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FINAL REPORT

CONTENTS

Page

CONTENTS (*cont.*)

Page

CONTENTS (*cont.*)

Page

Matters for Information (*cont.*)

CONTENTS (*cont.*)

Page

CONTENTS (*cont.*)

Page

FINAL REPORT

Opening of the Session

1. The 56th Directing Council, 70th Session of the Regional Committee of the World Health Organization (WHO) for the Americas, was held at the Headquarters of the Pan American Health Organization (PAHO) in Washington, D.C., from 23 to 27 September 2018.

2. Dr. Octavio Sánchez Midence (Minister of Health, Honduras, outgoing President) opened the session and welcomed the participants. Opening remarks were made by Dr. Sánchez Midence, Dr. Carissa Etienne (Director, Pan American Sanitary Bureau), Hon. Alex M. Azar II (Secretary of Health and Human Services, United States of America), Hon. Néstor Méndez (Assistant Secretary General, Organization of American States), and Dr. Soumya Swaminathan (Deputy Director-General for Programmes, World Health Organization). Their respective speeches may be found on the webpage of the 56th Directing Council.[1]

Procedural Matters

Appointment of the Committee on Credentials

3. Pursuant to Rule 31 of the Rules of Procedure of the Directing Council, the Council appointed Bolivia, Curaçao, and Guatemala as members of the Committee on Credentials (Decision CD56[D1]).

Election of Officers

4. Pursuant to Rule 16 of the Rules of Procedure of the Directing Council, the Council elected the following officers (Decision CD56[D2]):

President:	Bahamas	(Hon. Dr. Duane Sands)
Vice President:	Haiti	(Dr. Marie Greta Roy Clément)
Vice President:	Ecuador	(Dr. María Verónica Espinosa Serrano)
Rapporteur:	Costa Rica	(Ms. Adriana Salazar González)

5. The Director of the Pan American Sanitary Bureau (PASB), Dr. Carissa Etienne, served as Secretary ex officio, and the Deputy Director, Dr. Isabella Danel, served as Technical Secretary.

[1] The Speeches are available at the following website: https://www.paho.org/hq/index.php?option=com_content&view=article&id=14469:56th directing-council&Itemid=40507&lang=en.

Establishment of a Working Party to Study the Application of Article 6.B of the PAHO Constitution

6. The Council was informed that it would not be necessary to establish a working party, as no Member State was subject to the voting restrictions provided for under Article 6.B of the PAHO Constitution (see Report on the Collection of Assessed Contributions, paragraphs 84 to 88 below).

Establishment of the General Committee

7. Pursuant to Rule 32 of the Rules of Procedure, the Council appointed Cuba, Saint Lucia, and the United States of America as members of the General Committee (Decision CD6[D3]).

Adoption of the Agenda **(Document CD56/1, Rev. 2)**

8. The Directing Council adopted the agenda proposed by the Director (Document CD56/1, Rev. 2) without change, together with a program of meetings (Document CD56/WP/1) (Decision CD56[D4]).

Constitutional Matters

Annual Report of the President of the Executive Committee **(Document CD56/2)**

9. Dr. Miguel Mayo Di Bello (Panama, President of the Executive Committee) reported on the activities carried out by the Executive Committee and its Subcommittee on Program, Budget, and Administration between September 2017 and September 2018, highlighting the items that had been discussed by the Committee but not sent forward for consideration by the 56th Directing Council and noting that he would report on other items as they were taken up by the Council. The items not sent forward included the annual reports of the PAHO Ethics Office, the PAHO Office of Internal Oversight and Evaluation Services, and the PAHO Audit Committee; a proposal for the use of a revenue and budget surpluses remaining from the Program and Budget 2016-2017; a report on projects to be carried out under the Master Capital Investment Fund; amendments to the PASB Staff Rules and Regulations, a report on human resources management, and a statement by a representative of the PAHO/WHO Staff Association; reports on the status of the PASB Management Information System and on cybersecurity in PAHO; and applications from two non-State actors seeking admission into official relations with PAHO and review of 11 non-State actors seeking a renewal of their status as organizations in official relations with the Organization. Details may be found in the report of the President of the Executive Committee (Document CD56/2).

