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WORLD HEALTH ORGANIZATION



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**ANNUAL REPORT OF THE PRESIDENT OF THE
EXECUTIVE COMMITTEE**

Presented below, in compliance with Article 9.C of the Constitution of the Pan American Health Organization, is the report on the activities carried out by the Executive Committee and its various subcommittees between September 2000 and September 2001. During that time, the Executive Committee held two sessions: the 127th Session, on 29 September 2001, and the 128th Session, from 25 to 28 June 2001. The Subcommittee on Women, Health, and Development held its 19th Session from 12 to 14 March 2001, and the Subcommittee on Planning and Programming held its 35th Session from 14 to 16 March 2001.

The Members of the Executive Committee during the period covered by this report were Bolivia, Canada, Cuba, El Salvador, Guyana, Jamaica, Nicaragua, United States of America, and Uruguay. The 127th Session was attended by delegates of all Members of the Committee and observers for Grenada and Venezuela. One nongovernmental organization was represented. The 128th Session was also attended by delegates of all Members. Representatives of Antigua and Barbuda, Chile, Dominican Republic, France, and Mexico attended in an observer capacity. In addition, five intergovernmental organizations and six nongovernmental organizations were represented.

The following Members were elected to serve as officers for the 127th and 128th Sessions: Cuba (President), Canada (Vice President), and Nicaragua (Rapporteur).

During the 127th Session, Cuba and El Salvador were elected to serve on the Subcommittee on Planning and Programming on the expiration of the periods of office of Ecuador and Mexico on the Executive Committee. Bolivia and Jamaica were elected to

serve on the Standing Committee on Nongovernmental Organizations on the expiration of the periods of office of Antigua and Barbuda and Ecuador on the Executive Committee.

The Committee set the dates for the 19th Session of the Subcommittee on Women, Health, and Development; the 35th Session of the Subcommittee on Planning and Programming (SPP); the 128th Session of the Executive Committee; and the 43rd Directing Council. The Committee also proposed topics for the agenda of the SPP session. One of the items included on that agenda, at the request of the Government of Venezuela, was an examination of the election mechanisms of the Governing Bodies of PAHO with a view to achieving equitable representation of Member States; however, the request was subsequently withdrawn by the Venezuelan Government and the item was therefore not discussed by the Subcommittee or forwarded to the Executive Committee.

At the 127th Session, the Committee adopted eight decisions, which appear, together with a summary of the Committee's deliberations, in the Final Report of the 127th Session (Annex A).

During the 128th Session, the Committee appointed the delegates of Cuba and Canada to represent it at the 43rd Directing Council, 53rd Session of the WHO Regional Committee for the Americas, and selected the representatives of Jamaica and Uruguay to serve as alternates for Cuba and Canada, respectively. It also approved a provisional agenda for the 43rd Directing Council. The Committee heard reports from the Subcommittee on Planning and Programming; the Subcommittee on Women, Health, and Development; the Award Committee of the PAHO Award for Administration; and the Standing Committee on Nongovernmental Organizations.

The following matters were also discussed during the 128th Session:

Program Policy Matters

- Proposed Program Budget of the Pan American Health Organization for the Financial Period 2002-2003
- Acquired Immunodeficiency Syndrome (AIDS) in the Americas
- Vaccines and Immunization
- Report on the XII Inter-American Meeting, at the Ministerial Level, on Health and Agriculture
- Development and Strengthening of Human Resources Management in the Health Sector
- Health, Drinking Water, and Sanitation in Sustainable Human Development
- International Health Regulations
- Dengue Prevention and Control

- Framework Convention on Tobacco Control
- Health Promotion
- Mental Health
- Report on the Third Summit of the Americas
- Strategic Plan for the Pan American Health Organization for the Period 2003-2007

Administrative and Financial Matters

- Report on the Collection of Quota Contributions
- Interim Financial Report of the Director for 2000
- PAHO Buildings and Facilities

Personnel Matters

- Amendments to the PASB Staff Rules
- Statement by the Representative of the PASB Staff Association

General Information Matters

- Resolutions and Other Actions of the Fifty-fourth World Health Assembly of Interest to the PAHO Executive Committee

At the 128th Session, the Executive Committee adopted 16 resolutions and 11 decisions, which appear, together with a summary of the presentations and discussions on each item, in the Final Report of the 128th Session (Annex B).

Annexes

128th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 25-29 June 2001

CE128/FR (Eng.)
28 June 2001
ORIGINAL: ENGLISH-SPANISH

FINAL REPORT

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FINAL REPORT

Opening of the Session

The 128th Session of the Executive Committee was held at the Headquarters of the Pan American Health Organization (PAHO) on 25-28 June 2001. The session was attended by delegates of the following Members of the Executive Committee: Bolivia, Canada, Cuba, El Salvador, Guyana, Jamaica, Nicaragua, United States of America, and Uruguay. Present in an observer capacity were delegates of the following Member States of the Organization: Antigua and Barbuda, Chile, Dominican Republic, France, and Mexico. In addition, five intergovernmental organizations and six nongovernmental organizations were represented.

Dr. Carlos Dotres Martínez (Cuba, President of the Executive Committee) opened the session and welcomed the participants. Sir George A. O. Alleyne (Director, Pan American Sanitary Bureau, (PASB)) added his welcome, emphasizing the important role that the Governing Bodies played in guiding the work of the Secretariat and the Organization as a whole.

Procedural Matters

Officers

The Members elected to office at the Committee's 127th Session continued to serve in their respective capacities at the 128th Session. Accordingly, the officers were as listed below:

President: Cuba (Dr. Carlos Dotres Martínez)

Vice President: Canada (Mr. Edward Aiston)

Rapporteur: Nicaragua (Ms. Mariángeles Argüello)

The Director served as Secretary ex officio, and Dr. David Brandling-Bennett, Deputy Director of the Pan American Sanitary Bureau, served as Technical Secretary.

Adoption of the Agenda and Program of Meetings (Documents CE128/1, Rev. 3, and CE128/WP/1, Rev. 1)

In accordance with Rule 9 of its Rules of Procedure, the Committee adopted the provisional agenda prepared by the Secretariat, with the addition of one item proposed by the Delegation of Mexico: "Process for the Election of the Director of the Pan American Sanitary Bureau." The Committee also adopted a program of meetings (Decision CE128(D1)).

Representation of the Executive Committee at the 43rd Directing Council, 53rd Session of the Regional Committee WHO for the Americas (Document CE128/3)

In accordance with Rule 54 of its Rules of Procedure, the Executive Committee appointed Cuba and Canada, its President and Vice President, respectively, to represent the Committee at the 43rd Directing Council. Jamaica and Uruguay were designated as alternates for Cuba and Canada, respectively (Decision CE128(D2)).

Provisional Agenda of the 43rd Directing Council, 53rd Session of the Regional Committee of WHO for the Americas (Document CE128/4)

Dr. Brandling-Bennett presented the provisional 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 provisional agenda was adopted with the addition of "Preparations for the Centennial of the Pan American Health Organization," which was included at the request of the Delegation of Cuba.

The Delegation of Mexico requested the inclusion of the item on "Process for the Election of the Director of the Pan American Sanitary Bureau." It was pointed out that because Mexico was not a Member of the Executive Committee, it was not entitled to solicit the addition of an item to the Directing Council agenda. However, the Director noted that, in accordance with Rule 8(c) of the Rules of Procedure of the Directing Council, he would be obligated to include on the provisional agenda any item proposed by a Member Government; hence, the Government of Mexico could submit its request directly to him later, and the item would be placed on the agenda.

The Committee adopted Resolution CE128.R17, approving the provisional agenda, with the proposed modification.

Constitutional Matters

Process for the Election of the Director of the Pan American Sanitary Bureau (Document CE128/27)

This item was discussed at the request of the Government of Mexico, which also prepared the working document distributed to the Committee. Mr. Eduardo Jaramillo Navarrete (Mexico) said that, in keeping with the PAHO Constitution and efforts to strengthen democratic procedures and promote greater equity in the Region, his Government believed that the election of the Director should be guided by the following four principles: (1) the Member States should lead the electoral process; (2) candidates should compete under equal conditions; (3) candidates should present a transparent platform in order to guarantee accountability; (4) the Director should be elected by universal and secret vote.

To ensure equality of conditions for both external and internal candidates, his Government proposed that internal candidates should leave their posts temporarily during the six months preceding the election, although they would continue to receive their salaries and would be entitled to return to their posts after the election. Mr. Jaramillo noted that the Inter-American Institute for Cooperation on Agriculture (IICA) had recently implemented a similar procedure to prevent any possible conflicts of interest among candidates. To guarantee accountability, Mexico proposed that all candidates should present their platforms in open sessions to give Member States the opportunity to hear the candidates' ideas, which would enable them to cast an informed vote and provide them with a basis for assessing the performance of the individual who was eventually elected as Director.

At the request of one of the delegates, Dr. Heidi Jiménez (Chief, Office of Legal Affairs, PAHO) clarified the provisions for the inclusion of additional agenda items on the Committee's agenda and the procedure for election of the Director. Rule 10 of the Rules of Procedure of the Executive Committee provided that supplementary items could be added to the agenda after its adoption if approved by two-thirds of the Members of the Committee. Because no Member had objected when the Delegate of Mexico sought to include this item, the Secretariat had assumed that the required two-thirds of the Committee had tacitly approved its addition, and the item had therefore been placed on the agenda. As for the election of the Director, Article 21 of the Constitution of PAHO stated that the Director was to be elected at the Pan American Sanitary Conference by the vote of a majority of the Governments of the Organization. Rule 56 of the Rules of Procedure of the Conference provided that the Member States would elect the Director by secret ballot in plenary session. Members and Associate Members were entitled to nominate any person they deemed suitable for the post, but no official list of candidates

would be drawn up, no eligibility requirements were to be established, and votes could be cast for any person, whether or not he/she had been formally nominated.

The Executive Committee welcomed the opportunity to discuss the process for electing the Director—which it considered one of the most important functions of the Member Governments within the Organization—and thanked the Delegation of Mexico for raising the issue. With regard to the specific proposals put forward by Mexico, the consensus of the Committee was that the provisions of the Constitution and the Rules of Procedure of the Conference clearly recognized the sovereignty of the Member States and gave them full control over the election process. The Committee also felt that the existing procedure was democratic and equitable. While the Committee found merit in the idea of bringing the candidates together to present their platforms in a special session convened for that purpose, several Members pointed out that directors of intergovernmental organizations did not set their own programs; rather, they carried out the programs approved by the member states.

The Committee strongly disagreed with the suggestion that internal candidates should leave their posts for six months prior to the election. Members felt that it would be impractical and too costly for the Organization to grant candidates a paid six-month leave of absence and that such a practice would give internal candidates an unfair advantage over external candidates. Moreover, if an incumbent director seeking reelection were to leave his/her post before the election, the Organization would be left without an elected leader for six months.

The Executive Committee therefore did not consider it necessary or advisable to recommend any modifications in the provisions set out in the PAHO Constitution and the Rules of Procedure of the Pan American Sanitary Conference with regard to election of the Director (Decision CE128(D6)).

Mr. Jaramillo said that Mexico was pleased that the Executive Committee had agreed to discuss the matter and appreciated the Committee's comments. His Delegation believed that the debate, which had reflected the values of democracy, equity, and transparency, had been highly constructive. Mexico considered that the election of the Director was of crucial importance for the future of the Organization and that the electoral process should also be discussed within the broader forum of the Directing Council. Accordingly, his Government would request that the item be placed on the agenda for the 43rd Directing Council in September 2001.

Committee and Subcommittee Matters

Report of the Subcommittee on Planning and Programming (Document CE128/5)

The report on the 35th Session of the Subcommittee on Planning and Programming (SPP) was presented by Mr. Nick Previsich (Canada, President of the Subcommittee at the 35th Session). The Subcommittee had discussed nine items that were also on the agenda of the Executive Committee at the 128th Session, namely: Framework Convention on Tobacco Control; mental health; Proposed Program Budget of the Pan American Health Organization for the Financial Period 2002-2003; human resources management in the health sector; health, drinking water, and sanitation in sustainable human development; dengue prevention and control; health promotion; International Health Regulations; and Strategic Plan of the Pan American Health Organization for the 2003-2007. The Subcommittee had also heard brief reports on the following items, which were not forwarded to the Executive Committee: poliomyelitis outbreak on Hispaniola, foot-and-mouth disease, bovine spongiform encephalopathy (BSE), and repair and reconstruction of the health system in El Salvador.

The Subcommittee's comments and recommendations on the first nine items were taken into account in revising the documents for the Executive Committee and are reflected in the presentations and discussion of the respective agenda items in the present report. Summaries of the presentations and discussions on all the above-mentioned items may be found in the final report of the Subcommittee's 35th Session (Document SPP35/FR).

The Committee thanked Mr. Previsich for his report and took note of the Subcommittee's comments on the various items (Decision CE128(D3)). The Director expressed his gratitude to the President and the Members of the Subcommittee for their thorough examination of the working documents and their suggestions for improvement, which had greatly enhanced the documentation prepared for the Executive Committee.

Report of the Subcommittee on Women, Health, and Development (Document CE128/6)

Ms. Mariángeles Argüello (Nicaragua, President of the Subcommittee at the 19th Session) reported on the 19th Session of the Subcommittee on Women, Health, and Development, which was held at PAHO Headquarters on 12–14 March 2001. Delegates of the following six Members of the Subcommittee had attended: Belize, Canada, Chile, Cuba, Nicaragua, and United States of America. The seventh Member, Venezuela, had been unable to attend. Observers for Brazil, France, Mexico, Peru, and the United Kingdom had also been present, as had representatives of WHO and other

intergovernmental and nongovernmental organizations. The theme of the 19th Session had been the incorporation of the gender perspective in health situation analysis to promote gender equity in the Region.

The Subcommittee had heard a report on the activities of the PAHO Program on Women, Health, and Development and then had discussed several items relating to gender violence and monitoring and analysis of gender equity. Two presentations had been made on PAHO's experience with including gender violence indicators in health information and monitoring systems in Central America and in Bolivia, Ecuador, and Peru. The Program had presented a proposal for the development of a system for producing information and monitoring gender equity in health, and experiences with analysis and monitoring of gender equity had been described by representatives of Ecuador, Mexico, the United Nations Statistics Division, the United Nations Development Fund for Women (UNIFEM), the United Nations Economic Commission for Latin America and the Caribbean (ECLAC), and the Latin American and Caribbean Women's Health Network.

The Subcommittee had adopted a set of recommendations for the Member States and the Director aimed at ensuring the production, analysis, and dissemination of statistics on gender and health with a view to reducing gender inequities in health status and health conditions. At the suggestion of the Director, the Subcommittee had also recommended that the subject of "gender, women, health, and development" be included as an item on the agendas of the Governing Bodies during 2002.

The Subcommittee's recommendations appear, together with a summary of its comments on the above-mentioned items, in the final report of the 19th Session (Document MSD19/FR).

The Executive Committee commended PAHO for its commitment to improving women's health and drawing attention to issues of gender equity that affected health. The Committee expressed strong support for the proposed system for production of gender statistics and monitoring of gender equity. The Committee also welcomed the model for addressing intrafamily violence described in the report and encouraged the Organization to disseminate it widely. It was pointed out that improvements in the situation of women in terms of health, education, and income-earning capacity would yield a number of benefits for families and society as a whole, including poverty reduction, higher productivity and household income, better family health and nutrition, higher scholastic achievement for children, and increased participation in civil society. The importance of men's role in the development and maintenance of women's health was also highlighted. It was suggested that the Program should devote greater attention to assessing how the behavior of men impacted women's health and well-being.

Dr. Marijke Velzeboer-Salcedo (Coordinator, Program on Women, Health, and Development, PAHO) reported that the Program had recently initiated a study in Central America of men's knowledge, attitudes, and practices with regard to reproductive health. The information derived from that experience would be used to develop models that could be replicated elsewhere. The Program recognized the importance of men's behavior as a determinant of women's health and looked forward to working with countries in other subregions to develop that area of study.

The Executive Committee endorsed the recommendations of the Subcommittee and requested that the topic "gender, women, health, and development" be placed on the agendas of the Governing Bodies in 2002 (Decision CE128(D11)).

Report of the Award Committee of the PAHO Award for Administration, 2001, (Documents CE128/7 and CE128/7, Add. I)

Ms. Mary Lou Valdez (United States of America) reported that representatives of the members of the Award Committee of the PAHO Award for Administration, 2001—Bolivia, Nicaragua, and the United States of America—had met on Wednesday, 27 June 2001. After examining the documentation on the candidates nominated by the Member States, the Committee had decided to confer the award on Dr. Carlos Gehlert Mata, of Guatemala, for his pioneering contribution to the extension of primary health care in the rural areas of Guatemala.

The Executive Committee adopted Resolution CE128.R5, noting the Award Committee's decision and transmitting its report to the 43rd Directing Council.

Report of the Standing Committee on Nongovernmental Organizations (Documents CE128/8 and CE128/8, Add. I)

Mr. Gualberto Rodríguez San Martín (Bolivia) presented the report of the Standing Committee on Nongovernmental Organizations. The Standing Committee had met on 26 June 2001 to consider applications from three nongovernmental organizations: the American Society of Microbiology, the March of Dimes, and the World Association of Sexology. After carefully considering the background documentation on each organization, the Standing Committee had decided to recommend that all three organizations be admitted into official relations with PAHO.

In keeping with the *Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations*, the Standing Committee had also reviewed PAHO's collaboration with seven NGOs with which the Organization had previously established official working relations in order to make a recommendation to the Executive Committee concerning the desirability of maintaining those relations. After

examining the documentation submitted by the Director and by the NGOs themselves, the Standing Committee recommended that the Executive Committee authorize the continuation of official relations with the Inter-American Association of Sanitary and Environmental Engineering (AIDIS), the International Diabetes Federation (IDF), the Latin American and Caribbean Association of Public Health Education (ALAESPE), the Latin American Federation of the Pharmaceutical Industry (FIFARMA), and the U.S. Pharmacopoeia (USP) for a period of four years.

In the case of the International Organization of Consumers Unions (CI-ROLAC) and the National Alliance for Hispanic Health, the Standing Committee recommended that the status of their official relations with PAHO be reviewed again in June 2002 to give those organizations the opportunity to present complete and satisfactory information on their activities.

The Representative of the Latin American Union against Sexually Transmitted Diseases (ULACETS) updated the Committee on the steps her organization had taken to strengthen its collaboration with the Organization since its status as an NGO in official relations with PAHO had been reviewed the previous year. Among other things, ULACETS had been working with PAHO and WHO on a joint project for the elimination of congenital syphilis. It had also been engaged in joint work aimed at improving the management of sexually transmitted diseases at the primary health care level.

The Executive Committee thanked the Standing Committee for its report and approved its recommendations (Resolution CE128.R6). Underscoring the importance of the work carried out by nongovernmental organizations in delivering health services, the Delegate of Canada said that his Government planned to include an NGO representative on its delegation to the 43rd Directing Council as an indication of the importance it attached to their participation. Canada encouraged other countries to consider doing likewise.

Program Policy Matters

Proposed Program Budget of the Pan American Health Organization for the Financial Period 2002-2003 (Official Document 296 and Document CE128/26)

The Director introduced the proposed program budget, which had been formulated in accordance with the strategic and programmatic orientations (SPOs) for the quadrennium 1999-2002, approved by the Member States at the 25th Pan American Sanitary Conference. The principal challenges confronting the health sector in the Region were largely the same as in the previous biennium, and the SPOs therefore remained a valid guide for the Bureau's work. The proposed program was structured according to the

five priority areas of work identified by the Member States under the SPOs: health and human development, health promotion and protection, environmental protection and development, health systems and services development, and disease prevention and control. Seated within those priority areas were the Organization's "flagship" projects: reduction of infant and maternal mortality, maintenance of polio eradication, measles elimination, reduction of tobacco use, assurance of a safe blood supply, improvement of mental health services, and control and prevention of HIV/AIDS. The program also reflected the global priorities and objectives established by WHO.

