



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



WORKING GROUP OF THE EXECUTIVE COMMITTEE ON PAHO IN THE 21ST CENTURY

25 March 2004

Report of the First and Second Meetings of the Working Group on PAHO in the 21st Century

First Meeting

The First Meeting of the Working Group on PAHO in the 21st Century was held in Roseau, Dominica, on 26 and 27 February 2004. For the agenda of the meeting, please see Annex 1. The Working Group was established pursuant to Resolution CD44.R14 of the 44th Directing Council that took place in September 2003.

The resolution stipulated that the group should comprise selected Members of the Executive Committee; representatives of other Member States wishing to participate, ensuring equitable distribution among the subregions; and representatives of organizations with experience in the area of institutional and/or organizational reform in the United Nations system and in the public and private sectors. As mandated, the Executive Committee, at its 133rd Session in September 2003, designated Argentina, Barbados, Costa Rica, and Peru as members of the Working Group.

The following Member States were represented at the first meeting: Antigua and Barbuda, Argentina, Bahamas, Barbados, Chile, Costa Rica, Dominica, France, Mexico, Peru, United States of America, and Uruguay, as well as the Netherlands Antilles.

Representing the World Health Organization was the Director of Governance. Also in attendance was the nongovernmental organization, Latin American and Caribbean Association for Public Health Education. For the List of Participants of the meeting, please see Annex 2.

Resolution CD44.R14 of the Directing Council requested, *inter alia*, that the Working Group prepare its own terms of reference. The Executive Committee, at its 133th session, considered that it might be difficult to formulate the terms of reference in a very large group. It therefore decided that before opening up the group to participation by other parties, the Committee's nine Members, with support from the Secretariat, would confer and come to an agreement regarding the terms of reference.

Accordingly, the President of the Executive Committee proposed the following terms of reference that were intended to stimulate discussion, and a chat room was

created on the Internet to allow Members of the Executive Committee to confer and comment on the proposed terms.

- (a) Governance of PAHO;
- (b) Regional and Global Public Health Goods in the 21st Century and Their Relationship with PAHO;
- (c) Challenges in Public Health in the Americas for the Coming Years;
- (d) Evolving Nature of Partnerships and Alliances in International Development in Health Pertinent to PAHO's Role;
- (e) Modalities of Technical Cooperation in Health.

During the meeting, the Working Group endorsed these five topics and agreed on an additional one: Resources for Health.

At the end of the discussions on the terms of reference, the Working Group divided into three teams. Each team took two topics and consolidated them into logical, sequential, and relevant subpoints that should be considered under the main points.

Following the discussions on the reports of the three teams, the Working Group agreed on the following Terms of Reference and subpoints.

(1) Challenges in Public Health in the Americas for the Coming Years

A. Health problems

- Noncommunicable diseases
- Communicable diseases
- Social issues—drug abuse and violence
- Emerging problems—SARS, Avian flu, etc.

B. Population trends

- Growth and structure —aging
- Migration (impact of illegal immigrants)

C. Globalization and international public health

- Communication
- Advances in technology
- Social and economic impact of globalization
- Information transfers

D. Inequities in health

- Universal access to health care
- Inadequate funding
- Health model

- E. Public sector reform
 - Efficiency
 - Equity
 - International cooperation
- F. Human and natural disasters (including bioterrorism)
- G. Resources
 - Human resources—training to respond to challenges
brain drain
 - Financial—internal
external
equity in distribution and utilization
- H. Health information systems development (vital statistics)
- I. Research
 - Information for evidence-based decision-making
 - Applied research vs. health priorities and needs
 - Define disease patterns
- J. Bioethics
 - Transplants
 - Cloning
 - Genetics

(2) Evolving Nature of Partnerships and Alliances in International Development in Health Pertinent to PAHO's Role

- A. Stakeholders: coordination, private, civil society, funds, intersectoral, etc.
- B. Characteristics, roles and responsibilities: government, PAHO, stakeholders,
- C. New forms of partnerships
- D. Ethics of partnerships
- E. Evaluation of partnerships
- F. Millennium Development Goals
- G. Strengthening ministry of health and PAHO capacities for establishing strategic alliances

(3) Regional and Global Public Health Goods in the 21st Century and Their Relationship with PAHO's Mandate

- A. Broaden the discussion to other public goods in the Region and world.
 - (a) Better definition of what encompasses a “global public good”
 - (b) Addressing the issue of health technology
- B. PAHO should objectively assess the health impact of other global/regional policies, practices, and trends.
- C. How can PAHO/WHO help countries understand and respond to the challenges and opportunities presented by global/regional policies, practices and trends?
- D. Role of PAHO in facilitating improved access to medicines and other public goods

