



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



**40th SESSION OF THE SUBCOMMITTEE ON PLANNING
AND PROGRAMMING OF THE EXECUTIVE COMMITTEE**

Washington, D.C., USA, 20-22 March 2006

CONTENTS

	<i>Page</i>
Officers	3
Opening of the Session	3
Adoption of the Agenda and Program of Meetings	4
Presentation and Discussion of the Items	4
Progress Report of the Working Group on Streamlining the Governance Mechanisms of PAHO	4
Update on the Process of Institutional Strengthening of the Pan American Sanitary Bureau	5
Implementation of Results-based Management in the United Nations System	8
Plan of Action for Results-based-Management Implementation in the Pan American Sanitary Bureau	13
Financial Performance of the Pan American Health Organization for 2004-2005: Overview of Financial Resources and Trends.....	17
Methodology for the Formulation of the PASB Strategic Plan 2008-2012 and a Proposed Health Agenda for the Americas 2008-2017	21
Public Health Plans for the Americas: Concept Framework and Process.....	27
PAHO Framework for Resource Mobilization	30
Regional Strategy on an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity, and Health.....	34
Regional Strategy and Plan of Action on Nutrition and Development	38
Review of the Pan American Centers.....	42
Influenza Pandemic: Progress Report	45
Other Matters	49
Program Evaluation by the Office of Internal Oversight Services.....	49
Preparation of <i>Health in the Americas, 2007 Edition</i>	50
Agenda of the 138th Session of the Executive Committee	50
Documents for the Governing Bodies: Preparation and Timeliness	52
Closing of the Session	52
Annex A: Agenda	
Annex B: List of Documents	
Annex C: List of Participants	

FINAL REPORT

1. The 40th Session of the Subcommittee on Planning and Programming (SPP) of the Executive Committee of the Pan American Health Organization (PAHO) was held at the Organization's Headquarters in Washington, D.C., from 20 to 23 March 2006.
2. The meeting was attended by representatives of the following Members of the Subcommittee elected by the Executive Committee or designated by the Director: Argentina, Barbados, Canada, Costa Rica, Paraguay, and Venezuela. Representatives of Brazil, Mexico, and the United States of America attended in an observer capacity.

Officers

3. The following Member States were elected to serve as officers of the Subcommittee for the 40th Session:

President: Costa Rica (Dr. María del Rocío Sáenz Madrigal)

Vice President: Venezuela (Ms. Rosicar Mata León)

Rapporteur: Paraguay (Dr. Roberto Dullak Peña)

4. Dr. Mirta Roses Periago (Director, Pan American Sanitary Bureau) served as Secretary ex officio, and Dr. Karen Sealey (Area Manager, Planning, Program Budget, and Project Support, PAHO) served as Technical Secretary.

Opening of the Session

5. The Director opened the session and welcomed the participants, noting that the Subcommittee would be examining a number of matters of tremendous importance to the life of the Organization. She and the rest of the staff of the Secretariat looked forward to receiving Members' guidance on those matters.

6. Dr. Sáenz Madrigal added her welcome and expressed gratitude to the Members for electing Costa Rica as President of the Subcommittee. She was especially pleased to have the opportunity to represent her country in that capacity in the present year, which would mark the end of both the term of office of Costa Rica on the Executive Committee and her term of office as Minister of Health.

Adoption of the Agenda and Program of Meetings (Documents SPP40/1, Rev. 1, and SPP40/WP/1)

7. In accordance with Rule 2 of its Rules of Procedure, the Subcommittee adopted the provisional agenda submitted by the Director. The Subcommittee also adopted a program of meetings. At the request of Canada, the Subcommittee agreed that the preparation and timeliness of documents for the Governing Bodies would be discussed under "Other Matters."

Presentation and Discussion of the Items

Progress Report of the Working Group on Streamlining the Governance Mechanisms of PAHO (Document SPP40/6)

8. Mr. Nick Previsich (Canada, Chairman of the Working Group on Streamlining the Governance Mechanisms of PAHO) presented the report of the Working Group, emphasizing the frankness and openness that had characterized the discussions during the Group's first meeting, held on 5 and 6 December 2006 at PAHO Headquarters. He recalled that the Working Group had been established pursuant to Decision CE137(D5) of the Executive Committee. At its first meeting, the Group had agreed on its terms of reference, agenda, and working methodology and timetable. It had further considered the reform and simplification of the Subcommittee on Planning and Programming and the reform and simplification of the Subcommittee on Women, Health, and Development. It had also discussed various matters relating to the Rules of Procedure of the Governing Bodies and the election of the Director of the Pan American Sanitary Bureau. The second meeting would be held immediately following the 40th Session of the Subcommittee, on 23 and 24 March 2006. A summary of the Working Group's decisions and deliberations and a list of the matters to be considered at the second meeting appeared in Document SPP40/6.

9. The Delegate of Argentina (President of the Executive Committee) affirmed that the meeting had been extremely productive and thanked the Chairman for his efficiency in conducting the deliberations. He was confident that the Working Group's future meetings would be similarly fruitful.

10. The Director inquired whether the support that the Working Group had received from the Secretariat to date had been adequate.

11. Mr. Previsich replied that the Working Group had received exceptional support from the Secretariat and thanked the Director and the other staff involved for their efforts. Noting that there had been little comment by the Subcommittee on the report, he said that he expected that most of the Members were planning to attend the Working Group's second meeting, and were therefore reserving comment until then. In no way did the lack

of discussion within the Subcommittee indicate a lack of enthusiasm for the Group's work. On the contrary, Member States had shown a great deal of interest in the governance mechanisms under discussion. He invited any delegates who were not planning to attend the second meeting to provide their comments to him for transmission to the Working Group.

12. The President stressed the importance of broad participation by Member States in the work of the Working Group and urged all countries that were not members of the Group to take part in its meetings or to submit their comments to the Chairman.

Update on the Process of Institutional Strengthening of the Pan American Sanitary Bureau (Document SPP40/7)

13. The Director outlined the progress made in the institutional strengthening process since her last report to the Governing Bodies in September 2005, highlighting in particular the steps that had been taken in fulfillment of Resolutions CD46.R2 and CD46.R8, adopted by the 46th Directing Council the previous year, and emphasizing the Secretariat's commitment to implementing the recommendations of the Working Group on PAHO in the 21st Century (Document CD46/29), the reports of the External Auditor and Internal Oversight Services (Document CD45/29 and CD46/24), and the Joint Inspection Unit of the United Nations (Document CD46/23, Add. I), as well as its own Strategic Plan for 2003-2007.

14. She began by reviewing the background of the institutional strengthening process and its three components: developmental actions, transformational initiatives, and networks. She then went on to describe the progress made to date under each component, linking the action undertaken in each case to one of the five strategic objectives for organizational change (presented in a matrix in Document SPP40/8). She also provided an update on the progress achieved under the Roadmap for Organizational Change, noting that additional information on several of the Roadmap initiatives would be presented to the Subcommittee under separate agenda items. She then reviewed the lessons learned from the process during the past year (Document SPP40/8, paragraphs 11-13). In her view, an area in which significant work remained to be done was internalization of the Organization's core philosophical values and principles by staff and communication of those values and principles to external partners. The principles of Pan Americanism, solidarity, and equity that underpinned PAHO's work were still not fully understood. Nevertheless, important headway had been made in building teamwork, not just for the sake of teamwork, but because staff had understood its values and benefits and had seen that it was the most effective way of responding to the needs of Member States.

15. She concluded by expressing thanks to the Government of Canada for having included a component of support for the institutional strengthening process in its recent

contribution to the Organization through the Canadian International Development Agency (CIDA). Canada was the first Member State to have earmarked support specifically for that purpose.

16. The Subcommittee thanked the Director for her comprehensive report and presentation, and expressed appreciation for the Secretariat's continued commitment to institutional strengthening. Members commended the progress made in the complex task of consolidating and implementing the numerous recommendations and proposals of the Working Group on PAHO in the 21st Century, the External Auditor, the Internal Oversight Services, and the United Nations Joint Inspection Unit. The Secretariat was encouraged to continue its efforts to complete the proposed institutional changes by the end of 2007 in order to establish a solid platform from which to launch and carry out the strategic plan for the next five-year period, 2008-2012.

17. Delegates praised PAHO's leadership in organizing the regional response to the threat of avian influenza and human pandemic influenza and encouraged the Organization to continue striving to coordinate its work with that of other organizations in order to make the most efficient use of resources and ensure the preparedness of Member States. Delegates also applauded the development of new and innovative modalities of technical cooperation and the strengthening of country-focused cooperation.

18. Several specific comments and suggestions were made in regard to the information presented in the report. One delegate suggested that the role of the WHO Collaborating Centers should be examined in greater depth and that "success stories"—i.e., examples of effective technical cooperation by the Centers with countries in the Americas—should be better communicated. Another delegate suggested that the "lessons learned" should include lessons not just from the Secretariat's perspective, but also from that of the country offices and the Pan American centers. Concerning the Roadmap initiative, the same delegate felt that, in addition to the timeframe for completion of the various initiatives, the indicators should identify what results were expected from each initiative and how those results would be integrated into the day-to-day work of the Organization. A third delegate inquired what steps were being taken to increase the percentage of staff who had completed disclosure of interest statements, which, according to the Director's report, currently stood at 70%. She also asked for clarification of whether the ombudsman position had been filled, and requested additional information on the market research mentioned in the Director's presentation.

19. The Director, responding to the Subcommittee's comments, said that the Secretariat had an obligation to present such reports periodically to member countries, including not just those represented at meetings of the Governing Bodies throughout the year, but all Member States. The Secretariat was therefore working through the country offices to ensure that the documents and presentations that it prepared for the Governing Bodies were widely disseminated and discussed, not just by staff within the country

office but also with national officials. Similarly, the Secretariat was seeking input from the country offices and the Pan American centers on the institutional strengthening process, and it had incorporated that input into the “lessons learned” in the report.

20. It was true that implementing the various sets of recommendations was a complex undertaking. However, it was important to bear in mind that, despite their diverse origins and orientations, the various change initiatives had all been directed essentially at two objectives: identifying the major public health challenges in the Region, and determining what the respective roles of the countries and the Secretariat should be in addressing those challenges. The effort at convergence and consolidation of the recommendations had helped the Secretariat to focus the process of institutional strengthening, which was, of course, an ongoing, evolutionary process, which would continue as the Secretariat sought to adapt to the changing external reality.

21. As the Subcommittee had noted, the influenza threat had afforded the opportunity to strengthen the strategic position of the Organization and had enabled it to work in a much more integrated manner with countries, with other agencies, and with the public. It had also provided an opportunity to improve various communication instruments, notably the PAHO website. She agreed that coordination with other agencies was essential. The Secretariat had invested considerable effort in persuading the agencies responsible for animal health to take on a greater role in the response to the influenza threat. It had been more successful with the Inter-American Institute for Cooperation on Agriculture (IICA) than with the Food and Agriculture Organization of the United Nations (FAO) or the World Organization for Animal Health (OIE), which had a very limited presence in the countries of the Region. However, the Secretariat was still working to achieve greater involvement of those global agencies.

22. She welcomed the suggestion for a more in-depth analysis of the role of the WHO Collaborating Centers and said that the Secretariat would endeavor to draft a document on the topic for future consideration by the Governing Bodies. PAHO had organized several meetings of Collaborating Centers with a view to making national officials more aware of their expertise and their capacity to support health work in the Americas. The Centers had a crucial role to play in the implementation of regional public health plans, a subject that would be discussed further when the Subcommittee considered the item entitled “Public Health Plans for the Americas: Concept Framework and Process.” In addition to promoting the work of institutions recognized as WHO Collaborating Centers, the Secretariat was attempting to identify other national centers of excellence which might serve as a source of expertise on a variety of public health issues.

23. Regarding the market research study, she said that, time permitting, the Secretariat intended to present additional information under “Other Matters.” The study had sought to determine Member States’ perceptions of the Organization. Perhaps the most notable finding had been that, despite being over 100 years old, PAHO was not an

organization that had remained stagnant ; rather, it had been able to adapt and change in response to changing circumstances.

24. As concerned the disclosure of interest statements, the percentage of staff who had signed statements had now risen to 83% overall. Among directors and managers, it was 95%. The Office of the Legal Counsel was working continually to educate staff about what constituted a conflict of interest and to ensure that all affected staff submitted statements.

25. Similarly, the Area of Human Resources Management continued working to implement the various recommendations concerning recruitment of personnel. Obviously, some changes—such as increasing the number of female candidates and broadening geographic representation among staff—would take time, but she wished to assure the Subcommittee that efforts in that regard were under way. The Secretariat hoped that by the end of April 2006 all critical posts, including the ombudsman post, would have been filled.

26. Finally, with respect to the expected results of the Roadmap initiatives, she explained that in many cases, the products of those initiatives would be working documents for the Governing Bodies, as many of the initiatives sought to develop policy or strategy proposals that would require approval by Member States. Once approved, the resulting policies and strategies would guide the day-to-day work of the Organization.

Implementation of Results-based Management in the United Nations System

27. Mr. Even Fontaine Ortiz (Inspector, Joint Inspection Unit of the United Nations System) presented an overview of the benchmarking framework that had been developed by the Joint Inspection Unit for assessing progress in the implementation of results-based management (RBM) in the United Nations system. The framework had emerged from a detailed analysis of the experience of the various United Nations organizations in applying RBM. Among other key findings, that analysis had revealed that there was no single model or roadmap for applying results-based management, which was simply a management strategy. The specific nature and characteristics of each organization would dictate how the strategy was applied. The analysis had also shown that RBM could not be implemented overnight and that it would not produce immediate results. Implementing results-based management required a change in mentality and management style, and bringing about such a change could take years.

28. Part of the change that had to occur in the management culture was a reversal of the traditional method of planning and budgeting in organizations of the United Nations system. Instead of planning their activities based on the amount of resources available to them as they had done in the past, in the current context of results-based budgeting they had to do the opposite: first establish the expected results and then plan the activities and

identify the resources needed to achieve them. Resource mobilization was a critical aspect of RBM. One of the gravest errors of the United Nations system in the past had been to set lofty objectives without identifying the amount and source of the resources needed to realize them. A prime example was the Millennium Declaration goals.