The budget document consisted of eight appropriation sections, rather than seven, as in the past. In addition to the five priority areas mentioned above, those sections included Governing Bodies and coordination, administrative services, and general direction. The latter section—which highlighted the activities of the Office of the Director and the critical staff offices that supported the Program Director, as well as the activities carried out under the Regional Director's Development Program—had been added in an effort to be more transparent regarding the organizational structure and the work of the Secretariat. Each section set out expected results, reflecting the Organization's efforts to employ results-based budgeting. Those expected results could be fine-tuned to incorporate the Committee's comments, just as they had been modified following the SPP's examination of the program.

Presentations on the program portion of the budget were then given by Dr. Carlos Castillo-Salgado (Chief, Special Program for Health Analysis), Dr. Juan Antonio Casas (Director, Division of Health and Human Development), Dr. Daniel López Acuña (Director, Division of Health Systems and Services Development), Dr. María Teresa Cerqueira (Director, Division of Health Promotion and Protection), Dr. Mauricio Pardón (Director, Division of Health and Environment), Dr. Stephen Corber (Director, Division of Disease Prevention and Control), and Dr. Ciro de Quadros (Director, Division of Vaccines and Immunization). Each director reviewed the achievements of the current biennium and summarized the proposed program for his/her respective division or program for 2002-2003, including the objectives that would guide their work and the expected results of the various projects and programs within their divisions. More detailed information on the proposed program may be found in *Official Document 296*.

Mr. Román Sotela (Chief, Budget Section, PAHO) outlined the financial content of the proposed program budget. He began by presenting a breakdown of the combined PAHO/WHO regular budget by program area, which showed the proportion that each of the eight appropriation sections would receive out of the total proposed amount of \$261,482,000.¹ That amount had been derived by taking into account the following determinants: the approved PAHO/WHO budget for 2000-2001 (\$256,245,000), the reduction in the WHO share (\$4,427,000 less than in 2000-2001), and mandatory post-

¹ Unless otherwise noted, all monetary figures in this report are expressed in United States dollars.

related cost increases (\$9,664,000 higher than in 2000-2001). The WHO portion of the proposal, approved by the World Health Assembly in May 2001, was \$74,682,000, making the PAHO share \$186,800,000. The PAHO portion would be funded by \$170,300,000 in quota contributions plus \$16,500,000 in projected miscellaneous income, which was \$2.4 million more than in 2000-2001. The net increase in assessments would be 4.5% for the biennium.

No program increases were being requested. The 2.0% increase in the combined PAHO/WHO budget represented the net increase resulting from a mandatory 6.5% rise in the post budget and a 4.1% reduction in the non-post budget. The proposal included no projections of inflationary cost increases on the non-post portion. Of the total proposed amount, 85% (\$221.6 million) would go to direct support for countries, while 15% (\$39.9 million) would be allocated to the Secretariat.

Concluding the budget presentation, the Director urged the Member States to approve the proposed program budget for three main reasons: (1) PAHO had demonstrated good stewardship of the countries' funds in the past, and the Members could therefore rest assured that the resources they approved would be well used; (2) the Organization had demonstrated over time that it could help make a difference in tackling the Region's health problems; and (3) the Member States had asked PAHO to do more and more with less and less. At the countries' request, the Organization had taken on an increasing number of mandates, and while it was certainly willing to fulfill those commitments, there was a limit to how much it could be "strangled" by budgetary constraints and still function effectively.

He was well aware of the economic difficulties the countries faced, and he was not asking for a return to the years prior to 1996, when the budget had sometimes risen by upwards of 20%. He asked only that the budget of the Organization be commensurate with the challenges and the mandates with which the Member States had entrusted it.

The Executive Committee found the document and the presentation clear and straightforward, and applauded the Secretariat's efforts to present a transparent and results-oriented budget. Several delegates who had participated in the 35th Session of the SPP expressed satisfaction that the expected results had been refined taking into account the Subcommittee's comments. The Committee commended PAHO for the quality of its technical cooperation and praised the Director for his leadership and his judicious administration of the Organization's resources. It also recognized that the Organization had taken on a number of new mandates at the behest of the Member States—particularly in connection with the Summits of the Americas—and that it required sufficient resources to enable it to carry out those mandates and also continue to address the critical health needs in the Region, many of which were discussed by the Committee at the 128th Session. At the same time, the need to prioritize rigorously, look for savings through greater efficiency, and identify and eliminate obsolete activities was underscored.

The majority of the delegations present expressed unequivocal support for the proposed program and budget. The Delegate of Cuba said that, while his Government supported the budget proposal, it did wish to register concern over the increase in quota contributions, especially as his country, despite its difficult economic situation, paid the eighth highest assessment, but ranked eighteenth in terms of technical cooperation received. As his delegation had made clear at the recent World Health Assembly, Cuba strongly opposed any reductions in the contributions of developed countries if they came at the expense of an increase in the assessments of the developing countries.

The Delegate of Canada also voiced concern about the proposed rise in assessments, noting that countries that were already having trouble meeting their current assessments would have even greater difficulty fulfilling larger commitments. Canada had a long-standing policy of zero nominal growth in the budgets of the Organization of American States and the United Nations family of organizations, including PAHO. Nevertheless, his Government would continue to support PAHO through active participation in its work and through extrabudgetary funding. The Delegate of the United States said that her country also advocated zero nominal growth in the PAHO regular budget and therefore could not support the proposed increases. Her Government believed that, by prioritizing and undertaking efficiencies, the Organization could continue to operate with the same level of regular budget funding as in 2000-2001. She suggested that PAHO might try to economize in the areas of general direction, Governing Bodies, and administrative services, all of which showed increased allocations for 2002-2003. Both she and the Delegate of Canada expressed the hope that it would be possible to arrive at some consensus regarding the budget proposal prior to the Directing Council.

Several questions were asked concerning the projections for miscellaneous income and extrabudgetary funds. In regard to the latter, it was pointed out that the projected amount was substantially less than in 2000-2001, and the importance of extrabudgetary funding—especially in light of the resource constraints in the regular budget—was emphasized.

With respect to miscellaneous income, the Director emphasized that the Secretariat was careful not to project more investment income than it believed could be realized. The figure in the document was a conservative estimate based on past performance. Similarly, the Secretariat was very cautious in programming extrabudgetary funds and had included in the budget proposal only those funds that it was certain to receive. It would continue to work as aggressively as possible during the biennium to convince other partners to support PAHO's work and would provide updates to the Member States on receipts of additional extrabudgetary funding during the biennium. Nevertheless, as he had said on a number of previous occasions, PAHO would never accept offers of money for activities that did not fall within the sphere of the programs

approved by the Member States. Further, the Organization would not agree to any restrictive conditions on how or where extrabudgetary funds could be used.

Dr. Alleyne thanked the Committee for its manifestations of confidence in the Secretariat's ability to manage the Organization's resources wisely and for its support of the proposed program. He was grateful to those Member States that had agreed to both the program and the proposed budget for carrying it out. At the same time, he appreciated the position of the Members that advocated zero nominal growth in the regular budget. Though he understood the difficulty of making an exception for PAHO, he also felt that such an exception was warranted in some situations. He respectfully suggested that this might be one of those situations. Over the next few months, the Secretariat would try to find some mechanism for achieving consensus around what the program and budget of PAHO should be for the next biennium.

The Committee adopted Resolution CE128.R15.

Vaccines and Immunization (Document CE128/10)

Dr. Ciro de Quadros (Director, Division of Vaccines and Immunization, PAHO) reviewed the status of vaccine-preventable diseases in the Region of the Americas. He reported that endemic transmission of measles had been confined to Haiti and the Dominican Republic during the past year, although imported measles cases had been confirmed in several countries of the Region. Owing to intensive vaccination and surveillance efforts, it was expected that transmission on Hispaniola could be interrupted by the end of the year. Neonatal tetanus had likewise continued its downward trend in 2000 and was now confined to less than 1% of the districts in the Americas. An outbreak of vaccine-related poliomyelitis had occurred in the Dominican Republic in October 2000, but the outbreak had been halted by mass vaccination campaigns carried out in both the Dominican Republic and Haiti. It was troubling, however, that in many countries the indicators of surveillance for acute flaccid paralysis were below the levels required for certification of polio eradication; therefore, in addition to maintaining high polio vaccination coverage levels, the countries needed to bring their epidemiological surveillance indicators up to international standards.

The specter of reurbanization of yellow fever had been raised by the occurrence of numerous outbreaks in 1999-2000, some very close to urban areas, pointing to the need to augment vaccination in risk areas as well as control the *Aedes aegypti* vector. Following the model of Cuba and the English-speaking Caribbean, the countries of Latin America had intensified their efforts to control rubella and congenital rubella syndrome (CRS). PAHO was collaborating in projects to improve surveillance of rubella and CRS in order

to better determine their impact, so that appropriate vaccination policies could be developed.

In the Region of the Americas, the gap between developing and industrialized countries in the number of childhood vaccines employed had almost disappeared, thanks to strong political will toward the use of vaccines. The Organization was working to strengthen networks of national regulatory authorities and national quality control laboratories to ensure that both imported and locally produced vaccines were safe and of high quality. The Organization was also involved in efforts to guarantee that vaccines were administered safely. In order to counter fears of vaccination-related adverse events, it was working with news media and public health officials to provide sound information. The vaccine shortages of the past two years would probably continue for another year or more. PAHO was working very closely with vaccine producers and with UNICEF to ensure that children would not go unvaccinated for lack of vaccines, and was encouraging Member States to plan their vaccine needs and place orders well in advance.

The Executive Committee commended the Organization on its continued prioritization of vaccines and immunization and expressed support for the plans presented in the document. The Committee recognized that it was important not to become complacent about the successes that had been achieved in the Region and underscored the need for strategies to encourage continued social participation in order to keep vaccine coverage at high levels. It also signaled the need for better social marketing practices, coupled with the provision of credible information on the benefits of vaccines, to refute the challenges to immunization that were being seen in the media.

Shortages of vaccines, both current and potential, were a source of concern. Dr. de Quadros was asked to comment on PAHO's activities in ensuring vaccine supply security. It was pointed out that ordering vaccines far in advance would not solve the problem if the total quantity of vaccines available was insufficient. A strategic, long-term approach was regarded as essential to increase and maintain vaccine supply in the Region. It was also suggested that funding should be sought to develop increased vaccine production capacity, assure quality, and facilitate the introduction of new vaccines.

Several Member States expressed consternation that, because interruption of measles transmission had not been given the same priority in many other regions as it had in the Americas, the countries of the Region would have to continue to bear the financial burden of measles immunization and maintain the infrastructure needed to support it until the rest of the world caught up. They also voiced concern over the risk of imported measles cases and asked for guidance on reducing that risk.

Questions were asked concerning PAHO's recommendations on yellow fever vaccination, barriers to achieving vaccine coverage in problem areas, the operation of the

EPI Revolving Fund for the Purchase of Vaccines, and introduction of new vaccines, including introduction of a possible AIDS vaccine. It was suggested that the success achieved through the Revolving Fund approach might provide a model for the control and prevention of AIDS. One delegate noted that the document lacked data from the English-speaking Caribbean on some topics.

In his response, Dr. de Quadros emphasized that it was imperative that the countries maintain high levels of measles vaccination coverage to remove the threat of epidemics in the Region. Maintaining high rates of immunization in the population was also the best way to avoid imported cases. The Americas should encourage the rest of the world to strive for measles eradication. There were several forums in which Member States could urge other countries to implement the WHO measles eradication plan, which the Americas had helped develop, including WHO meetings and the board of the Global Alliance for Vaccines and Immunization (GAVI). The countries must continue striving to identify pockets of low coverage of measles and other vaccines and channeling resources to them. Rapid results could be obtained if efforts and money were focused on areas of known low coverage.

Regarding yellow fever vaccination, the PAHO Technical Advisory Group on Vaccine Preventable Diseases had clearly recommended that yellow fever vaccine should be included among routine childhood vaccines in countries where yellow fever existed. With expansion of the vector and risk of reurbanization of the virus, it was important to vaccinate the entire population, rather than only the classic risk groups. As for the introduction of new vaccines, prior to making decisions on the widespread use of new and expensive vaccines against pneumococcus and meningococcus, governments needed better data on the impact of those agents. PAHO was working to organize a diagnostic network that could provide that data within the next two or three years. With respect to a possible vaccine against HIV, any decisions on its introduction would depend on efficacy testing, as it would not be desirable to discourage use of other preventive measures by supplying a vaccine that was not close to 100% effective. UNAIDS would be making recommendations on efficacy requirements.

Noting that Brazil, Cuba, and Mexico had achieved great capacity for national production of vaccines, Dr. de Quadros emphasized the need to build partnerships among producers in the Region in order to achieve regional self-sufficiency and assure the supply of vaccines. He reported that a meeting of vaccine producers in the Americas was being organized. Of foremost importance was certification of vaccine production processes, which was nearing completion in Cuba for hepatitis B vaccine and in Brazil for yellow fever vaccine. PAHO was in discussions with Mexico about certifying its production of polio vaccine. Regarding the Revolving Fund, he explained that the value of vaccines bought through the Fund during the year greatly exceeded its level of capitalization at any

given time. Therefore, the countries were asked to make deposits in advance if they were placing large orders, especially for the newer and more expensive vaccines.

The Director affirmed that PAHO could not currently put more capital into the Revolving Fund, and thus advance payments were a necessity. The topic of vaccines and immunization should be a source of well-deserved pride for the countries. Their dedication to maintaining high immunization coverage was exemplified by El Salvador, which had succeeded in carrying out its scheduled vaccination campaigns even in the aftermath of a severe earthquake. The Organization was committed to helping health authorities respond to the vaccination “naysayers,” whose arguments could do tremendous damage to immunization infrastructure when blown out of proportion. Effective social marketing strategies were needed to guard against complacency among the population. Better social marketing was also needed to convince the rest of the world to apply the available low-cost technology of measles vaccination to save lives. Regardless of what rest of the world did, the Americas would keep vaccinating.

The Committee adopted Resolution CE128.R8 on this item.

Report on the XII Inter-American Meeting, at the Ministerial Level, on Health and Agriculture (Document CE128/11)

Dr. Stephen Corber (Director, Division of Disease Prevention and Control, PAHO) reported on the XII Inter-American Meeting, at the Ministerial Level, on Health and Agriculture (RIMSA XII), which was held in São Paulo, Brazil, from 2 to 4 May 2001. RIMSA XII had marked the first time that both health and agriculture ministers had come together to discuss issues of common concern since the delegates at RIMSA XI had decided to change the name of the meeting (which was formerly called “Inter-American Meeting, at the Ministerial Level, on Animal Health”) in order to better highlight the close ties between the health and agriculture sectors. The meeting had been attended by delegations from 35 Member States, the majority headed by ministers, vice ministers, or ambassadors. The private sector and various other cooperation agencies had also been represented. The President of Brazil, Dr. Fernando Henrique Cardoso, had addressed the closing session.

The participants had discussed the report on the activities of the PAHO Program on Veterinary Public Health and approved the proposed plans of action for 2002–2003 of its two specialized centers: the Pan American Foot-and-Mouth Disease Center (PANAFTOSA) and the Pan American Institute for Food Protection and Zoonoses (INPPAZ). Reports had been presented on the Eighth Meeting of Directors of National Rabies Control Programs in Latin America and the Eighth Meeting of the Hemispheric Committee for the Eradication of Foot-and-Mouth Disease (COHEFA), which had been held one day prior to the opening of RIMSA XII. The delegates had adopted a resolution

endorsing COHEFA's recommendation that PANAFTOSA assume responsibility for auditing and evaluating national foot-and-mouth disease control programs. Two panel discussions had taken place, one on community participation in food protection and one on zoonoses of importance for the economy and public health. The latter had included a report on a PAHO/WHO expert consultation on bovine spongiform encephalitis (BSE) held in Uruguay in April 2001. Additional presentations had focused on the foot-and-mouth disease situation in Uruguay and the productive municipalities movement in Cuba.

One of the key outcomes of RIMSA XII had been the creation of the Pan American Commission for Food Safety (COPAIA), which would serve as a regional forum for discussion of food safety issues and development of policies in that area. RIMSA XII had adopted 10 resolutions, which appeared, together with an account of the deliberations, in the final report of the meeting (Document RIMSA12/FR).

The Executive Committee felt that the São Paulo meeting had been highly productive and reiterated its support for RIMSA as a mechanism for promoting coordination and cooperation between the health and agriculture sectors on issues of mutual interest. The creation of COPAIA and the establishment of a stronger framework for foot-and-mouth disease control, with a more proactive role for PANAFTOSA, were considered especially important accomplishments. The Committee voiced firm support for COPAIA, although it was also emphasized that the Commission should complement, not duplicate, the work of other international bodies working in the area of food safety.

The Delegate of Canada noted an apparent discrepancy between the final report of RIMSA XII and Resolution RIMSA12.R3, which approved the creation of COPAIA and requested the Director to convene a small working group to assemble the comments regarding the scope, framework, and terms of reference of COPAIA provided during the discussion at RIMSA XII and present them to the Commission. The Commission, in turn, would assess the comments of the working group and draft the terms of reference for its work. At RIMSA XII, his Delegation had proposed that the terms of reference should be developed by the Commission members at the first full meeting of COPAIA, which would allow input from representatives of producers, processors, and consumers, as well as ministers of health and agriculture. The draft terms of reference would then be circulated to all Members of PAHO for their agreement. That proposal had formed the basis for Resolution RIMSA12.R3, and Canada requested that the process outlined in the resolution be followed.

Several questions were asked about the linkages between COPAIA and the Inter-American Network of Food Analysis Laboratories and about the budgets of INPPAZ and PANAFTOSA, which had not been included in the plans of action approved at RIMSA XII. It was pointed out that, in the past, INPPAZ had experienced significant delays in the collection of quota contributions, which might affect the Institute's ability to

fulfill its key role as the technical secretariat for COPAIA. In light of the comments relating to the need for coordination between the health and agriculture sectors in applying the International Health Regulations (discussion of this item appears below), it was suggested that that topic might be included on the agenda for RIMSA in 2003.

Replying to the comments concerning the small working group on the COPAIA terms of reference, Dr. Corber said that the meeting of the group had been tentatively scheduled for 25–26 July 2001 at INPPAZ headquarters in Argentina. After that group had reviewed the terms of reference, they would be submitted to the Commission members at a meeting of COPAIA, to be convened as soon as possible after the working group met. They would then be presented to the PAHO Member States at the Directing Council in September 2001. It was important to note that COPAIA would include representatives of consumer and producer associations from the various subregions, in addition to ministries of health and agriculture. Members of all those constituencies would review the terms of reference and would also take part in the COPAIA meeting that would examine them subsequently.

PAHO concurred fully with the view that the Commission should not duplicate the work of other international bodies concerned with food safety, but should seek to complement them. For example, it was a function of the Joint FAO/WHO Commission of the Codex Alimentarius to set standards; COPAIA's role would be to help countries develop policies and plans for meeting those standards. Representatives of FAO and the Codex Alimentarius Commission had been present at the inaugural session of COPAIA and had supported its creation, precisely because they felt that the Commission would enhance their efforts and help promote greater food safety in the Region.

Regarding the linkage with the Inter-American Network of Food Analysis Laboratories, Dr. Corber explained that the Network sought to improve the quality of laboratory analysis of possible sources of food contamination, promote the development of an international network of laboratories, and build laboratory food analysis capability within countries. While the Network's activities were certainly related to those of COPAIA, the Commission was intended to be mainly a policy-setting body, whereas the Network was more directly involved in the technical aspects of ensuring food safety.

The Director felt that RIMSA XII had been truly remarkable for several reasons, notably the delegates' decision to give PANAFTOSA the authority to carry out audits of the foot-and-mouth disease situation in countries. The ministers had recognized that it was necessary to have an independent entity in the Americas that could conduct such audits and report to countries that might be affected by foot-and-mouth disease outbreaks. Another noteworthy achievement that had resulted from the enthusiasm generated by RIMSA's discussion of foot-and-mouth disease had been the signing of an agreement by the MERCOSUR ministers of agriculture, who had affirmed their commitment to collaboration, transparency, and dissemination of information in relation to the disease.

