESOLVES:*

To recommend that the XXXIX Meeting of the Directing Council adopt a resolution in the following terms:

*THE XXXIX MEETING OF THE DIRECTING COUNCIL,*

Having reviewed the document "Implementation of the Regional Plan of Action on Violence and Health" (Document CD39/\_\_\_);

Taking into account the recent resolution on "Support for Mine-Clearing in Central America," adopted by the General Assembly of the Organization of American States;

Considering the impact of violence on the health and well-being of people and on the economies of countries;

Noting that the various manifestations of violence appear to be widespread in the Region of the Americas; and

Stressing the need to develop programs to control and prevent violence,

*RESOLVES:*

1. To approve the activities proposed in Document CD39/\_\_\_).
2. To urge the Member Governments:
  - (a) To formulate national intersectoral plans of action geared toward the prevention of violence, emphasizing a public health approach;
  - (b) To create a registry and perform a detailed analysis of mortality from external causes, in compliance with the recommendations of the Workshop on Epidemiological Surveillance of Homicides and Suicides (1995);
  - (c) To conduct studies to measure social attitudes towards, perceptions of, and costs of violence;
  - (d) To formulate and implement policies for the prevention of violence in the family and the school;
  - (e) To invite the media to join in efforts to reduce violence and to incorporate health topics in their programming;
  - (f) To obtain the resources necessary for such activities, either directly or through multilateral, bilateral, and nongovernmental agencies.
3. To request the Director, within available resources:
  - (a) To continue to provide technical cooperation in order to strengthen the ability of the Member Governments to perform epidemiological surveillance of violent acts;
  - (b) To continue to promote research that will shed light on the nature and determinants of violence in each country;
  - (c) To promote technical cooperation among countries and dissemination of information about successful experiences in the area of violence prevention.

*(Adopted at the sixth plenary session,  
26 June 1996)*

***CE118.R7 PAHO Award for Administration, 1996***

***THE 118th MEETING OF THE EXECUTIVE COMMITTEE,***

Having examined the report of the Award Committee of the PAHO Award for Administration, 1996 (Document CE118/7, Add. I); and

Considering that the criteria and procedures for conferring the PAHO Award for Administration need to be updated to reflect changes in the administration and delivery of health care and to facilitate the work of the Award Committee,

***RESOLVES:***

1. To note the decision of the Award Committee to confer the PAHO Award for Administration, 1996 on Ms. Michaela M. Storr of the Bahamas, for her work at the grassroots level in developing an integrated local health system and for the introduction of innovative systems for the management of hospitals.
2. To transmit the report of the Award Committee of the PAHO Award for Administration, 1996 (Document CE118/7, Add. I) to the XXXIX Meeting of the Directing Council.
3. To request the Director to review the criteria and procedures for the presentation of candidates for the PAHO Award for Administration.

*(Adopted at the seventh plenary session,  
27 June 1996)*

***CE118.R8 Admission of Nongovernmental Organizations into Official Relations with the Pan American Health Organization***

***THE 118th MEETING OF THE EXECUTIVE COMMITTEE,***

Having studied the report (Document CE118/8, Add. I) of the Standing Committee on Nongovernmental Organizations; and

Bearing in mind the *Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations* (1995),

**RESOLVES:**

1. To authorize the establishment of official relations with the International Diabetes Federation, North, Central, and South American Regional Councils.
2. To authorize the establishment of official relations with the International Organization of Consumers Unions (Consumers International), Regional Office for Latin America and the Caribbean (CI-ROLAC).
3. To authorize the establishment of official relations with the National Coalition of Hispanic Health and Human Services Organizations (COSSMHO).

*(Adopted at the seventh plenary session,  
27 June 1996)*

**CE118.R9 Provisional Agenda of the XXXIX Meeting of the Directing Council,  
XLVIII Meeting of the Regional Committee of WHO for the Americas**

**THE 118th MEETING OF THE EXECUTIVE COMMITTEE,**

Having examined the provisional agenda (Document CD39/1) prepared by the Director for the XXXIX Meeting of the Directing Council, XLVIII Meeting of the Regional Committee of WHO for the Americas, presented as Annex to Document CE118/4; and

Bearing in mind the provisions of Article 12.C of the Constitution of the Pan American Health Organization and Rule 7 of the Rules of Procedure of the Council,

**RESOLVES:**

To approve the provisional agenda (Document CD39/1) prepared by the Director for the XXXIX Meeting of the Directing Council, XLVIII Meeting of the Regional Committee of WHO for the Americas, as amended.