29. Also fundamental to successful implementation of RBM was a shared conceptual framework. Everyone in an organization, including both secretariat staff and Member States, had to have the same understanding of RBM and had to use the same terminology to talk about it. Another important condition was a clear division of labor among the various parts of the organization. The role of Member States was, through the governing bodies of the organization, to provide general guidance on the objectives to be achieved, to approve the resources needed to carry out programs, and to exercise general oversight. It was the secretariat's responsibility to translate the objectives set by Member States into programs and activities. Member States should refrain from engaging in micromanagement, but that did not mean that the secretariat had *carte blanche* to do whatever it liked. The secretariat must be held accountable for utilizing resources efficiently and transparently and must report regularly to Member States on the results achieved.

30. Based on their analysis, the Inspectors of the Joint Inspection Unit had identified three main pillars for the development of a solid RBM system. The first was the cycle of planning, programming, budgeting, monitoring, and evaluation. The first step in effective results-based management was to plan long-term goals; the next was to convert those goals into concrete shorter-term programs. Experience had shown that a good long-term planning period was 12 years, while 6 years was a good programming cycle. The third step was budgeting, when resources were allocated for specific activities. Budgets generally spanned a two- to- three year period. Monitoring and evaluation, obviously, were crucial in order to measure impact and show how resources had been used. They also provided the basis for the next planning, programming, and budgeting cycle.

31. The second pillar of results-based management was delegation of authority and accountability. Delegation of authority, with a clear, vertical chain of command, was an essential condition for the successful implementation of results-based management. To be accountable for results, managers had to have decision-making authority in all the areas for which they were responsible, including management of human and financial resources. The delegation of authority should be well documented and supported by a good management information system.

32. However, no authority should be delegated to anyone until a system of accountability was in place. Persons empowered to manage resources must understand the consequences of misusing those resources. A sound accountability system required a clear legal framework—i.e., a clear set of rules—and a system for the administration of justice. Traditional compliance-based systems of accountability should be replaced by

performance-based systems, and there should be a system of rewards for good performance and sanctions for poor performance although the latter was virtually unheard of in the United Nations system. Ideally, performance should be assessed by means of 360-degree evaluations. Other requirements for a good accountability system were that it should be applicable at all levels, from the top down, and that it should be supported by strong oversight systems with the capacity for evaluation, investigation, and auditing to detect possible cases of abuse or misconduct.

33. The third pillar was staff performance management and contracts. In the United Nations system, performance management had long been seen as a bureaucratic process that was disconnected from the *raison d'être* of the organization. For results-based management to be effective, that had to change. Each staff member had to have a clear understanding of what role he/she played in achieving the organization's objectives. That was laid out in the individual work plan, which provided the basis for monitoring performance.

34. Performance evaluation systems should be clear and objective, and should ensure that the same rules were being applied to all staff. The results of performance appraisals should serve as the basis for personnel actions, including promotion, career development, and salary increases. Step increases should not be awarded automatically but should be contingent on adequate performance. Contractual arrangements were also a crucial aspect of performance management. Contracts should be clearly linked to performance. Experience had shown that indefinite contracts seemed to be most compatible with results-based management. While, certainly, it was important to respect existing contractual arrangements, for newly hired staff an effort should be made to shift increasingly to indefinite contracts, with renewal contingent upon performance.

35. The Subcommittee appreciated the thought-provoking presentation and voiced strong support for results-based management. However, several delegates commented that they were unsure of what was expected of Member States in respect of this item, particularly as no working document had been provided to enable them to prepare to discuss the topic.

36. The Inspector was asked to comment on how results-based management might impact the delivery of technical cooperation in the specific case of PAHO and, in particular, on how the differing degrees of development of health systems in the various countries should be taken into account in setting common goals in a results-based system. Delegates also inquired what role Member States might play in evaluating the achievement of health goals within a 360-degree performance evaluation system.

37. It was pointed out that the achievement of regional health goals, such as the eradication of polio or the elimination of measles, necessarily involved a number of organizations and actors. One delegate wondered how, from a managerial and

programmatic point of view, it would be possible to determine what contribution each actor had made to the achievement of the goal, and whether, in the end, it was really important to do so. Perhaps, he suggested, all that mattered was the collective achievement of the goal. The same delegate, while taking the Inspector's point about micromanagement, noted that what might be perceived as micromanagement by Member States was sometimes just a healthy expression of interest in the work of the Secretariat. Member States were shareholders in the Organization, and, as such, they naturally wanted to see a return on their investment, namely, improvements in health. It was therefore appropriate for Member States to pay attention to details of the Secretariat's work.

38. Before responding to the Subcommittee's comments, Mr. Fontaine Ortiz wished to highlight another critical requirement for results-based management which he had neglected to mention in his presentation: training for managers. It was often assumed in organizations of the United Nations system that people who were experts in their respective fields would also be good managers. That was not necessarily true. Management was a specialized profession like any other, and individuals who were given managerial responsibilities needed also to be given training in how to manage effectively.

39. Turning to the questions regarding the role of countries in assessing the achievement of goals, he explained that 360-degree evaluations were designed mainly for the assessment of individual performance, not program results. Obviously, the two were correlated; however, failure by a program to achieve its objectives might be due to external factors beyond the control of the staff involved. Regarding the impact of differing degrees of development among countries, he said that plans and objectives had to be set taking into account the characteristics, needs, and degree of development of each country. That was why the Joint Inspection Unit recommended a planning approach that proceeded first from the bottom up and then from the top down. Planning should start with the identification of needs at country level. Those needs were then transmitted to the regional level, which determined what resources it had at its disposal to meet them and established priorities, based on resource availability.

40. An issue that was closely related to planning and evaluation was the definition of indicators, which was often a sticking point in the United Nations system. Imagination and effort were required on the part of organizations to develop both quantitative and qualitative indicators to assess the performance of programs and then to utilize the findings effectively as the basis for the next planning cycle. Currently, in most organizations of the system, a great deal of time was being devoted to planning and programming, whereas too little time was being spent on implementation. In many cases, planning was done every three years, which meant that a new planning cycle was started before evaluation of the previous cycle had been completed. For good results-based management, the cycle needed to be longer. That was why the Joint Inspection Unit recommended a 12-year planning cycle, a 6-year programming cycle, and a 2-year

budgeting and implementation cycle, during which the organization could focus on carrying out the programmed activities and making the adjustments needed in order to achieve the long-term objectives.

41. The Subcommittee had raised an issue that was one of the fundamental challenges facing the United Nations system at present: the need for an integrated approach to development. Such an approach required coordination among all the various agencies involved in working on a particular issue. The Joint Inspection Unit intended to produce a report on that topic during the coming year. For the moment, the best advice he could offer was that organizations should continue striving to coordinate their efforts. However, it had to be realized that such coordination was voluntary on both sides, and that, from the standpoint of results-based management, each organization could only measure what it had agreed to do. It could not measure what other agencies or what Member States had contributed to the achievement of common goals.

42. Concerning micromanagement, he stressed that there was a difference between micromanagement and transparency. Certainly, Member States had the right to receive information about how their resources were being used, and asking for that information did not constitute micromanagement. Getting involved in hiring decisions and other day-to-day managerial matters, on the other hand, was micromanagement. He cautioned, however, that countries should be careful about making excessive demands for information, which created bottlenecks and took the secretariat's time away from doing what they, the Member States, had asked it to do.

43. He concluded by noting that in 2004 the Joint Inspection Unit had produced a series of reports on the implementation of results-based management in the United Nations system (Documents JIU/REP/2004/5, 6, 7, and 8). Those reports expanded on all the points he had made in his presentation. They were available on the Unit's website (<http://www.unsystem.org/JIU/>).

44. The Director said that her aim in inviting a representative of the Joint Inspection Unit to address the Subcommittee had been to provide Members with background for the discussion of PAHO's plan of action for implementing results-based management. As Inspector Fontaine Ortiz had said, it was important for everyone involved to have the same conceptual understanding and utilize the same terminology. She felt that it would have been difficult for the Secretariat to draw up a concise working document on the topic; however, ample documentation was available on the website of the Joint Inspection Unit and elsewhere.

45. With regard to the questions concerning how RBM would affect the delivery of PAHO technical cooperation and how the level of national health development was taken into account in setting regional health goals, she explained that common objectives were established and then it was determined what technical cooperation was required by

individual countries in order to meet those goals, bearing in mind their stage of health development, their resources, their health system, and other factors. Some countries in the Region obviously needed more support in order to achieve and sustain health gains. Yet, even the least developed countries had been able to maintain goals such as the eradication of polio. That had been possible thanks to the spirit of solidarity that prevailed within PAHO, enabling the Organization to address the specificity that existed within the diversity in the Region in order to achieve common objectives.

46. PAHO intended to move to a 360-degree performance evaluation system. It had not done so yet because the change in institutional culture to which the Inspector had alluded was not well enough advanced, and there was still a lot of prejudice among staff against such evaluations. She felt that those biases would be dispelled, however, once staff had actually experienced the 360-degree approach. That had been the case with a group of PAHO managers who had taken part in a WHO leadership development program, all of whom had undergone 360-degree evaluations. They had all found the experience highly valuable.

47. Finally, she wished to inform the Inspector that there were organizations in the United Nations system that dismissed staff for poor performance, and PAHO was one of them. Indeed, it had done so on eight occasions in the previous three years.

Plan of Action for Results-based Management Implementation in the Pan American Sanitary Bureau (Document SPP40/9)

48. Ms. Dianne Arnold (Acting Director of Administration, PAHO) presented the plan of action for implementing results-based management in the work of the Secretariat, emphasizing that RBM was not a new concept at PAHO; it had long been an integral part of the Organization's planning and evaluation system (AMPES) and other planning and programming instruments. However, while PAHO had had many pieces of the RBM puzzle in place for many years, it had lacked a clearly articulated managerial and accountability framework that would pull all those pieces together. The PAHO Accountability Framework (described in Document SPP40/9, paragraph 7), currently under development, would fill that need. Other activities presently under way with a view to completing the implementation of RBM included design of a new managerial framework, redesign of the delegation of authority and periodic evaluation processes, implementation of collaboration and information-sharing instruments, and finalization of the integrity and conflict management system.

49. The Secretariat realized that full implementation of RBM would be a complex and lengthy process and that it would require a profound change in the institutional culture. Accordingly, actions planned for the remainder of 2006 included communication of RBM instruments throughout PAHO; training in RBM for all staff, and management development courses in order to ensure that all managers had the necessary managerial

skills; redefinition of evaluation and decision-making processes; implementation of the integrity and conflict management system, including training for staff; and further implementation of knowledge-sharing instruments.

50. In 2007 and subsequent years, the Secretariat would focus on redesigning personnel performance evaluation systems and linking them to programmatic objectives; improving human resource planning processes and linking them to competencies required for programmatic results; improving the ability to link resources expended to programmatic objectives; and improving reporting mechanisms for transparent decision-making. In addition, like WHO and many other organizations in the UN system, PAHO would be exploring ways of streamlining the number and types of contracts and making the whole recruitment and contracting process more transparent and easier to administer.

51. The Subcommittee was invited to comment on the plan of action and to share any best practices or lessons learned from the implementation of RBM in national institutions.

52. The Subcommittee welcomed the steps being taken to fully implement results-based management at PAHO and make it the driving force behind the Organization's practices and institutional culture. The linking of resource allocation and individual performance to organizational objectives, in particular, were applauded. Delegates agreed that, especially in an institution undergoing so much transition, it was critically important that everyone understand exactly what the essence of the Organization was and how they assisted it in achieving its goals. The Secretariat was asked to comment further on how that linkage would be accomplished.

53. One delegate, noting that PAHO was not the implementer of interventions in most cases, sought clarification of whether the managerial framework mentioned in paragraph 8 of Document SPP40/9 would focus only on PAHO managers or would also encompass managerial issues relating to the Organization's counterparts, the ministries of health and other stakeholders, who were the implementers of activities at country level. With regard to the accountability framework, the same delegate agreed that it must be performance-based, rather than rule-defined and administrative-based, but cautioned that PAHO should take care to ensure that accountability processes did not become bogged down, as had occurred in other United Nations agencies.

54. Several delegates related experiences and lessons learned from the implementation of RBM in health institutions of their respective countries. Delegates also expressed the hope that, as PAHO developed increasing excellence in results-based management, it would provide technical cooperation to assist national institutions in improving their managerial practices.

55. The Delegate of Canada said that a major lesson learned from the process within Health Canada was that the use of empirical evidence, while very important for decision-making, was only one of the driving factors that influenced decisions. Other, equally important, drivers were social attitudes, values, and public perceptions about what could and should be done. A third driver that had to be borne in mind in planning was political party platforms, which determined program priorities, their objectives, and the resulting indicators. Another lesson learned concerned the point made earlier by Inspector Fontaine Ortiz with regard to sanctions versus rewards for performance: successful implementation of RBM required trust on the part of staff that they would not be punished when results fell short of what had been planned, but that, instead, they would be encouraged to make the necessary adjustments and move forward.

56. The Delegate of Argentina said that RBM had been implemented in his country through “management results commitments” for each organizational unit. Non-achievement of the expected results could affect subsequent allocations of resources to the unit. The Delegate of Costa Rica said that institutions in her country had found that the great advantage of RBM was that it provided a framework for achieving indicators. One of its limitations, however, was the tendency to focus more on efficiency than on effectiveness, which, as the Subcommittee was well aware, was the prime concern in health interventions. In addition, there was sometimes a disconnect between achievement of programmatic results and improvement of the health situation, which was the ultimate goal of the work of the health sector. Accordingly, in evaluating results, it was necessary to look not only at how individual performance was contributing to the achievement of programmatic objectives but also at how the work of programs was contributing to the achievement of better health.

57. Ms. Arnold thanked the Members for their helpful examples of RBM implementation in their countries and invited other Member States also to share their experiences. She did not want to leave the Subcommittee with the impression that there was no linkage at present between objectives at the individual level and objectives at the unit or program level. In fact, each staff member developed objectives in consultation with his/her manager, and it was then the manager’s responsibility to ensure that those objectives directly supported the program of work and the expected results. The Secretariat was simply seeking to systematize and strengthen that process in order to enable both managers and individuals to better understand their specific contributions to the overall work of the Organization.

58. The Director said that one of the key pieces missing from results-based management at PAHO had been a formal conceptual framework endorsed by the countries that would afford a common understanding of what results-based management meant for an organization such as PAHO. The elements of the plan of action put forth in Document SPP40/9 were intended to provide that framework. Another missing piece had been the long-term planning instrument mentioned earlier by Inspector Fontaine Ortiz.

Prior to 1984, the Organization had had a series of 10-year Health Plans for the Americas, which represented the collective will of the Member States and set out the common public health objectives that they wished to achieve during each 10-year period. The Secretariat intended to resurrect that long-term planning framework in the form of the Health Agenda for the Americas, which the Subcommittee would be discussing later on. PAHO needed such a frame of reference in order to establish the Organization's specific contribution to the achievement of the countries' objectives. Only when that specific contribution had been established could the Organization take responsibility and be accountable for the results.