With regard to the budgets of PANAFTOSA and INPPAZ, he explained that it had formerly been the practice to present those budgets to RIMSA along with the plans of action for the centers. He had considered it advisable to discontinue that practice, however, since it was the Directing Council, not RIMSA, that had the authority to set the budgets for the centers when it approved the budget for the Organization as a whole. Therefore, only the plans of action had been presented to, and approved by, RIMSA. Nevertheless, it might be necessary to modify those plans of actions to fit the budgetary allocations approved by the Directing Council.

As for the collection of assessments due to the centers, the Organization had made considerable progress with the Government of Brazil in establishing terms for the payment of quotas and a plan for the payment of arrears to PANAFTOSA. In addition, PAHO was looking into how the private sector might contribute to the center's financial support. Representatives of livestock producers present at RIMSA XII had indicated their willingness to do so, since it was in their best interest for PANAFTOSA to function as effectively as possible. PAHO was therefore seeking to develop a suitable framework for private-sector contributions, which might entail some changes in the center's governance. He would keep the Governing Bodies apprised of the progress of those efforts.

Less headway had been made in collecting the debt to INPPAZ. The Organization had been engaged in intense discussions with the Government of Argentina regarding the arrears due from both the Ministry of Health and the Ministry of Agriculture. Part of the problem was lack of clarity about which entities within the Argentine Government were responsible for the Institute's budget. However, PAHO's view was that it was the responsibility of the Government of Argentina as a whole, not any particular branch, to fulfill the commitments it had made to INPPAZ. He was hopeful that an understanding would be reached with the Government in the near future.

Responding to the concerns of the Delegation of Canada, he affirmed that, in case of any discrepancy between the final report and Resolution RIMSA12.R3, the resolution would take precedence. In accordance with that resolution, it would be COPAIA itself that would make the final decision regarding its terms of reference.

Finally, he expressed the Organization's gratitude to the Government of Brazil, and in particular to Dr. João Carlos de Souza Meirelles (Secretary of Agriculture for the state of São Paulo), for hosting the meeting.

The Committee adopted Resolution CE128.R2, recommending, *inter alia*, that the 43rd Directing Council endorse the resolutions of RIMSA XII.

International Health Regulations (Document CE128/14)

Dr. Marlo Libel (Regional Advisor on Communicable Diseases, PAHO) updated the Committee on the process of revising the International Health Regulations (IHR). The World Health Assembly, in 1995, had recommended that the Regulations be revised in order to address the new challenges associated with increasing international travel and trade and the attendant potential for rapid spread of infectious diseases. The present Regulations, adopted in 1969, were limited in several respects: they regulated only three diseases (cholera, plague, and yellow fever), they depended on country notification, they lacked mechanisms for collaboration between affected countries and WHO, and they provided no effective incentives to induce compliance by Member States.

The main challenges in the IHR revision process were to ensure reporting of public health risks that were of urgent international importance, avoid stigmatization and unnecessary negative impacts on international travel and trade due to invalid reporting, and ensure that the system was sensitive enough to detect new or reemerging public health risks. A key concept in the new Regulations would be that of “events of urgent international importance related to public health.” Unlike the current Regulations, the new IHR would not contain a list of notifiable diseases, nor would they rely solely on reporting of disease syndromes, as had initially been proposed. Rather, the new Regulations would require countries to report any outbreak of disease or other health event that posed an urgent international threat to public health. The Regulations would provide an algorithm to help health authorities in the countries decide when an event should be considered both urgent and international, and they would also include measures that could be taken to prevent the international spread of disease. The document outlined the proposed changes.

The timeline for revision of the Regulations called for them to be submitted to the World Health Assembly for approval in 2004. A draft revised text of the Regulations would be prepared during 2002. In the meantime, a process of consultation would take place with a view to obtaining maximum feedback and ensuring that the next draft version of the Regulations incorporated Member States’ suggestions and responded to their needs. As part of that process, countries would be asked to participate in field-testing various aspects of the Regulations, including the decision tree for determining whether a public health event is of urgent international importance. At the regional level, PAHO would be seeking to involve countries of the Americas in that testing and in assessing the applicability of the proposed changes, many of which would require changes in national legislation. In conclusion, Dr. Libel noted that several other stakeholders were being consulted in the revision process—notably the Codex Alimentarius Commission and the World Trade Organization—given the linkages between global trade and the transmission and reporting of infectious diseases.

The Executive Committee welcomed the progress report on the revision of the International Health Regulations but expressed concern that the process had been so protracted. WHO was urged to devote more resources and step up the pace of the revision process in order to be sure of meeting the 2004 deadline. All the delegates who spoke on this item emphasized their countries' willingness to collaborate in order to move the revision process along as quickly as possible. The Committee stressed that the revised IHR should continue to give priority to the protection of public health and prevention of disease, although it also recognized the need to avoid unnecessary measures that could have unintended economic consequences or infringe the right of nations to engage in international trade. The Committee also agreed on the need for collaboration with other stakeholders in the revision process. In particular, it was pointed out that animal health organizations should be involved, in light of the connections between the Regulations and animal production, food trade, and food safety and security.

Building response capacity and strengthening national surveillance systems were considered crucial to the success of the revision process and the effective functioning of the Regulations. Several delegations requested PAHO's assistance for that purpose. The need to link national and international surveillance was also emphasized. Members raised several specific concerns in relation to the Regulations and the proposed measures for disease containment, including the advisability of insecticide-spraying on arriving aircraft and staffing of airports in order to monitor passengers for possible diseases, measures to address the potential for disease introduction by undocumented travellers who did not pass through official points of entry, and the risk that hospital supplies and equipment donated by one country to another might serve as fomites. In connection with this last issue, it was suggested that PAHO might develop a set of guidelines for donations of used hospital goods and equipment aimed at reducing the risk of pathogen transport.

Several questions were asked regarding the legal aspects of the revision process and how the revised Regulations would be enforced. One delegate also inquired whether the revision of the International Health Regulations would necessitate a revision of the Pan American Sanitary Code.

Dr. Libel thanked the delegates for their offers to participate in the revision process. That participation would be critical in producing and evaluating the next draft revision of the Regulations in order to meet the 2004 goal. With regard to the legal aspects of the Regulations, he explained that they would represent an international agreement among the Member States, but most of the provisions would be exercised at country level through national legislation and regulations rather than through an international body. As he had pointed out in his presentation, part of the revision process would entail revision of national laws.

He agreed that the amount that WHO was investing in the revision process was fairly limited, which was a source of concern. However, much of the preparation for application of the revised Regulations had to do with building national capacity for epidemiological surveillance and laboratory analysis, and substantial sums were being invested in those areas, both by WHO and PAHO and by the countries themselves. Moreover, in the countries of the Americas, PAHO was striving to build capacity for surveillance and response to communicable diseases through various related programs and initiatives, such as those for surveillance and control of malaria, dengue, vaccine-preventable diseases, and zoonoses.

Regarding the question of insecticide application at points of entry, he noted that some recent research results had corroborated the value of insecticide use in arriving aircraft, though the matter would certainly be subject to further discussion. In any case, if a recommendation on insecticide use were made, it would probably be included in an annex, not in the body of the Regulations themselves. As for staffing of airports and border checkpoints, current scientific evidence regarding transmission of infectious diseases indicated that minimal public health personnel were necessary at points of entry, since the incubation period for many diseases was fairly long and the probability that they would be detected in arriving travellers was therefore low. The issues relating to disease transmission by means of donated goods or undocumented travellers were not matters that could be dealt with through international regulations; rather, they must be addressed at the national level by enhancing the countries' capacity to detect such problems.

The Director said that he had been pleased with the shift away from a syndromic approach and towards a focus on greater country responsibility, with the definition of algorithms to assist countries in determining when an event was of urgent international public health significance. That change implied a greater degree of trust and confidentiality between countries and between the countries and the Secretariat. That trust, coupled with rapid responses by the Secretariat, would be crucial if the Regulations were to work.

With respect to the repercussions of the Regulations on trade in food, PAHO was quite cognizant of the negative impact that sanitary and phytosanitary regulations could have on trade, which, in turn, could limit countries' capacity for maximizing their economic potential. The Organization was sensitive to the need to work with the Codex Alimentarius Commission, WTO, and also animal health organizations such as the Inter-American Institute for Cooperation on Agriculture (IICA) to ensure that trade and economic issues were born in mind in the revision process. As for the Pan American Sanitary Code, because it was a treaty, modification of the Code itself would require ratification by the legislatures of all the Member States, which would be a complex and time-consuming procedure. It would be much more feasible to modify the regulations

attached to the Code as needed to bring them into line with the revised International Health Regulations. Once the IHR revision process was complete, the Secretariat would examine the Code regulations and make a recommendation concerning the need for modifications. Any amendment of the regulations would require the approval of the Governing Bodies.

The Committee adopted Resolution CE128.R1.

Framework Convention on Tobacco Control (CE128/16)

Ms. Heather Selin (Advisor on Prevention and Control of Tobacco Use, PAHO) reported to the Committee on the situation of tobacco use in the Americas and PAHO's actions to support Member States' efforts to combat tobacco consumption, both at the national level and internationally through the development of the Framework Convention on Tobacco Control (FCTC). Tobacco use was the leading cause of preventable deaths in the Americas. Tobacco harmed not only those who used it but those who were exposed to smoke passively, especially children and pregnant women. Spending on tobacco products reduced the amount of money families had for necessities such as food and shelter. Moreover, tobacco tended to kill adults in their most productive years, often depriving families of their primary income-earner. Clearly, given the staggering health and economic costs of tobacco, strong action was needed to combat its use.

The move to develop a convention had originated because the countries had recognized that international action was essential to counter the enormous global power wielded by the tobacco industry and because problems such as tobacco advertising and smuggling required a coordinated international response. The Organization believed that development of the FCTC offered a unique opportunity to reach an international agreement on tobacco control. However, success would depend on national action and commitment to turn the international momentum into national action. The treaty process and national action should be viewed as parallel processes leading to the same goal: reduction of tobacco use and tobacco-related deaths and disease.

The majority of the countries in the Region were participating in the FCTC negotiation process. Nevertheless, at the national level only a few countries had adopted comprehensive public policies aimed at reducing tobacco use and limiting the influence of the tobacco industry—despite strong evidence that certain measures could be extremely cost-effective in reducing tobacco-related deaths. Those measures included tobacco taxes, controls on smuggling, creation of smoke-free environments, bans on tobacco promotion, and public education. Two measures, in particular, could dramatically reduce tobacco use among current smokers, protect non-smokers, and decrease social tolerance for smoking: taxing tobacco products and creating smoke-free environments.

Ms. Selin concluded her presentation by inviting the Committee to consider what was needed in order for PAHO Member States to take advantage of the global momentum of the framework convention process and turn it into real achievements in reducing tobacco-caused deaths and disease at the national level and how PAHO could assist Member States in doing so.

The Executive Committee agreed on the need for a comprehensive policy approach in order to achieve significant reductions in tobacco use and endorsed the three technical cooperation strategies outlined in the document: building national capacity to implement cost-effective initiatives, promoting multisectoral processes to support an effective policy framework for action, and positioning tobacco control as a key component in health sector reform. Because many of the recommended policy measures would require legislation to implement, it was suggested that the Organization should also seek to assist the countries in laying the groundwork and building support for the changes needed to reduce and prevent tobacco consumption, bearing in mind the political, social, and cultural context in each country. It was also suggested that uniform cigarette package warnings should be developed, since in some cases the content or appearance of warning labels made them virtually useless.

The Committee considered support for Member States' participation in the FCTC negotiation process another key role for PAHO. A strong convention that would support a comprehensive international action was seen as the only way to achieve tobacco control. The need to involve stakeholders from outside the health sector in the FCTC process was stressed. The Committee also supported the request for additional funding contained in the document. Several delegations indicated that their governments would be providing extrabudgetary funds for the Organization's tobacco control efforts and encouraged other countries to do likewise. It was also suggested that the Secretariat should explore options for reallocating funds within the PAHO budget in order to make more resources available for the tobacco control program. Noting that the Ministry of Health in his country had been repeatedly approached by representatives of law firms from the United States, one delegate asked the Secretariat to comment on the effectiveness of lawsuits brought against the tobacco industry.

The Delegate of Canada said that his country's Minister of Health, the Honorable Allan Rock, had been pleased to receive an award in the regional "Clearing the Air" Contest sponsored by PAHO as part of the Smoke-free Americas Initiative. His delegation also congratulated the other winners, who included Brazil's Health Minister, Dr. José Serra, and the ministries of health of Jamaica and Honduras.

Replying to the Committee's comments, Ms. Selin agreed that it was essential to lay the political and legal groundwork that would make effective tobacco control

possible. The Organization was well aware that tobacco control was a highly political issue. Governments that sought to reduce tobacco use faced strong opposition from a powerful private-sector industry. Clearly, the countries would not be able to introduce comprehensive tobacco control policies overnight, but their participation in the FCTC negotiations did afford the opportunity to speed that process along.

With regard to the question about lawsuits against the tobacco industry, she noted that litigation had yielded mixed results as a tobacco control strategy. Though in some cases government entities had received sizable judgments in lawsuits against tobacco companies, litigation was not a sure way of obtaining resources for tobacco control activities. One of the best things that had come out of the tobacco lawsuits in the United States had been the release of information on the tobacco industry and its products, which had proved useful in formulating strategies for reducing tobacco use.

The Director added that PAHO had been approached on several occasions by law firms seeking the Organization's support in bringing lawsuits on behalf of Member States. PAHO did not have the resources or expertise to assist the countries in that capacity, but it would be pleased to share with them the information it had available on the outcome of such litigation in the Americas.

On the subject of financing, he said that the Secretariat would do everything possible, within its limited resources, to make more funds available for tobacco control. In the budget for the 2000-2001 biennium, cuts had been made in some areas in order to allot additional funds to the tobacco control program, and the Secretariat would endeavor to do the same in the next biennium. He thanked the countries that had agreed to provide extrabudgetary funding.

With regard to support for the countries' participation in the convention negotiation process, one thing PAHO had done was to facilitate subregional meetings on the FCTC, which allowed smaller countries that simply could not afford to participate in the international negotiating sessions to have a voice in the process. The Organization would continue to support such collaborative action among the countries with a view to fostering common regional positions in the discussions about the convention.

On World No-Tobacco Day (31 May 2001), the Organization had launched the Smoke-free Americas Initiative, which sought to raise awareness of the harm caused by second-hand smoke and mobilize action to create smoke-free environments. He hoped the countries would join in the initiative and work to put an end to the myth that second-hand smoke was somehow less dangerous than first-hand smoke. PAHO was aggressively promoting the view that there was no such thing as healthy smoke.

The Executive Committee adopted Resolution CE128.R9 on this item.

Health Promotion (Document CE128/17)

Dr. María Teresa Cerqueira (Director, Division of Health Promotion and Protection) began her presentation by pointing out that a wealth of evidence existed on the effectiveness of health promotion and on the determinants of successful health promotion activities. However, few of the Region's countries had made a serious investment in health promotion to date. At the Fifth Global Conference on Health Promotion, held the previous year in Mexico, the Member States had endorsed the Mexico Declaration 2000, pledging to strengthen national health promotion plans in priority areas, which included the campaign for smoke-free environments, mental health, safe motherhood, breast-feeding promotion, child and adolescent health and development, healthy aging, and healthy lifestyle promotion. The Organization had asked the Member States to provide guidance on how it could help them follow up on those pledges. The document emphasized ways in which the Organization could assist the countries in strengthening their capacity to implement, plan, and evaluate health promotion strategies and in developing the appropriate infrastructure.

Dr. Cerqueira outlined the structure of the Division of Health Promotion and Protection and the major lines of work of its three programs (Population and Family Health, Mental Health, and Food and Nutrition) and its three specialized centers (the Latin American Center for Perinatology and Human Development—CLAP, the Institute of Nutrition of Central America and Panama—INCAP, and the Caribbean Food and Nutrition Institute—CFNI). The Division's priority for the biennium was to develop a strategic plan of action on health promotion for the subsequent five years. The plan would seek better integration among the program areas and more extensive exploration of the determinants of health.

Major challenges for the PAHO technical cooperation program included continuing to strengthen institutional capacity in the health sector and other sectors, building a broader evidence base on the effectiveness of health promotion, and strengthening existing partnerships and building new ones. To meet those challenges, PAHO technical cooperation would focus on fostering planning related to the following health promotion strategies: creation of healthy and supportive environments, establishment of healthy public policy, strengthening of community action for health, development of personal life skills, reorientation of health systems and services, strengthening of surveillance systems with social and behavioral information, and support for research and evaluation to advance knowledge and best practices.

The Committee emphasized the importance of health promotion for addressing inequities in health status and improving the health of the entire population. The rising incidence of a variety of health problems pointed to the need for countries to commit

additional resources to health promotion, which should be considered an essential element in social and economic development. The Committee also endorsed the call for incorporation of health promotion strategies into all the Organization's activities. Collaboration among PAHO programs, as well as among Member States and with external partners, was deemed vital to creating synergy that would broaden the impact of health promotion to all types of health concerns. As the Mexico Declaration 2000 had reaffirmed, health promoting actions required the active participation of all sectors of society. The Committee therefore applauded the Organization's focus on involving multiple levels of government as well as nongovernmental organizations. In addition, the Committee encouraged partnerships between countries in the Region as a means of strengthening the infrastructure needed to advance health promotion planning and action in the Americas. An ongoing project between the Canadian Public Health Association (CPHA) and the Oswaldo Cruz Foundation (FIOCRUZ) in Brazil was cited as an example of such partnerships.

The Committee agreed on the importance of building an evidence base to show the effectiveness of health promotion activities and giving more attention to the determinants of health in order to guide priority-setting and investment decisions. Strengthening of health promotion planning was viewed as essential. Countries that had not already done so were urged to formulate and implement their own plans of action in order to give health promotion the prominence it deserved.

The need to develop a corps of health personnel who had knowledge of and experience in health promotion techniques was emphasized. It was pointed out that new educational paradigms were required for health workers, who had traditionally been trained to respond to poor health rather than enhance good health, and who were not used to having responsibility for health partially taken out of their hands. Fostering a cultural change that would promote a view of health as everyone's responsibility was also considered essential in order to ensure the effectiveness and sustainability of health programs. Local responsibility for local programs and use of mass communication were seen as important health promotion strategies. Several Members offered examples of enthusiastic responses to health promotion initiatives in their countries, which had illustrated that concern for disease prevention and for improving quality of life cut across social strata.

Document CE128/17 was seen as a helpful policy framework, but the Committee felt that it should more clearly specify health promotion objectives in each area of the strategic planning process for 2003-2007 in order to help the Organization and the Member States focus on health promotion priorities and on how priority objectives would be achieved. Members also thought the document should be more explicit with regard to the impact of social and economic determinants, as well as gender, race, education, and

the physical environment, on the health of the population. More emphasis could be given to the identification of actions that had positive benefits for health, in addition to the fight against risk factors.

The Representative of the Inter-American Development Bank (IDB) reported that his organization had been working closely with PAHO in projects designed to complement the Bank's support for health sector reform by directing more resources toward public health, particularly health promotion and disease prevention. Those projects had revealed numerous obstacles to the success of health promotion activities, ranging from lack of priority in resource allocation for health promotion, to institutional weakness within technical units of the ministries of health charged with health promotion, to a cultural resistance to healthy lifestyle practices.

Dr. Cerqueira responded that the Organization would indeed attempt to be more specific and detailed with regard to the plan and the goals arising from the Mexico conference. In 2002 PAHO was planning a forum in Chile where progress towards the goals set in Mexico would be reviewed. She was gratified that the Committee concurred on the importance of building an evidence base on the effectiveness of health promotion and the need for more evaluation activities. A working group consisting of representatives of several countries had been formed to develop a protocol for on-the-ground evaluation of health promotion experiences. The first stage was to validate the instruments used in that process and share those results. In the second stage, teams trained in the methodology would be put in the countries, and the methodology and case studies would be published.