*(Adopted at the seventh plenary session,  
27 June 1996)*

***CE118.R10 Renewal of the Call for Health for All***

***THE 118th MEETING OF THE EXECUTIVE COMMITTEE,***

Having reviewed the document on renewal of the goal of health for all (Document CE118/10) and taking note of the activities linked to this initiative that are being promoted in the Region of the Americas,

***RESOLVES:***

To recommend to the XXXIX Meeting of the Directing Council the adoption of a resolution in the following terms:

***THE XXXIX MEETING OF THE DIRECTING COUNCIL,***

Having reviewed Document CD39/\_\_\_ on renewal of the goal of health for all (HFA); and

Recognizing the critical role of community participation in renewing health for all,

***RESOLVES:***

1. To take note of Document CD39/\_\_\_ and of the national and regional efforts geared toward renewal of the goal of HFA and its strategies.
2. To urge the Member Governments to evaluate progress in meeting the goal of HFA and applying the primary health care strategy, with a view to identifying the areas that require priority action and the elements that hinder or facilitate this progress.
3. To recommend that the Member Governments:
  - (a) Renew their commitment to the goal of HFA and its health strategies, within the context of the social, economic, political, environmental, and technological trends that are affecting the health of their populations, environment, and health services;
  - (b) Give priority to the adoption of policies to resolve their health problems in a sustained manner, with a view to steadily improving the quality of life of their populations.

4. To request the Director:
  - (a) To provide the technical cooperation appropriate to support the countries regarding the renewal of the goal of HFA;
  - (b) To promote the mobilization of national and international resources to support renewal of the goal of HFA that target the design and application of appropriate strategies.

*(Adopted at the seventh plenary session,  
27 June 1996)*

***CE118.R11 Health Sector Reform***

***THE 118th MEETING OF THE EXECUTIVE COMMITTEE,***

Having seen Document CE118/11, "Progress of Activities in Health Sector Reform," prepared in the context of the Action Plan approved by the 1994 Summit of the Americas and Resolution CD38.R14 of the XXXVIII Meeting of the Directing Council on equitable access to basic health services,

***RESOLVES:***

To recommend to the XXXIX Meeting of the Directing Council the adoption of a resolution along the following lines:

***THE XXXIX MEETING OF THE DIRECTING COUNCIL,***

Having seen Document CD39/\_\_\_\_, "Progress of Activities in Health Sector Reform";

Bearing in mind the Action Plan approved by the 1994 Summit of the Americas and Resolution CD38.R14 of the XXXVIII Meeting of the Directing Council on equitable access to basic health services; and

Considering the inequity in the distribution and utilization of resources still prevailing in the Americas, despite the attention that has been devoted to health sector reform in the Region in recent years,

**RESOLVES:**

1. To recognize the efforts undertaken by the countries in health sector reform and to acknowledge the bilateral and multilateral cooperation provided, while emphasizing the need for coordination of external support and respect for national autonomy and identity.
2. To urge Member Governments:
  - (a) To reaffirm their political commitment to health sector reform, including population-based public health approaches, as a strategy for making health systems more equitable, efficient, and effective in response to the health needs of the peoples of the Americas;
  - (b) To continue to exchange experiences and report on the progress and problems of the national processes of health sector reform.
3. To request the Director:
  - (a) To continue to cooperate with national processes of health sector reform, through the appropriate regional and country units of the Organization;
  - (b) To proceed with the continuous monitoring of and periodic reporting on progress and problems faced by national processes of health sector reform in the Region;
  - (c) To foster networking—including the evolving inter-American network as called for at the Summit of the Americas—among governments, private sector institutions, nongovernmental organizations, and other interested parties, as a mechanism for exchange of information and expertise on health sector reform.