10. The Director thanked the President and Members of the Executive Committee for their demonstrated commitment to and support for the Organization.

11. The Council also thanked the Members of the Committee for their work and took note of the report.

Annual Report of the Director of the Pan American Sanitary Bureau **(Document CD56/3)**

12. The Director introduced her annual report,[2] the theme of which was "Primary Health Care—The Time Is Now." She considered the topic highly pertinent, as the Organization was marking the 40th anniversary of the Declaration of Alma-Ata, which had brought a people-centered approach to health and propelled the concept of "Health for All" to global prominence. The report identified the interlinkages between primary health care and universal health coverage and reflected on how best to overcome barriers to universal health and reduce inequities through strengthened primary health care. It also reviewed key programmatic and administrative developments during the year.

13. In order to advance the transformation of health systems to integrated health services delivery networks with a focus on primary health care, the Bureau had enhanced its country focus, tailoring its technical cooperation to the situation in each country. It had worked to address issues related to governance and stewardship, health financing, health legislation, and service delivery models. It had also worked to strengthen multisectoral action through the health-in-all-policies approach, an approach that was crucial in order to address noncommunicable diseases (NCDs) and their risk factors. In addition, it had worked to enhance access to appropriate, affordable, cost-effective medicines and health technologies and to strengthen information systems for health.

14. Natural disasters and outbreaks of communicable diseases had tested national and regional preparedness and response capacities. The Bureau had worked with other agencies and with national and local authorities to help affected countries surmount those challenges and enhance the resilience of their health systems. It had also partnered with various agencies to help countries attain the core capacities for implementation of the International Health Regulations (IHRs), which was critical to their ability to respond to health emergencies.

15. The Bureau continued to implement managerial and administrative reforms aimed at improving efficiency and effectiveness and aligning the Region with ongoing WHO reform and strategic planning, while respecting PAHO's status as an independent international organization. It also continued to fine-tune the PASB Management Information System (PMIS), strengthen its enterprise risk management program, enhance information technology and security, and improve human resources planning and management.

[2] The full text of the Director's speech is available at: https://www.paho.org/hq/index.php?option=com_docman&view=document&alias=46794-cd56-div-7-e-annual-report-director&category_slug=56-directing-council-english-9964&Itemid=270&lang=en.

16. A number of challenges remained, and to overcome them the Organization must recommit to ensuring the delivery of quality, affordable, people-centered health care services and the development of resilient health systems that would move the Region further towards universal health, social justice, and reduction of inequities. The Bureau would continue striving to strengthen the primary health care approach and support Member States in their quest to achieve universal health and sustainable health development in the Americas, leaving no one behind.

17. In the ensuing discussion, delegates commended the many achievements highlighted in her report. The theme of the report was considered most timely in the light of the high-level meetings of the United Nations General Assembly on tuberculosis and noncommunicable diseases, held during the same week as the Directing Council, and the Global Conference on Primary Health Care, scheduled for 25-26 October 2018. It was pointed out that the report also provided a good basis for considering how the Region would prepare for the 2019 high-level meeting of the United Nations General Assembly, the topic of which would be universal health coverage.

18. Delegates welcomed the report's emphasis on the critical importance of primary health care and people-centered health systems in the effort to achieve universal access to health and universal health coverage. The focus on incorporating mental health services in primary care was also welcomed. It was pointed out that, 40 years after the adoption of the Declaration of Alma-Ata, much remained to be done to rectify inequalities and inequities in health and in access to and coverage of health services and to address social and environmental determinants of health. The need for stronger political commitment was stressed, as was the need for solidarity and collective effort to tackle shared challenges such as the epidemic of noncommunicable diseases, the emergence and reemergence of communicable diseases, and the health impacts of climate change. Delegates affirmed the importance of multisectoral action and the centrality of health to sustainable development. They also underlined the need for intensified action to address the needs of populations in situations of vulnerability.

