

The Director said that the Organization's prime concern in relation to the rights of children was to ensure that each child had the right to the "social and sanitary measures" to enable him or her to enjoy health, as stated in the American Declaration of the Rights and Duties of Man. That meant closing the equity gap that translated into 10 times higher infant mortality in poorer countries compared to richer countries. The Organization had recently analyzed data that indicated that the gap had changed very little over the previous 40 years. PAHO believe that it was every bit as important to take action to narrow the equity gap and ensure that all children had access to the determinants of health as it was to reduce absolute mortality rates. The plan was aimed precisely at addressing inequalities in access to those determinants. The bedrock of any such program was the availability of good data in order to identify inequities and inequalities, and the Organization was therefore engaged in a concurrent effort to improve the registration of vital statistics in the countries of the Region.

The point raised by one delegate about the role of the media was an excellent one. There was growing realization that the health sector must take a more aggressive approach to mass communication and marketing. For that reason, the Organization had gradually been incorporating additional staff to work in that area.

***Prospects for Pan American Health Organization Collaboration with Nongovernmental Organizations (Document SPP34/4)***

Dr. Irene Klinger (Chief, Office of External Relations, PAHO) summarized the experience of PAHO and other international organizations in collaborating with NGOs to date and examined the prospects for future collaboration. NGOs were clearly a force to be reckoned with, as had been demonstrated by the protests mounted during the recent World Trade Organization conference in Seattle. A similar campaign ("Fifty Years is Enough") had been organized by NGOs at the 1994 World Bank meetings,<sup>3</sup> as a result of which the World Bank now sought to actively engage NGOs in many of its activities. As a group, NGOs currently delivered more aid than the entire United Nations system, and they constituted the second largest source of development assistance. Fifteen percent of all ODA and 22% of ODA for health was channeled through NGOs. As of 1998, some 1,500 NGOs had been granted "consultative status" by the United Nations Economic and Social Council (ECOSOC). The Joint United Nations Program on AIDS (UNAIDS) was the first program of the United Nations to include NGO representatives as full participants on its governing board.

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<sup>3</sup> As this report was being prepared, NGOs were mobilizing for a new campaign to protest certain policies and practices of the World Bank and the International Monetary Fund during their April 2000 meetings.

Until 1990, PAHO had worked mainly with NGOs engaged in technical assistance, training, and research activities. Since 1991, the Organization had entered into partnerships with a broader range of NGOs, notably in areas relating to health sector reform and in the planning and delivery of health services and programs, such as those for cholera control and polio eradication. Involving NGOs in technical support and health sector reform had been accomplished mainly through trilateral relationships between governments, NGOs, and PAHO. Technical discussions on the subject at PAHO in 1996 had yielded a set of general conclusions and recommendations for strengthening the process of NGO-government collaboration for health and development. Those recommendations had called for the Organization to play a more active role in building government-NGO-PAHO alliances, increased outreach to NGOs, NGO capacity-building, improved practices in NGO-government collaboration, documentation of experiences, and increased involvement of NGOs in the Organization's internal biennial planning cycle. Currently, PAHO had official relations with 13 NGOs, but it collaborated with a number of other organizations working in health and human development in Latin America and the Caribbean.

PAHO believed that future collaboration with NGOs should be directed toward achieving objectives that could better be achieved through joint action than separately. To that end, and in keeping with the recommendations of the 1996 technical discussions, the Organization would seek to increase outreach to NGOs involved in public health activities. Once potential NGO partners had been identified, they might be engaged more actively in PAHO's agenda by establishing a consultative council of NGOs that would meet in parallel to meetings of the Governing Bodies, or ministries of health might be encouraged to include NGOs as part of their national delegations to those meetings.

In light of the need to involve more components of civil society in multilateral policy development and decision-making, the Subcommittee was asked to consider what the nature of future relations between PAHO and NGOs should be. Should PAHO continue to emphasize trilateral arrangements or should it focus mainly on PAHO-NGO interaction? What role should NGOs play in meetings of the Governing Bodies, and should multilateral organizations such as PAHO devote resources specifically to cultivating relationships with NGOs?

The Subcommittee agreed that NGOs were making many valuable contributions to the advancement of health in the Region and affirmed that PAHO should continue to work with NGOs, both bilaterally and in trilateral relationships with governments. Several delegates described how NGOs in their countries had been involved not only in health program and service delivery but also in policy dialogue and formulation at the national level. It was reported that in one Member State, the Dominican Republic, NGOs even received a portion of the official health budget, which they managed independently.

Nevertheless, several delegates pointed out that NGOs tended to be viewed with suspicion by some in official circles because at times they seemed to want to usurp the role of governments. Moreover, while some NGOs managed their finances and activities responsibly and transparently, others were less conscientious. It was suggested that one way in which PAHO could assist the countries in optimizing their relations with NGOs would be the development of a methodology for screening, accrediting, and evaluating the performance of NGOs. The Organization might also organize forums to facilitate dialogue between representatives of governments and NGOs to promote greater mutual trust and understanding. Another role for PAHO might be to serve as a broker to bring together NGOs to work toward common objectives. It was also suggested that PAHO might need to revise the criteria by which it selected the organizations with which it worked, as the number of organizations in official relations with PAHO was very small.