59. Once the contribution of PAHO had been established, it had to be decided what the specific contribution of each part of the Secretariat (technical units, country offices, Pan American centers, etc.) would be. Then, based on those expected results, the contribution of each individual would be established, which, in turn, would provide the framework for evaluating performance, both by the Organization and its Secretariat and by each staff member.

60. The point raised by the Delegate of Canada regarding public perceptions was noteworthy. PAHO had to be mindful both of the perceptions of the public at large and of the perceptions of its own personnel. The latter were very important because, even if they were not based on empiric evidence, as Canada had said, perceptions were a key factor in winning staff over and bringing about the internal change that would lead to the necessary change in the organizational culture and, ultimately, to the success of results-based management.

61. At the request of the Director, Dr. Karen Sealey (Area Manager, Planning, Program Budget, and Project Support, PAHO) responded to the questions concerning the linkage between the Organization's planning and evaluation system (AMPES) and its performance appraisal system. She emphasized that the key to evaluation of both individual performance and program results in a results-based management system was to establish clearly right from the start what the expected results were and who was responsible for achieving them. Over the years, the Secretariat had refined AMPES, so that it was now possible to identify which units and staff members would be responsible for each expected result included in the biennial program budget. What it had not succeeded in doing consistently was to make that information the basis for setting individual work objectives. It was that link between planning and human resources that the Secretariat would be working to strengthen as part of the plan of action for RBM implementation, the aim being to ensure that staff understood that their work really did matter and that the results they achieved as individuals determined whether or not the Organization as a whole would achieve its objectives.

62. The Director added that an important aspect of the work under way with regard to performance management was improvement of the automated instrument used for that

purpose in order to clearly identify the individual's contribution to the objectives of his/her unit or program. Another aspect was peer review of the work programs of the various units. Because numerous units contributed to the achievement of public health objectives, it was important, from the standpoint of accountability and performance measurement, that everyone involved should have input into the formulation of the program of work aimed at achieving the expected results.

63. The President observed that, in the final analysis, it was Member States that were responsible for achieving health results. However, countries received support for that purpose from PAHO and other partners. Accordingly, in health analysis and planning at the national level, through the Country Cooperation Strategy or other instruments, it was important for governments to clearly distinguish what role they expected the various partners to play in addressing the country's health cooperation needs. Without that clarity, it would be very difficult to measure the contribution of each actor.

64. The Director agreed that it was essential for each actor to be clear about what responsibilities it was taking on and what it was agreeing to be accountable for. Given that health was influenced by numerous social, economic, and environmental determinants, it was also important for the health sector to be clear about what part it would play vis-à-vis other sectors in achieving national health objectives. As Inspector Fontaine Ortiz had pointed out, for results-based management to work, those expectations had to be spelled out from the outset of the planning and budgeting process.

Financial Performance of the Pan American Health Organization for 2004-2005: Overview of Financial Resources and Trends (Document SPP40/INF/1)

65. Ms. Sharon Frahler (Area Manager, Financial Management and Reporting, PAHO) introduced this item, presenting a series of slides which supplemented the information contained in Document SPP40/INF/1 and highlighted trends in PAHO's financial performance over the last decade. She began by focusing on quota contributions, the most critical part of the Organization's income. Collections had increased significantly in the last two biennia. In 2004-2005, total collections, including both current-year and prior-year assessments, were the highest they had been since the early 1990s. More important, every Member State had made a payment. As of 20 March 2006, 19 countries had made payments for the current year and 5 had paid their 2006 assessments in full. The Secretariat deeply appreciated Member States' efforts to pay their quota assessments promptly.

66. The Organization derived miscellaneous income from two sources: (1) interest earned on investments, currency exchange gains, and other income; and (2) savings on or cancellation of obligations from prior periods. Miscellaneous income was difficult to predict for several reasons. First, projections of miscellaneous income were made three years in advance of the end of each biennium, and it was difficult to anticipate how

economic conditions might change in the interim. Miscellaneous income was also greatly affected by the interest earned on the Organization's investment portfolio. From 1994-1995 to 2000-2001, interest rates had risen and the portfolio had grown steadily. Interest had dropped drastically after that, resulting in a loss of approximately \$10 million¹ in the value of the portfolio and a sharp decline in miscellaneous income in 2002-2003. In 2004-2005 interest rates had begun to increase again and the portfolio had recovered. Because the Secretariat expected interest rates to continue rising in 2006-2007, it was projecting miscellaneous income of \$14.5 million for the current biennium, as compared to the projection of \$13.5 million for 2004-2005 (actual miscellaneous income in 2004-2005 was \$11.5 million).

67. The Secretariat's investment policy was driven by three guiding principles, the first and most important one being preservation of capital. Its overriding concern with regard to investment, and financial management in general, was to protect the money entrusted to it by Member States. Second, investment must match the intended use of funds; in other words, if a Member State had given the Secretariat money for a specific purpose, such as procurement, those funds could not be invested. Third, the Secretariat sought to maximize the return on investments, but without putting Member States' funds at risk. It invested in conservative instruments, such as certificates of deposit and money market accounts for varying periods, taking care always to ensure that sufficient liquidity was available to cover payroll and other obligations.

68. An analysis of funding trends for the previous 10 years revealed that quota assessments had remained fairly stagnant, as had miscellaneous income and most other sources of income. The Revolving Fund for Vaccine Procurement, on the other hand, had grown dramatically, rising from \$53.4 million in 1996-1997 to over \$302 million in 2004-2005. Capitalization of the fund had also increased, from \$7.1 million in 1995 to \$34.9 million. As Members were aware, the Revolving Fund was a mechanism through which PAHO purchased vaccines on behalf of Member States. Countries paid either in advance (for large orders) or after delivery of their vaccine orders (payment within 60 days was required). The fund was capitalized from the 3% fee that the Organization charged for its procurement services.

69. As far as expenditures were concerned, the trend was similar. In 2004-2005 expenditures had totaled over \$700 million, more than double the amount spent in 1996-1997. Again, the Revolving Fund for Vaccine Procurement accounted for the largest share of that increase.

70. Ms. Frahler concluded by mentioning some of the financial issues and challenges confronting the Organization at present. She also described some new financial management initiatives. One of main challenges in recent years had been banking

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

services and the introduction of strict banking controls, including daily reconciliation of all bank account balances, in order to prevent fraud. The Secretariat was currently examining the best options for banking services, including electronic banking services, both for PAHO Headquarters and for the country offices. Once it was satisfied that all the necessary controls and security measures were in place, it intended to transfer responsibility for some financial management and accounting functions to the country offices.

71. Several new initiatives had reduced costs and enabled the Secretariat to do more without adding staff, including automation of financial processes and streamlining of travel claim and procurement procedures. Negotiation of a new algorithm for calculating PAHO's share of health insurance benefits for WHO retirees living in the Region had resulted in a savings of approximately \$2 million in 2004-2005 and would continue to save the Organization money in the years to come.

72. The possible introduction of the International Public Sector Accounting Standards (IPSAS) in 2010 would represent a major challenge for the Secretariat, as the IPSAS differed significantly from the current United Nations accounting standards. Other future challenges were outlined in Document SPP40/INF/1 (paragraph 17).

73. The Subcommittee thanked Ms. Frahler for a clear and informative presentation, which had given Members a better appreciation of the complexity of managing the Organization's finances. Delegates commended the Secretariat for its efforts to realize cost savings and for its proactive steps to counter fraud and streamline various processes. They also applauded PAHO's success in negotiating favorable prices for vaccines and other public health supplies, educational materials, and equipment for Member States.

74. In relation to the future challenges, the Secretariat was asked to comment on what effect the possible transition to the IPSAS might have with regard to alignment with the WHO Global Management System. In that connection, one delegate pointed out that, should the IPSAS be adopted by the United Nations General Assembly, a phased-in approach to their implementation had been recommended. She encouraged PAHO to follow that approach in order to make the transition smoother. She also requested further information on the specific challenges involved in aligning PAHO's Financial Regulations and Rules with those of WHO. Another delegate inquired whether, if WHO retirees who had never worked in the Region were receiving benefits from PAHO, retirees from the Americas who now resided in other WHO Regions were receiving benefits from the corresponding Regional Offices. The same delegate, noting that the Organization of American States (OAS) had recently adopted a resolution concerning the scale of quota assessments for Member States, asked what implications that resolution would have for the Organization and for its Members, given that PAHO was part of both the United Nations and the inter-American systems.

75. The Delegate of Canada, alluding to paragraph 8 of the document concerning the WHO allocation to the Region, recalled that at the 2005 session of the Subcommittee, the Director had appealed to Member States to exercise advocacy vis-à-vis WHO in order to ensure that the Americas received a fairer share of WHO voluntary contributions. He had recently requested information on the matter from PAHO and had been surprised to learn that the Region was only receiving about 1.2% of WHO extrabudgetary funds. For example, out of the \$99 million that WHO had received from extrabudgetary sources for communicable disease surveillance, only \$84,000 had come to the Americas. WHO extrabudgetary resources for tuberculosis control totaled \$117 million, but the Americas had received only \$913,000. He recommended that such information be made widely available to Member States in the Region in order to equip them to lobby effectively for a larger share of WHO voluntary contributions for the Americas.

76. Responding to the Subcommittee's questions, Ms. Frahler said while there were some PAHO retirees living outside the Americas, they were very few in number. There were many more WHO retirees who had chosen to retire in the Americas, although they had never worked in the Region. With regard to the challenges involved in aligning PAHO's Financial Regulations and Rules with those of WHO, a major one had to do with the management of trust funds given to the Organization by Member States for specific projects. Under its draft new rules, WHO proposed to credit the trust funds to its accounts and begin implementing the project on the day the agreement with the Member State was signed, even if the funds had not actually been received. That meant that, at least initially, WHO was implementing the project with its own funds. It could do that because it had a larger working capital fund and because WHO, unlike PAHO, had the option of internal borrowing. PAHO simply was not in a position to begin implementing trust fund projects with its own money.

77. As concerned the IPSAS and the implications for alignment with the WHO Global Management System (GMS), if PAHO opted to implement the global system, it would automatically also implement the IPSAS, as WHO was committed to adopting the new accounting standards. However, the Secretariat was still weighing the pros and cons of implementing the system. One of the major negatives was cost: preliminary estimates indicated that it would cost around \$10 million to implement the GMS, and it was not clear how much of that amount the Organization might expect to receive from WHO. If PAHO did decide to adopt the IPSAS, certainly it would follow the recommended phased-in approach. Some changes might begin as early as the 2008-2009 biennium.

78. The Director added that one of the main considerations in relation to the possible implementation of the Global Management System was PAHO's dual status as the Regional Office of WHO and as an independent organization within the inter-American system. That meant that PAHO also had dual reporting responsibilities, which in turn meant that its current system, AMPES, was more sophisticated in some respects than the WHO system. Generally speaking, when it came to aligning such systems, the party with

the most advanced system stood to lose the most in terms both of the investments made in the system itself and in training personnel to use it. The Secretariat was therefore looking closely at whether the benefits of moving to the Global Management System would be commensurate with the expenditure that such a move would entail. A better option might be to ensure the interconnectivity and interoperability of the two systems. In any case, PAHO would continue to carry out the necessary reporting and would guarantee the necessary transparency and accountability with regard to WHO-funded activities.

79. Regarding quota assessments, in accordance with the Pan American Sanitary Code and the Constitution of PAHO, the Organization's scale of assessments was based on the OAS scale. If the OAS changed its scale of assessments, PAHO was obligated to adjust its scale accordingly. A proposal would be prepared for consideration by the Executive Committee in June. It would be up to Member States to decide whether to adopt the new scale during the current biennium or in the next biennium.

80. With respect to the Revolving Fund for Vaccine Procurement, she felt that it was important to clarify that the 3% fee charged by PAHO was used to capitalize the Fund; it was not a profit earned by the Organization. It was by building up the capital in the Fund that PAHO would be able to continue supplying vaccines for national immunization programs at affordable prices and continue allowing countries to defer payment. If countries opted to purchase vaccines and immunization supplies through other agencies because they charged a lower percentage, they were hurting the Fund's ability to continue operating, which meant that they were hurting themselves and their sister countries in the Region, particularly the smaller countries whose immunization programs depended heavily on the Revolving Fund. Moreover, they were violating one of the fundamental principles on which PAHO was built: solidarity.

Methodology for the Formulation of the PASB Strategic Plan 2008-2012 and a Proposed Health Agenda for the Americas 2008-2017 (Document SPP40/3)

81. This item was introduced by Dr. Karen Sealey (Area Manager, Planning, Program Budget, and Project Support, PAHO) and Mr. Dean Chambliss (Planning Officer, Planning, Program Budget, and Project Support, PAHO). Dr. Sealey began by highlighting the key factors in the current planning environment and the proposed innovations for the next planning cycle. Mr. Chambliss then outlined the proposed methodology and timetable for formulating the Strategic Plan for 2008-2012 and a Health Agenda for the Americas for the period 2008-2017. The latter was one of the principle innovations for the coming planning cycle. The Health Agenda for the Americas would provide the long-term planning framework to which Inspector Fontaine Ortiz had alluded earlier. It would set strategic goals and targets, identified by Member States, which Member States and the Secretariat would then work together to achieve. The Secretariat's contribution would be established in the Strategic Plan, which would translate the organization-wide strategic goals into regionwide expected results to be achieved by the

Secretariat. The Strategic Plan would be a key link from the Health Agenda to the biennial program budgets, which were a very operation-specific two-year tool. It would also be a key results-based-management tool.

82. Although the Joint Inspection Unit recommended a long-term planning cycle of 12 years and a medium-term planning cycle of 6 years, the Secretariat was accountable to the Pan American Sanitary Conference every 5 years, and it was therefore proposed that the medium-term Strategic Plan should continue to cover that period. Like its forerunner, the 10-Year Health Plan for the Americas, the Health Agenda for the Americas would span a decade, encompassing two strategic plans and five biennial program budgets.

83. Both the Health Agenda and the Strategic Plan would be developed through a participatory process, with ample input from Member States. It was proposed that the Health Agenda should be approved by a special meeting of ministers of health in mid-2007, possibly coinciding with the World Health Assembly in May. It would then provide the basis for finalization of the Strategic Plan, to be submitted to the Pan American Sanitary Conference in September 2007. In addition to the input from Member States, the information being compiled for the forthcoming edition of *Health in the Americas* would be used in the planning process.