19. A number of delegates described their countries' efforts to strengthen their health systems and ensure access for all to comprehensive, high-quality health services. The Bureau's support for those efforts was acknowledged. Delegates also thanked the Bureau for its prompt assistance to countries affected by hurricanes and other natural disasters.

20. The Director expressed appreciation to Member States for their commitment to the health of the peoples of the Americas and to the principles of equity, solidarity, and human rights. She had been pleased to note that delegates had distinguished between the primary health care approach and the first level of care and had emphasized the need for a comprehensive approach to health that included not only curative care, but also health promotion, disease prevention, and rehabilitation. She had also been encouraged by the fact that delegates had recognized that people living in conditions of vulnerability must be fully included, as they were the key architects for their own development. The Bureau would continue to work with national health authorities with a view to enabling all

peoples in the Region to live healthy, productive lives and, more importantly, ensuring that no one was left behind.

21. The Directing Council thanked the Director and took note of the report.

Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Antigua and Barbuda, Argentina, and Chile **(Document CD56/4)**

22. The Directing Council elected Barbados, Ecuador, and the United States of America to membership on the Executive Committee for a period of three years and thanked Antigua and Barbuda, Argentina, and Chile for their service (Resolution CD56.R3).

Program Policy Matters

Report of the End-of-biennium Assessment of the PAHO Program and Budget 2016-2017/Second Interim Report of the PAHO Strategic Plan 2014-**2019 (Documents CD56/5 and Add. I)**

23. Mr. Carlos Gallinal Cuenca (Brazil, Vice President of the Executive Committee) reported that the Executive Committee had examined a preliminary version of the end-of-biennium assessment of the PAHO Program and Budget 2016-2017/second interim report on the Strategic Plan 2014-2019. The Committee had welcomed the positive results reported, while also expressing concern about impact indicators that appeared not to be on track for achievement by 2019. The assessment exercise had been seen as an opportunity to reflect on the successes achieved, but also to identify persistent gaps and challenges and to extract lessons learned. It had been emphasized that the lessons learned should be borne in mind in the development of the Strategic Plan for 2020-2025 (see paragraphs 117 to 125 below) and in the implementation of the Sustainable Health Agenda for the Americas 2018-2030.

24. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) introduced the report, noting that the reports on results under each category of the Strategic Plan were available on PAHO Program and Budget Web Portal. The report presented an update on the impact goals of the Strategic Plan and also highlighted key achievements, challenges, and country success stories by category. The information used in the programmatic assessment had been derived from the joint assessment of outcome and output indicators conducted with Member States, as well as other sources available to the Bureau. As of July 2018 approximately 80% of the indicators had been assessed.

25. Five of the impact-level results included in the PAHO Strategic Plan 2014-2019 were considered to be on track for achievement by 2019. Three of the results were considered to be at risk (Goal 4, mortality due to poor quality of care; Goal 5, premature mortality due to noncommunicable diseases; and Goal 7, premature mortality due to violence and injuries) and one was in trouble (Goal 6, mortality due to communicable diseases). In addition, there continued to be important challenges regarding the

achievement of health equity targets and reduction of preventable deaths due to NCDs and other causes.

26. With regard to budget implementation, available funds had amounted to 81% of the amount approved under the Program and Budget for 2016-2017. Overall, 78% of the approved budget had been implemented, but the level of implementation of the funding actually available had been 97%. Category 1 (communicable diseases) and Category 5 (preparedness, surveillance, and response) continued to be the best financed categories, while Category 2 (noncommunicable diseases and risk factors) and Category 3 (determinants of health and promoting health throughout the life course) remained the least financed. Funding by program area had also been uneven and some areas remained chronically underfunded. Despite the Bureau's use of flexible funding to strengthen program areas most in need, only five of the top eight priority areas identified by Member States had reached a level of 75% or more of available funding.