*(Adopted at the seventh plenary session,  
27 June 1996)*

***CE118.R12 Acquired Immunodeficiency Syndrome (AIDS)***

***THE 118th MEETING OF THE EXECUTIVE COMMITTEE,***

Having reviewed the report on acquired immunodeficiency syndrome (AIDS) in the Americas (Document CE118/17 and Add. I),

**RESOLVES:**

To recommend that the XXXIX Meeting of the Directing Council adopt a resolution in the following terms:

***THE XXXIX MEETING OF THE DIRECTING COUNCIL,***

Having reviewed the report on acquired immunodeficiency syndrome (AIDS) in the Americas (Document CD39/\_\_\_);

Considering that, while the spread of HIV/AIDS in the Americas has apparently been less rapid than in other Regions, the epidemic continues to affect an ever-growing number of men, women, and children;

Taking into account the difficulties in the start-up phase of the multi-agency and multisectoral response promoted by the Joint United Nations Program on HIV/AIDS (UNAIDS); and

Mindful of the need to ensure the continuity of national efforts in a climate of marked reductions in international technical and financial support,

**RESOLVES:**

1. To urge the Member Governments:
  - (a) To maintain and, if possible, increase the efforts of their national programs on AIDS prevention, mobilizing technical and financial resources in accordance with their capabilities and facilitating intersectoral cooperation in the struggle against AIDS;
  - (b) To support implementation of the PAHO Regional Plan of Action for the prevention of AIDS in the Americas, maintaining the public health perspective in national actions;
  - (c) To promote the approach and guidelines of UNAIDS, facilitating linkage between the agencies that participate in the Theme Groups and their respective national counterparts;
  - (d) To promote cooperation among countries in a spirit of Pan Americanism, identifying common areas of need and interest (training, surveillance, information exchange, technology transfer, joint development of policies and programs, education) for the prevention of AIDS in the Region.



2. To request the Director, within the framework of UNAIDS:
  - (a) To maintain and strengthen the cooperation of PAHO in the prevention and control of AIDS and sexually transmitted diseases in the Americas;
  - (b) To continue to identify and mobilize resources in support of the national programs and the initiatives for subregional cooperation and cooperation among countries.

*(Adopted at the seventh plenary session,  
27 June 1996)*

**CE118.R13 *Aedes aegypti***

***THE 118th MEETING OF THE EXECUTIVE COMMITTEE,***

Having seen the document "Study on the Feasibility of Eradicating *Aedes aegypti*" (Document CE118/16),

***RESOLVES:***

To recommend that the XXXIX Meeting of the Directing Council adopt a resolution in the following terms:

***THE XXXIX MEETING OF THE DIRECTING COUNCIL,***

Having seen the document "Study on the Feasibility of Eradicating *Aedes aegypti*" (Document CD39/\_\_\_);

Considering the increasing incidence of dengue and dengue hemorrhagic fever in the Region of the Americas and the potential danger of a re-emergence of urban yellow fever;

Recognizing the importance of these diseases for public health in the Region and their impact on the economies of the Hemisphere; and

Taking into consideration the report of the task force established to study the feasibility, timeliness, and appropriateness of drawing up a hemispheric plan for the eradication of *Aedes aegypti*,

**RESOLVES:**

1. To urge Member Governments:
  - (a) To collaborate in the development of a hemispheric plan that supports from a public health and environmental perspective (in particular the areas of water and garbage) the combating of *Aedes aegypti* as a public health problem;
  - (b) To use mass communication to inform and educate the population and strengthen community participation in integrated vector combat activities;
  - (c) To promote epidemiological, entomological, and environmental surveillance and strengthen national laboratories to enable them to participate effectively.
  
2. To request the Director, as resources permit:
  - (a) To review, in cooperation with relevant Member Governments, current programs to determine the effectiveness of different approaches, from a public health perspective, in combating *Aedes aegypti* as a public health problem;
  - (b) To support the improvement of national and regional surveillance, and to facilitate the implementation of integrated combat measures;
  - (c) To cooperate in the preparation and implementation of national plans to combat *Aedes aegypti*.
  - (d) To build consensus and cooperation among countries to address the threats of dengue and yellow fever.