84. The Secretariat proposed that a high-level Steering Group be set up to assist in formulating the Health Agenda and the Strategic Plan. Document SPP40/3 suggested a possible composition for the steering group and also laid out a timetable for development of the two documents. The Subcommittee was asked to comment on and endorse the proposed planning process and timetable and to nominate Member State representatives to serve on the proposed Steering Group.

85. The Subcommittee expressed general agreement with the proposals put forward in Document SPP40/3. Several delegates remarked that the proposed approach to long- and medium-term planning responded to various concerns expressed by the Working Group on PAHO in the 21st Century in relation to governance and transparency. Delegates also felt that the approach clearly demonstrated the Secretariat's commitment to results-based planning and management.

86. Nevertheless, some delegates considered that certain aspects of the document, and the planning process proposed therein, needed clarification. While it was recognized that the document represented a first attempt to define a methodology for the development of the Health Agenda and the Strategic Plan, it was felt that at times it was too vague to give Member States a real sense of how the process would go forward and what their specific role in it would be, what the role of the Secretariat would be, and what the Secretariat viewed as its niche. Several delegates expressed concern as to whether the necessary consultation with Member States could be accomplished within the very tight timeframe available for development of the two documents.

87. The Secretariat was asked to elucidate the “crosswalk” concept mentioned in the document (SPP40/3, paragraph 18) and to explain how it would eliminate the need for double-reporting. Clarification was also sought of the relationship between the proposed Health Agenda for the Americas and the WHO Eleventh General Program of Work (GPW). It was emphasized that the GPW should be the starting point for the formulation of the regional health agenda as, once adopted, it would guide the activities of WHO as a whole, including the Americas. The need to harmonize PAHO’s planning and objectives with those of WHO was underscored. One delegate, noting that PAHO Member States had been actively involved in regional consultations on the Eleventh GPW, requested clarification of a statement in the oral presentation which seemed to suggest that the WHO planning process had been deficient in country input.

88. Strong support was expressed for the idea of a 10-year regional health agenda that would represent the collective will of the countries, although it was pointed out that developing such an agenda in a context marked by pronounced disparities between countries would be a challenge. It was felt that such a long-term planning document would indeed facilitate health planning at the national and subregional levels. In the latter connection, several delegates underscored the need to ensure clear linkages between the regional agenda and subregional health agendas and also to incorporate health-related objectives established in other regional forums, such as the Summits of the Americas. Delegates also thought that a regional health agenda agreed upon by consensus would provide useful guidance for other agencies working to address health needs in the Region, which in turn would facilitate the mobilization and channeling of health cooperation resources. In that regard, several delegates stressed the need to ensure adequate resources to carry out the Health Agenda. It was suggested that Document SPP40/3 should be cross-referenced with Document SPP40/4 (PAHO Framework for Resource Mobilization). Cross-referencing with Document SPP40/9 (Plan of Action for Results-based Management Implementation in the Pan American Sanitary Bureau) was also recommended.

89. The Subcommittee emphasized the need for active participation by Member States in developing the Health Agenda for the Americas. It was pointed out that the 10-Year Health Plans for the Americas had been formulated largely by the Secretariat; country participation had been limited basically to “rubber stamping” the plans in sessions of the Governing Bodies. That had perhaps been understandable at the time because national capacity for health planning had not been very well developed in many countries. However, that situation had changed, and countries were now in a position to take a much more active role in developing a regional health agenda. With regard to the content of the agenda, one delegate expressed the view that it was not appropriate for the Secretariat to set strategic goals for Member States; rather, it should focus on setting goals that would be attainable through its actions alone and should provide Member States with technical and other assistance to enable them to reach the goals they had established for themselves.

90. Delegates favored the idea of creating a Steering Group, but stressed that the group should be directly involved in formulating the agenda. It was felt that four Member State representatives—the number proposed in Document SPP40/3—would not be sufficient to ensure broad country participation in the process. It was also felt that the functions and terms of reference of the Steering Group should be clarified. Argentina, Brazil, Canada, and Costa Rica expressed interest in being members. The Delegate of Barbados suggested that the Caribbean subregion should be represented on the Steering Group.

91. Dr. Sealey assured the Subcommittee that it was the Secretariat's assumption that the WHO Eleventh General Program of Work would serve as the take-off point for developing a regional health agenda. Indeed, it was anticipated that the regional health agenda would be an interpretation of the global health agenda, tailored specifically to the Americas, which had peculiarities and needs that were not addressed in the Eleventh GPW.

92. She had not meant to suggest that she had anything but the highest regard for the GPW or the process through which it had been developed. It did provide an excellent description of a global vision for health for the period 2006-2015. However, it did not include any explicit goals. From the perspective of a planning officer, she would have hoped that the GPW would have been more directly linked to the WHO medium-term strategic plan. That plan, which was currently being prepared, did include strategic objectives, but owing to time constraints, it would be impossible to get any meaningful direct input from Member States on the objectives before the plan was submitted for consideration by the WHO Governing Bodies.

93. The Secretariat believed that direct country input was essential in setting collective strategic objectives specifically for PAHO. She therefore considered the Subcommittee's comments regarding the composition of the Steering Group very pertinent. Upon further reflection, the Secretariat believed that it would be advisable to establish two groups, one for the development of the regional health agenda, with maximum involvement of Member States, and another, smaller, group to assist the Secretariat in drawing up the Strategic Plan for 2008-2012.

94. She wished to make it very clear that the strategic goals to be included in the proposed Health Agenda for the Americas would be established by Member States. The Secretariat would play a support role, providing analysis of health issues and helping to draft the document, but ultimately the content of the Health Agenda would be determined by countries. That was essential for results-based management, which would not work if the goals set only reflected and impacted the Secretariat's plan. However, it was also essential for results-management that the goals established collectively by Member States be reflected in national health plans.

95. Mr. Chambliss drew attention to the diagram in paragraph 18 of Document SPP40/3, which illustrated the relationship between the Eleventh General Program of Work and the proposed Health Agenda for the Americas and showed the proposed planning and reporting relationship between PAHO and WHO. As Dr. Sealey had said, the Eleventh GPW did not contain any explicit goals or indicators and was therefore not part of the formal “results chain.” Consequently, in defining the strategic goals to be included in the proposed Health Agenda for the Americas, PAHO would have to take its initial orientations from the WHO medium-term strategic plan. It was at the goal and expected - result level that the Secretariat hoped to build “crosswalks”, linking PAHO’s strategic goals and regionwide expected results with WHO’s strategic objectives and organization-wide expected results, in order to reduce the reporting demands on PAHO technical staff while still showing how PAHO, including both Secretariat and Member States, was contributing to the global health agenda.

96. As for what the Secretariat saw as its role, as Dr. Sealey had explained, it would play a facilitation role in developing the regional health agenda and in monitoring and reporting on progress towards the strategic goals contained therein, recognizing, however, that those goals were for all players in the health sector, not just PAHO or its Secretariat. Under the Strategic Plan, on the other hand, the Secretariat would define specific expected results for which it would be wholly accountable. Of course, there would be a logical relationship between realization of the expected results by the Secretariat and achievement of the larger strategic goals.

97. The Director pointed out that, constitutionally, PAHO had a double role: the role of helping countries to set their goals and the role of collaborating with them to achieve those goals. She felt that it was important to clarify that the proposed Health Agenda for the Americas would not be a plan. It would be a collective vision and a set of goals which Member States wished to achieve. It was that element that was missing from results-based management at both PAHO and WHO. PAHO currently had a Strategic Plan which set out what the Secretariat intended to achieve, but it lacked a document containing the goals that formed the basis for defining the Secretariat’s responsibilities. WHO had the Eleventh General Program of Work, which did put forth a global health agenda, but it did not include goals established by Member States. WHO’s draft medium-term strategic plan contained goals, in the form of 15 strategic objectives, but they had not been set in consultation with Member States.

98. In her opinion, direct Member State participation in decision-making about goals and policies had been weakening within WHO. In her view, the World Health Assembly had largely lost its character as a true deliberative assembly. Instead, it functioned as a sort of council, in which Member States reviewed proposals submitted by the Secretariat and either approved them or changed them, but they were not directly involved in defining what they collectively wanted.

99. In formulating a regional health agenda, it was important to bear in mind that PAHO was guided not just by what WHO and the World Health Assembly decided, but also by health-related mandates agreed upon by PAHO Member States in other international forums. In addition, the various subregional entities had established mandates which also needed to be reflected in the regional health agenda. She felt that what was needed was an integrated document that tied together all the various objectives and mandates in relation to health. In that sense, what the Secretariat was proposing to do was not to create a new vision but to give expression to the vision that already existed in a single document that would serve as the basis for defining the specific contribution required from PAHO in order to make that vision a reality. However, the regional health agenda, as the legitimate expression of the collective will of the countries of the Americas, could also serve as the basis for determining the contribution of other actors and agencies involved in the health sector in the Region. Without such a document, it would be impossible to harmonize and align efforts or to establish accountability for results.

100. The President observed that the Subcommittee appeared to be in general agreement with the proposal to develop a 10-year regional health agenda that would set out the collective vision of Member States and establish the goals that they wished to achieve and a 5-year strategic plan that would define the role of the Secretariat in reaching those goals. However, the Subcommittee did not appear to be prepared to endorse the proposal regarding the Steering Group without further information about its composition and functions. Accordingly, she asked the Secretariat to draw up a more detailed proposal concerning the membership and terms of reference for the group.

101. The Subcommittee subsequently considered a document prepared by the Secretariat, which proposed the creation of a Steering Group consisting of 12 members, among whom 6 to 7 would be senior officers or planners from Member States, including, but not limited to, one from the Southern Cone subregion (MERCOSUR), one from the Andean subregion, one from Central America, one from the English-speaking Caribbean, one from the Latin Caribbean, and one from North America. Five members would be representatives of health partners, to be selected from among universities, United Nations organizations, NGOs, international financial institutions and/or other health institutions. It was also proposed that a subgroup of the Health Agenda Steering Group should assist the Secretariat in formulating the Strategic Plan.

102. Subcommittee Members felt that they needed additional time to consider and discuss the proposal. It was agreed that a virtual consultation would be organized for that purpose. The Secretariat was asked to make the necessary arrangements and provide technical support.

Public Health Plans for the Americas: Concept Framework and Process (Document SPP40/8)

103. Dr. Alba María Ropero (Regional Advisor on Immunizations, PAHO) introduced Document SPP40/8, which had been prepared by an interdisciplinary team within the Secretariat as part of one of the Roadmap initiatives. She noted that the topic of regional public health plans was closely related to the long-term planning framework discussed by the Subcommittee under the previous agenda item, as such plans might be one means of operationalizing the proposed Health Agenda for the Americas. She began by explaining that the title of the initiative had initially referred to “regional public health programs,” but it had been changed because it had been feared that the term “program” would be taken to mean the traditional regional programs of the Organization. That would have shifted the center of attention away from the true focus of regional public health plans: Member States.

104. In drafting the document, the interdisciplinary group had drawn heavily on the recommendations of the Working Group on PAHO in the 21st Century (Document CD46/29). It had also reviewed and extracted lessons learned from the most successful regional programs and initiatives, in particular the Expanded Program on Immunization. In addition, the team had held discussions with PAHO staff and other actors around the Region. The result was the document before the Subcommittee, which outlined a conceptual framework and process for the development and implementation of regional public health plans.

105. Regional public health plans were seen as a strategic tool for coordinating the efforts of all levels and actors in order to achieve public health goals. The document set out the basic criteria, characteristics, functions, and functional structure of such plans. It also identified some of the activities that would need to be carried out at the subregional and country levels in order to implement them, and it discussed their implications for PAHO/WHO technical cooperation.

106. The Subcommittee was asked to comment on the framework presented in the document, consider mechanisms for formal adoption of the plans by Member States, and determine what mechanisms would be required to implement and monitor public health plans for the Americas.

107. The Subcommittee welcomed the initiative to develop a conceptual framework for regional public health plans. Members felt that the initiative provided clear evidence that the recommendations of the Working Group on PAHO in the 21st Century were being taken seriously. The Subcommittee also expressed general support for regional public health plans as a means of targeting specific issues, noting that the transborder nature of disease processes made it essential for countries to join forces in combating them through

shared or coordinated interventions. Avian influenza was mentioned as a consummate example of a health issue requiring a coordinated regional approach.

108. Nevertheless, some delegates expressed confusion about the purpose and content of the document and the nature of the plans in question. It was pointed out that the document was very theoretical and that it focused heavily on process rather than on content, which might result in the development of plans that ultimately made very little difference at country level. Several delegates cautioned against an excessive focus on process at the expense of implementation, emphasizing that planning should not become an end in itself and that it was important not to lose sight of the fact that the overall goal of planning and programming was to effect change in health status at country level. It was also pointed out that, consistent with the principles of results-based management, the first steps in any planning process should be to prioritize, identify the problems to tackled, and set goals; only then should plans be formulated with a view to achieving those goals.

109. Several delegates felt that the crucial role of strong leadership by ministries of health at the country level should be highlighted in the document. In that connection, one delegate noted that regional public health plans could only be as strong as plans at the subregional, national, and subnational levels. Several delegates underscored the importance of adapting global and regional plans to national realities, needs, and priorities and the importance of ensuring country involvement in the planning process in order to ensure that the resulting plans really responded to felt needs. The need to respect national decisions regarding participation in a particular regional plan was also stressed.

110. It was suggested that, in order to make it clear what the proposed framework and process were intended to change or improve, the document would benefit from an introductory or background section that explained what failings or weak points had been encountered in the current process for formulation and implementation of regional plans. It was also suggested that the document should clarify the relationship between regional public health plans and the proposed Health Agenda for the Americas, the PASB strategic plans, and other elements of the Organization's planning framework. One delegate observed that it was difficult to discern from the information in the document how the proposed approach was new and how it differed from what PAHO was already doing, for example, through the country cooperation strategies. Another delegate pointed out that the document did not explain the difference between plans and programs and, at times, seemed to use the two terms interchangeably.

111. Regarding the request that the Subcommittee should consider mechanisms for formal adoption of the plans by Member States, delegates sought clarification of what, specifically, Member States were being asked to adopt, as Document SPP40/8 contained no actual plans. Delegates also inquired whether it was intended that the document should

go forward to the Executive Committee for consideration; if so, it would need to be revised and clarified, particularly if it was to form the basis for a resolution.