27. The Directing Council welcomed the report, which presented a solid overview of key achievements and of ongoing and emerging challenges; it also provided key information for decision-making. The joint assessment exercise was seen as a valuable contribution to transparency and accountability that enabled Member States to take greater ownership of the results achieved. Delegates commended the progress made towards the impact goals, but expressed concern about the goals and targets at risk of not being achieved by 2019. The Bureau was asked to indicate what concrete action would be taken with a view to ensuring their achievement. It was emphasized that the lessons learned from the current Strategic Plan should be borne in mind in formulating the new Strategic Plan for 2020-2025 and that the goals set under the new Plan should be achievable, particularly in the case of those that depended on the action of other sectors.

28. A delegate reiterated a concern expressed during the June session of the Executive Committee about the manner in which budget implementation was reported, namely that the level of implementation should refer not to the amount of funding budgeted but to funds actually available, since it was not possible to implement funds that did not exist. Another delegate called on the Bureau to ensure that the programmatic areas responsible for key work were adequately funded to enable them to provide the appropriate support to countries to achieve results; she also requested the Bureau to continue working to better align resource mobilization with the programmatic priorities identified by Member States and ensure that program areas were fully funded at a realistic level. A third delegate welcomed the new PAHO Program and Budget Web Portal and expressed the hope that it would soon be available in Spanish.

29. Mr. Chambliss noted that the report contained information on both the implementation of funds actually available and the level of implementation with respect to the overall approved budget. The Bureau would, of course, continue working towards the impact goals, but their achievement depended on many factors. He agreed that the lessons learned from implementing the current Strategic Plan would provide valuable input for the new Strategic Plan. The Organization might not necessarily need to set less

ambitious goals, but it should certainly consider the challenges it would face in achieving the goals established and the strategies required to overcome those challenges.

30. The Director added that in order to fully achieve some of the goals under the current Strategic Plan it would be necessary to address social determinants of health that fell outside the direct control of the health sector. The Bureau would continue to work in partnership with Member States to accelerate the implementation of both the Strategic Plan and the biennial workplans. PASB was committed to transparency and accountability and would continue to provide Member States with detailed information on its work.

31. The Directing Council took note of the report.

Evaluation of the PAHO Budget Policy **(Documents CD56/6 and Add. I)**

32. Mr. Carlos Gallinal Cuenca (Representative of the Executive Committee) reported that the Executive Committee had examined a report prepared by the Bureau on the PAHO Budget Policy and a report prepared by an external evaluator retained by the Bureau to assess whether resources had been allocated in accordance with the policy and to make recommendations for needed changes to the policy. The Committee had emphasized that any reform of the budget policy must ensure that countries with the greatest needs were not adversely affected.

33. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) recalled that the budget policy had been approved in 2012 and covered the same period as the current Strategic Plan, 2014-2019. The policy had been intended to apply only to regular budget resources, which comprised assessed contributions and budgeted miscellaneous income. The external evaluation had found that, in general, allocations under the budget policy had met the standards of equity, solidarity, and Pan Americanism and had been consistent with expectations. Since the policy's adoption, however, both WHO and PAHO had moved to an integrated method of budgeting, in which there was not a separate regular budget appropriation. The policy would therefore have to be revised if it was to remain relevant.

34. The external evaluator had made nine recommendations for improving key areas of the budget policy, including simplification of its formula-based restrictions. The Bureau was studying the recommendations and, during the 2019 cycle of Governing Bodies meetings, would present its own budget policy recommendations to Member States.

35. In the ensuing discussion, delegates expressed general support for the external evaluator's recommendations and agreed that the policy needed to be reviewed and its approach adjusted to adequately guide resource allocations across functional levels in an equitable manner. The recommendation to change the focus of the policy from the regular budget to flexible funds was questioned, however, and more information was requested on the implications of such a shift. Information was also requested on what would happen

to the key countries under a revised budget policy. It was again emphasized that the countries with the greatest needs should not be adversely impacted by reduced investment. It was recognized that reliance on strict formulas could lead to a budgeting process that was too mechanical and inflexible, but it was also pointed out that without some scoring system budgeting might become too arbitrary. The Bureau was encouraged to seek a middle ground between those two extremes.