*(Adopted at the eighth plenary session,  
27 June 1996)*

**CE118.R14 Expanded Program on Immunization****THE 118th MEETING OF THE EXECUTIVE COMMITTEE,**

Having reviewed the report of the Director on the progress made by the Expanded Program on Immunization (EPI) and the regional initiative for the elimination of measles from the Americas by the year 2000 (Document CE118/18),

**RESOLVES:**

To recommend that the Directing Council at its XXXIX Meeting approve a resolution along the following lines:

***THE XXXIX MEETING OF THE DIRECTING COUNCIL,***

Having reviewed the report of the Director on the progress made by the Expanded Program on Immunization and the regional initiative for the elimination of measles from the Americas by the year 2000 (Document CD39/\_\_\_);

Noting with satisfaction that all countries are committed to the strategies outlined in the Plan of Action for Measles Elimination in the Americas by the year 2000, and the remarkable progress which has been attained; and

Observing that in spite of this progress much still remains to be done, and that the number of children susceptible to measles infection continues to grow in many countries,

**RESOLVES:**

1. To express its deep appreciation to the Governments of Spain and the United States of America for the support recently committed to the measles elimination initiative, and to urge other collaborating governments and organizations to follow this example.
2. To urge all countries to assign the necessary human and financial resources to the Program, particularly those needed for the purchase of vaccines and syringes, as well as the recurrent costs for surveillance of vaccine-preventable diseases, particularly measles and poliomyelitis.
3. To call to the attention of all countries that have accumulated a large number of susceptible children the urgency of implementing "follow-up" measles campaigns targeting all children 1-4 years of age, regardless of previous vaccination status.
4. To request the Director to continue his efforts to ensure support for the Plan of Action for the Elimination of Measles from the Americas by the year 2000.

*(Adopted at the eighth plenary session,  
27 June 1996)*

**CE118(D1)     *Adoption of the Agenda***

Pursuant to Article 5 of the Rules of Procedure, the agenda submitted by the Director was adopted.

*(First plenary session, 24 June 1996)*

**CE118(D2)     *Representation of the Executive Committee at the XXXIX Meeting of the Directing Council, XLVIII Meeting of the Regional Committee of WHO for the Americas***

Pursuant to Article 14 of the Rules of Procedure, it was decided to designate the Chairman of the Executive Committee (Bolivia) and the Representative of El Salvador to represent the Executive Committee at the XXXIX Meeting of the Directing Council, XLVIII Meeting of the Regional Committee of WHO for the Americas. As alternates to these representatives, the Committee designated the representatives of Canada and Chile, respectively.

*(First plenary session, 24 June 1996)*

**CE118(D3)     *Reports on Meetings of Subcommittees of the Executive Committee Held since its Last Meeting***

The Executive Committee took note of the report of the Subcommittee on Planning and Programming (on its 25th and 26th Meetings) and of the report of the Special Subcommittee on Women, Health, and Development (on its 16th meeting). (Concerning this latter report, see Resolution CE118.R1.)

*(First plenary session, 24 June 1996)*

**CE118(D4)     *Progress in Implementation of the Regional Plan for Investment in the Environment and Health***

The Executive Committee accepted the suggestion of the Director that the examination of this subject should be regarded as concluded at this stage and, hence, that it not be submitted to the Directing Council for consideration at its next meeting.

*(Fourth plenary session, 25 June 1996)*

**CE118(D5)     *PAHO's Role in Promoting Government-NGO Collaboration***

The Executive Committee accepted the suggestion of the Director that the examination of this subject be regarded as concluded at this stage and, hence, that it not be submitted to the Directing Council for consideration at its next meeting.

*(Fifth plenary session, 26 June 1996)*

IN WITNESS WHEREOF, the Chairman 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., United States of America, on this twenty-seventh day of June, nineteen hundred and ninety-six. 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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Oscar Sandoval Morón  
Chairman of the 118th Meeting  
of the Executive Committee  
Representative of Bolivia

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George A. O. Alleyne  
Secretary ex officio of the  
118th Meeting of the Executive Committee  
Director of the  
Pan American Sanitary Bureau

## **AGENDA**

1. **OPENING OF THE MEETING**
  
2. **PROCEDURAL MATTERS**
  - 2.1 **Adoption of the Agenda and Program of Sessions**
  - 2.2 **Representation of the Executive Committee at the XXXIX Meeting of the Directing Council, XLVIII Meeting of the Regional Committee of WHO for the Americas**
  - 2.3 **Provisional Agenda of the XXXIX Meeting of the Directing Council, XLVIII Meeting of the Regional Committee of WHO for the Americas**
  
3. **COMMITTEE AND SUBCOMMITTEE REPORTS**
  - 3.1 **Report of the Subcommittee on Planning and Programming**
  - 3.2 **Report of the Special Subcommittee on Women, Health, and Development**
  - 3.3 **Report of the Award Committee of the PAHO Award for Administration, 1996**
  - 3.4 **Report of the Standing Committee on Nongovernmental Organizations**
  