The Organization would seek to provide local authorities with a "toolbox" of methods to help them develop health promotion goals in relation to specific initiatives such as Framework Convention on Tobacco Control. She applauded partnership initiatives such as the one between CPHA and FIOCRUZ, and stated that the Organization was continuing its joint project with IDB in the Southern Cone, with the expectation of developing a team that could collaborate with other countries in health promotion planning.

The Committee adopted Resolution CE128.R11.

***Health, Drinking Water, and Sanitation in Sustainable Human Development
(Document CE128/13)***

Dr. Mauricio Pardón (Director, Division of Health and Environment) summarized the document prepared by the Secretariat on this item, which reviewed the situation of water and sanitation coverage in the Region, explored the challenges for the future, and discussed the roles of PAHO and ministries of health in addressing those challenges. He began by

pointing out that sustainable human development necessitated increased capacity for health, knowledge, resources, and the enjoyment of fundamental human rights, one of which was the right to live in a healthy environment. Safe drinking water and adequate sanitation were crucial to that right. Deficiencies in water and sanitation endangered health (as illustrated by waterborne disease epidemics in both industrialized and developing countries in recent years), threatened sustainable economic development, and reduced the impact of hygiene education.

Although the Region of the Americas had made great strides in the last decade in the provision of drinking water and sanitation services, millions of people, especially in rural areas, still lacked access. Moreover, only 14% of all wastewater received even minimal treatment. Problems with service quality and microbiological and chemical safety persisted, and contamination and depletion of groundwater and other water resources were growing concerns. Challenges for the future included promoting broader participation by the public and private sectors as well as civil society in the management of water and sanitation services. An integrated management strategy was needed to ensure not only safe drinking water but also well-managed and adequately staffed services.

PAHO encouraged ministries of health to become more involved in all aspects of the provision of water and sanitation services, including advocacy for universal access, surveillance and monitoring of water quality and services performance, regulation, policy- and standards-setting, partnership development and negotiation, human resources training, and direct interventions in times of emergency. Collaboration between ministries of health and ministries of the environment was key to achieving advances in those areas and would be the subject of a meeting proposed for next year. For its part, PAHO was participating in projects aimed at institutional planning and development; regulation; risk management; and evaluation of water contamination. The Organization had recently produced 17 sectoral analyses of water and sanitation—which in many countries served as the development plan for the sector—and had collaborated with the countries in the preparation of the *Evaluation 2000* reports on the drinking water and sanitation situation in the Region.

The Executive Committee thanked the Secretariat for having incorporated into the document the changes that had been suggested by the SPP in March. The Committee expressed general support for the broadened role of ministries of health in relation to water supply and sanitation, given the undeniable link between water and health. On the other hand, it was recognized that in many countries the ministries had resource and institutional limitations that made it difficult for them to assume expanded functions. It was suggested that PAHO should focus its technical cooperation on capacity-building to enable the ministries of health to take on such roles. Several members pointed out that, in their countries, some of the functions discussed in the document would fall to local government rather than to the national public health authorities. To enhance the usefulness

of the recommendations, it was suggested that the discussion for the Directing Council be reorganized around the six distinct roles in water and sanitation for ministries of health that were listed in the document. Intersectoral collaboration was considered essential to ensuring a supply of safe water in adequate quantities, although it was agreed that public health authorities should retain primary responsibility for activities for which they had the best technical capacity, such as setting of policies and standards and operation of surveillance systems. In keeping with recommendation made in the Plan of Action of the Third Summit of Americas, the Committee endorsed the call for a joint meeting of health and environment ministers in early 2002. The Committee also encouraged PAHO and health authorities in the countries to work with colleagues in the environmental sector to ensure that health figured prominently on the agenda of the upcoming World Summit on Sustainable Development (Rio +10), which would review progress since the United Nations Conference on Environment and Development, held in Rio de Janeiro in 1992.

Involvement of the community and the private sector were viewed as crucial for increasing water and sanitation coverage. A United States–Mexico border project on infrastructure development was mentioned as an example of the importance of involving the community in order to sustain systems once they were installed. It was pointed out that, as a clean and reliable water supply and adequate sanitation were necessary for economic and social development as well as health, coverage expansion must be integrated into overall development efforts. Drinking water was seen as an essential public good, whose benefits to society were worth much more than the price of providing it. However, because of the fiscal situation in some countries, the public sector did not have the resources to provide services to poor rural areas, which were served instead by private entities. Therefore, the cost of water for populations least able to afford it was often proportionately far greater than for richer populations.

The Committee felt that future orientations should include development of a laboratory network for surveillance and monitoring of bacteriological and biochemical fitness of water for human consumption. Also needed were regional indicators that went beyond water quality to reflect more fully the impact of water supply and sanitation on health and sustainable development. Such indicators would include measures of quality of service, use of sanitation, and hygiene behavior. The importance of increased attention to environmental preservation to safeguard water sources was also stressed. The Delegate of Antigua and Barbuda noted that water conservation was a particular concern in some small island states of the Caribbean that lacked large water reserves, but emphasized that conservation was important elsewhere and should be addressed in the document. It was suggested that the document should also examine the reasons for cholera's persistence in the Region 10 years after its resurgence, despite increases in water and sanitation coverage.

Dr. Pardón reported that PAHO had already been working to make sure that health was an important part of the agenda of the World Summit on Sustainable Development. He agreed with the Committee's comments regarding the need to discriminate between the functions of national and local level governments, as well as the need to prioritize wastewater problems and concerns about biochemical contamination of water sources. It was important to define targets, to identify areas of collaboration among the countries, and to seek the participation of institutions such as the IDB and the World Bank in collaborative projects. Development of measures of progress were essential to illustrate what was being achieved with the money being invested. Likewise, regional indicators of quality of services and use of sanitation and hygiene helped guide the technical cooperation strategy for basic sanitation programs. Regarding cholera, its reemergence had not been a surprise considering that it had been preceded by a decade of neglect and declining investment in water and sanitation in Peru. Such a crisis could be avoided in the future by maintaining investment levels in the sector.

The Director expressed his support for the proposed meeting of ministers of health and ministers of the environment, although he noted that he had initially been somewhat skeptical as to its intended product. The Organization would participate in preparations for the meeting and would seek to generate enthusiasm in the countries among both sectors. Regarding the issue of who had responsibility for supplying water, he proposed that while the State did have the ultimate responsibility of guaranteeing that essential public goods were available, sometimes it had to call on other partners to help. That was especially true in the case of demand-driven public goods (such as water and sanitation), which required a different approach than supply-driven public goods (such as vaccines). Likewise, so many activities impinged on health that it was not practical to hold the health sector accountable for all of them. Distinctions had to be made between areas for which the health sector had direct responsibility and areas in which it should advocate, facilitate, and work with other sectors to ensure that necessary activities were accomplished.

The Committee adopted Resolution CE128.R10.

Development and Strengthening of Human Resources in the Health Sector (Document CE128/12)

Dr. Pedro Enrique Brito (Coordinator, Human Resources Development Program, PAHO) presented an overview of the health human resources situation in the Region and outlined the challenges for human resources management, particularly in light of the changes associated with health sector reform. The issue of human resources had been largely absent from health reform agendas, although human resources were crucial to the performance of health systems and the success of the reforms introduced. Moreover,

health sector reform itself had created a number of new challenges for the management of health personnel. The most consequential and pressing of those challenges were associated with decentralization, which was a component of health reform processes in virtually all the countries.

Those emerging challenges, coupled with persistent problems such as imbalances in the composition and distribution of the health workforce and migration of health workers, called for action in the conceptual, policy, and operational spheres in order to enhance the institutional capacity of health systems for the management of human resources. The document summarized the principal problems facing the health sector in relation to human resources management and described the actions needed to ensure that the entities responsible for carrying out that function possessed certain core competencies in the following areas: analysis of human resource situations and trends and identification of programming needs, staffing, performance management and evaluation, management of labor relations and personnel administration, development and training of human resources, and assurance of safe working conditions and environments.

PAHO viewed the management of human resources as an essential public health function. Accordingly, its technical cooperation in the area of human resources management was linked to the Organization's Public Health in the Americas Initiative, as well as its efforts to improve the performance of health services, strengthen the steering role of ministries of health, and support health sector reform. A key element of the technical cooperation strategy was the "Observatory of Human Resources in Health Sector Reform," a regional initiative for the production and dissemination of information on human resources involving national, interinstitutional, and intersectoral groups under the coordination of the ministries of health and the PAHO/WHO Representative Offices in the countries. The aim of the Observatory was to assist in the development of human resource policies and in the evaluation and monitoring of human resource development in the framework of health sector reform processes, in fulfillment of the mandate PAHO had received at the Summit of the Americas in Miami in 1994. The initiative had been launched in June 1999 and 13 countries were currently participating. PAHO hoped eventually to incorporate all the countries in the Region.

The Executive Committee agreed on the need to accord higher priority to the development and strengthening of human resources management in the framework of health sector reform and applauded PAHO's leadership role in calling attention to that need and developing a coordinated response to the human resource challenges facing health systems throughout the Region. One delegate noted that the Final Declaration and Plan of Action of the Third Summit of the Americas had recognized the need to strengthen the management of health human resources, which was a positive sign. The

Committee also voiced support for the Observatory and encouraged all Member States to participate in the initiative.

The Observatory was seen as an excellent tool for generating information on the human resources situation, identifying problems and needs, and sharing information on experiences and best practices with regard to key human resource issues. While the benefits of exchanging experiences were acknowledged, it was also pointed out that approaches to health reform in the various countries differed and therefore the same solutions to human resource management issues could not be applied in all cases. Several delegates stressed that the specific needs and characteristics of each country must be taken into account.

It was suggested that an important aspect of health resource management in the context of health reform would be the institution of change management programs to prepare health personnel to cope with the changes associated with reform and the new roles that health professionals would be called on to play in decentralized health systems. One delegate reported, for example, that his country's experience had shown that medical staff required training in administration and management. Another delegate pointed out that in the new environment created by health reform health professionals increasingly needed new skills such as management of information systems, capacity for negotiation and advocacy, and social marketing skills.

Considerable concern was expressed about the imbalances in the mix of health professionals in the countries of the Region. One delegate noted that, according to a recent PAHO publication on nursing, the ratio of physicians to nurses in Latin America (3–5 physicians for every nurse) was the reverse of the ideal. PAHO was urged to promote policies and measures that would correct the imbalances in the mix and distribution of health professionals. Migration of health personnel was also cited as a serious problem which exacerbated the shortages of health professionals, especially nurses, in some countries. In addition, it was considered crucial to improve health, safety, and employment conditions for health workers, as those conditions would affect the number of years they remained in the profession, their level of commitment and productivity, and, ultimately, the quality of care delivered by health care systems.

The Committee found the technical cooperation activities and strategies described in the document appropriate. It was proposed that two additional roles for PAHO might be added: evaluating the impact of changes in human resource management and assisting the countries in projecting human resource needs, especially in the long term. Because the list of strategies was an ambitious one, PAHO was encouraged to prioritize its activities and also carefully work out the methods it would use to implement them.

Members made several specific suggestions regarding the document. One delegate pointed out that a statement in the introduction, which said that health practitioners determined the nature of health services and the extent to which they were utilized, failed to take account of the demand side and the central role of health service recipients in influencing the utilization of health care services and the complement of health professionals. The same delegate suggested that the document should elaborate on how doctors, nurses, and other health professionals would be involved in building capacity and expertise in human resources management at the national, regional, and local levels, since failure to consult those groups about the issues of concern to them would compromise the effectiveness of the country-level strategies proposed in the document. Another delegate suggested that the document should focus more on the dual role of ministries of health as health sector managers and as employers.

Dr. Brito thanked the Committee for its suggestions, which would be borne in mind as the Program revised the document for the Directing Council. The Organization recognized that many countries were confronting problems with the structure, and distribution of the health workforce and with migration of some health professionals. The nursing profession was especially affected. PAHO attached a great deal of importance to the development of nursing and was working to help the countries in that area. Likewise, the Organization was very concerned with bettering health and working conditions for health professionals. The Division of Health Systems and Services Development was working with the Division of Health and Environment to develop an interdivisional proposal for a program to address that need.

Regarding the comments about the Observatory, he explained that for each participating country a plan of work was established that took account of national specificities and the issues that need to be addressed in each case. The Observatory also had a regional component that focused on improving the availability of information on issues relating to human resources management. Two studies were currently under way and two more were to be initiated shortly. One concerned the impact of incentive systems on health services. Another was evaluating experiences with in-service training in the countries in the context of health sector reform. The third would look at the impact on human resources management of “paradigmatic” changes, such as decentralization and self-management of hospitals. The fourth study would explore the situation and trends with regard to new hiring schemes for health personnel.

Another important component of the Observatory was support for training activities. PAHO had been working with several countries on decentralized training for human resources and had also developed a distance education program on human resources management offered via the Internet. As for the participation of health professionals in the Observatory, it was not just a strategy for improving institutional

capacity and the information base for decision-making, but also a forum for discussion and consensus-building on policies. A key part of the Observatory was the formation of interinstitutional groups, which included health professionals. In all the participating countries, associations of health professionals and other health workers were participating actively.

The Director observed that the problem of “brain drain,” or migration of health personnel, was worsening as the process of globalization intensified. Health professionals were continually moving not just from developing to developed countries, but also between developed countries. Indeed, some seemed resigned to accept this trade in health personnel as inevitable and capitalize on it as a source of income. In his view, the only partial solution was to seek a different way of reorganizing services and applying the skills of health professionals within those services. Clearly, money was not the answer because poor countries could not hope to compete with the salaries offered in rich countries. The Observatory would offer the opportunity to share experiences and successful solutions in terms of the way human resources were deployed and utilized. He encouraged the countries to participate fully in the Observatory, since the more effort that was put into developing useful information, the more beneficial it would be to all countries.

The Executive Committee adopted Resolution CE128.R3 on this item.

Acquired Immunodeficiency Syndrome (AIDS) in the Americas (Documents CE128/9 and CE128/9, Add. I)

Dr. Fernando Zacarías (Coordinator, Program on Acquired Immunodeficiency Syndrome and Sexually Transmitted Diseases, PAHO) reviewed some recent statistics on HIV/AIDS in the Americas and other parts of the world. The HIV infection rate in persons 15–49 years of age was about 1 in 200 in North America and Latin America and about 1 in 50 in the Caribbean, but the rate varied widely between and within countries. Transmission remained at low levels in several countries (for example, Bolivia, Nicaragua, and Paraguay). In most countries, it was concentrated in populations with high-risk behaviors, such as men who had sex with other men and injection drug users. However, in a few countries (including Haiti, Honduras, and several in the English-speaking Caribbean) the infection had become generalized and was spreading in the heterosexual population. In the English-speaking Caribbean in 1995, HIV/AIDS was the leading cause of death in both males and females 25–44 years of age.

PAHO continued to work with the Member States in the areas of policy, planning, improved management, epidemiological surveillance, prevention, mass communication, comprehensive care, and the prevention and control of sexually transmitted infections (STIs). Strengthening overall national responses to HIV/AIDS/STIs was a primary goal. Experience had shown that a successful national response to AIDS required strong national

leadership with high-level commitment, the ability to mobilize resources, and the creation of partnerships and strategic alliances, including subregional alliances. A broad approach was being fostered by the Joint United Nations Program on AIDS (UNAIDS) and mechanisms such as the Horizontal Technical Cooperation Group. The Pan Caribbean Strategic Plan for HIV/AIDS/STI Prevention and Control provided a good example of subregional cooperation. PAHO was working with the countries to provide better information for decision-makers through surveillance of STIs and HIV/AIDS and establishment of epidemiological networks for the exchange of information among countries.

The “Building Blocks” strategy developed by PAHO recognized that levels of care available to AIDS patients would differ according to a country’s resources and would need to be built up over time. Improved care meant not only access to antiretroviral drugs but other measures, such as prevention of opportunistic infections and better nutrition. With regard to prevention, a key area was the promotion of sexual health, which involved raising awareness and understanding of risk and encouraging protective actions, such as condom use.

Referring to the United Nations General Assembly Special Session on HIV/AIDS, which had coincided with the Executive Committee’s 128th Session, Dr. Zacarías said that one of the most important results had been the adoption of a declaration whose language was acceptable to all the participants—governments, NGOs, people living with AIDS, and others—but that nevertheless could be acted upon in accordance with the differing needs, cultural patterns, and resources of each country. He believed that the discussions leading up to the declaration, which had included both policy and technical considerations, would help guide improvements in national responses to HIV/AIDS.

The Committee expressed its appreciation for PAHO’s ongoing leadership in the regional response to HIV/AIDS. The Organization was urged to continue working closely with other United Nations agencies engaged in the fight against AIDS and to contribute actively to the goals set in the Declaration of Commitment on HIV/AIDS adopted at the General Assembly Special Session on 27 June 2001. The countries were encouraged to approach AIDS as a regional problem and pool their efforts, with PAHO’s assistance. Several delegates reported on national AIDS programs in their countries. The establishment of alliances with internal and external partners, national-level epidemiological surveillance, and legislative initiatives on defense of human rights, blood safety, and other topics were key aspects of their programs.

Prevention was seen as the mainstay of HIV programs. Some delegates felt that PAHO should place greater emphasis on prevention activities and the primacy of prevention in the fight against HIV/AIDS. However, other delegates stressed that, while prevention activities were essential and cost-effective, the quality of life and the human rights of those already infected must also be considered. It was pointed out that the cost of

antiretroviral medications was beyond the reach of most countries, which created an inequitable situation. Therefore, some delegates felt that ensuring that all countries had access to those drugs should be a goal of the Organization. They emphasized that a balance must be struck between emphasis on control, prevention, and health promotion, on the one hand, and treatment, on the other.

Vaccine trials and research were viewed as critical to the long-term response to AIDS; however, in the short term it was agreed that the countries and PAHO should focus on reinforcing prevention messages and investing in care, treatment, and support for those already infected. Several delegates underscored the need to strengthen health services so that they were able to carry out critical responsibilities such as assuring a safe blood supply, helping prevent mother-to-child transmission, and providing appropriate care for people with HIV/AIDS, including antiretroviral drugs. The Organization was urged to provide additional support to the Caribbean Epidemiology Center (CAREC) so that it could continue to provide clinical laboratory and surveillance services related to HIV/AIDS.

The cost of treatment—especially antiretrovirals—was cited as a serious concern by a number of delegations. Several delegates called for regional and international efforts to improve the availability of AIDS drugs at a reduced cost. PAHO was asked to collaborate in defining a protocol for purchase of antiretroviral drugs for Central America. In relation to this issue, the Delegate of Cuba reported that his country was now producing six antiretroviral drugs and providing them for free to AIDS patients in its population; it would be producing 12 drugs in the coming year.

The Committee believed that several additional topics should be addressed in the document, including tuberculosis and HIV co-infection, the human rights and the stigmatization of people living with HIV/AIDS, expansion of effective strategies to combat mother-to-child transmission, and gender-related aspects of the epidemic—for example, the unequal burden of care falling on women. Regarding mother-to-child transmission, Dr. Zacarias was asked to clarify PAHO's recommendations on breast-feeding by HIV-positive mothers. The inclusion of more information on experiences and actions in the countries with regard to behavior change and lessening the impact of the epidemic on individuals, families, and communities was also considered important. It was pointed out that the document prepared for the Directing Council should discuss PAHO's role and approach to the action items contained in the Declaration of Commitment adopted by the Special Session of the United Nations General Assembly. In particular, it was felt that PAHO should clearly spell out its position on the use of antiretrovirals within the context of all treatment and care options and in balance with prevention activities. It was also suggested that the document should give greater attention to interventions other than administration of antiretroviral drugs, such as treatment for opportunistic infections and palliative care.

The observer from the Latin American Confederation of Clinical Biochemistry offered her organization's continued support in assuring a safe blood supply through provision of distance training courses to blood bank and laboratory personnel. The observer from the Latin American Union Against Sexually Transmitted Diseases (ULACETS) expressed her organization's support for the resolution on AIDS and warned against letting down the Region's guard against sexually transmitted infections.