36. Mr. Chambliss explained that, following the move to an integrated budget, the regular budget had largely been replaced by the broader concept of flexible funding, which included not just assessed contributions from Member States and miscellaneous income but also some voluntary contributions and program support costs. The Bureau was confident that flexible funding had been allocated to the key countries in keeping with the spirit of the budget policy, even though the policy may not have been followed to the letter in the current integrated budgeting context. The issues raised in the discussion, including that of formulas, would be examined by the Strategic Plan Advisory Group as part of the development of the Strategic Plan 2020-2025 (see paragraphs 117 to 125 below), since the budget policy had strategic implications.

37. The Council noted the report.

***Scale of Assessments and Assessed Contributions of the Member States, Participating States, and Associate Members of the Pan American Health Organization for 2019* (Document CD56/7)**

38. Mr. Carlos Gallinal Cuenca (Representative of the Executive Committee) reported that the Executive Committee had been informed in mid-June that no agreement had been reached within the Organization of American States (OAS) on the new scale of assessed contributions and that discussions were ongoing. The Committee had also been informed that a special session of the OAS General Assembly had been scheduled for October 2018, with the expectation that a final decision would be taken during that session.

39. Mr. Dean Chamblis (Director, Department of Planning and Budget, PASB) confirmed that the overall level of assessed contributions for 2018-2019 would remain constant at $210.6 million,[3] reflecting zero growth with respect to 2016-2017. According to article 24.A of the PAHO Constitution, Member States were assessed at the same rate as at the OAS. For PAHO Participating States and Associate Members, which were not members of the OAS, calculations were based on population and economic parameters. In June 2017, the OAS General Assembly had adopted a transitional scale of assessments for 2018 while its Committee on Administrative and Budgetary Affairs continued to review the current quota scale and methodology. PAHO had adopted the OAS interim scale for 2018 while awaiting a decision from the OAS for 2019. The OAS General Assembly would consider a new OAS scale for 2019 and beyond in October 2018, but no decision would be taken until after the closure of the 56th Directing Council. Consequently, the Bureau proposed to maintain PAHO's 2018 scale unchanged for 2019.

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

40. The Directing Council adopted Resolution CD56.R6, establishing the scale of assessed contributions of PAHO for 2019 based on the 2018 PAHO scale.

Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030 **(Document CD56/8, Rev. 1)**

41. Dr. Miguel Mayo Di Bello (Representative of the Executive Committee) reported that the Executive Committee had examined an earlier version of the proposed plan of action. Delegates had agreed on many aspects of the proposed plan, but had expressed differing views on the issue of sexual and reproductive health and rights. One delegate had affirmed that protection and promotion of the rights of women and girls, especially their sexual and reproductive health and rights, was critical for their empowerment. Another delegate had asserted that, while her delegation supported health and education programs that empowered adolescents to avoid sexual risks and prevent early pregnancy and sexually transmitted infections, it could not accept the use of the expressions "sexual and reproductive health services" and "sexual and reproductive rights" in any context, as they had acquired certain connotations and were being used to promote abortion and the right to abortion.

42. Although some delegates had endorsed the proposed plan of action, others had expressed some criticisms. Several delegates had suggested that Member State consultations on the plan should continue in the months preceding the Directing Council. The Committee had agreed to form a working group to continue consultations on the plan in the intersessional period.

43. Dr. Luis Andrés de Francisco Serpa (Director, Department of Family, Health Promotion, and Life Course, PASB) reported that, with the significant drop in neonatal and under-5 mortality in Latin America and the Caribbean between 1990 and 2015, the Region had met Goal 4 of the Millennium Development Goals. Women's life expectancy had doubled since 1950. Nevertheless, progress had been uneven, since some populations, such as indigenous and Afro-descendent groups, had continued to suffer higher burdens of preventable mortality and morbidity.