With regard to the role that NGOs should play in the Governing Bodies of PAHO, some support was expressed for the idea of creating a separate NGO advisory body similar to those that existed within the Organization for Economic Cooperation and Development. However, some delegates felt that it would be preferable to invite specific NGOs to participate when topics on which they had special expertise were being discussed by the Governing Bodies. It was stressed that, regardless of the mechanism through which they participated, NGOs should have consultative status, and the fact that they had resources to offer should not be allowed to influence the Organization's decisions or priorities. As for the advisability of allocating resources specifically for activities with NGOs, some delegates felt that the idea warranted consideration, given NGOs' comparative advantage and ability to leverage resources in some areas. However, it was pointed out that, before any support was provided, it would be essential to screen NGOs carefully to ensure that their interests were aligned with those of the Organization and that the collaboration would truly benefit people in the Member States. The need to periodically review the performance of NGOs was also underscored.

Dr. Klinger noted that there had been several recurring themes in the Subcommittee's discussion, in particular the ideas of transparency and accountability and the need to be selective in working with NGOs. Clearly, an important role for PAHO would be to facilitate relations between governments and NGOs. While governments tended to want to establish standards and impose certain controls on the activities of NGOs, the latter saw their greater flexibility and lack of formality as one of their main advantages and tended to resist any attempts to limit their activities. PAHO could help to find the middle ground between too much control and too little in order to ensure transparency in the management of resources and enhance NGOs' contribution to health development processes. With regard to the relatively small number of NGOs in official relations with PAHO, the Organization had traditionally established official relations only with regional NGOs that met certain legal and technical criteria and that had established a

joint plan of action with PAHO's technical programs. Undoubtedly that number would grow if the Organization engaged in greater outreach and proactively sought to work with more NGOs.

The publication *Achieving Effective Collaboration between Governments and NGOs for Health and Health Sector Reform: PAHO's Experiences and Future Strategies* provided more detailed information on PAHO's approaches to working with NGOs at the country level and its criteria for selecting the NGOs with which it would work. Those criteria included: institutional sustainability and transparency, technical excellence, territorial presence, appropriate thematic experiences, and willingness to work with government ministries. The publication, which was distributed to the Subcommittee, also provided examples of best practices in PAHO-NGO-government collaboration in the area of health sector reform.

The Director said that the Organization was well aware of the need to be selective and work only with NGOs that were legitimately trying to assist, not undermine, the activities of its Member Governments. With regard to the organizations in official relations with PAHO, they were inter-American NGOs; however, in reality, most of the Organization's activities with NGOs involved groups that worked at the national level. The regulations currently in place called for the Executive Committee to review the Organization's relations with NGOs every six years, but those reviews might be conducted more frequently—perhaps every three years as was the practice in WHO.

The issue of how to involve NGOs in the governance of international organizations was a difficult one. None of the multilateral agencies had yet found the perfect solution. The matter was problematic both for the organizations and the NGOs themselves. From the standpoint of the multilateral organizations, the problem was how to choose which NGOs would participate and how to ensure the legitimacy of those chosen. As the experience of UNAIDS had demonstrated, regardless of which NGOs were chosen, there would inevitably be dissatisfaction among other NGOs that felt that their views were not being represented. PAHO would continue to watch other organizations to see how they grappled with the issue, with a view to identifying a solution that would be in the best interests of the Member States and the Organization as a whole.

The representatives of the Emergency Care Research Institute (ECRI) and the U.S. Pharmacopoeia, two of the NGOs invited to take part in the Subcommittee session, affirmed that their relationship with PAHO had been very productive. The Organization had facilitated their access to and interaction with government officials in the countries. Both representatives felt that their organizations would not have achieved the same degree of progress without the involvement and support of PAHO. They also agreed that

NGOs must be transparent and responsible in their financial dealings in order to maintain their legitimacy and gain the trust of governments.

***Medical Devices (Document SPP34/7)***

Dr. Beth Pieterston (Medical Devices Bureau, Health Canada) summarized the document prepared by the Government of Canada on the subject of medical device regulation and harmonization of regulatory requirements. She began with a description of where medical device regulation fit within the “big picture” of health technology management. She then briefly reviewed PAHO’s initiatives to date in the area of medical devices and outlined the recommendations proposed in the document.

The purpose of medical device regulation was to ensure that medical devices sold in a country were safe, effective, and of high quality. Regulations helped accomplish that by setting standards for the manufacture and performance of products and by establishing the government’s legal authority to prevent the sale of products that did not meet the standards and take action against manufacturers that sold substandard products. Medical device regulation was an integral part of the overall process of medical equipment planning, procurement, and management.

Since 1993, countries had increasingly been requesting PAHO technical cooperation in the area of medical device regulation. In 1995, Canada had presented to PAHO an overview of the Canadian approach to regulation, and in 1996, PAHO had begun fostering harmonization of regulatory requirements in various Member States through the provision of technical information, advice, and expertise. The Organization had also sponsored presentations of the Canadian model in several national and international seminars. In fall 1999, PAHO held a consultative meeting on medical devices, which recommended, inter alia, that the ministries of health should assign priority to the regulation of medical devices as part of their leadership role in health sector reform and that WHO and PAHO should step up their technical cooperation in this area and promote technical cooperation between countries, including the development of specific projects. The consultation had also recommended that the Latin American and Caribbean countries should be represented at meetings of the Global Harmonization Task Force (GHTF), a voluntary international consortium that promoted harmonization of medical device regulations in developed and developing countries throughout the world. The document outlined a proposed plan of action based on those recommendations, to be

coordinated by PAHO with the support of WHO. It also contained guidelines developed jointly by PAHO and the Government of Canada for the establishment of regulatory programs in developing countries.