112. Dr. Ropero said that the Secretariat's aim in submitting the document for consideration by the Subcommittee had been to obtain precisely the sort of feedback that Members had provided. The conceptual framework was a work in progress; the Secretariat was aware that it needed refining. The Subcommittee's comments had highlighted the areas that required clarification and would be very helpful to the Secretariat in revising the document.

113. The Director affirmed that this item, like the one that had preceded it, had been brought to the Subcommittee because it was the body concerned with programming and planning, and regional public health plans were one of the Organization's planning instruments. As had been explained in the earlier discussion on results-based management, it was essential for everyone involved to share a common conceptual framework and a common terminology; otherwise, a great deal of time would be lost in pointless discussions of concepts and language. The confusion over the terms "program" and "plan" plainly illustrated the need for a standardized terminology.

114. In Document SPP40/8, the Secretariat was not proposing, nor was it seeking approval, for a new regional public health plan. Rather, it was proposing a common conceptual framework and terminology for such plans, so that when a particular plan was used as a basis for setting expected results and performance objectives, all the various actors involved could be sure that they were "speaking the same language" and that the same standards would be applied at all levels in the evaluation of results. The conceptual framework attempted to identify the essential attributes of a successful plan and the standards or benchmarks by which it could be measured, drawing on the Organization's experience with previous regional plans. In that regard, she agreed that it would be useful to include in the document a review of the lessons learned from both successful and unsuccessful plans.

115. One important lesson learned from the past was that, to be successful, regional public health plans had to be viewed as mandates by everyone concerned: the Organization, Member States, donors and other partners, and civil society. That was the only way to ensure accountability. At the national level, it had to be ensured that the plan constituted a mandate for officials at all levels, from the president and the congress right down to mayors and other local authorities.

116. Regarding the request to the Subcommittee concerning mechanisms for formal adoption of regional public health plans, she explained that the intention had been to solicit guidance from Members on the procedure for approval by the Governing Bodies of future plans—for example, a plan for the reduction of infant mortality or for the implementation of the new International Health Regulations in the Region—by the

Governing Bodies. With respect to the relationship between regional public health plans and the other planning instruments, she noted that, once the Health Agenda for the Americas was approved, it would be important to ensure that a regional plan existed for the achievement of each of the strategic goals established by Member States. As for whether the document should go forward to the Executive Committee, in her view it should not, since the Secretariat was not putting forward any concrete proposal for approval by the Governing Bodies at the present time, and since, as the Subcommittee's comments had made clear, a number of points in the document needed to be clarified.

117. The Delegate of Canada, recalling that his country and others had been suggesting for a number of years that the work of the Subcommittee should focus on planning, administration, and budgeting issues, noted with satisfaction that the inclusion of this item and all the preceding ones on the Subcommittee's agenda clearly reflected a shift in that direction. The Working Group on Streamlining the Governance Mechanisms of PAHO would be examining the role of the Subcommittee in greater depth when it met later in the week.

118. The President said that, while Members seemed to agree that the initiative was a good one and that the Secretariat should certainly continue refining the conceptual framework, it appeared to be the consensus of the Subcommittee that the document was not ready for consideration by the Executive Committee.

PAHO Framework for Resource Mobilization (Document SPP40/4)

119. Dr. Philippe Lamy (Area Manager, Governance, Policy, and Partnerships, PAHO), introducing Document SPP40/4, noted that, the resource mobilization framework had been developed, incorporating inputs from one of the Roadmap initiatives, the ultimate aim of which was to put together a resource mobilization strategy for the Organization. The strategy would be designed not only to mobilize financial and nonfinancial resources for and through the Secretariat, but also to expand resource mobilization for health at country level. Alluding to earlier comments made by the Subcommittee in its discussion of the proposed Health Agenda for the Americas and the PASB Strategic Plan, he emphasized that the Secretariat was aware of the need to align and articulate the various planning proposals and instruments with the resource mobilization strategy, which was intended to support them.

120. He summarized the main points presented in the document, including the background for the proposal, contextual factors such as trends in official development assistance (ODA) and other sources of multilateral and bilateral assistance, and the main components of the proposed resource mobilization framework, which would serve as the departure point for the subsequent design of the resource mobilization strategy. He presented also some key elements of the work in progress of the Roadmap resource

mobilization team and described some of the progress that had been made towards developing the strategy since Document SPP40/4 had been published.

121. The end product of the team's efforts would be a corporate resource mobilization strategy comprising four basic segments, or groups of partners: international financing institutions, bilateral partners at country level, corporate and commercial partners, and civil society organizations such as NGOs and philanthropic foundations. The team was examining how to work better with new sources of both financial and nonfinancial resources for health, such as the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and was also exploring ways to strengthen ties with the private sector, including commercial as well as nonprofit entities. Recent negotiations with pharmaceutical companies had shown that there was interest among commercial-sector actors in both financial partnering and nonfinancial assistance (through provision of technical expertise, for example).

122. Some preliminary deliveries of the resource mobilization team included internal and external situation analysis for each of the four groups of partners; PAHO access to the donor database and to training provided by the Foundation Center, a clearinghouse of information on foundations and other sources of grant money; identification of the potential role of the Pan American Health and Education Foundation (PAHEF) in financial and nonfinancial resource mobilization; contributions to the development of the Organization's guidelines on collaboration with private enterprise; and identification of the skill set and staff training needed for effective resource mobilization.

123. The Subcommittee welcomed the resource mobilization framework, which was seen as a useful tool for medium- and long-term resource mobilization planning. Members applauded, in particular, the efforts to promote harmonization and alignment with other partners, including those in the private sector. The Organization was encouraged to continue working to take advantage of the resources and capabilities available in the private sector, although it was emphasized that care must be taken not to violate ethical principles and criteria in pursuing such relationships. Members also endorsed the idea of enhanced policy dialogue with partners through multipartner forums, as proposed in Document SPP40/4 (paragraphs 40-41). In that regard, it was suggested that PAHO might consider hosting a regional meeting of the Secretariat and Member States with representatives of private entities in order to explore further the possibilities for resource mobilization in the private sector.

124. Delegates felt that the proposed framework would facilitate a program-based approach, providing a modality through which the most highly developed countries could support the implementation of regional programs, rather than specific projects, which often did not ensure as much sustainability as donors wished to see. It was also felt that the framework would afford a means of utilizing the resources available in less developed countries, which had valuable professional and institutional capacities to offer. The

Organization was encouraged to seek ways of taking better advantage of the expertise available at country level by identifying institutions of excellence that might serve as international reference centers similar to the WHO Collaborating Centers. Delegates also recommended that PAHO build up the capacity of its country offices to mobilize both financial and nonfinancial resources at country level. It was suggested that ties between country offices and ministries of health, especially their international cooperation offices, should be strengthened for that purpose. The importance of incorporating subregional entities into resource mobilization efforts was also highlighted.

125. Delegates commended PAHO on its success in raising voluntary contributions, and requested additional information on the areas of work for which those funds had been allocated and on how they had been distributed among Member States, in particular the Organization's five priority countries. While acknowledging the importance of addressing the needs of poorer countries, delegates also underscored the importance of not overlooking the needs of middle-income countries, and urged the Organization to work to increase their access to cooperation resources and programs.

126. It was suggested that, as the Secretariat went forward with the development of the resource mobilization strategy, it would be helpful to articulate some basic objectives, following the model of the WHO resource mobilization framework. Such objectives might include, inter alia, resource mobilization efforts rooted in a commitment by the Secretariat to be a results-oriented center of excellence for the Region; a commitment to accountability, transparency, and oversight and to the use of resources at all levels; resource mobilization focused on agreed upon PAHO priorities; and efforts to ensure optimal effectiveness of voluntary resources through increased coordination with the objectives of existing country-level assistance for health. It was also suggested that the section in the document dealing with advocacy and policy dialogue should be clarified, as it was not evident how those activities would contribute specifically to resource mobilization.

127. Dr. Lamy agreed that it was indeed very important to mobilize professional and institutional capacity at the country level; the Secretariat considered that an important element to be included in the resource mobilization strategy. He also agreed that the country offices, in conjunction with the ministries of health, had an important role to play in helping to mobilize more resources for use at country level. In that regard, the Secretariat was working on a proposal for strengthening the resource mobilization capacity of the international cooperation offices of ministries of health, in collaboration with the regional network of those offices.

128. Responding to the request for information on the allocation of voluntary contributions among areas of work and Member States, he said that data for several biennia were currently being compiled and would be included in the next iteration of the document. With regard to the request for clarification of the relationship between policy

dialogue and advocacy and resource mobilization, he cited the example of the regional “3 by 5” initiative. It was the political, technical, and financial support mobilized within the Summit of the Americas that had enabled the Region to meet the objective set by Member States.

129. He assured the Subcommittee that although he had not responded specifically to each comment, he had taken careful note of all the suggestions and recommendations regarding the resource mobilization strategy and would communicate them to the Roadmap team.

130. The Director observed that many of PAHO’s current tools and strategies for resource mobilization had originated in the 1980s with the initiative “Health: A Bridge for Peace in Central America,” which had been one of the most successful resource mobilization efforts in the Organization’s history. It had led to the formation of many new partnerships, including relationships with partners from outside the Region, which remained in existence today.

131. She felt that it was important to highlight the fact that, while a number of new forms and modalities of cooperation had emerged in recent years, the actual amount of funding being provided for international development cooperation had not increased. It was difficult to see how the many development goals established by the countries of the world in recent years could be achieved if that situation continued.

132. The Secretariat was keenly aware of the problems faced by middle-income countries with regard to resource mobilization and was exploring ways of increasing their access to funding under initiatives such as the Global Fund to Fight AIDS, Tuberculosis, and Malaria and of ensuring representation of their interests on the governing bodies of such initiatives. One of the bargaining chips that the Secretariat was using in negotiations with international investors was, precisely, the professional and institutional capacity that existed in middle-income countries, which made it possible to achieve significant impact in the short term with a relatively modest investment. It was also strongly emphasizing the need to protect past health achievements in those countries.

133. The Secretariat was also looking at how it could work through PAHO Member States to forge stronger partnerships with multilateral financial institutions, in particular the World Bank and the Inter-American Development Bank, and ensure a more active role for the Organization in health-related technical cooperation operations financed by the Banks. PAHO had enjoyed a much closer collaborative relationship with the Inter-American Development Bank during the 1960s and 1970s, thanks to which the Region had seen the greatest expansion in water supply and sanitation coverage in its history. The weakening of that partnership in subsequent years had been a great loss to the countries of the Americas; in her view, it had been a major factor in the resurgence of cholera in the Region during the 1990s.

134. With regard to voluntary contributions, she recalled that the previous year's budget resolution (Resolution CD46.R8) had encouraged all countries to make voluntary contributions to support the priorities identified in the 2%-increase scenario presented in *Official Document 317*, and had asked the Secretariat to report on those efforts. She was very pleased to inform the Subcommittee that countries were responding to that call. For example, Saint Kitts and Nevis and the Cayman Islands, had already made voluntary contributions.

Regional Strategy on an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity, and Health (Document SPP40/11)

135. Dr. Carissa Etienne (Assistant Director, PAHO) introduced Document SPP40/11, emphasizing that it did not present a detailed strategy or plan of action. The document summarized the situation analysis and priority lines of action which represented the initial outputs of the process of developing a regional strategy and plan of action for an integrated approach to the growing epidemic of chronic diseases in the Region. The Secretariat was seeking input from the Subcommittee, consistent with its commitment to ensure broad consultation and to lead participatory processes for the preparation and definition of regional plans of action.

136. The process of developing the strategy and plan of action had begun with a situation analysis, which had included a literature review, compilation of data, and a survey of national capacity for the prevention and control of chronic diseases in the Region conducted in 2005. Preliminary analysis of the survey findings indicated that, so far, the response to the chronic disease epidemic had been inadequate. There had been a lack of integrated action; countries still lacked tobacco control and food and nutrition legislation; and few countries had allocated resources for noncommunicable disease prevention and control.

137. A planning meeting had been held in January 2006 with regional advisors from across the Organization, including both Secretariat staff and experts from countries. The outcome had been a framework document that identified the overall goal (preventing and reducing the burden of chronic diseases and related risk factors in the Americas) and the four main lines of action to be pursued (public policy and advocacy, surveillance, health promotion and disease prevention, and integrated management of chronic diseases and risk factors). Following a consultative meeting held in February 2006, the framework document had been revised and expanded to include priorities and subpriorities, goals and subgoals for each line of action, and performance measures. The revised document had been circulated to all Member States, and the Secretariat was working through the PAHO/WHO Representatives to ensure that country consultations were held throughout Latin America and the Caribbean. Subregional consultations would also be held using teleconferencing. A review committee would analyze the input received from those consultations to further shape and define the regional strategy and plan of action. The

final draft was expected to be ready by May 2006 and would be presented to the Executive Committee in June 2006 and then to the Directing Council in September 2006.

138. The Subcommittee voiced strong support for an integrated regional strategy, with emphasis on both prevention of and care for chronic diseases. The Subcommittee also applauded PAHO's efforts to ensure full participation by Member States in the formulation of the strategy and plan of action, which was seen as critical to their success. Members believed the regional strategy would complement and contribute to the implementation of the WHO Global Strategy for the Prevention and Control of Noncommunicable Diseases and the WHO Global Strategy on Diet, Physical Activity, and Health. It was felt that the regional strategy would also serve as useful guidance for Member States as they sought to develop their national plans for the prevention and control of chronic diseases and that it would afford an opportunity to integrate chronic disease initiatives and programs that were currently being carried out in a fragmented manner.

139. One delegate, however, expressed concern that the regional strategy would substantially overlap both the WHO Global Strategy on Diet, Physical Activity, and Health and the proposed regional strategy on nutrition and development. He felt that such duplication should be avoided and that PAHO should focus on implementing the WHO Global Strategy in the Americas rather than developing parallel strategies.

140. Delegates highlighted a number of issues that should be taken into consideration as work on the strategy and plan of action continued. Several delegates also reported on chronic disease prevention and control initiatives under way in their respective countries. In that connection, the importance of exchanges of experience and information between countries in this area was underscored; it was pointed out that the document containing the regional strategy might benefit from the inclusion of a summary of national experiences, perhaps in a table or matrix. The value of working in collaborative networks, such as Healthy Cities/Municipalities and the WHO CINDI (Countrywide Integrated Noncommunicable Diseases Intervention) and the PAHO CARMEN (Strategies to reduce multifactor noncommunicable diseases) programs, was also stressed.