44. Between 2015 and 2018, four PAHO strategies and plans of action on neonatal, child, adolescent, and maternal health had ended. Based on the analysis of their implementation, a new integrated plan of action had been drafted to protect the gains achieved and address the remaining gaps. The proposed plan of action had been the subject of intense consultations with all Member States, more than 80% of which had submitted comments during consultation period. The working group formed by the Executive Committee, co-chaired by Canada and Panama, had held seven virtual consultative sessions with countries in July. Four versions of the plan had been reviewed and shared with Member States, whose valuable feedback had been reviewed and incorporated into the working document.

45. Dr. De Francisco Serpa thanked Member States for their extensive work and constructive spirit, which had made it possible to reach consensus on the majority of the

issues addressed in the plan. He noted, however, that further efforts were needed in three areas in the draft presented to the Directing Council (Document CD56/8) in order to find language acceptable to all Member States.

46. In the ensuing discussion, delegates described their countries' progress in a wide range of areas, including the reduction of maternal mortality, severe maternal morbidity, and neonatal mortality; strategies to engage and empower young people, including school-based services and the creation of adolescent-friendly settings; efforts to fight human trafficking and gender-based violence; and health promotion and disease prevention activities in areas such as nutrition and sexual, mental, oral, and general physical health. One delegate noted that reporting was a problem in his country owing to the lack of electronic health records. Another delegate stated that a barrier to promoting adolescent health in her country was legislation prohibiting health workers from providing contraceptives or treatment to patients under the age of 18 without parental consent.

47. There was consensus on the need to reduce maternal mortality; eliminate inequities in health care access for women, children, and adolescents by addressing social, cultural, and gender barriers; target vulnerable populations; and support the empowerment of women and girls. Although many delegates agreed on the need for access to contraception and the prevention of adolescent pregnancy through sexuality education and sexual and reproductive health services, the Delegate of the United States reiterated her delegation's opposition to the use of the terms "reproductive health services" and "reproductive rights" in any context. Her Government believed that those terms had been used to promote abortion and access to abortion. It favored multisectoral approaches to support, educate, and protect youth, along with educational programs that empowered adolescents to avoid sexual risks and prevent early pregnancy and sexually transmitted disease. She requested that the working group reconvene to discuss the remaining terminology issues, a request that was endorsed by several other delegates.

48. Dr. De Francisco Serpa observed that the extensive participation in the consultation process was evidence that women's, children's, and adolescents' health was considered a very important issue. He noted that areas of consensus included a strong commitment to work towards equity; support for integrating women's, children's, and adolescents' health across the life course; the need for intersectoral efforts and information systems; and the importance of the plan of action's alignment with other international instruments.

49. Given the continued lack of consensus on the language in the plan of action, the working group was asked to reconvene to try to find language acceptable to all Member States. The Delegate of Canada subsequently reported that, after two meetings, the group had produced a revised draft (Document CD56/8, Rev. 1) that reflected a strong consensus. She urged the Council to adopt it.

50. Delegates thanked the working group for its efforts to try to reach consensus. Many expressed firm support for the revised draft of the plan of action, with one delegate

stating that its adoption was essential for Member States to establish and strengthen public policies to ensure that every woman, child, and adolescent would not only live but thrive in a transformative environment that enabled them to achieve the highest attainable standard of health. Another delegate pointed out that the wording of the document was general in nature and afforded States the latitude to implement the plan of action in accordance with the provisions of their national legislation and regulations.

51. The Delegate of the United States, however, said that her delegation could not support the consensus because the document continued to include the terms "sexual and reproductive health services" and "comprehensive sex education," which, along with "sexual and reproductive rights," were associated with the right to abortion, advocating abortion, or referral for abortion. Her Government supported improving adolescent decision-making through access to scientifically accurate information, with appropriate direction and oversight from parents or guardians, in order to equip young men and women to avoid risk, achieve optimal health, and increase opportunities for future thriving, but it could not accept the term "comprehensive sex education" in any context.