Responding to the delegates' comments, Dr. Zacarías reported that his program was working with the Regional Program on Tuberculosis to organize a consultation on improving support for the countries in dealing with TB-HIV co-infection. PAHO had also issued guidelines on that subject. The Organization was currently working with other United Nations agencies at the regional level through an interagency group which met periodically to share experiences. PAHO was committed to a regional approach to the epidemic and to helping the countries work with each other.

With respect to antiretrovirals, the Organization was taking part in a technical evaluation to identify a treatment protocol involving six or seven drugs. The result would be a technical consensus on the most important antiretroviral drugs, but the countries would decide for themselves which drugs were most appropriate for inclusion in their national care programs. PAHO was also working with the Central American countries to develop a common protocol. The Organization was well aware of the critical role of antiretrovirals, but was concerned that a focus on drug treatment would overshadow the comprehensive care called for in the Building Blocks approach.

In response to the question on breast-feeding, Dr. Zacarías said that PAHO supported the WHO guidelines on breast-feeding by HIV-infected mothers, which recommended breast-feeding if a breast-milk substitute was not available. However, in the Americas every effort should be made to provide breast-milk substitute to offspring of mothers known to be HIV positive. PAHO and WHO were working to strengthen health services' ability to cope with AIDS and were planning a meeting on that subject. He pointed to Cuba's success in preventing not only mother-to-child HIV transmission but also congenital syphilis as an example of what the health services could accomplish. Finally, he applauded the important work of the Latin American Confederation of Clinical Biochemistry toward maintaining a safe blood supply.

The Director reported that the Organization had been unable to negotiate procurement of antiretroviral drugs through a strategic fund, as had been proposed at the 126th Session of the Executive Committee meeting, owing to lack of cooperation by the pharmaceutical companies. The companies had refused to consider a common pricing scheme for the countries of the Americas and had insisted on negotiating prices with each country individually and setting their own standards for price reductions. However,

PAHO had been able to fulfill its commitment to share drug pricing information, with support from the Government of Brazil. The PAHO Web site contained information supplied voluntarily by the Member States on the prices they had paid for antiretroviral drugs. Open presentation of that information would help other countries in their negotiations with the drug companies and lead to more homogeneous and predictable prices. The Organization would continue trying to develop a collaborative approach to drug purchases and would support subregional arrangements with the drug companies.

In a related initiative, PAHO was advising on common treatment protocols that the countries might use, as a clear protocol was necessary in order to determine what quantities of a particular drug to purchase. PAHO would continue to help the countries establish appropriate protocols and other common strategies on drugs used to combat AIDS. The Director also acknowledged the importance of blood safety and the ongoing threat of unsafe transfusions in the Region, despite the advances that had been made.

The Executive Committee adopted Resolution CE128.R16.

Dengue Prevention and Control (Document CE128/15)

Dr. Jorge Ramón Arias (Regional Advisor on Communicable Diseases, PAHO) presented information on the situation of dengue in the Region and outlined the blueprint for action proposed by PAHO for prevention and control of the disease. As a result of efforts to eliminate *Aedes aegypti* initiated in the 1930s, by the 1970s the vector had been eliminated from virtually all the countries. Currently, however, the situation was worse than in the 1930s. *Aedes aegypti* infestation rates were extremely high, all four serotypes of the dengue virus were circulating in the Americas, and there had been a steady rise in the incidence of dengue fever since the early 1990s. PAHO was especially concerned about the increase in cases of the hemorrhagic form of the disease. Almost all countries of the Region were now reporting cases of dengue hemorrhagic fever (DHF) and, if prompt action were not taken, there was a serious risk that DHF would become as endemic in the Americas as it was in Asia, where some countries reported hundreds of thousands of cases every year. A related concern, already discussed by the Executive Committee, was the threat of reurbanization of yellow fever, for which *A. aegypti* was also the vector.

The solution was to reduce sources of the vector and, if possible, eliminate *Aedes aegypti*. The document outlined the strategies for controlling the mosquito and thereby reducing the incidence of dengue in the Region. The most important requirement for a successful dengue prevention and control program was political commitment, accompanied by investment of the necessary resources. Intersectoral action was also essential. Experience had shown that effective dengue control would not be possible without intersectoral action and intervention to reduce the density of the vector, eliminate

breeding sites, carry out appropriate and effective insecticide-spraying, ensure legislative support for dengue control, and educate the public about the importance of vector. The document also listed the key components for building effective dengue control programs and the areas in which PAHO was focusing its technical cooperation.

The Executive Committee agreed that dengue was a serious problem that deserved increased attention on the part of the countries and the Organization. The Secretariat was encouraged to incorporate dengue prevention and control as a priority area of activity in its strategic plan for the next quadrennium. The Committee endorsed the blueprint for action presented in the document, underscoring the need for a comprehensive approach that included source reduction, appropriate use of insecticides, community participation, health education and communication, and, especially, intersectoral action. It was pointed out that dengue was related to other problems discussed by the Committee that also required intersectoral coordination, notably water and sanitation. One delegate suggested that, in order to illustrate the importance of an intersectoral approach, it would be useful if the Secretariat would provide concrete examples of cases in which improved water supply and solid waste management had prevented or controlled the spread of dengue. The need for mobilization of donor resources for dengue control was also emphasized, as was the need to assess the efficiency and effectiveness of the actions undertaken in order to show donors that their investment was justified.

The Delegate of Cuba objected to a statement in the document which indicated that his country had experienced a dengue epidemic during 2000. In fact, only 138 cases had occurred within a circumscribed area of the city of Havana, and the situation had been dealt with through a multisectoral response that included isolation of patients, elimination of breeding sites, fumigation to destroy adult mosquitoes, and intensive environmental sanitation. The Representative of the Latin American Confederation of Clinical Biochemistry stressed the importance of laboratories in dengue control and inquired what measures PAHO was taking to ensure that public health laboratories had the resources they needed to identify the various serotypes and ensure accurate diagnosis of the disease. The Representative of the IDB reported that the Bank was supporting dengue control efforts through financing for communication and education campaigns to promote behavioral change and through a project to strengthen epidemiological surveillance in Central America. The Bank hoped eventually to extend that project to other regions.

Dr. Arias assured the Committee that the Organization concurred wholeheartedly on the crucial importance of intersectoral action for dengue prevention and control. Intersectoral action, community participation, and health education and communication aimed at bringing about behavioral change were the pillars of the approach promoted by PAHO. Environmental management was also a must. One key aspect of dengue control

that he had not mentioned explicitly in his presentation was notification of cases. To improve information-sharing between countries, the Organization was advocating the adoption of standardized case-reporting, with reporting of all clinical cases, laboratory-confirmed cases, cases of dengue hemorrhagic fever, deaths due to dengue hemorrhagic fever/dengue shock syndrome, and serotypes identified. With respect to support for laboratories, while PAHO did not have the resources to provide supplies directly to laboratories, it was working closely with two reference centers in the region—one in Puerto Rico and the other in Cuba—to strengthen laboratory capacity and provide training for laboratory personnel. Regarding the comment from the Delegate of Cuba, that country's success in bringing the situation under control so rapidly was evidence of the effectiveness of the type of comprehensive approach espoused by the Organization. Moreover, as a result of extensive serological testing, Cuba had provided some enormously valuable information for estimating the number of asymptomatic cases that were likely to occur in an epidemic.

The Director expressed his admiration for Fred Soper, former Director of the Organization, under whose leadership the Americas had come closer to eliminating *A. aegypti* than ever before. He had hoped to follow in the steps of Dr. Soper and see the vector eliminated during his term as Director; however, estimates had indicated that it would cost billions of dollars to do so utilizing traditional methods. A different approach was therefore needed—one that emphasized behavior change. He firmly believed that, through the multi-pronged approach described in the document, it would be possible to make a difference.

In the discussion of the resolution on this item, the Committee debated the advisability of including a provision that would have called on the Director to prioritize attention to dengue and allocate resources to meet the challenge posed by dengue, dengue hemorrhagic fever, and the potential reurbanization of yellow fever. Some delegates felt that the effect of that wording would be that dengue would be considered the priority for allocation of the Organization's limited resources, to the detriment of other equally pressing health challenges in the Region. To avoid that problem, the Committee decided to adopt alternate wording suggested by the Director, which appears in operative paragraph 2(f) of Resolution CE128.R13. In connection with this discussion, it was suggested that, at some future meeting, the Governing Bodies should examine the matter of priority-setting within the Organization.

Mental Health (Document CE128/18)

Dr. José Miguel Caldas de Almeida (Coordinator, Mental Health Program, PAHO) informed the Committee that in 2001, for the first time ever, mental health had been the focus of several events and activities of the World Health Organization during

the same year, including World Health Day, four sessions of the World Health Assembly, and the *World Health Report 2001*. The increased interest in mental health was due in part to growing realization of the impact of mental health problems and their contribution to the global burden of disease. Mental disorders were highly prevalent and were significant causes of disability and death. Depression, for example, had affected some 20 million people in the Americas in 1990, and the number was expected to rise to 35 million by 2010.

Another factor that accounted for the increased attention to mental health was major scientific advances in the development of new and more effective mental health treatments and services. New evidence-based treatments and interventions were currently available to treat the vast majority of persons who suffered from mental illness. Moreover, the emergence of comprehensive community-based mental health services had demonstrated that psychiatric hospitals were not the only, or the best, means of treating mental disorders. Models that integrated mental health care with primary care and allowed patients to stay in the community not only were preferred by the patients and their families, they were more cost-effective.

Despite the advances, however, an enormous gap remained between what was being done and what could be done. In both developed and developing countries, millions of people suffering from mental disorders still lacked access to effective treatment, and violation of their human rights continued to be commonplace. Building on past achievements, such as the 1990 Caracas Declaration, and the momentum created by the aforementioned events and activities, the Organization and the Member States had an unprecedented opportunity in 2001 to make solid progress towards improving care for those with mental disorders. The four major challenges in the area of mental health were (1) to enhance the visibility of and the value placed on mental health, (2) implement the mental health policies and programs formulated by many countries of the Region during the 1990s, (3) create or revise mental health legislation to protect the human rights of mental health patients, and (4) reduce inequity in the availability of mental health services and assure parity of mental health services with other types of health services. The document outlined a number of proposed actions for the Member States and the Secretariat to overcome those challenges.

The Executive Committee agreed that the events of 2001 afforded a unique opportunity for the promotion better mental health care and urged Member States and the Organization to capitalize on the momentum created by those events to highlight the importance of mental health. PAHO was also encouraged to work in partnership with other agencies concerned with mental health, such as the United Nations Children's Fund (UNICEF) and the International Labor Organization (ILO). The Committee voiced support for the approaches discussed in the document, in particular community-based

mental health care and integration of mental health services into primary health care services. Delegates emphasized the need to train health workers to recognize the mental health component of problems such as addiction and substance abuse and detect mental health problems in patients who visited primary health care clinics for other reasons. PAHO's efforts to build an evidence base on mental health were applauded. It was pointed out that a better evidence base would help encourage needed investment in mental health activities.

The Committee stressed the importance of incorporating mental health into broader health promotion efforts, including, for example, workers' health programs. In that connection, it was suggested that the document perhaps focused too heavily on mental illness and the treatment thereof and not enough on promotion of mental health and the identification of concrete health promotion activities that would improve mental health. The need to address the socioeconomic, cultural, personal, and family determinants of poor mental health was underscored. It was pointed out that improving quality of life and building supportive environments in the community would yield mental health benefits for individuals, families, and society as a whole.

The Committee also emphasized the need for increased attention to the mental health problems of children and adolescents in order to forestall long-term problems that would not only affect the individuals concerned but could have an impact on the mental health of future generations. One delegate highlighted the importance of sensitizing and educating parents and teachers to recognize the mental health problems that often underlay behavioral problems, including crime and violence among young people. Another delegate noted that the special session of the United Nations General Assembly for follow-up to the World Summit for Children, scheduled for September 2001, would provide an excellent opportunity to raise awareness of child mental health issues. Several delegates also called attention to the special mental health needs of victims of disasters and political upheaval, especially children and young people.

Dr. Caldas de Almeida acknowledged that the document might not place sufficient emphasis on promotion of mental health, but that did not mean that the Organization was unaware of its extreme importance. However, given the huge gaps in access to appropriate treatment for mental health problems, it was necessary to find a balance between attention to mental health promotion and treatment of mental illness. The best way to do that, in his view, was to develop good community mental health services. Such services would help promote mental health while also providing treatment for those with mental health problems.

Given the limited resources available for mental health care in most countries, it was important to concentrate on investing in health promotion interventions of proven

effectiveness and encourage studies on the effectiveness of mental health promotion activities. Similarly, studies were needed to identify suitable models for training primary health care workers to recognize and deal with mental health problems. Sharing of experiences and dissemination of information were crucial in that regard and were key roles for PAHO. Another important technical cooperation role for the Organization was helping the countries to decide how to make the best use of existing resources while endeavoring to promote increased investment in order to overcome the long-standing lack of funding for mental health services. PAHO was also in a good position to assist the countries with the problem of co-morbidity, since its mental health and substance abuse programs were located within the same division and worked closely together.

The Director said that he very much appreciated the Committee's comments regarding health promotion and mental health. Some had questioned why PAHO's mental health program was placed within the Division of Health Promotion and Protection rather than the Division of Disease Prevention and Control. It was precisely because all the basic strategies of health promotion (building healthy public policy, creating supportive environments, developing personal skills, strengthening community services, and reorienting health services) applied so fittingly to mental health.

He was convinced that treatment of mental health problems at the primary health care level was appropriate. Psychiatrists were not needed to treat all forms of mental illness. It was essential to find ways of addressing at the primary care level the common mental health disorders that affected so many people and were so economically damaging. For a long time, there had been little recognition of the tremendous cost of poor mental health. However, a growing body of evidence made it clear that, in terms of labor market outcomes, the cost of mental illness was as great as the cost of physical illness. Hence, there were sound economic reasons as well as humanitarian reasons for investing in good mental health programs.

It would take time to bring investment in mental health up to the levels needed, but in the meantime there were several steps the countries and PAHO could take to improve the situation of those with mental health problems. One of the most important ones was more aggressive advocacy for changes in public policy and promotion of healthy public policy in the area of mental health. Advocacy by organizations such as PAHO and its counterparts in the countries was critical because the mentally ill were unable to advocate for themselves. Also needed were changes in the perceptions of ministries of health regarding the importance of mental health and reallocation of budgets accordingly.

The Organization's own resources in the area of mental health were extremely limited, both in terms of funding and personnel. He hoped that in the next biennium it

would be possible to find a way to devote at least more human resources towards improving mental health, which PAHO regarded as the last remaining major public health problem that had yet to be adequately addressed in the Region.

The Committee adopted Resolution CE128.R12 on this item.

Report on the Third Summit of the Americas (CE128/19)

Dr. Irene Klinger (Chief, Office of External Relations, PAHO) reviewed the outcomes of the various Summits of the Americas and the work of PAHO in relation to those Summits, focusing especially on the Third Summit, held in Quebec City, Canada, on 20–22 April 2001. The Organization had been an active participant in all three Summits, seeking to heighten awareness of the importance of health and promote hemispheric health priorities.

The Miami Summit, held in 1994, had assigned PAHO a key role in Initiative 17, “Equitable Access to Basic Health Services,” which had focused on Integrated Management of Childhood Illness (IMCI), reduction of maternal mortality, measles elimination, health sector reform, and HIV/AIDS prevention and control. At the Second Summit of the Americas, held in Santiago, Chile, in 1998, PAHO had been given responsibility for developing and implementing the initiative “Health Technologies Linking the Americas,” which had included four elements: increasing access to quality drugs and vaccines, strengthening information and surveillance systems, improving access to and quality of water and sanitation infrastructure, and technology assessment. Progress had been made towards all the goals of the Miami and Santiago Summits—many of which called for long-term action—and work was continuing. The document described some of the activities undertaken.

The Third Summit of the Americas had adopted a Declaration and Plan of Action in which the political leaders of the Region had affirmed their commitment to the consolidation of democracy and the reduction of poverty and inequity, in addition to laying the groundwork for the adoption of the Free Trade Agreement of the Americas by 2005. Health and health-related matters had figured prominently in both the Declaration and the Plan of Action. The Declaration, for example, contained specific references to the importance of health in human development and the achievement of political, economic, and social objectives. The Plan of Action included commitments with respect to health sector reform, communicable diseases, noncommunicable diseases, and connectivity, which had been a cross-cutting theme at the Summit. The document described the areas of work under each of those four components. PAHO would continue working to highlight health as a priority in the Summit process, mobilize political and financial commitments to follow up on the Summit mandates, promote equity and Pan Americanism, and prepare for the next Summit of the Americas, to be held in Argentina in 2005.

The Committee commended PAHO for its role in keeping health on the agenda of the Summits of the Americas and encouraged the Organization to continue seeking to highlight the importance of health in other international venues. The Committee also welcomed the commitments made by financing institutions such as the World Bank and the IDB to support implementation of the Plan of Action of the Third Summit and underscored the importance of joint action and coordination among all the international institutions involved in order to realize the goals of the Summits. It was pointed out that, in addition to financing, capacity-building would be needed at the national level to maintain the momentum provided by the Summits and carry out its mandates. Building capacity for national action was viewed as a key role for PAHO. The Organization was also asked to provide guidance on what would be expected of the countries with respect to reporting on implementation of the Summit plans of action. The need for uniform and comparable information was noted.

With regard specifically to the Quebec Summit, the Committee felt that the Plan of Action and Declaration adequately reflected the importance of health. Several delegates observed that the health priorities included in the Plan of Action corresponded closely to the priorities already identified by the Member States within the Organization. One delegate pointed out that, although AIDS had perhaps been the primary focus of Summit discussions in the area of health, for the first time tobacco control had been included in a Summit plan of action, which would provide added impetus for the FCTC negotiation process. That had been accomplished largely thanks to the efforts of PAHO and the Government of Canada. The grouping of health topics in four main areas was also seen as a positive step that would help political leaders to better understand how health contributed to the advancement and development of countries.

The Representative of the IDB affirmed the Bank's support for the Plan of Action of the Third Summit and its commitment to coordinating its efforts with those of other multilateral and bilateral organizations in the area of health. With PAHO and the World Bank, its partners in the Shared Agenda for Health in the Americas, the IDB had held periodic coordination meetings on the topics included in the Shared Agenda, and the Bank was also collaborating with PAHO in several other areas. Regarding concrete plans for supporting the decisions of the Summit, while the Bank currently had fewer resources available to finance projects through grants than had been the case in the past, IDB President Enrique Iglesias had recently introduced several innovations with a view to increasing the availability of funding for social initiatives, in particular those that had come out of Summit processes. One was the creation of a new joint fund co-financed by the European Union and the Bank for pilot projects on connectivity in social programs. The Bank would seek similar mechanisms to support work in the other three health areas identified at the Third Summit.

Dr. Klinger assured the delegates that PAHO was committed to ensuring that health remained high on the agendas in discussions of the hemisphere's political leaders. The Organization was also working with the countries and with bilateral and multilateral partners to seek financing for the implementation of the activities mandated by the Summits. She agreed that the priorities identified at the Summits were closely aligned with national and regional priorities. It was precisely because of that linkage of priorities that the countries and PAHO had been so successful in fulfilling the Summit mandates. As for reporting on the implementation of the Plan of Action, PAHO would seek to develop some mechanism or method that would ensure that the production of information for the Summits did not represent an additional reporting burden for the countries.

The Director felt that it would be a failure on the Secretariat's part to ask the countries for any new data relating to the mandates of the Summits, since data on all the health issues identified in the Summit process were already being collected. It had not been necessary to ask the countries for any additional information prior to the Quebec Summit, and he guaranteed that there would not be any additional reporting requirements, at least in the area of health, in connection with that or future Summits.