141. The need for increased emphasis on health promotion and disease prevention was highlighted by many delegates. It was felt that health promotion aimed at preventing chronic diseases should begin early, through school health promotion and education programs, in order to encourage children and young people to practice healthy lifestyles and discourage them from taking up unhealthy habits that could translate into higher rates of diabetes, cardiovascular disease, and other chronic diseases in their adult years. In relation to diabetes, it was pointed out that the strategy should also focus on the identification and treatment of prediabetes, as evidence had shown that early intervention could prevent prediabetes from becoming diabetes. The importance of early detection and intervention for all chronic diseases was emphasized.

142. Delegates also signaled the need for attention to mental illness, which often coexisted with chronic conditions such as cancer, heart disease, and diabetes. Untreated, it might lead to unhealthy behaviors, noncompliance with medical instructions, and poor prognosis in patients with chronic diseases. It was recommended that PAHO use the WHO Mental Health Global Action Program to enhance the regional strategy on chronic diseases.

143. The design of effective health education and behavior change interventions was considered crucial for the prevention of chronic diseases. One delegate noted that obesity was still not widely perceived as a risk factor for chronic disease in her country, which pointed up the need for health education and promotion campaigns. Another delegate highlighted the difficulty of ensuring that health promotion interventions reached all segments of the population, in particular poor and highly vulnerable groups. A third delegate called attention to the need to strengthen education in health promotion and disease prevention in training programs for health professionals.

144. Surveillance was seen as a weak area which the regional strategy should address. It was pointed out that many countries had difficulty in determining the true magnitude and severity of their chronic disease problem and needed support from PAHO in identifying the most appropriate surveillance methods and tools for their respective situations.

145. Some delegates considered advocacy for policy change an important role for PAHO, noting that it would help raise the visibility of the issue of chronic diseases on national agendas, which in turn would help countries attract greater support from cooperation partners. Other delegates felt that a more appropriate role for PAHO would be to provide Member States with the necessary evidence and data trends so that they could then develop policies and programs to address the complex issues surrounding diet, nutrition, and physical activity.

146. With regard to the goal of the regional strategy as stated in Document SPP40/11 (paragraph 29), one delegate felt that it did not take sufficient account of the complexity and diversity of the health situation in the Region, which required the design of comprehensive interventions appropriate to each country. Another delegate stressed that any strategy put forward by PAHO must be relevant across the entire Region; the same delegate, pointing out that Document SPP40/11 lacked citations and data to support many of the statistics and assertions it presented, emphasized that regional strategies must be evidence-based and grounded in sound science.

147. Several delegates sought information regarding the resources that would be required to implement the regional strategy and the proportion of the PAHO/WHO budget that would be devoted to its implementation. It was pointed out that Member

States had requested repeatedly in the past that the Secretariat include such information whenever it presented a proposal for action by the Governing Bodies.

148. Dr. Etienne thanked the Subcommittee for its extensive comments and suggestions, particularly the recommendation concerning the relationship between mental health and chronic disease; she agreed that that was an area that had not received sufficient attention. The Secretariat would see that the Subcommittee's input was taken into account as the development of the strategy and plan of action proceeded. She assured the Subcommittee that the global strategies on diet, physical activity, and health; tobacco control; and noncommunicable disease prevention and health promotion were firmly woven into the regional strategy and plan of action. The Secretariat was not attempting to rehash any of the WHO strategies. The PAHO strategy would be informed by those strategies, and PAHO's focus would be on implementation of those strategies through a regional plan of action that took into consideration the realities of the Region.

149. Regarding the budget questions, she pointed out that resources for chronic disease prevention and control were not concentrated only in the budget allocated to the Noncommunicable Diseases Unit, but were spread across the Organization, including the country offices. In the document to be prepared for the Executive Committee, the Secretariat would include information on the budget available within the Organization for implementation of the plan of action. It would also attempt to do some costing in order to identify the resource gap for which extrabudgetary resources would need to be mobilized. It was important to bear in mind, however, implementation of the regional plan of action would be a joint undertaking between the Secretariat and Member States. The Secretariat could cost its own portion, but it could not easily cost individual country portions, at least not in time for the June session of the Executive Committee.

150. The Director remarked that the development and implementation of strategies for the Organization was inevitably an ebb-and-flow process. Member States from the various WHO Regions contributed input for global strategies, which, once approved by the World Health Assembly, then came back to the regions for implementation. To implement the global strategy, each Region had to develop a plan of action, but before it could do that, it had to adapt the global strategy to the specific characteristics and needs of its Member States.

151. In the case of the Americas, the strategy needed to be adapted to address both the specificity and the diversity of the Region, which was characterized by marked cultural, demographic, economic, and other differences. An integrated strategy on chronic diseases for the Region also had to take into account and build on related strategies adopted previously, such as the primary health care strategy and health promotion strategies. In addition, the regional strategy should incorporate lessons learned from past successes and failures and should draw on both the institutional capacity of the Organization and the expertise on chronic diseases that existed in the Region, not only among health

professionals but also among civil society organizations, such as associations of chronic disease patients and their families. Within the regional strategy, specific strategies and approaches had to be developed to address the needs of specific groups in the Region, in particular indigenous peoples and Afro-descendants. Finally, and very importantly, the regional strategy had to address the huge economic impact that chronic diseases were having on health systems and on individuals and families in the Region.

Regional Strategy and Plan of Action on Nutrition and Development (Document SPP40/12)

152. Dr. Gina Tambini (Area Manager, Family and Community Health, PAHO) presented the proposed regional strategy and plan of action on nutrition and development, noting that they were still works in progress. The team that was developing the proposal was led by the Assistant Director and comprised staff from three areas within the Organization— Sustainable Development and Environmental Health, Disease Prevention and Control, and Family and Community Health — and included staff from country offices and from the two Pan American centers concerned with food and nutrition issues, the Institute of Nutrition of Central America and Panama (INCAP) and the Caribbean Food and Nutrition Institute (CFNI).

153. She began by outlining the challenges facing the Region with regard to nutrition, pointing out that it was an important component in the achievement of six of the Millennium Development Goals. She then presented information on the principal nutritional problems in the Americas and the determinants and consequences of those problems. She went on to highlight some of the features of the new approach to nutritional problems that underlay the strategy and plan of action put forward in Document SPP40/12, noting that the approach was an intersectoral one that viewed nutrition as a health and development issue and as a crucial component of poverty reduction strategies. She concluded with a summary of the timetable for consideration of the proposal by Member States and an overview of the human and financial resources available for its implementation.

154. Following the Subcommittee's consideration of the proposed strategy and plan of action, they would be discussed by experts and representatives of countries and of other agencies at a regional consultation in May 2006. The Secretariat would use the input received from the Subcommittee and the regional consultation to produce a much more refined proposal to be submitted to the Executive Committee in June 2006. National consultations would be held during July. The final proposal would be presented to the Directing Council in September 2006.

155. The regular budget resources available for the implementation of the plan of action totaled approximately \$3.5 million. Extrabudgetary resources currently available totaled around \$3.3 million. Those figures included funds available at the regional and

country levels and in the budgets of INCAP and CFNI. The total estimated resource gap was \$5.7 million. As for human resources, most of the staff that would be involved in implementing the plan was located at the country or subregional level, either in the country offices or at INCAP or CFNI. In addition, there were three regional advisors at PAHO Headquarters.

156. In the discussion that followed, delegates expressed gratitude for the inclusion of information on financial and human resources in the oral presentation and asked the Secretariat to include that information in the next version of the document. The Subcommittee expressed support for the proposed regional strategy and plan of action, welcoming, in particular, its intersectoral approach and its consonance with the WHO Global Strategy on Diet, Physical Activity, and Health and the WHO Global Strategy on the Prevention and Control of Noncommunicable Diseases. Several delegates noted the strong correlation between this strategy and plan of action and the proposed regional strategy and plan of action on chronic disease prevention and control, and stressed the need to integrate the two initiatives in order to avoid fragmentation and make the most efficient use of resources. It was felt that the linkage between the two should be made more explicit in the respective documents. It was also felt that the contributions of INCAP and CFNI to the implementation of each of the strategies and plans of action should be clarified.

157. One delegate questioned whether the formulation of separate, albeit complementary, regional strategies might duplicate efforts and dilute scarce resources needed to implement the global strategies. In his view, by incorporating and emphasizing development in the strategy and plan of action, the Secretariat not only was reaching beyond its mandate, but, more important, it was blurring its longstanding commitment to provide strong technical cooperation in health to countries. He urged the Secretariat to use its expertise and resources to fully implement the Global Strategy on Diet, Physical Activity, and Health, measure its impacts, and help countries to develop the necessary data to monitor nutrition trends over time.

158. Delegates applauded the strategy's recognition of the impact of health and socioeconomic disparities on nutritional status, which was congruent with WHO's work on the social determinants of health. One delegate was of the view, however, that Document SPP40/12 gave insufficient attention to the link between those disparities and the process of globalization and concentration of resources, particularly through measures such as the implementation of subsidies and restrictions on free trade. Another delegate observed that the expected results as stated in the annex to the document seemed to suggest that if a country was unable to meet its goals in relation to food and nutrition it would be due to lack of political will; she emphasized the need to recognize and address the structural problems that might prevent governments from attaining their objectives.

159. It was pointed out that poverty and the erosion of purchasing power in many countries limited the population's access to a healthy diet. It was also pointed out that achieving the goal of making nutritious food available at affordable prices would require the implementation of initiatives at the national level that might affect the profit margins of local food producers and impact the government's earnings from duties and tariffs on food imports. It was considered imperative to address those potential problems early in the implementation process in order to ensure that the plan of action was not deemed unfeasible by political leaders because of its likely impact on governments' income-generating and budgetary capacities.

160. Several delegates endorsed the concept of the right to adequate food as a basic human right, mentioned in the annex to Document SPP40/12 (Line of action 1, Activity 7.1). Indeed, some thought that the human rights perspective should be given greater emphasis. The Delegate of the United States of America, however, did not feel that PAHO was an appropriate forum to discuss human rights and asked that the reference to food and nutrition rights be removed from the document. He noted that the Government of the United States had made it clear in other forums that it believed that the attainment of any right to adequate food or to freedom from hunger was a goal or aspiration to be realized progressively which did not give rise to any international obligations or diminish the responsibilities of national governments towards their citizens. The United States also objected to the references in the document to trade and to economic and trade policies, believing that advocacy on issues such as food trade and food prices clearly fell outside the Secretariat's core competency.

161. A number of delegates reported on programs and initiatives being carried out in their countries with a view to eliminating nutritional deficiencies, improving nutritional status, and addressing diet-related risk factors for chronic disease, in particular overweight and obesity.

162. The Delegates of Argentina and Mexico submitted written statements containing a number of detailed comments and suggestions on specific aspects of Document SPP40/12.

163. Dr. Tambini thanked the delegates for their comments, all of which would be taken into account as the Secretariat continued working on the proposed strategy and plan of action. It seemed evident to her from the delegates' remarks concerning the food and nutrition activities in their respective countries that the strategy and plan of action reflected and responded to policies already in place and processes already under way at the national level.

164. She assured the Subcommittee that the Secretariat was as concerned as Member States with avoiding duplication of efforts and ensuring harmonization and mutual reinforcement of the actions to be taken under the two strategies and plans of action, both

of which would contribute to implementation of the Global Strategy on Diet, Physical Activity, and Health. In that regard, she suggested that the two regional strategies might be visualized as two circles that intersected, with the Global Strategy forming the nexus between them.

165. She reiterated that the proposed strategy and plan of action on nutrition and development were works in progress. The Secretariat would continue refining them, bearing in mind the input received from Member States. It would also continue to refine the cost projections for implementation of the plan of action.

166. Dr. Fitzroy Henry (Director, Caribbean Food and Nutrition Institute), responding to the questions concerning the roles of the two centers with respect to the two strategies, said that the work of each center was tailored to the conditions and needs in their respective subregions. In the Caribbean, for example, undernutrition was not a public health problem in the vast majority of countries. Hence, CFNI was focusing mainly on nutrition- and diet-related causes of chronic disease, in particular obesity. Addressing the nutritional problems associated with HIV infection was another important facet of the Center's work. INCAP, on the other hand, was working to address both undernutrition and obesity and other diet-related factors associated with chronic disease, because the two problems coexisted in the Central American subregion.

167. Referring to the comments made by the Delegate of the United States of America, he said that he did not believe that the strategy and plan of action represented a duplication of effort or a move away from PAHO's core functions. As WHO had recognized, and as the PAHO Secretariat had tried to reflect in Document SPP40/12, it was impossible to bring about changes in dietary habits without making the environment conducive to behavior change. Indeed, in the WHO medium-term strategic plan currently being drafted, the strategic objective relating to nutrition called attention to the need to strengthen global linkages between health, agricultural development, water resources, trade, and environment policy actors, and to support food production systems tailored to enhancing access to food by all population groups nationally. That was why PAHO considered it necessary to look at some of the environmental factors related to education, agriculture, trade, food production, and other areas that affected food and nutrition. The regional strategy and plan of action sought to support, not duplicate, what WHO was doing, while taking due account of the specificities and particularities that characterized the Region of the Americas, one of which was, unquestionably, inequality.

168. The Director added that the inequality that existed in the Region created a very particular backdrop for PAHO's work on the issue of diet and nutrition, as, clearly, it was related to the economic capacity of families and individuals, which in turn affected their access to nutritious food and their ability to consume a healthy diet. In order to develop an effective strategy and plan of action on nutrition, it was essential to take into consideration issues relating to food security and food production and to involve

stakeholders in other sectors. In her view, no plan to address food and nutrition issues could be successful unless it involved three crucial groups: producers, the food industry, and consumers.

169. She emphasized that the issue of food and nutrition was a complex one. Prevention and control of chronic diseases was also complex. Diet and nutrition formed only one component of an integrated public health approach to chronic diseases. Likewise, chronic disease prevention was only one reason to improve nutrition and diet. Nutrition was also a critical aspect of development. Certainly, the Secretariat would look for intersections between the two strategies, but it was important to realize that they represented two fields of action, each with its own specificities.

170. The President said that it was her impression that the Subcommittee understood the difference between the two strategies, but wished to see the linkage between them more clearly articulated in the next version of the document.