4. **PROGRAM POLICY MATTERS**
  - 4.1 **Provisional Draft of the Program Budget of the World Health Organization for the Region of the Americas for the Financial Period 1998-1999**
  - 4.2 **Renewal of the Call for Health for All**
  - 4.3 **Progress of Activities in Health Sector Reform**
  - 4.4 **Progress in Implementation of the Regional Plan for Investment in the Environment and Health**

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

- 4.5 Progress in the Implementation of the Regional Plan of Action on Violence and Health
- 4.6 PAHO's Role in Promoting Government-NGO Collaboration
- 4.7 Evaluation of the Strategic and Programmatic Orientations, 1995-1998
- 4.8 Study on the Feasibility of Eradicating *Aedes aegypti*
- 4.9 Acquired Immunodeficiency Syndrome (AIDS) in the Americas
- 4.10 Expanded Program on Immunization

**5. ADMINISTRATIVE AND FINANCIAL POLICY MATTERS**

- 5.1 Report on the Collection of Quota Contributions
- 5.2 Financial Report of the Director and Report of the External Auditor for 1994-1995
- 5.3 PAHO Building Fund and Maintenance and Repair of PAHO-owned Buildings
- 5.4 PAHO Field Office Buildings

**6. GENERAL INFORMATION MATTERS**

- 6.1 Statement by the Representative of the PAHO/WHO Staff Association
- 6.2 Resolutions and Other Actions of the Forty-ninth World Health Assembly of Interest to the PAHO Executive Committee

**7. OTHER MATTERS**



## LIST OF DOCUMENTS

### Official Documents

Official Document 278 and Corrigendum      Financial Report of the Director and Report of the External Auditor for 1994-1995

### Working Documents

CE118/1, Rev. 3      Agenda

CE118/2, Rev. 2      List of Participants

CE118/3      Representation of the Executive Committee at the XXXIX Meeting of the Directing Council, XLVIII Meeting of the Regional Committee of WHO for the Americas

CE118/4      Provisional Agenda of the XXXIX Meeting of the Directing Council, XLVIII Meeting of the Regional Committee of WHO for the Americas

CE118/5      Report of the Subcommittee on Planning and Programming

CE118/6      Report of the Special Subcommittee on Women, Health, and Development

CE118/7, Rev. 1      Report of the Award Committee of the PAHO Award for Administration, 1996

CE118/7, Add. I      PAHO Award for Administration, 1996

CE118/8, Rev. 1      Report of the Standing Committee on Nongovernmental Organizations

CE118/8, Add. I      Report of the Standing Committee on Nongovernmental Organizations

CE118/9      Provisional Draft of the Program Budget of the World Health Organization for the Region of the Americas for the Financial Period 1998-1999

CE118/10      Renewal of the Call for Health for All

- CE118/11 Progress of Activities in Health Sector Reform
- CE118/12 Progress in Implementation of the Regional Plan for Investment in the Environment and Health
- CE118/13 Progress in the Implementation of the Regional Plan of Action on Violence and Health
- CE118/14 PAHO's Role in Promoting Government-NGO Collaboration
- CE118/15 Evaluation of the Strategic and Programmatic Orientations, 1995-1998
- CE118/16 Study on the Feasibility of Eradicating *Aedes aegypti*
- CE118/17 Acquired Immunodeficiency Syndrome (AIDS) in the Americas
- CE118/17, Add. I Acquired Immunodeficiency Syndrome (AIDS) in the Americas
- CE118/18 Expanded Program on Immunization
- CE118/19 Report on the Collection of Quota Contributions
- CE118/19, Add. I Report on the Collection of Quota Contributions
- CE118/20 Resolutions and Other Actions of the Forty-ninth World Health Assembly of Interest to the PAHO Executive Committee
- CE118/21 PAHO Building Fund and Maintenance and Repair of PAHO-owned Buildings
- CE118/22 PAHO Field Office Buildings
- CE118/23 Statement by the Representative of the PAHO/WHO Staff Association

**Information Documents**

- CE118/INF/1 Statistics on PASB/WHO Staff

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LISTA DE PARTICIPANTES**

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SAINT KITTS Y NEVIS**

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