



# **Pan American Health Organization**

Regional Office of the  
World Health Organization

**OFFICE OF THE DIRECTOR**  
Country Support Unit

## **PRIORITY COUNTRIES CONSULTATIVE MEETING 24-25 February 2004 – Washington, D.C.**

### **WORKING GROUP ON PRIORITY COUNTRIES – AIDE MEMOIRE**

The Working Group which was established in December 2003 as a result of the biennial evaluation, met on February 3<sup>rd</sup>. 2004.

The AD informed that the Managers of Area under her office had established monitoring process regarding these countries. Each one of the Area Managers is the focal point for one priority country; Ms. Mónica Brana is the focal point for Honduras. There responsibilities include, reviewing the situation analysis in the country BPB and matching the needs against what the Areas are doing; they will also monitor ongoing technical cooperation.

Dr. Philippe Lamy suggested revising the shared agenda from country perspective. He also suggested that PED be including in the Working Group, given the level of vulnerability in priority countries and also for working group to acquire the “emergency” mode of operating with respect to these countries. He suggested that an internal consultative group be established and meet once a week in the regional office. A similar group in HQs could also be established.

Dr. Richard Van West Charles suggested involving AIS. He also suggested the MDGs to be used as entry points to organize the information and actions for priority countries. He suggested a specific project be developed to address commonalities in the needs of the five countries. Finally he recommended that all missions to priority countries be debriefed in a periodic meeting to discuss findings and actions to be taken.

It was also mentioned that there was a need to differentiate within the five countries, because not all of them are in the same state of need, particularly Haiti, because of the geographical, cultural and language barriers.

Mr. Roman Sotela presented the proposal to automatized the information in the AMPES system reports regarding activities and resources channeled towards priority countries. Something similar could be done regarding the MDGs.

CSU suggested that all analytical products (Health Sector Analysis, CCA/UNDAF, CCS, etc.) be gathered and posted electronically in order to be readily accessible. Intelligence on other partners involvement in the priority countries (specially the IFIs) should also be collected and accessible.

It was concluded that the working group should:

- Expand, to include PED and AIS
- Share documentation already available
- Meet periodically to assess progress