Review of the Pan American Centers (Document SPP40/INF/2)

171. Dr. Carissa Etienne (Assistant Director, PAHO) summarized the content of Document SPP40/INF/2, which had been prepared by the Secretariat pursuant to Resolution CD46.R6, adopted by the 46th Directing Council in September 2005. The document reviewed the history of the Pan American centers and their discussion by the Governing Bodies, and provided an update on the work and current situation of the Pan American Foot-and-Mouth Disease Center (PANAFTOSA), the Latin American and Caribbean Center on Health Sciences Information (BIREME), the Caribbean Epidemiology Center (CAREC), the Caribbean Food and Nutrition Institute (CFNI), and the Institute of Nutrition of Central America and Panama (INCAP). It also reported on progress in the process for aligning CAREC, CFNI, and INCAP with the subregional allocation criteria set in the new Regional Program Budget Policy (Document CD45/7).

172. The Secretariat's aim in presenting the report on the Pan American centers was to inform Member States on the evolving relationship between PAHO and the five centers. As the political, technological, and financial environment changed, so did the Organization's technical cooperation, part of which was delivered through the centers. Accordingly, the Secretariat was exploring the possibility of modifying PAHO's legal, financial, and governance arrangements with the centers in order to ensure that they remained an effective and efficient manner to accomplish the goals of a particular technical cooperation area. That evaluation process was occurring in tandem with various subregional processes, notably a joint process being undertaken with the Secretariat of the Caribbean Community (CARICOM) in conjunction with the development of the third phase of the Caribbean Cooperation in Health Initiative (CCH III) and with a review of five Caribbean regional health institutions, including CAREC and CFNI, commissioned by CARICOM.

173. The Subcommittee was asked to provide comments to guide the Secretariat in the process of realigning the roles of the Pan American centers and reviewing the Organization's relationship with them.

174. The Subcommittee applauded the Secretariat's reexamination of the organization and functioning of the Pan American centers, which was in keeping with the whole effort at institutional strengthening and transformation. In that connection, the paramount importance of oversight and accountability in the governance of the centers was emphasized.

175. It was pointed out that the report on the centers had been made available only a few days before the start of the Subcommittee's 40th Session, which had made it very difficult for Members to grasp the issues involved in the possible realignment of several centers and to come adequately prepared to discuss them. Delegates felt that more detailed information on the current status of the centers, and on the value added of their services at country level, would have been helpful, particular in light of the statement in paragraph 8 of Document SPP40/INF/2, which pointed out that the Pan American centers were a matter of concern to all Member States — including those that were not recipients of their services — given the impact that they had on the PAHO/WHO regular budget. It was suggested that, to make the work of the centers more meaningful to countries that did not directly use their services, the Secretariat might consider inviting one or two center directors each year to make a presentation on the work and challenges of running a center. In relation to financing for the centers, the Secretariat was asked to clarify whether all Pan American centers received quota contributions from the Member States they served.

176. The Delegate of Barbados said that the future the Pan American centers, especially CAREC and CFNI, was of critical importance to the CARICOM countries. CAREC and CFNI had provided technical assistance which had helped the Caribbean countries to improve their understanding of the health situation and their response to health crises and changing health needs. However, in the effort to meet the need to mobilize resources, finding the right balance between responding to donor wishes while continuing to fulfill CARICOM country needs had posed challenges. The convergence of the review of the Caribbean regional health institutions with the formulation of the CARICOM countries' collective vision for health (CCH III) had therefore been fortuitous. Barbados recognized and applauded the considerable ability of the CAREC management to mobilize resources and would not wish that skill to be lost to CARICOM. The decisions to be made by the CARICOM Council for Human and Social Development the following month would have to allow for the realities of member countries' financial positions and the need to find enough funding for the centers to ensure the sustainability of flexible and responsive public health programs while attracting and retaining multitalented professionals to manage and effect those programs.

177. The delegates of Argentina and Canada noted that they had recently been invited by the Secretariat to participate in an external advisory committee that would be visiting several Pan American centers. Those visits would give them the opportunity to observe firsthand the work that the centers did and the challenges that they faced. They would thus be in a position to provide, critically and objectively, information about the functions and operations of the centers.

178. The Delegate of Argentina congratulated the Secretariat on the transparency and efficiency with which it had carried out the recent closing of the Pan American Institute for Food Protection and Zoonoses (INPPAZ) in his country; he was pleased to report that not only had the Organization's technical cooperation with Argentina not diminished as a result of the Center's discontinuation, but it had increased and expanded.

179. The Delegate of Canada, pointing out that the centers had been established at a time when many ministries of health lacked specific capacities, wondered whether that was still the case and whether, if not, the Organization should perhaps be looking at establishing new centers to deal with pressing needs. He also asked whether the study of the CARICOM regional health institutions might be made available to PAHO Member States. In addition, while recognizing that the Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS) and the Regional Program on Bioethics were not full Pan American centers, he thought that the inclusion in the report of information on those two "quasi-centers" would have been useful to Member States, as they played an important role in the Organization's technical cooperation.

180. Dr. Etienne said that the Secretariat had presented a report on the five centers mentioned in Document SPP40/INF/2 because it had been specifically requested to do so by the 46th Directing Council. As delegates would recall, a detailed report on CEPIS had been presented the previous year. The Secretariat recognized that it had a responsibility to conduct an in-depth evaluation and present a report on one center annually, and had already scheduled an evaluation of PANAFTOSA. As had been noted, two Subcommittee Members, Argentina and Canada, would be part of the external advisory group that would be reviewing PANAFTOSA.

181. The study on the Caribbean centers had been commissioned by CARICOM, so copies of the report would need to be requested from the CARICOM Secretariat. PAHO had participated in the review of that report and had taken the recommendations made into consideration in its examination of the core mandates of the Pan American centers and in the identification of subregional priorities for the Caribbean.

182. While the Secretariat would be open to the possibility of creating new centers if Member States felt they were necessary, it was important to bear in mind the budget implications of doing so and to be very clear about what topics the new centers would

address. A better option might be to look at how the network of WHO Collaborating Centers might be utilized more effectively to enhance PAHO technical cooperation.

183. The Director pointed out that Document SPP40/INF/2 was intended to complement the information presented the previous year in Document CD46/10, which had provided details on the characteristics of the various centers. She felt that it was important to understand that a group of institutions known as Panamerican center was formed by very different entities. They differed in governance structure, in the way they were financed, in their functions, and in myriad other ways. Only three received direct quota contributions from their member states. Some received a contribution from the host country, some did not. Some were established as legal entities in their own right, others were not. It was that very diversity that had complicated the Organization's relationship with the centers and had sometimes made it difficult to utilize them to full advantage. She would therefore caution against the establishment of any new centers. She believed it was more important to concentrate on addressing the weaknesses in existing centers, while maintaining their capacity and expertise.

184. She thanked the Delegate of Argentina for his kind words; however, she did not believe that the Secretariat deserved all the credit for the happy outcome to the decision to discontinue INPPAZ. She felt that the process of closing the center had been "a well-danced tango" between the Secretariat and the Government of Argentina, which had been of mutual benefit and which had protected the interests of the Member States that relied on the Center's technical cooperation services.

185. She clarified that the review of PANAFTOSA would be carried out in conjunction with a review of the Organization's veterinary public health program, of which that Center was part and parcel. The evaluation would focus in part on food safety activities, following the reassignment of the food safety technical cooperation functions of INPPAZ to the current location within PANAFTOSA.

Influenza Pandemic: Progress Report (Document SPP40/5)

186. Dr. John Ehrenberg (Chief, Health Surveillance and Disease Management Unit, PAHO), introducing Document SPP40/5, pointed out that influenza preparedness had galvanized the Organization to work interprogrammatically. Thus, while influenza preparedness fell within the scope of the area of Epidemic Alert and Response, his presentation and Document SPP40/5 contained contributions from all of the Organization's areas of work and units.

187. He reviewed the actions that PAHO had taken to assist Member States in responding to the threat of an influenza pandemic and to prepare and protect its own staff, including the establishment of the Task Force on Epidemic Alert and Response to advise, enable, coordinate, and monitor PAHO's activities for influenza preparedness and

response. The Task Force had been responsible for drafting PAHO's strategic and operational plan for responding to pandemic influenza and a staff policy and contingency plan. One of the key components of the Organization's work was the improvement of epidemiological surveillance in the Region, which was critical, inter alia, for determining vaccine composition. Other important areas of work included strengthening of laboratory capacity to detect influenza virus, including H5N1; increasing seasonal influenza vaccine utilization and ensuring adequate vaccine supplies; establishing linkages between disaster management, civil defense, and public health personnel; preparing the Region's health services to deal with a possible influenza pandemic; developing effective communication strategies, recognizing that communication would be key to managing a pandemic; strengthening veterinary public health and promoting interagency collaboration with IICA, OIE, FAO, and other agencies for the prevention and control of avian influenza; and assisting Member States in developing national and local influenza preparedness plans.

188. Although substantial progress had been made, a number of challenges remained, notably, sustaining political commitment to influenza preparedness in the face of competing priorities; strengthening and promoting integration between the health and agriculture sectors, especially with regard to avian influenza prevention and control; and strengthening interagency coordination to ensure that other sectors contributed to national influenza preparedness plans, which could not be the sole responsibility of the health sector.

189. Feedback from the Subcommittee was sought on the Secretariat's plan to establish an Emergency Operations Center to serve as the hub for a coordinated institutional response. In addition, the Subcommittee's attention was drawn to the need to conduct subregional workshops for self-assessment of national influenza pandemic preparedness plans in all subregions and to the need to recruit additional staff in order to meet the heavy demands being placed on PAHO to support both the development of national influenza preparedness plans and the implementation of the International Health Regulations. A list of posts that needed filling appeared at the end of Document SPP40/5.

190. The Subcommittee expressed appreciation for PAHO's efforts to prepare the Region for a potential influenza pandemic and urged the Organization to continue to exercise strong leadership in that regard. The Subcommittee also voiced solid support for the creation of an Emergency Operations Center, the organization of subregional workshops for the assessment of national influenza preparedness plans, and the recruitment of staff to fill the four posts mentioned in Document SPP40/5. Several delegates requested information on how the Secretariat proposed to finance those initiatives. It was suggested that voluntary contributions should be sought for that purpose, and Member States were encouraged to appeal to WHO to channel a larger share of its voluntary contributions to the Americas for influenza preparedness activities.

It was suggested that the Secretariat might consider public-private partnerships as a strategy for mobilizing the funds needed to establish the Emergency Operations Center.

191. The Subcommittee stressed the need for intersectoral action. Delegates felt that it would be impossible to mount a successful pandemic preparedness plan without the involvement of other sectors, in particular emergency response personnel. The importance of cooperation and coordination with the agricultural sector was highlighted. In that regard, one delegate thought that there should have been more emphasis in Document SPP40/5 on linking PAHO's strategy with that of FAO, OIE, IICA, and other agencies working in the area of animal health.

192. Increasing the availability of seasonal influenza vaccine and assuring its quality, safety, and efficacy was also considered essential. Delegates underscored the need to ensure equity in access to vaccines, particularly in middle- and low-income countries that were not vaccine producers, and to promote technology transfer and training of human resources to enable countries that had the necessary capacity to begin producing vaccine. It was suggested that PAHO should develop recommendations to assist countries in prioritizing groups to be vaccinated in the event of a vaccine shortage. The Delegate of Canada noted that, in March 2005, Health Canada, together with WHO and the Food and Drug Administration of the United States, had hosted the first global workshop on regulatory preparedness for human vaccines against pandemic influenza, and announced that the second workshop would be held in June 2006 in Washington, D.C.

193. The importance of public information and risk communication was also emphasized. It was suggested that PAHO should develop guidelines for communicating effectively with the general public and with specific groups, such as politicians.

194. The Delegate of Barbados, alluding to Dr. Ehrenberg's comments regarding laboratory strengthening, made a special plea for the Organization's assistance in strengthening the capacity of laboratories in the Caribbean to test for influenza. The Delegate of Costa Rica inquired what PAHO's position was with respect to the prediction by Dr. David Nabarro, Senior United Nations System Coordinator for Avian and Human Influenza, that avian influenza would probably strike the Americas within six or seven months.

195. Several delegates described the steps being taken in their respective countries to prepare for a possible pandemic. The Delegate of Argentina submitted a copy of his country's contingency plan for pandemic influenza and SARS; he also described the efforts under way within MERCOSUR with regard to influenza preparedness and circulated a draft decision recently adopted by the ministers of health of the subregion on joint strategies for action by the MERCOSUR countries to address the risks of an avian influenza pandemic. The Delegate of Mexico submitted a written statement containing

details on her country's national influenza preparedness and response plan and suggesting several revisions to Document SPP40/5.

196. Dr. Ehrenberg thanked the Subcommittee for its support of the Secretariat's influenza preparedness activities and for the proposals to create an Emergency Operations Center, hold subregional workshops, and hire additional staff to enhance the Organization's operational capacity. The Secretariat was working actively to mobilize voluntary contributions, including a larger share of WHO voluntary contributions, and was optimistic that sufficient funding would be forthcoming. He expressed appreciation to those countries that had engaged in advocacy vis-à-vis WHO in order to increase the volume of extrabudgetary resources coming to the Region of the Americas.

197. He agreed that the involvement of other sectors in influenza preparedness was critical. Indeed, PAHO had been emphasizing that national preparedness plans could not be considered complete until they established how sectors other than the health sector would be involved. The Director had recently sent a memorandum to all PAHO/WHO Representatives, encouraging them to take advantage of any opportunity to promote the involvement of other sectors at the national level.

198. Regarding the prediction by Dr. Nabarro, he did not feel that it was appropriate for PAHO to speculate about when avian influenza might reach the Americas. Many factors influenced the spread of the disease, and it was impossible to predict with any real certainty when the Region might be affected. The important thing was to be well prepared to deal with avian influenza whenever it might arrive.

199. The Director, observing that several delegates had mentioned the difficulty of involving other sectors in their preparedness activities at the national level, said that the Organization was experiencing similar difficulty engaging other agencies in the response to the threat of avian influenza and human pandemic influenza. Unfortunately, little action was being taken by agencies outside the health sector. Recognizing that the response to avian influenza had to be spearheaded by the animal health sector, PAHO had been working closely with IICA, and it had also tried to promote greater involvement of FAO and OIE in regional preparedness; however, as she had said earlier, those two global agencies had a very limited presence in the countries of the Americas. PAHO would also be working with other international agencies to help them develop protection and contingency plans for their offices and staff in the Americas.

200. With regard to the Emergency Operations Center, she noted that the Organization had first established such a center in 1998 in the wake of Hurricane Mitch. The Secretariat would draw on that experience, and also on that of the WHO Alert and Response Operations Center, in creating the PAHO center. She also pointed out that the Organization already had a de facto emergency operations center in the sense that the staff were already carrying out all the functions of such a center. However, to better assist

Member States and to ensure the most timely response possible to the influenza threat, the Secretariat felt that the infrastructure and staff necessary for a true emergency operations center should be should be put in place. It was proposed that the center should be housed within the space currently occupied by the library at PAHO Headquarters; it would thus be accessible to the public. The Secretariat had developed a detailed proposal for the creation of the center, which it would be presenting to potential sources of financing.