(4) Modalities of Technical Cooperation in Health

- A. Country Cooperation Strategy
- B. Work force
 - (a) PAHO
 - Review of recruitment processes for PAHO staff and consultants
 - Need for customization at country level based on country needs and demands.
 - (b) Countries
 - Human resource training/development for sustainability
- C. New cooperation
 - (a) How can PAHO/AMRO help countries with new modalities of cooperation?
 - (b) How can countries come together on specific issues, but not necessarily based on traditional approaches, such as geography?
- D. How can we construct scenarios to address gaps between the desired future and current realities?
 - (a) PAHO Headquarters global level
 - (b) Country level
- E. Innovation
 - (a) Good benchmarking and best practices
 - (b) Working out of the box, new perspectives, different skills, etc.

(5) Governance of PAHO

A. Structure and Governing Bodies

- Improve communication within Governing Bodies and among Member States
- Organizational and budgetary structure meeting needs of the mission, needs to respond to needs of the countries
- Assessment of Regional Centers

B. Function

- Enhancing efficiency of PAHO by the use of country offices to build partnerships, capacity building, and strengthening of institutions particularly for developing states
- Bring focus to operational side of what PAHO does
- Evaluation of the implementation of PAHO's mandate
- Evaluation of strategies and allocation of resources to carry out mandate

C. Process with regards to relationship with stakeholders

- Relationship between WHO and PAHO
- Reaffirm commitment of Members States to the Organization
- What is the view of the other stakeholders of PAHO?
- Decentralization of resources and staff from Headquarters to country offices

Transparent and fair participation of countries' processes.

This is a crosscutting issue dealing with equity, structure, values, etc.

(6) Resources for Health

A. Financial

- Availability and expected trends of financial resources, both regular and extrabudgetary resources of PAHO
- Criteria for allocation of financial resources (equity and technical assistance on country financial issues)
- Lessons from studies such as macroeconomics and health

B. Human resources

- Capacity building at country/subregional level
- Migration/brain drain
- Strengthen relationships between demand-supply of human resources
- Identification of priority areas and innovative approaches for training (distance/learning: in service; team orientation)
- Essential research in health

- C. Scientific/technological resources
 - Knowledge transfer and management

- D. Intangible
 - Trust/credibility
 - Prestige
 - Corporate Ethics

At this meeting in Dominica, preliminary discussions were also held regarding the Work Plan, and it was agreed that the Plan would be finalized at the next meeting of the Working Group on 23 March 2004.

Three of the four Member States designated by the Executive Committee—Argentina, Barbados, and Peru—met on 22 March 2004 to review the narratives of the first meeting and analyze the Work Plan.

Second Meeting

The second meeting of the Working Group held on 23 March 2004 agreed on the report of the first meeting, finalized the Work Plan, and reviewed the first draft of the preliminary analysis on Challenges of Public Health in the 21st Century, which was delegated to the Secretariat at the first meeting. The following Member States attended the meeting: Argentina, Barbados, Mexico, Peru, and United States of America. For the agenda and list of participants of this meeting, please see Annexes 3 and 4, respectively.

The agreed-upon Work Plan follows:

- During the 38th Session of the Subcommittee on Planning and Programming, the Chairman of the Working Group will present an oral progress report.

- Between March and May 2004, each of the four countries of the Working Group designated by the Executive Committee will prepare a preliminary analysis for one of the terms of reference: Evolving Nature of Partnerships and Alliances in International Development in Health Pertinent to PAHO's Role (Peru); Regional and Global Public Health Goods in the 21st Century and Their Relationship with PAHO's Mandate (Argentina); Modalities of Technical Cooperation in Health (Costa Rica); and Governance of PAHO (Barbados). The four members will be leading the process, but they may seek support from the PAHO/WHO Representatives in their countries, the Regional Office, and other sources they deem appropriate. As mentioned before, the Secretariat has already prepared a first draft on the preliminary analysis on Challenges in Public Health in the Americas for the Coming Years, that will be modified in the coming weeks. The

preliminary analysis on Resources for Health will include two aspects: one refers to “PAHO resources” and the other to “resources for health in countries.”*

The six preliminary analyses will be sent to all Members States for comments. These comments should be received by mid-May 2004 to be incorporated into the progress report to the Executive Committee in June 2004.

- It was also agreed to take the opportunity of the World Health Assembly in May 2004, in Geneva, to hold a meeting of the Working Group.
- It was further agreed to present a progress report to the Executive Committee in June 2004, together with a budget for the Working Group, to be prepared by the Secretariat.

* The Chairman of the Working Group informed the 38th Session of the Subcommittee on Planning and Programming that the Consultative Group on the Regional Program Budget Policy would prepare the preliminary analyses of “the resources for health in the countries” and “PAHO resources.”