He had been very pleased with the prominence of health on the agenda at the Third Summit and believed that solid progress was being made in persuading political leaders of the importance of health to the development and economic growth of countries. The Summits also gave leaders the opportunity to report on successes, such as the eradication of polio, which was extremely important. Moreover, the Summits of the Americas, the Ibero-American Summits, and other forums in which heads of government came together yielded concrete benefits for health in terms of political will and the allocation of resources. Several countries had made additional allocations of extrabudgetary funding in the areas mandated by the Summits, and the Organization was confident of the willingness of the countries to devote additional resources to achieve the goals of the Third Summit. However, he wished to make it quite clear that any extrabudgetary funding PAHO received would be applied equally to all 38 countries of the Americas without distinction. Although some of its Member States did not participate in the Summits of the Americas or in other international meetings, as far as the Organization was concerned every country was equal from a health standpoint.

The Committee thanked the Secretariat for the report, but did not consider it necessary to adopt a resolution on this item (Decision CE128(D5)).

***Strategic Plan for the Pan American Health Organization for the Period 2003-2007
(Document CE128/20)***

Dr. Karen Sealey (Chief, Office of Analysis and Strategic Planning, PAHO) updated the Committee on the Secretariat's progress in developing the strategic plan that would orient its work in 2003–2007. She first provided some background on strategic

planning within PAHO, noting that the Organization had a long history of long-range planning dating back to 1984. Although initially the planning frameworks approved by the Governing Bodies had incorporated goals and strategies for both the countries and the Secretariat, since 1995 they had focused specifically on the work of the Secretariat in support of the countries. The Director, at the beginning of his second term, had made it clear that one of his priorities would be to make planning within PAHO more strategic and anticipatory.

Several studies of the current strategic and programmatic orientations (SPOs) had revealed some weaknesses in the planning process and suggested various ways in which the next set strategic plan should be different. Among other findings, those analyses had revealed that the SPOs, while a useful framework, were not really driving the work of the Secretariat and that the organizational vision was not explicit or not perceived as shared by the staff. An evaluation by the External Auditor in 1999 had suggested the need for performance indicators. A separate study had revealed that the alignment of the biennial program budgets with the SPOs should be more systematically monitored. The various studies and assessments all pointed to the need for a planning process that would allow the Secretariat to develop and test future-focused policies and strategies.

The strategic planning process was perceived as a continuous endeavor centered on the future, with emphasis on inclusive participation, leadership, and continuity, and as an enabling tool for turning mandates and insights into action. In addition to producing the strategic plan for 2003–2007, the process would seek to increase the foresight and strategic planning capacity of the Organization. It would also incorporate organizational development with a view to building the Secretariat's capacity to perform more efficiently and effectively in achieving the strategic objectives. The starting point in the process would be clarification of the Secretariat's values, vision, and mission. Next would be an evaluation of the external and internal environments, which would lead to the identification of strategic issues and objectives and the development of strategies for achieving them. The mandates with which PAHO had been entrusted would also factor into the planning process. The strategic plan would be linked to the biennial program budgets and would allow for measurement of progress over time. In addition, the evaluation component—one of the weaknesses detected in the aforementioned studies—would be strengthened.

Achievements to date included the formation of the Strategic Planning Work Group, which comprised 21 members drawn from both technical and non-technical units and all levels of the Organization. The process of defining the values, vision, and mission had been completed, as had the initial phase of analyzing the external and internal environments and the first cut of a rapid organizational assessment and diagnosis. The next steps would be to select the strategic issues and priority technical areas, which would occur in August 2001, and develop the strategic objectives and performance measures by

October 2001 in time for the PAHO Managers' Meeting that month. A draft version of the strategic plan would be prepared in December 2001 and submitted for review by the Director's Cabinet in January 2002, the SPP in March, and the Executive Committee in June of that year. The final version would be examined by the Pan American Sanitary Conference in September 2002.

The Committee expressed its appreciation to the Secretariat for keeping the Member States informed of its progress in the strategic planning process. Members felt that the approach to strategic planning was sound and that the process would help to address the weaknesses identified by the External Auditor and the other studies mentioned by Dr. Sealey. The inclusion of performance indicators, in particular, was applauded. It was pointed out that those indicators would be a valuable tool for prioritizing, which was extremely important in a context of budgetary constraints. Although the Committee recognized that the strategic plan was intended to guide the work of the Secretariat, it noted that the planning process would also ultimately benefit the countries. Several delegations invited Dr. Sealey to visit their countries to discuss the process in greater detail. Dr. Sealey was asked to elaborate on how Member States and other external stakeholders would be involved in the process and on how the Secretariat was planning to deal with issues such as monitoring the alignment of the strategic plan with the biennial program budgets. She was also asked to provide more detail on the nature and composition of the Strategic Planning Work Group.

Dr. Sealey explained that the Strategic Planning Work Group was an internal group working with the Office of Analysis and Strategic Planning (DAP) to develop the strategic plan. Its members represented a broad combination of disciplines and had been selected on the basis of their analytical capabilities and past experience in strategic planning. With respect to the involvement of countries in the strategic planning process, she recalled that at the SPP session in March it had been suggested that the Secretariat might find some way of bringing together a cross-section of country representatives to obtain input on the strategic plan. She was very open to the idea and would discuss with the Director when and how it would be possible to organize such a gathering before the draft version of the plan was submitted to the SPP. It might be possible to utilize electronic communications technology for that purpose if time and resources were constraints. As for the engagement of other stakeholders in the process, in the initial analysis of the external environment, DAP had consulted with several Latin American agencies and experts in the area of social development.

Regarding the alignment of biennial program budgets with the strategic plan, the Secretariat was hopeful that a new version of the software used in the programming process would make it possible to code activities by components of the current SPOs and the future strategic plan in order to better reflect the connections between programming and strategic planning. Finally, she thanked the Members for their invitations to make

presentations on the strategic planning process in their countries. She felt that the experience would be mutually beneficial in that, not only would the Secretariat be engaging stakeholders, but it could also learn from the strategic planning experience that personnel in the countries had to offer.

The Executive Committee took note of the report, but did not consider it necessary to adopt a resolution on this item (Decision CE128(D10)).

Administrative and Financial Matters

Report on the Collection of Quota Contributions (Documents CE128/21 and CE128/21, Add. I)

Mr. Mark Matthews (Chief, Department of Budget and Finance, PAHO) reported that, as of 31 December 2000, collection of quota assessments had totaled \$75.3 million, of which \$43.6 million represented payment of 2000 assessments and \$31.7 million pertained to prior years. On 1 January 2001, total arrears for years prior to 2001 stood at \$56.7 million. Payments received between 1 January and 18 June 2001 had amounted to 61% of that total, reducing arrears to \$22.2 million, as compared to \$22.0 million and \$20.9 million in arrears at the corresponding times in 2000 and 1999, respectively. Between 18 June and the opening of the Committee session, the Organization had received additional payments from four countries, further reducing arrears by a total of more than \$686,000.

Regarding the collection of assessments for 2001, 11 Member States had paid their assessments in full, 5 had made partial payments, and 23 had not made any payments. The collections represented 32% of the current year's assessments; the corresponding figures were 27% in 2000, 25% in 1999, and 25% in 1998. Together, the collection of arrears and current year's assessments during 2001 totaled \$61.5 million, as compared to \$47 million in 2000 and \$45 million in 1999. Detailed information on quota obligations by Member States and receipt and application of quota payments to 18 June 2001 could be found included in annexes A and B in Document CE128/21, Add. I.

Article 6.B of the PAHO Constitution provided for the suspension of voting privileges if a country was in arrears in excess of two full years' quota payments. The Member States potentially subject to Article 6.B at the beginning of 2001 were Argentina, Cuba, the Dominican Republic, Ecuador, and Peru. Argentina had submitted a deferred payment plan that had been accepted by the Secretariat in 2000; to be in compliance with that plan it needed to make additional payments prior to the opening of the 43rd Directing Council in September. Cuba was in compliance with its deferred payment plan, which had been accepted by the Secretariat in 1996. The Dominican Republic continued to be subject to Article 6.B; however, the Government had submitted a deferred payment plan which it hoped would be approved prior to the Directing Council session in September.

Ecuador likewise continued to be subject to Article 6.B. Peru was no longer subject to Article 6.B but still owed payments for 2001 under its 1999 deferred payment plan.

In response to a question from the Committee, the Director explained that Article 6.B applied to voting privileges at all elections held in a Directing Council session or the Pan American Sanitary Conference, including the election of the Director. He commended the Member States on their efforts to comply with their payment plans despite difficult economic circumstances, noting that the rate of quota collections so far in 2001 was higher than in the past three years.

The Committee adopted Resolution CE128.R14 on this item.

Interim Financial Report of the Director for 2000 (Official Document 301)

Mr. Matthews also presented *Official Document 301*, which contained the Director's report on the financial operations of PAHO for the period 1 January–31 December 2000 and financial statements for the Caribbean Epidemiology Center (CAREC), the Caribbean Food and Nutrition Institute (CFNI), and the Institute of Nutrition of Central America and Panama (INCAP). As was customary for an interim report, the document was not accompanied by an opinion from the External Auditor.

Thanks to continued conservative financial management, PAHO's financial position was strong. The Statement of Assets, Liabilities, and Reserves and Fund Balances as of 31 December 2000 reflected the Organization's solid financial status. Cash in banks and investments had totaled \$144.4 million. Income from the regular budget for 2000 had exceeded expenditures by \$6.6 million, although obligations incurred as of 31 December 2000 would reduce that balance by the end of the biennium. Subsequent adjustments, a transfer of \$4.9 million to the Building Fund, and a temporary transfer of \$2.3 million to the Revolving Fund for the Expanded Program on Immunization had yielded a net decrease of \$1.3 million in the Working Capital Fund, with a resulting balance of \$13.7 million on 31 December 2000. In accordance with Article 103.4 of the Organization's Financial Rules, any excess of income over expenditures at the end of the financial period would be used to restore the working capital fund to its authorized level of \$15 million.

As noted above, receipts of prior years' quota assessments had amounted to \$31.7 million, or 68% of the outstanding balance as of 1 January 2000. As for quota assessments for 2000, only \$43.6 million, or 51% of 2000 assessments, had been received, due primarily to the delay in receipt of the quota contribution from one country.

The three centers (CAREC, CFNI, and INCAP) had experienced a combined excess of income over expenditures of \$278 thousand. CAREC had received \$3.6 million in income, net of delays in the receipt of assessed contributions, while its expenditures had amounted to 3.7 million, resulting in an excess of expenditures over income of

\$53,000 and a decrease in its fund balance from \$1.19 million to \$1.14 million. The Statement of Quota Contributions from members showed that the Center had collected more in 2000 than in 1999, but balances due as of 31 December 2000 totaled \$5.4 million, which was more than in 1998 or 1996. The receipt of payments from three member countries whose pending assessments totaled over \$5.3 million would significantly improve CAREC's financial position.

CFNI and INCAP had both had excesses of income over expenditures in 2000—\$93,000 in the case of CFNI and \$238,000 in the case of INCAP. However, CFNI had experienced a regular budget deficit of \$51,000, thus increasing the accumulated deficit in its working capital fund to \$443,000. Arrears in payment of quota contributions had increased to \$1.0 million, as compared to \$786,000 in December 1998. Current year contributions had amounted to \$103,000. INCAP had experienced a regular budget surplus of \$69,000, resulting in a working capital fund balance of \$1.1 million. The Institute's outstanding assessments had decreased from \$444,000 in 1998 to \$385,000 in 2000.

In response to a question from one of the delegates, Mr. Matthews explained that the financial statements of the other two Pan American centers, PANAFTOSA and INPPAZ, were consolidated with those of the Organization as a whole because they were not considered fully delegated centers.

The Committee took note of the report but did not consider it necessary to adopt any resolution on this item (Decision CE128(D7)).

PAHO Buildings and Facilities (Document CE128/22)

Mr. Eric Boswell (Chief of Administration, PAHO) reported that the multi-year renovation of the PAHO office building in Brasília, Brazil, had been completed. The total cost had been \$766,000. The minor remodeling of the PAHO-owned office building in Caracas, Venezuela—which had been financed out of reprogrammed regular budget funds rather than the Building Fund—had also been completed at a cost of \$170,000.

In regard to the renovation of the PAHO Headquarters Building, he was pleased to report that the project was on schedule and within budget. The second of the project's three phases would be finished in early July 2001. Barring the occurrence of any major unforeseen problems, the renovation would be fully completed by the 31 December 2001 deadline within the \$13 million approved by the Executive Committee at its 18th Session in June 2000. In May 2001, the fifty-fourth World Health Assembly had approved reimbursement to PAHO of \$3,250,000, or 25% of the total renovation cost.

The floor designs and office furnishing had been reviewed by an occupational health physician identified jointly by the staff and the administration. The new design provided better lighting and an ergonomically correct office environment that would help to avoid repetitive-stress injuries. Staff had been kept apprised of major construction developments and issues through the Joint Advisory Committee and PAHO Intranet postings, and reactions to the changes had been generally favorable.

The Director was very pleased with the staff reaction to the changes, which had required the relocation of numerous staff and created tremendous disruption for the Bureau. Nevertheless, there had been very few complaints from staff members, and the Secretariat had continued to deliver technical cooperation to the countries without interruption. He was also grateful to the Committee for recognizing the need for the renovations and authorizing the Secretariat to go forward with the project. He invited delegates to visit the floors on which work had been completed in order to see the improvements made possible by the funding they had approved.

The Committee took note of the Secretariat's report (Decision CE128(D8)).

Personnel Matters

Amendments to the PASB Staff Rules (Document CE128/23 and CE128/23, Corrig.)

Dr. Diana LaVertu (Chief, Department of Personnel, PAHO) reported that the proposed changes to the Staff Rules were in line with the revisions adopted by the Executive Board of the World Health Organization at its 107th Session (Resolutions EB107.R9 and EB107.R11). The changes outlined in sections 1 and 2 of Document CE128/23 resulted from decisions taken by the United Nations General Assembly at its Fifty-fifth Session on the basis of recommendations made by the International Civil Service Commission. The changes presented in section 3 resulted from decisions of the WHO Executive Board.

The General Assembly had approved, effective 1 March 2001, the revise base/floor salary scale for professional and higher-graded categories, which represented a consolidation of 5.1% of post adjustment classes into the net base salary on a "no-loss, no-gain" basis. It had also approved, effective 1 January 2001, an increase in dependency allowances of 11.8%. PASB Staff Rules 330.2 and 340 had been modified accordingly. Because of the base/floor salary scale revisions, adjustments to the salaries of the Assistant Director, Deputy Director, and Director also needed to be considered.

The Committee was also asked to confirm amendments to the following PASB staff rules necessitated by similar changes to the staff rules of WHO: to Staff Rule 365 on

Assignment Grant, to reflect actual practice and remove ambiguity; to Staff Rule 380 on Payments and Deductions, to permit deductions for third-party indebtedness if authorized by the Director; to Staff Rule 620 on official holidays, to increase the number from nine to ten per year; and to Staff Rule 1230, to increase the membership of the Board of Appeal. Amendments were also made to several staff rules pertaining to leave. The changes allowed greater flexibility within current leave provisions for absences in the event of the death of a close family member or adoption of a child (Staff Rule 650), enabled staff to use their seven days of uncertified sick leave to attend to family emergencies (Staff Rule 740), introduced up to five days of paternity leave and allowed the father to use his wife's unused maternity leave if both were staff members (Staff Rule 760), and permitted the Director to authorize that the spouse and breast-feeding infant accompany the mother on official travel if necessary (Staff Rule 820).

Dr. LaVertu informed the Committee that the budgetary impact of the proposed amendments was minimal and would be met from the appropriate allocations.

The Delegate of the United States of America reiterated the opinion expressed by her country at the WHO Executive Board that the addition of a clause authorizing paternity leave (Staff Rule 760.5) was not consistent with standards under the United Nations Common System, and suggested that PAHO should follow the United Nations standards even if WHO did not. Dr. LaVertu explained that that PAHO was obligated to follow WHO staff rules and regulations, especially since some of its posts were funded by WHO.

The Director expressed his belief that the paternity leave clause was a positive step and hoped that the United Nations Common System would follow suit.

The Committee adopted Resolution CE128.R4.

Statement by the Representative of the PASB Staff Association (Document CE128/24)

Mr. Gustavo Strittmatter (President, PASB Staff Association) reported that a spirit of cooperation had prevailed between the Staff Association and the Administration of PASB during the previous year. Thanks to joint effort with the Director and the Administration, professional staff in Washington, D.C. had achieved an increase in their remuneration, resulting from the combined effect of increases in base salaries and in the post adjustment index. An important factor in achieving this had been the training received by some staff members in the methodology for determining post adjustment, and he thanked the Director for having provided financial support to enable the Association to send one person to the training workshop.

The Staff Association remained concerned that the salaries of general services staff were being adversely affected by United Nations system's efforts to cut personnel expenses as a means of adjusting its budget. At its own expense, the Association had sponsored training workshops to help staff participate in the activities of national-level salary survey committees. Many of the PAHO country offices had sent personnel to those courses, and the Staff Association planned to ask the Director to help defray the cost of the workshops.

With regard to the reform efforts undertaken by WHO, both staff and the Administration would have to receive training in the new framework of negotiation that would result from the reforms. The Association thanked the Director for having backed the Association's efforts to involve staff by financing the participation of one of its members in a workshop held in Geneva in December 2000. Positive aspects of the reform were seen in some of the amendments to the Staff Rules, such as the creation of paternity leave and provision of travel for the spouse and infant of new mothers. Such changes would benefit both the employees and the Organization.

As for reform in the system of contracts, WHO staff representatives throughout the world had declared that no reform in the conditions of work was valid unless it had the consent of the staff, achieved through collective bargaining. Staff representatives had expressed their concern that the variety of contractual arrangements adopted by WHO was not in keeping with the principle of equity, which should guide all the actions of the staff and the Organization. In the most recent meeting of the committee charged with monitoring the WHO Staff Health Insurance Fund, it had been announced that the ratio of active to retired staff who participated in the fund had fallen from 1.93 in 1995 to 1.42 at the end of 1999—a 25% decrease. The sustainability of the Fund for future retirees would be threatened if WHO continued to contract staff who did not contribute to the Fund. The possibility that the Fund might become insolvent was completely unacceptable and was counter to the principles of the Organization.

The Director said that although he was sympathetic to concerns about the Staff Health Insurance Fund, the technical cooperation demanded by countries required hiring staff other than international civil servants. That policy was driven by two circumstances: (1) the level of expertise now available among national staff, and (2) the lack of adequate resources to provide technical cooperation if international staff were used exclusively. He believed that the risk to the Insurance Fund was justified by the added ability of the Organization to meet technical cooperation demands. The Director said that he was proud of the good working relationship that had existed between the Administration and the Staff Association during his term and was pleased with the amicable way in which they had handled their differences of opinion.

The Committee thanked the Staff Association and took note of the report, but did not consider it necessary to adopt a resolution on this item (Decision CE128(D9)).

General Information Matters

Resolutions and Other Actions of the Fifty-fourth World Health Assembly of Interest to the PAHO Executive Committee (Document CE128/25)

Dr. Brandling-Bennett summarized key aspects of 16 resolutions adopted by the Fifty-fourth World Health Assembly (May 2001) that the Secretariat considered to be of particular relevance to the Region of the Americas. He highlighted, in particular, requests made to the Director-General and related work that had been or would be undertaken by PAHO. He also drew the Committee's attention to the resolutions that dealt with approval of the general program of work, infant and young child nutrition, scaling up the response to HIV/AIDS, the WHO medicines strategy, strengthening nursing and midwifery, strengthening health systems in developing countries, epidemic alert and response to threats to global health security, the International Decade of the World's Indigenous People, transparency in the tobacco control process, schistosomiasis and soil-transmitted helminth infections, the International Classification of Functioning, Disability, and Health, the salary of staff in ungraded posts, the real estate fund, casual income, appropriations for 2002-2003, and reform of the working methods of the WHO Executive Board.