Other Matters

Program Evaluation by the Office of Internal Oversight Services

201. Ms. Dianne Arnold (Acting Director of Administration, PAHO), reporting on the steps that had been taken since September 2005 to strengthen the Organization's Internal Oversight Services (IOS), said that the size of the office had been increased by the addition of an evaluation officer post. The IOS staff thus consisted of a senior auditor, reporting to the Director of PAHO, and an auditor and an evaluation officer who reported to the senior auditor. Unfortunately, the senior auditor had resigned in February 2006; the Secretariat was currently in the process of recruiting a replacement. It was also recruiting for the evaluation officer post. The office was supported by the WHO Internal Oversight Services, so PAHO could avail itself of the human resources available at WHO Headquarters in the event that additional staff were needed owing to a vacancy or to the need for a specialist in a particular area.

202. The IOS conducted two types of audits: (1) country office and center evaluations and audits, 19 of which had been undertaken during 2004-2005; and (2) programmatic evaluations. To date, the latter type of audit had been conducted in the following areas: the revolving funds for vaccine procurement and strategic public health supplies, HIV/AIDS, travel, letters of agreement, and procurement. The outcome of those evaluations was a report to the Director, with recommendations for action.

203. The Director noted that the Internal Oversight Services would be reporting to the Executive Committee in June. That report would provide information on the office's recommendations and on how they were impacting the work of the Secretariat.

Preparation of Health in the Americas, 2007 edition

204. At the invitation of the Director, Dr. Fernando Zacarías Acting Chief, Health Analysis and Information Systems Unit, presented an overview of the process leading to the production of the 2007 edition of *Health in the Americas*, which would yield much of the information on health problems in the Region to be utilized in formulating the regional health agenda, the strategic plan, and other public health plans.

205. Central crosscutting themes for the 2007 edition would include equity, gender, ethnicity, and human rights, but there would also be a strong focus on the unfinished health agenda in the Americas, protection of past gains, and new challenges. As in the past, the publication would comprise two volumes, the first providing a description and analysis of the health situation and its determinants in the Region as whole, the second consisting of reports on the health situation in each Member and Participating State. The 2007 edition would also include a final chapter on health prospects for the year 2015, the target year for achievement of the Millennium Development Goals.

206. The process of preparing the publication included three stages. The first, which had begun in August 2005, was a conceptual stage, during which an interprogrammatic group consisting of staff from the country offices and regional units had developed technical guidelines for the preparation of chapters for both the regional and country volumes. The second stage, currently under way, was preparation of the country and regional chapters, which were expected to be completed by May and July 2006, respectively. The final phase, editing and production, would commence in November 2006 and culminate with the release of the publication, in print and electronic versions, during the Pan American Sanitary Conference in September 2007.

Agenda of the 138th Session of the Executive Committee

207. Dr. Karen Sealey (Area Manager, Planning, Program Budget, and Project Support, PAHO) presented the provisional agenda prepared by the Secretariat for the 138th Session of the Executive Committee (Document CE138/1).

208. The Subcommittee recommended that, in the interest of expediting the consideration of a very full agenda, items 4.11 (Regional Strategy on an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity, and Health) and 4.12 (Regional Strategy and Plan of Action on Nutrition and Development) should be combined. The Subcommittee, noting that the presentations by Secretariat staff to meetings of the Governing Bodies generally closely paralleled the content of the working documents, also recommended that the presentations be curtailed in order to allow more time for discussion of each item by Member States. In addition, the Subcommittee requested that any proposed resolutions be circulated in advance so that Member States would be better prepared to discuss them.

209. It was suggested that, in drawing up the program of meetings for the session, the Secretariat should consider scheduling items 6.2 (Statement by the Representative of the PASB Staff Association) and 7.7 (Annual Report on PASB Human Resources) for discussion during the same meeting. It was also suggested that item 7.6 (Report on Disaster Preparedness in the Region of the Americas) should be discussed before item 7.5 (Influenza Pandemic: Progress Report).

210. The Delegate of the United States of America suggested that the title of agenda item 4.8 (Disability: Prevention and Rehabilitation in the Context of the Right to Health and Other Related Rights) be changed to “Disability: Prevention and Rehabilitation,” and that the topic be approached from a public health perspective, not a human rights perspective. As his Delegation had stated earlier, the United States did not believe that PAHO was an appropriate forum for discussions of human rights; moreover, the right to health was not a right that had ever been agreed upon in any international forum. With regard to item 4.10 (Proposal for a Decade on Human Resources for Health in the Americas, 2006-2015), he said that the United States did not believe that there was need for such a decade. He recalled that the WHO Secretariat had also proposed a decade on human resources for health, but, after reviewing its cost implications and feasibility, had decided against it. The United States hoped that the Region of the Americas would follow that decision of WHO Headquarters.

211. The Delegate of Brazil proposed the inclusion, under item 7 (Matters for Information), of a report on the work of the recently created Brazilian National Commission on Health Determinants, which was modeled after the WHO Commission on Social Determinants of Health.

212. The Director noted that most of the documents prepared by the Secretariat were accompanied by proposed resolutions; hence, those resolutions would be distributed in advance. However, Member States were entitled to submit proposed resolutions during sessions of the Governing Bodies, and it would obviously not be possible to circulate those in advance.

213. In relation to the item on disability, she said that the title had been proposed by the President of Panama. The Secretariat did not have the authority to change the titles of items proposed by Member States, nor did the Subcommittee on Planning and Programming, which was not a decision-making body. However, as the Secretariat was responsible for drawing up the working document on the item, it would endeavor to clarify with the Government of Panama how the topic should be approached. Member States would then have the opportunity to discuss the document during the 138th Session of the Executive Committee and decide whether, and in what form, it should go forward to the Directing Council.

214. The Delegate of Argentina said that his Government, in its capacity as President of the Executive Committee, would help to clarify with the Government of Panama what approach should be taken to the item.

Documents for the Governing Bodies: Preparation and Timeliness

215. Mr. Nick Previsich (Canada) noted that most of the papers for the Subcommittee had just barely met the three-week deadline for circulation of working documents, and

some had been made available less than three weeks before the opening of the session. He pointed out that the earlier Member States received the documents, the better prepared they would be to discuss them and to provide useful input and guidance on the Organization's activities. He therefore appealed to the Secretariat to make all working documents available as early as possible. In his view, three weeks was not sufficient time to allow for thorough preparation. He also noted that the Executive Committee had agreed some time earlier that all working documents would include information on resources (human and financial) and on impact on vulnerable populations, especially indigenous peoples, the elderly, and women and children. He requested that such information be included in all working documents for the Executive Committee.

Closing of the Session

216. Following the customary exchange of courtesies, the President declared the 40th Session of the Subcommittee closed.

AGENDA

1. Opening of the Session
2. Election of the President, Vice President, and Rapporteur
3. Adoption of the Agenda and Program of Meetings
4. Methodology for the Formulation of the PASB Strategic Plan 2008-2012 and a Proposed Health Agenda for the Americas 2008-2017
5. PAHO Framework for Resource Mobilization
6. Financial Performance of the Pan American Health Organization for 2004-2005: Overview of Financial Resources and Trends
7. Progress Report of the Working Group on Streamlining the Governance Mechanisms of PAHO
8. Update on the Process of Institutional Strengthening of the Pan American Sanitary Bureau
9. Public Health Plans for the Americas: Concept Framework and Process
10. Plan of Action for Results-based-Management Implementation in the Pan American Sanitary Bureau
11. Review of the Pan American Centers
12. Regional Strategy on an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity, and Health
13. Regional Strategy and Plan of Action on Nutrition and Development
14. Influenza Pandemic: Progress Report
15. Implementation of Results-based Management in the United Nations System
16. Other Matters
17. Closing of the Session

LIST OF DOCUMENTS

Working Documents

SPP40/1, Rev. 1 and SPP40/WP/1	Adoption of the Agenda and Program of Meetings
SPP40/3	Methodology for the Formulation of the PASB Strategic Plan 2008-2012 and a Proposed Health Agenda for the Americas 2008-2017
SPP40/4	PAHO Framework for Resource Mobilization
SPP40/5	Influenza Pandemic: Progress Report
SPP40/6	Progress Report of the Working Group on Streamlining the Governance Mechanisms of PAHO
SPP40/7	Update on the Process of Institutional Strengthening of the Pan American Sanitary Bureau
SPP40/8	Public Health Plans for the Americas: Concept Framework and Process
SPP40/9	Plan of Action for Results-based-Management Implementation in the Pan American Sanitary Bureau
SPP40/11	Regional Strategy on an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity, and Health
SPP40/12	Regional Strategy and Plan of Action on Nutrition and Development

Information Documents

SPP40/INF/1	Financial Performance of the Pan American Health Organization for 2004-2005: Overview of Financial Resources and Trends
SPP40/INF/2	Review of the Pan American Centers

**LIST OF PARTICIPANTS
LISTA DE PARTICIPANTES**

**Members of the Subcommittee
Miembros del Subcomité**

Argentina

Dr. Carlos Vizzotti
Subsecretario de Relaciones Sanitarias e
Investigación en Salud
Ministerio de Salud y Ambiente de la Nación
Buenos Aires

Lic. Karina Chierzi
Jefa de Gabinete de la Subsecretaria de Relaciones
Sanitarias e Investigación en Salud
Ministerio de Salud y Ambiente de la Nación
Buenos Aires

Sr. Sebastián Molteni
Representante Alterno de Argentina ante la
Organización de los Estados Americanos
Washington, D.C.

Barbados

Ms. Diane Campbell
Deputy Permanent Secretary
Ministry of Health
St. Michael

Dr. Joy St. John
Chief Medical Officer
Ministry of Health
St. Michael

Members of the Subcommittee (*cont.*)
Miembros del Subcomité (*cont.*)

Canada
Canadá

Mr. Nick Previsich
Acting Director
International Affairs Directorate
Health Canada
Ottawa, Ontario

Ms. Kate Dickinson
Advisor
International Health Policy and
Communication Division
Health Canada
Ottawa, Ontario

Dr. Nazanin Meshkat
Advisor
International Health Policy and
Communication Division
Health Canada
Ottawa, Ontario

Ms. Amrita Paul
Health Specialist
Canadian International Development Agency
Ottawa

Ms. Basia Manitus
Alternate Representative
Permanent Mission of Canada to the
Organization of American States
Washington, D.C.

Members of the Subcommittee (cont.)
Miembros del Subcomité (cont.)

Costa Rica

Dra. María del Rocío Sáenz Madrigal
Ministra de Salud
Ministerio de Salud
San José

Sra. Roxana Terán-Victory
Ministra Consejera
Misión Permanente de Costa Rica ante la
Organización de los Estados Americanos
Washington, D.C.

Paraguay

Dr. Roberto E. Dullak Peña
Viceministro de Salud Pública y
Bienestar Social
Ministerio de Salud Pública y
Bienestar Social
Asunción

Sr. José Méndez-Vall
Primer Secretario y Representante Alterno
Misión Permanente de Paraguay ante la
Organización de los Estados Americanos
Washington, D.C.

Venezuela

Lic. Rosicar Mata León
Directora General de la Oficina de Cooperación Técnica
y Relaciones Internacionales
Ministerio de Salud y Desarrollo Social
Caracas

**Observer Member States
Estados Miembros Observadores**

***Brazil
Brasil***

Sr. José Roberto de Araújo Ferreira
Gerente de Projeto da Presidência
da Fundação Oswaldo Cruz
Rio de Janeiro

Dr. Sérgio Gaudêncio
Chefe da Divisão de Temas Multilaterais
Ministério da Saúde
Brasília

***Grenada
Granada***

Dr. Carlene Radix
Chief Medical Officer
Ministry of Health, Social Security, the Environment,
and Ecclesiastical Affairs
St. George's

***Mexico
México***

Lic. Mauricio Bailón González
Director General
Dirección General de Relaciones Internacionales
Secretaría de Salud
México, D.F.

Lic. Alejandra Morel
Directora para Asuntos Multilaterales
Secretaría de Salud
México, D.F.

Observer Member States (cont.)
Estados Miembros Observadores (cont.)

Mexico (cont.)

México (cont.)

Sra. Helena Arrington
Subdirectora para Organismos Multilaterales
Secretaría de Salud
México, D.F.

Lic. Juan Gabriel Morales
Representante Alterno de México ante la
Organización de los Estados Americanos
Washington, D.C.

United States of America
Estados Unidos de América

Dr. William Steiger
Director
Office of Global Health Affairs
Department of Health and Human Services
Washington, D.C.

Ms. Ann Blackwood
Director of Health Programs
Office of Technical and Specialized Agencies
Bureau of International Organization Affairs
Department of State
Washington, D.C.

Ms. Lisa Spratt
Program Analyst
Office of the United Nations System Administration
Bureau of International Organization Affairs
Department of State
Washington, D.C.

Observer Member States (*cont.*)
Estados Miembros Observadores (*cont.*)

United States of America (*cont.*)
Estados Unidos de América (*cont.*)

Ms. Mary Lou Valdez
Associate Director for Multilateral Affairs
Office of Global Health Affairs
Department of Health and Human Services
Rockville, Maryland

Mr. Mark Abdoo
Special Assistant to the Director
Office of Global Health Affairs
Department of Health and Human Services
Washington, D.C.

Ms. Kelly Saldana
Health Sector Reform Adviser
Bureau for Latin America and the Caribbean
Agency for International Development
Washington, D.C.

Ms. Alicia Diaz
Director, Americas
Office of Global Health Affairs
Department of Health and Human Services
Rockville, Maryland

World Health Organization
Organización Mundial de la Salud

Dr. Bill Kean
Director, Governing Body and External Relations
Geneva

Dr. Xavier Leus
Director, WHO Representative to World Bank/IMF
Washington, D.C.

**Pan American Health Organization
Organización Panamericana de la Salud**

*Director and Secretary ex officio of the Subcommittee
Directora y Secretaria ex officio del Subcomité*

Dr. Mirta Roses Periago
Director/Directora

*Advisers to the Director
Asesores de la Directora*

Dr. Joxel García
Deputy Director/Director Adjunto

Dr. Carissa Etienne
Assistant Director/Subdirectora

Ms. Dianne Arnold, a.i.
Director of Administration
Director de Administración

- - -