In addition, he reported that, from the Region of the America, the Assembly had elected Colombia, Cuba, and Grenada to designate a person to serve on the Executive Board, replacing Chile, Trinidad and Tobago, and the United States of America, whose terms had expired.

Regarding the resolution on the response to HIV/AIDS, the Executive Committee urged PAHO to continue to work in close collaboration with UNAIDS and its co-sponsors to ensure coordinated interventions. One delegate noted efforts in the Caribbean to encourage governments to take advantage of recent price reductions for antiretrovirals offered by drug companies, but said that the Caribbean Epidemiology Center (CAREC) had had difficulty gaining access to those drugs through the Regional Revolving Fund for Strategic Public Health Supplies. He also reported that CARICOM member countries carrying out pilot projects on control of mother-to-child transmission of HIV detected conflict between recommendations regarding breast-feeding by HIV-infected women and the baby-friendly initiatives of hospitals which were adopted by the governments. He asked for the Organization's help in mediating that controversy. Regarding the resolution on the general program of work, the Committee encouraged PAHO to continue its

mutually beneficial dialogue with WHO on the introduction of program planning supported by evaluation, noting PAHO's wealth of experience in that area.

Dr. Brandling-Bennett responded that PAHO would continue to work closely with UNAIDS and a variety of governmental and nongovernmental organizations. As noted earlier, there had been some problems in negotiations with pharmaceutical companies regarding pricing for antiretrovirals that had thus far made it difficult to include those drugs in the fund. Regarding breast-feeding, the position of PAHO had been to help countries to develop policies that explained the options and risks to the mother and family and then allowed the mother to make the decision about whether to continue breast-feeding or switch to costly breast-milk substitutes. He assured the Committee that PAHO's work with WHO on evaluation and planning would continue. PAHO's influence so far was evidenced by the current structure of WHO program budget.

The Director emphasized that PAHO had played a major role in the formulation and acceptance of the WHO program budget and was also the leading advocate for a more structured approach to evaluation within WHO. PAHO was transmitting its experience in planning and programming to other WHO Regions through workshops and visits so that the process in all Regions would be consistent with the direction at the global level. PAHO hoped to encourage other Regions to adopt systems similar to AMPES, which PAHO's External Auditor had found to meet or exceed best practices within the United Nations system.

On the topic of indigenous health, the Director reported that PAHO had been involved in a project that had examined the effects of racial discrimination on health in the Americas. The Organization was providing input to a document on racial disparities in health being prepared by WHO for the World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance, to take place in South Africa later in the year.

The Committee took note of the Secretariat's report (Decision CE128(D4)).

Closing of the Session

The Director thanked the Committee for its comments, reiterating that the input of the Member States was vital for the work of the Organization. He also expressed his appreciation to the President and the other officers for their contribution to a very productive session.

The President was certain that the work of the Committee would lead to better health conditions for the Region's people. He expressed his gratitude to all delegates, observers, and PAHO staff who had collaborated in making the session a success and then declared the 128th Session of the Executive Committee closed.

Resolutions and Decisions

The following are the resolutions adopted and decisions taken by the Executive Committee at its 128th Session:

Resolutions

CE128.R1: International Health Regulations

THE 128th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the progress report on the International Health Regulations: (Document CE128/14);

Recognizing the permanent threat of the transboundary spread of infectious diseases; and

Regarding the International Health Regulations as the legal framework for global epidemic alert and response,

RESOLVES:

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

THE 43rd DIRECTING COUNCIL,

Recalling resolutions WHA48.7 on the International Health Regulations and CD41.R14 on emerging and reemerging infectious diseases and antimicrobial resistance;

Having seen the progress report on the revision of the International Health Regulations (Document CD43/__) and recognizing the need to adjust the current version of the International Health Regulations so that it takes into account the increased volume of international travel and trade and current trends in the epidemiology of communicable diseases, including emerging disease threats;

Considering the need to protect public health and control disease and, at the same time, avoid unnecessary measures that could have unanticipated social or economic consequences; and

Recognizing that the opportunity to intervene with prevention and control measures is limited by the speed with which goods, food, and people are mobilized, and by the emergence of pathogens resistant to the available antimicrobials,

RESOLVES:

1. To urge the Member States to:
 - (a) participate actively in the process of revising the International Health Regulations, both nationally and in the regional integration systems' agenda;
 - (b) review the criteria to define a public health event of potential international importance as proposed for the revised International Health Regulations.
2. To request that the Director:
 - (a) provide technical cooperation to support countries in their efforts to test the implications of the proposed revision of the International Health Regulations;
 - (b) promote the organization of subregional meetings among partners with expertise in the area of epidemic alert and response to facilitate the exchange of evidence gathered on the testing of specific components of the revised International Health Regulations.
 - (c) organize the participation of the Region of the Americas in meetings convened by WHO to address matters related to the revision of the International Health Regulations.

(Fifth meeting, 27 June 2001)

CE128.R2: XII Inter-American Meeting, at the Ministerial Level, on Health and Agriculture

THE 128th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the final report of the XII Inter-American Meeting, at the Ministerial Level, on Health and Agriculture (Document CE128/11),

RESOLVES:

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

THE 43rd DIRECTING COUNCIL,

Having considered the final report of the XII Inter-American Meeting, at the Ministerial Level, on Health and Agriculture (Document CD43/___);

Taking into account Resolution CD17.R19, which authorized the Director to convene these meetings, and Resolution RIMSA11.R3, ratified by the 41st Directing Council, which approved changing the name of the Meeting to “Inter-American Meeting, at the Ministerial Level, on Health and Agriculture,” retaining the acronym RIMSA;

Considering that RIMSA has been constituted as the intersectoral forum at the highest political level in order to establish, orient, and monitor matters of mutual interest to the agriculture and health sectors; and

Aware of the broad response to the call by the Director of PAHO for the ministers of health and agriculture of the Member States to participate for the first time in RIMSA,

RESOLVES:

1. To endorse the resolutions of RIMSA 12.
2. To urge the Member States to continue to bolster intersectoral action for the organization and execution of regional strategic plans for the eradication of foot-and-mouth disease, the control and elimination of zoonoses, and the monitoring of food safety.
3. To thank the Government of the Federative Republic of Brazil for serving as the venue for RIMSA 12.
4. To request the Director to:
 - (a) continue to convoke the ministers of agriculture and health every two years to participate in RIMSA with the object of evaluating technical cooperation in veterinary public health and the performance of its specialized centers, the Pan American Foot-and-Mouth Disease Center (PANAFTOSA) and the Pan American Institute for Food Protection and Zoonoses (INPPAZ);

- (b) continue to include food safety, zoonoses, the eradication of foot-and-mouth disease and other matters related to animal and human health as standing agenda items for RIMSA meetings;
- (c) support the development and implementation of the plan of action of the Pan American Commission for Food Safety.

(Fifth meeting, 27 June 2001)

CE128.R3: Development and Strengthening of Human Resources Management in the Health Sector

THE 128th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered Document CE128/12, which argues in favor of according higher priority to human resources policies in the health sector and to promoting major conceptual, policy, and operational changes to develop and strengthen human resources management in health systems and services,

RESOLVES:

To recommend that the Directing Council adopt a resolution along the following lines:

THE 43rd DIRECTING COUNCIL,

Having considered Document CD43/___ on the development and strengthening human resources management in the health sector;

Considering the need for health systems to accord higher priority to human resources policies and to the development and strengthening of human resources management within the framework of the current sectoral reforms; and

Bearing in mind that the Pan American Health Organization is promoting the initiative known as the Observatory of Human Resources in health sector reform in a large group of countries, with a view to increasing the availability and improving the quality of information and knowledge for decision-making in the area of human resources development,

RESOLVES:

1. To urge the Member States to:
 - (a) accord higher priority to human resources development policies in their sectoral reform processes in general and to human resources management in the health services in particular, mobilizing mechanisms to sensitize and commit sectoral leaders and other relevant actors to the achievement of this goal and integrating personnel management into the general management of the health services;
 - (b) actively participate in the Observatory of Human Resources initiative, facilitating the creation of intersectoral and interinstitutional groups in each country to analyze the situation, generate essential information, and formulate proposals on human resources policy, regulation, and management.
2. To request that the Director:
 - (a) engage the interest and will of political authorities in the sector to accord higher priority to human resources policies and, specifically, to the development and strengthening of human resources management in the health sector;
 - (b) advance the Observatory of Human Resources initiative, encourage the participation of all the Member States, further the development of methodologies and instruments for human resources management, and actively promote the training of public health leaders and the personnel responsible for this function to strengthen institutional capacity in this area;
 - (c) encourage the use of a broad mix of health professionals in order to promote broad public health goals.

(Fifth meeting, 27 June 2001)

CE128.R4: Amendments to the PASB Staff Rules

THE 128th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the amendments to the Staff Rules of the Pan American Sanitary Bureau submitted by the Director in the Annex to Document CE128/23 and its corrigendum;

Taking into account the actions of the Fifty-fourth World Health Assembly related to the remuneration of the Regional Directors, Senior Advisors, and the Director-General;

Bearing in mind the provisions of Staff Rule 020 and Staff Regulation 3.1 of the Pan American Sanitary Bureau, and Resolution CD20.R20 of the 20th Directing Council; and

Recognizing the need for uniformity of conditions of employment of PASB and WHO staff,

RESOLVES:

1. To confirm the amendments to the Staff Rules of the Pan American Sanitary Bureau submitted by the Director in the Annex to Document CE128/23 and its corrigendum:
 - (a) with effect from 1 January 2001, concerning dependency allowances for the professional and higher categories;
 - (b) with effect from 1 March 2001, concerning the salary scale for use in conjunction with gross base salaries applicable to professional category and Directors' posts.
2. To establish, effective 1 March 2001:
 - (a) the net annual salary of the Deputy Director at \$104,341 at dependency rate and \$94,484 at single rate;
 - (b) the annual net salary of the Assistant Director at \$103,341 at dependency rate and \$93,484 at single rate.
3. To recommend to the 43rd Directing Council that it establish the annual salary of the Director at \$113,762 at dependency rate and \$102,379 at single rate, effective 1 March 2001.
4. To confirm the amendments to Staff Rules 365, 380, 620, 650, 740, 760, 760.1, 760.2, 820, and 1230, as they appear in the Annex to Document CE128/23 and its corrigendum.

(Sixth meeting, 27 June 2001)

CE128.R5: PAHO Award for Administration, 2001

THE 128th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the report of the Award Committee of the PAHO Award for Administration, 2001 (Document CE128/7, Add. I); and

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

RESOLVES:

1. To note the decision of the Award Committee to confer the PAHO Award for Administration, 2001 on Dr. Carlos Gehlert Mata, of Guatemala, for his pioneering contribution to the extension of primary health care in the rural areas of Guatemala during difficult times and circumstances, through the strategy of preparation of mid-level technicians selected from the same local communities.
2. To transmit the report of the Award Committee of the PAHO Award for Administration, 2001 (Document CE128/7, Add. I) for the consideration of the 43rd Directing Council.

(Eighth meeting, 28 June 2001)

CE128.R6: Nongovernmental Organizations in Official Relations with PAHO

THE 128th SESSION OF THE EXECUTIVE COMMITTEE,

Having studied the report (Document CE128/8, Add. I) of the Standing Committee on Nongovernmental Organizations; and

Mindful of the provisions of the *Principles Governing Relations Between the Pan American Health Organization and Nongovernmental Organizations* (1995, revised 2000),

RESOLVES:

1. To admit the American Society of Microbiology, the March of Dimes, and the World Association of Sexology into official relations with the Pan American Health Organization.
2. To continue official relations with the Inter-American Association of Sanitary and Environmental Engineering (AIDIS), the International Diabetes Federation (IDF), the Latin American and Caribbean Association of Public Health Education (ALAESPE), the Latin American Federation of the Pharmaceutical Industry (FIFARMA), and the US Pharmacopoeia (USP) for a period of four years.
3. To continue official relations between PAHO and the International Organization of Consumers Unions (CI-ROLAC) and the National Alliance for Hispanic Health for a period of one year, on the understanding that the status of their activities will be reviewed again by the Standing Committee at its meeting in 2002.
4. To request the Director to:
 - (a) advise the respective NGOs of the decisions taken by the Executive Committee;
 - (b) continue developing dynamic working relations with inter-American NGOs of interest to the Organization in areas which fall within the program priorities that the Governing Bodies have adopted for the Pan American Sanitary Bureau;
 - (c) assess the relevance of the relationship with inter-American NGOs working officially with PAHO, encouraging more participation and collaboration;
 - (d) continue fostering relationships between Member States and NGOs working in the field of health.

(Eighth meeting, 28 June 2001)

CE128.R7: Provisional Agenda of the 43rd Directing Council of PAHO, 53rd Session of the Regional Committee of WHO for the Americas

THE 128th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the provisional agenda (Document CD43/1) prepared by the Director for the 43rd Directing Council of PAHO, 53rd Session of the Regional Committee of WHO for the Americas, presented as Annex to Document CE128/4; 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 CD43/1) prepared by the Director for the 43rd Directing Council of PAHO, 53rd Session of the Regional Committee of WHO for the Americas.

(Eighth meeting, 28 June 2001)

CE128.R8 Vaccines and Immunization

THE 128th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the progress report of the Director on vaccines and immunization (Document CE128/10);

Taking into account the progress achieved by all Member States in the control of vaccine-preventable diseases and in the introduction of new vaccines, and the need for sustained commitment to successfully complete the goal of measles eradication and expand the use of vaccine technologies; and

Taking into account the comments made by the Executive Committee Members,

RESOLVES:

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

THE 43rd DIRECTING COUNCIL,

Having considered the report of the Director on vaccines and immunization (Document CD43/_) and taking note of the progress being made by all countries in the control of vaccine-preventable diseases;

Acknowledging the commitment shown by all Member States to reaching the goal of stopping indigenous measles transmission in the Americas;

Cognizant of the implications brought about by the recent Sabin type 1 vaccine-derived poliomyelitis outbreak on the island of Hispaniola;

Considering the high activity in yellow fever transmission in the Region in the last two years in the enzootic areas, causing extensive outbreaks in several countries;

Cognizant that neonatal tetanus is now confined to less than 1% of all districts in the Americas and that the epidemiological characteristics of remaining cases indicate that there are infants of women lacking prenatal care who are unvaccinated and deliver predominantly at home; and

Recognizing the significant progress made by the Region of the Americas in sustainable vaccine introduction,

RESOLVES:

1. To urge Member States to:
 - (a) keep a high-level commitment to maintaining polio eradication and achieving measles eradication by means of maintaining vaccination coverage at 95% or higher for polio and a measles-containing vaccine in each municipality and local community;
 - (b) allocate sufficient resources to sustain national immunization programs and to undertake the advance planning for the provision of vaccines and to ensure safe injections by putting in place mechanisms to prevent the re-use of syringes and needles or by the use of auto-destruct syringes;
 - (c) maintain high vaccination coverage with yellow fever vaccine in enzootic areas and all areas infected by *Aedes aegypti* and at risk of urban transmission, enforcing vaccination of travelers to enzootic areas, and implementing highly sensitive surveillance in enzootic areas;
 - (d) strengthen efforts to reduce the number of rubella-susceptible women of childbearing age and prevent cases of congenital rubella syndrome (CRS) through the implementation of accelerated rubella vaccination strategies and enhanced surveillance for rubella and CRS;
 - (e) target special vaccination services and surveillance efforts in those areas and population groups at highest risk within municipalities and underserved pockets that still report isolated neonatal tetanus cases;

- (f) support the development of an epidemiological infrastructure to generate information for evaluating the introduction and potential impact of new vaccines;
 - (g) strengthen national regulatory authorities and national control laboratories to ensure that only vaccines of quality, either imported or locally produced and approved by the competent authorities, are used in national immunization programs and the private sector.
2. To request the Director to:
- (a) maintain a constant dialogue with vaccine suppliers to minimize the impact of the global vaccine shortages on the Region of the Americas;
 - (b) stress the importance that national governments prioritize resources for vaccines in their national budgets and promote the coordination of all partners that support national immunization programs to make maximum use of the flow of resources from the international level to complement national resources as appropriate;
 - (c) promote the periodic national review and evaluation of national immunization programs to monitor progress and sustainability and adjust the strategies for the control and/or eradication of vaccine-preventable diseases;
 - (d) promote greater cooperation among researchers for the development of vaccines and related products;
 - (e) work in close collaboration with all partners of the Global Alliance for Vaccines and Immunization (GAVI) to maximize the support to the design, implementation, and evaluation of national immunization programs.

(Eighth meeting, 28 June 2001)

CE128.R9: Framework Convention on Tobacco Control

THE 128th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report on the Framework Convention on Tobacco Control (Document CE128/16),

RESOLVES:

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

THE 43rd DIRECTING COUNCIL,

Having considered the report on the Framework Convention on Tobacco Control (FCTC) (Document CD43/__);

Recognizing the massive burden of tobacco use and exposure to second-hand tobacco smoke on the health of the populations of the Americas and on their health care systems;

Cognizant that clear evidence now exists regarding cost-effective measures to reduce tobacco use and that measures to reduce tobacco use are likely to benefit the economies of most Member States; and

Recognizing that the FCTC provides a unique opportunity to mobilize and globally coordinate action to reduce tobacco use,

RESOLVES:

1. To urge Member States to:
 - (a) actively participate in the development of the Framework Convention on Tobacco Control through participation in FCTC negotiating sessions and through strengthened domestic multisectoral coordination to develop cohesive national positions on the FCTC;
 - (b) prevent initiation, noting the special vulnerability of children and adolescents, and promote cessation of tobacco use through the implementation and enforcement of cost-effective measures to reduce tobacco use, including setting tobacco taxes at levels that decrease consumption and progressive elimination of tobacco promotion, in accordance with national constitutions;
 - (c) protect all nonsmokers, in particular children and pregnant women, from exposure to second-hand smoke through elimination of smoking in government facilities, health care facilities, and educational institutions as a priority, and through the creation of smoke-free environments in workplaces and public places as soon as possible, recognizing that smoke-free environments also promote cessation and prevent initiation of tobacco use;
 - (d) implement surveillance systems to track tobacco-related mortality and progress toward reduction targets for tobacco use and second-hand smoke exposure.

2. To request that the Director:
 - (a) continue to facilitate the participation of Member States in the development of the FCTC;
 - (b) stimulate technical cooperation, within available resources, to strengthen the capacity of Member States to implement strong, effective tobacco use reduction measures and surveillance systems to evaluate progress;
 - (c) draft a framework for action under the name “Smoke-Free Americas” to protect nonsmokers from the deleterious effects of second-hand smoke;
 - (d) support the implementation of surveillance systems for tobacco control and the dissemination of information on successful measures or experiences.

(Eighth meeting, 28 June 2001)

CE128.R10: Health, Drinking Water, and Sanitation in Sustainable Human Development

THE 128th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered Document CE128/13, which presents:

- conceptual aspects on sustainable human development and the role of health, drinking water, and sanitation;
- evidence regarding the drinking water and sanitation situation, based on *Evaluation 2000*, conducted throughout the Region, and on the study of inequalities in household spending and use of water supply services in 11 Latin American and Caribbean countries;
- an analysis that holds that the deficiencies encountered in environmental health are inconsistent with the objectives of equitable human development that have been repeatedly adopted by the countries under different initiatives, including Rio 92 and the Pan American Charter on Health and Environment in Sustainable Human Development; and

- considerations on the challenges and prospects of the current drinking water and sanitation situation, the functions of the institutions involved in the delivery of these services, and the key role that the ministries of health can play in closing the existing gaps in access to and use of these services,

RESOLVES:

To recommend that the Directing Council adopt a resolution along the following lines:

THE 43rd DIRECTING COUNCIL,

Having considered Document CD43/___ on health, drinking water, and sanitation in sustainable human development;

Recognizing the need for ministries of health to strengthen their capacities and competencies to take action that will help to overcome limitations and inequities in access to drinking water and sanitation services, within the framework of sectoral reform and the current trends in the delivery of drinking water and sanitation services and integrated management of water resources;

Taking into account that the technical cooperation activities of the Pan American Health Organization in drinking water and sanitation are guided by the principles of health and environment in sustainable human development and that the establishment of partnerships, strategies, and priorities benefits from timely and relevant information on coverage, quality, and equity in the delivery of these services;

Responding to the call made in Montreal in March 2001 by the environment ministers of the Americas and by the Government of Canada, and endorsed within the Plan of Action of the Summit of the Americas held in Quebec City in April 2001, urging PAHO and the United Nations Environmental Program (UNEP) to support the convening of a regional meeting between ministers of health and ministers of the environment;

Recognizing the importance of developing a knowledge base on the linkages between human health and environmental degradation, establishing priorities for moving the health and environment agenda of the Americas forward, developing an appropriate follow-up mechanism for ministers to keep track of progress and contributing to and influencing the World Summit on Sustainable Development programmed for 2002 (Rio+10); and

Considering the recommendation of the 128th Session of the Executive Committee,

RESOLVES:

1. To urge the Member States to:
 - (a) strengthen the capacities with the ministries of health and their activities in environmental health, to fulfill their responsibilities, including drinking water quality surveillance and contributing to improve the quality of drinking water and sanitation services;
 - (b) promote and collaborate with other ministries or institutions in reforms aimed to improve coverage, quality, equity, and sustainability of drinking water and sanitation services, particularly in rural areas, small towns, and urban poor settlements;
 - (c) recognize the work of the countries and the technical cooperation of PAHO/WHO in *Evaluation 2000* on drinking water and sanitation in the Region and the study of inequalities in household spending and use of water supply services in 11 Latin American and Caribbean countries;
 - (d) participate actively in regional processes or activities preparatory to Rio+10 or in other activities within its framework, ensuring that health is well represented and identifying and promoting partnerships and priority activities that will facilitate progress in implementing the environmental health agenda, both in the Region and globally;
 - (e) participate in a joint meeting between health and environment ministers of the Americas in 2002 as part of a process to strengthen their capacity to effectively manage health and environment issues.
 - (f) promote actions and establish regulations to enable drinking water and sanitation services to contribute to environmental protection and conservation in the Americas.
2. To request the Director to:
 - (a) continue technical cooperation with the countries to strengthen capacities in the ministries of health, assisting in their work with other sectors and collaborating with other national and international institutions and the development banks that are part of the Shared Agenda to reduce the health risks associated with limitations in coverage, quality, and equity in access to drinking water and sanitation services;

- (b) continue to collaborate with the countries in regional processes or activities in connection with Rio+10 to promote and enrich partnerships that contribute to sustainable human development based on the health of populations;
- (c) work with the UNEP and Canada to convene a meeting of health and environment ministers of the Americas in early 2002.

(Eighth meeting, 28 June 2001)

CE128.R11: Health Promotion in the Americas

THE 128th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the proposal for strengthening health promotion planning for action in the Americas (Document CE128/17);

Recognizing the need to strengthen the capacity of Member States to involve multiple sectors and civil society at national and local levels in planning, implementing and evaluating activities to promote and protect the health of individuals, families, and communities;

Recognizing that Member States increasingly demand technical cooperation to strengthen their capacity in the five key health promotion strategies first outlined in the Ottawa Charter—building healthy public policy, creating supportive settings, empowering communities, developing personal skills, and reorienting health services; and

Noting that Member States committed themselves to strengthening health promotion planning for action at the Fifth Global Conference on Health Promotion (Mexico 2000), according to guidelines presented on (a) evidence-based health promotion; (b) increasing investment for health and development; (c) increasing social responsibility for health; (d) strengthening community empowerment and action for health; (e) increasing the infrastructure for health promotion; and (f) contributing to the reorientation of health services,

RESOLVES:

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

THE 43rd DIRECTING COUNCIL,

Having considered the proposal for strengthening health promotion planning for action in the Americas (Document CD43/___),

RESOLVES:

1. To urge Member States to:
 - (a) position the promotion of health on the political agenda and as a priority in national and local development plans and programs;
 - (b) implement public policies and legal frameworks to improve the determinants of health and reduce disparities in the health of vulnerable populations and communities;
 - (c) strengthen intersectoral collaboration and ensure the active participation of all sectors and civil society in the development, implementation, and evaluation of health promotion plans of action for jointly identified health priorities;
 - (d) support research to advance knowledge on selected priorities, to identify good practices, and increase the evidence base of effective health promotion interventions;
 - (e) support the training and development of human resources in health promotion theory and practice across the various health and social science disciplines;
 - (f) mobilize and designate the necessary financial and operational resources to build human and institutional capacity for the development, implementation, monitoring, and evaluation of health promotion plans of action at national and local levels;
 - (g) establish and strengthen local, national, and international networks to promote health;
 - (h) strengthen activities designed to create healthy environments and protect the environment.
2. To request the Director to:
 - (a) support Member States in strengthening their strategic planning for action in health promotion, as called for in the Mexico 2000 Declaration;

- (b) establish a mechanism to monitor progress made towards fulfillment of commitments made at the Global Conference in Mexico City, as well as to evaluate the experiences, and identify and disseminate best practices;
- (c) intensify efforts to mobilize additional financial and human resources for technical cooperation in health promotion and protection.

(Eighth meeting, 28 June 2001)

CE128.R12: Mental Health

THE 128th SESSION OF THE EXECUTIVE COMMITTEE

Having considered the report on mental health (Document CE128/18),

RESOLVES:

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

THE 43rd DIRECTING COUNCIL,

Acknowledging the increasing contribution of mental disorders to the global burden of disease and the social and economic costs associated with mental health problems in the Americas;

Taking into account that, despite all efforts made in the Region to highlight and reduce the negative impact of mental health problems, in many places mental health services continue to be poorly funded and organized and people who suffer from mental disorders still have no access to proper treatment;

Cognizant of the new alternatives available in mental health care as a result of the development of new procedures and interventions that have proven to be effective in the treatment and rehabilitation of most mental disorders; and

Considering the significant opportunity for the improvement of mental health care and the promotion of mental health in the Region provided by the awareness and enthusiasm generated by the celebration of World Health Day 2001,

RESOLVES:

1. To urge Member States to:
 - (a) capitalize on the momentum created by the celebration of World Health Day 2001, the discussion of mental health topics at the World Health Assembly, and the focus of the World Health Report 2001 to highlight the importance of including mental health among public health priorities;
 - (b) intensify actions to reduce stigma and discrimination against people with mental health problems by providing adequate information and education and addressing issues of parity;
 - (c) consolidate national efforts to implement mental health policies and plans within the framework of health sector reform by strengthening mental health units in the ministries of health and mobilizing needed resources;
 - (d) continue to develop strategies aimed at shifting mental health care from psychiatric hospitals to community-based care integrating mental health in primary care and transferring inpatient units for acute patients to general hospitals;
 - (e) actively promote and support the implementation of psychosocial rehabilitation programs, including areas such as housing, vocational training, and employment;
 - (f) make efforts to develop and update legal provisions protecting human rights of people with mental disabilities and promote the participation of consumers and families in mental health care;
 - (g) strengthen the development of services and programs to meet the specific needs of women, children, the elderly, refugees, victims of disasters, and indigenous populations;
 - (h) reinforce multisectoral approaches to mental health, thereby reinforcing collaboration with all other sectors involved in mental health care and promotion, such as education, social welfare, labor, nongovernmental organizations (NGOs), and the private sector;
 - (i) promote community and family participation in the care of individuals suffering from mental disorders and actions to promote mental health.

2. To request the Director to:
- (a) strengthen regional technical cooperation capacities, especially in taking action against stigma and discrimination, enhancing the capacities of countries to manage mental health plans, and mobilizing resources for mental health programs;
 - (b) encourage Member States to collaborate in producing and disseminating information on cost-effective mental health interventions and in designing and evaluating demonstration projects;
 - (c) assist Member States to work toward the provision of essential treatment for the most prevalent mental disorders;
 - (d) continue supporting the inclusion of mental health in all health forums and activities and facilitating the establishment of partnerships with other institutions and agencies that can make a significant contribution to the promotion of mental health in the Americas;
 - (e) disseminate information about advances made in the Region in recent years.

(Eighth meeting, 28 June 2001)

CE128.R13: Dengue and Dengue Hemorrhagic Fever

THE 128th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the alarming situation of dengue, the eminent threat of an increase in dengue hemorrhagic fever (DHF), and the reappearance of urban yellow fever in the Americas (Document CE128/15); and

Expressing concern that there is a similar trend in the Region of the Americas to that seen in South East Asia where hundred of thousands of DHF cases occur each year,

RESOLVES:

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

THE 43rd DIRECTING COUNCIL,

Having considered the report on dengue and dengue hemorrhagic fever in the Americas (Document CD43/ __);

Recognizing the trend of increasing numbers of cases of dengue and dengue hemorrhagic fever in the Americas, as well as the potential reurbanization of yellow fever in the Region; and

Considering Resolutions CD38.R12, CD39.R11, and CD40.R15,

RESOLVES:

1. To urge Member States to:
 - (a) promote intersectoral coordination, develop partnerships, and support networks to strengthen dengue prevention control programs;
 - (b) stimulate sustainable environmental actions in the areas of urban planning and services such as local water supply, wastewater disposal, solid waste management, and used tire disposal;
 - (c) incorporate community participation, health education, and social communication strategies to promote behavioral change into dengue prevention and control programs;
 - (d) implement appropriate patient care within and outside the formal health sector, including disease recognition, diagnosis, and proper response (including initial care in the home and knowledge of basic treatment measures);
 - (e) standardize dengue case reporting throughout the Region to improve information-sharing that allows all countries to be knowledgeable about the dengue situation as well as the nature of the circulating viruses, with case reporting to include clinical cases (probable cases), laboratory-confirmed cases, cases of dengue hemorrhagic fever, deaths due to dengue hemorrhagic fever/dengue shock syndrome and serotypes identified;
 - (f) implement emergency modes of action and preparedness for outbreaks and epidemics;

- (g) review the role of insecticides in dengue prevention and control programs, so as to better incorporate them in a comprehensive program.
2. To request the Director to:
- (a) continue promoting the incorporation by Member States of social communication and community participation measures that encourage positive behavioral changes into their dengue prevention and control programs;
 - (b) continue to advocate the need to confront the threat of dengue and dengue hemorrhagic fever in Member States through intersectoral partnerships;
 - (c) assist Member States to strengthen dengue prevention and control programs by incorporating health education components in formal (basic) education systems;
 - (d) reinforce multisectoral actions which encourage the development of healthy habits in the community, such as ecolubs, healthy housing, and other environmentally-oriented initiatives;
 - (e) promote training of health workers at all levels to improve their capacity to address the ever-mounting dengue burden on society.
 - (f) as resources permit, give due attention and allocate resources within the Secretariat, as well as in the technical cooperation to the countries, in order to meet the great challenge that dengue, dengue hemorrhagic fever, and potential reurbanization of yellow fever pose to the Region.

(Eighth meeting, 28 June 2001)

CE128.R14: Collection of Quota Contributions

THE 128th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report of the Director on the collection of quota contributions (Document CE128/21 and Add. I) and the report provided on Member States in arrears in the payment of their quota contributions to the extent that they can be subject to the application of Article 6.B of the Constitution of the Pan American Health Organization;

Noting the provisions of Article 6.B of the PAHO Constitution relating to the suspension of voting privileges of Member States that fail to meet their financial obligations and the potential application of these provisions to four Member States; and

Noting with concern that there are 25 Member States that have not made any payments towards their 2001 quota assessments and that the amount collected for 2001 assessments represents only 31% of total current year assessments,

RESOLVES:

1. To take note of the report of the Director on the collection of quota contributions (Document CE128/21 and Add. I).
2. To thank the Member States that have already made payments for 2001 and to urge the other Member States to pay all their outstanding contributions as soon as possible.
3. To recommend to the 43rd Directing Council that the voting restrictions contained in Article 6.B of the PAHO Constitution be strictly applied to those Member States that by the opening of that session have not made substantial payments toward their quota commitments, and to those that have failed to make the scheduled payments in accordance with their deferred payment plans.
4. To request the Director to continue to inform the Member States of any balances due, and to report to the 43rd Directing Council on the status of the collection of quota contributions.

(Eighth meeting, 28 June 2001)

CE128.R15: Appropriation and Assessments for the Pan American Health Organization for 2002-2003

THE 128th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report of the Subcommittee on Planning and Programming (Document CE128/5);

Having examined the proposed program budget of the Pan American Health Organization for the financial period 2002-2003 contained in *Official Document 296*;

Noting with satisfaction the efforts of the Director to prepare the proposed program budget in a climate of continuing fiscal difficulty;

Further noting with satisfaction the transparency of the budget document and its continued emphasis on programs and expected results; and

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

RESOLVES:

1. To thank the Subcommittee on Planning and Programming for its preliminary review of and report on the proposed program budget.
2. To express appreciation to the Director for the attention given to cost savings and the strengthening of programs in his development of the program budget.
3. To recommend to the 43rd Directing Council that it consider the proposed program budget of the Pan American Health Organization for the financial period 2002-2003 as presented in *Official Document 296*, in light of and guided by the comments made by Members of the Executive Committee, and adopt the required appropriation and assessment resolutions.

(Eighth meeting, 28 June 2001)

CE128.R16: Acquired Immunodeficiency Syndrome (AIDS) in the Americas

THE 128th SESSION OF THE EXECUTIVE COMMITTEE,

Having analyzed the report on acquired immunodeficiency syndrome (AIDS) in the Americas (Document CE128/9 and Add. I),

RESOLVES:

To recommend that the Directing Council adopt a resolution along the following lines:

THE 43rd DIRECTING COUNCIL,

Having analyzed and discussed the report on acquired immunodeficiency syndrome (AIDS) in the Americas (Document CD43__/);

Considering the trends in the HIV/AIDS/STI epidemic in the Americas and their present and future impact on young people, women, and children;

Aware of the need to apply and extend the coverage of effective, affordable methods and technologies to the most vulnerable populations by strengthening health systems and services;

Recognizing the need for a commitment by governments and society to respond effectively and with solidarity to needs for the prevention and treatment of HIV infection, AIDS, and sexually transmitted infections in the Member States of the Region; and

Taking into account the Plan of Action, Annex A, #14, Health, of the III Summit of the Americas (Quebec, Canada, 20-22 April 2001), Resolution WHA54.10 of the World Health Assembly, and the Declaration of Commitment on HIV/AIDS of the 26th Special Session of the United Nations General Assembly (New York, the United States, 25-27 June 2001),

RESOLVES:

1. To urge the Member States to:
 - (a) actively contribute to the time-bound goals set at the June 2001 special session of the United Nations General Assembly in its Declaration of Commitment on HIV/AIDS;
 - (b) accord HIV/AIDS/STI the highest-level of priority among health and development issues and to allocate the necessary and essential resources for their prevention and control, including financial and human resources to curb and reverse the spread of HIV/AIDS/STI;
 - (c) focus greater efforts on preventing the sexual transmission of HIV and other sexually transmitted infections through education, mass communication, social marketing, voluntary counseling and testing, and the promotion of sexual health, targeting young adults and adolescents in particular;
 - (d) heighten their national response, promoting greater intersectoral involvement that includes the private sector and broadening the coverage and scope of the prevention and care services for the communities most affected by and vulnerable to the epidemic;

- (e) continue to fight the stigma and discrimination associated with HIV/AIDS by strengthening the necessary legislative measures and raising awareness among the population;
 - (f) join and support subregional initiatives such as the Pan Caribbean Plan for the Prevention and Treatment of HIV/AIDS/STI, horizontal cooperation processes, and the development of networks for cooperation among countries.
2. To request the Director to:
- (a) continue to facilitate the interagency, interinstitutional, and intersectoral response promoted by UNAIDS to support the design, execution, and evaluation of national and regional strategic plans and programs for the prevention of HIV/AIDS/STI;
 - (b) promote increased capacity to offer comprehensive care to people with HIV/AIDS in the Americas, including greater access to drugs, both antiretrovirals and drugs against opportunistic infections, and clinical laboratory supplies;
 - (c) build on PAHO's experience and that of its partners in addressing gender issues, including the vulnerability of women and the role of men, as an integral part of HIV prevention activities.

(Eighth meeting, 28 June 2001)

Decisions

CE128(D1): Adoption of the Agenda

Pursuant to Rule 9 of the Rules of Procedure of the Executive Committee, the agenda submitted by the Director (Document CE128/1, Rev. 3) was adopted.

(First meeting, 25 June 2001)

CE128 (D2): Representation of the Executive Committee at the 43rd Directing Council of PAHO, 53rd Session of the Regional Committee of WHO for the Americas

Pursuant to Rule 54 of its Rules of Procedure, the Executive Committee decided to designate the President (Cuba) and Vice President (Canada) of the Executive Committee to represent it at the 43rd Directing Council, 53rd Session of the Regional

Committee of WHO for the Americas. As alternates to those representatives, the Committee designated the delegates of Jamaica and Uruguay, respectively.

(First meeting, 25 June 2001)

CE128(D3): Report of the Subcommittee on Planning and Programming

The Executive Committee took note of the report on the 35th Session of the Subcommittee on Planning and Programming (Document CE128/5), thanking the President for his report and expressing its gratitude to the Subcommittee for its work.

(First meeting, 25 June 2001)

CE128(D4): Resolutions and Other Actions of the Fifty-fourth World Health Assembly of interest to the PAHO Executive Committee

The Executive Committee took note of the report on resolutions and other actions of the Fifty-fourth World Health Assembly of interest to the PAHO Executive Committee (Document CE128/25).

(Third meeting, 26 June 2001)

CE128(D5): Report on the Third Summit of the Americas

The Executive Committee took note of the Report on the Third Summit of the Americas (Document CE128/19), thanking the Secretariat for its report and commending the Organization for its role in calling attention to health at the Summits of the Americas and other international gatherings of political leaders.

(Third meeting, 26 June 2001)

CE128(D6): Process for the Election of the Director of the Pan American Sanitary Bureau

The Executive Committee took note of the proposal presented by the Delegation of Mexico concerning the process for electing the Director of PASB (Document CE128/27), but did not consider it necessary to recommend any modifications in the provisions set out in the PAHO Constitution and the Rules of Procedure of the Pan American Sanitary Conference with regard to election of the Director.

(Fifth meeting, 27 June 2001)

CE128(D7): *Interim Financial Report of the Director for 2000*

The Executive Committee took note of the Interim Financial Report of the Director for 2000 (*Official Document 301*).

(Sixth meeting, 27 June 2001)

CE128(D8): *PAHO Buildings and Facilities*

The Executive Committee took note of the report on PAHO Buildings and Facilities (Document CE128/22).

(Sixth meeting, 27 June 2001)

CE128(D9): *Statement by the Representative of the PAHO/WHO Staff Association*

The Executive Committee took note of the statement by the Representative of the PASB/WHO Staff Association (Document CE128/24).

(Sixth meeting, 27 June 2001)

CE128(D10): *Strategic Plan for the Pan American Health Organization for 2003-2007*

The Executive Committee took note of the report on the Strategic Plan for the Pan American Health Organization for the Period 2003-2007 (Document CE128/20), expressing its appreciation to the Director for seeking to involve the Member States from the earliest stages in the strategic planning process for the next quadrennium.

(Seventh meeting, 28 June 2001)

CE128(D11): *Report of the Subcommittee on Women, Health, and Development*

The Executive Committee took note of the report of the Subcommittee on Women, Health, and Development (Document CE128/6) and endorsed the recommendations adopted by the Subcommittee at its 19th Session, in particular the recommendation that the topic “gender, women, health, and development” be placed on the agendas of the Governing Body sessions in 2002.

(Eighth meeting, 28 June 2001)

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

DONE in Washington, D.C., United States of America, on this twenty-eighth day of June in the year two thousand one. 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.

Carlos Dotres Martínez
Delegate of Cuba
President of the 128th Session
of the Executive Committee

George A. O. Alleyne
Secretary ex officio of the 128th Session
of the Executive Committee
Director of the Pan American Sanitary
Bureau