52. At the request of the Delegate of the United States, a roll-call vote was taken on the proposed resolution on the plan of action. Uruguay, having been drawn by lot by the President, was called upon to vote first. The results of the voting were as follows:

In favor:

Argentina, Bahamas, Brazil, Canada, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, France, Guyana, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Lucia, Suriname, Trinidad and Tobago, United Kingdom, Uruguay, Venezuela (Bolivarian Republic of)

Against:

United States of America

Abstaining:

Guatemala, Jamaica, Saint Kitts and Nevis

53. Resolution CD56.R8 was adopted by 24 votes to 1 vote, with 3 abstentions.

Plan of Action for Cervical Cancer Prevention and Control 2018-2030 **(Document CD56/9)**

54. Dr. Miguel Mayo Di Bello (Representative of the Executive Committee) reported that, after examining the proposed plan of action, delegates had acknowledged that cervical cancer was a serious public health problem that particularly affected women in vulnerable communities and had expressed general support for the plan. There had been consensus on the need for universal access to comprehensive care and on the importance of vaccination against human papillomavirus (HPV) infection. Delegates had called for implementation research aimed at determining how best to reach and vaccinate all

adolescents and for publicly funded vaccination programs for girls and boys, as well as efforts to combat the misconceptions surrounding the HPV vaccine. Several had emphasized the importance of equitable access to immediate care, such as the "see and treat" strategy. They had also highlighted the need to strengthen information systems in order to ensure that no women were lost to follow-up.

55. Dr. Anselm Hennis (Director, Department of Noncommunicable Diseases and Mental Health, PASB) reported that each year over 83,000 women in the Americas were newly diagnosed with cervical cancer and over 35,000 died of the disease, making it the leading cause of cancer deaths among women in 11 countries and the second leading cause in 12. PASB had been providing technical cooperation on the issue for over 20 years as part of its Regional Strategy and Plan of Action on Cervical Cancer, the final report on which had been submitted to the 29th Pan American Sanitary Conference in 2017.[4] During that Conference, the Bureau had been requested to develop a new plan of action with a view to accelerating action to reduce mortality from cervical cancer, a disease that was largely preventable through HPV vaccination and the screening and treatment of precancerous lesions.

56. The new plan of action had been developed with input from experts and other collaborators and was built on related regional commitments, such as the plans of action on noncommunicable diseases, immunization, and HIV and sexually transmitted infections (STIs). The new plan envisioned a future in which cervical cancer would be eliminated as a public health problem through universal access to sexual health and STI prevention services, HPV vaccines, effective screening and precancer treatment services, treatment of invasive cervical cancer, and palliative care. It was aligned with the global call to action to eliminate cervical cancer, recently announced by the Director-General of WHO at the Seventy-first World Health Assembly. If approved, the plan would be implemented in close collaboration with existing partners in the United Nations system, other international organizations, professional groups, and civil society organizations.

57. Delegates acknowledged the gravity of the cervical cancer situation and commended PASB for its work in developing the proposed plan of action. Many of them indicated that the plan of action was aligned with their national plans and described their countries' progress and challenges in cervical cancer prevention and control, noting that more needed to be done to ensure that no one was left behind. There was consensus on the need for effective public education campaigns; universal coverage, with improved screening, treatment, and follow-up; more trained health workers; strengthened information systems and cancer registries; cost-effective, evidence-based, innovative interventions; scaled-up HPV vaccination; and the procurement of affordable vaccines and laboratory supplies. Collective action and cooperation among countries were considered essential. With regard to HPV vaccination, a delegate asked what strategies

[4] Document CSP29/INF/4 (2017) is available at: https://www.paho.org/hq/index.php?option=com_docman&view=download&category_slug=29-en-9249&alias=41233-csp29-inf-4-e-233&Itemid=270&lang=en.

would be employed to increase equity in access to screening and treatment, particularly for vulnerable populations, and to overcome misconceptions about immunization.

58. While a majority of delegates supported the plan of action, the Delegate of the United States indicated that his delegation could not do so, as the document contained references to "sexual and reproductive health," to which his delegation objected, as explained in the discussions on the Plan of Action on Women's, Children's, and Adolescents' Health (see paragraphs 41 to 53 above). He proposed a number of changes to the language in the plan of action, including the deletion of a reference to access to quality sexual and reproductive health services and the addition of language to make it clear that sexual and reproductive health did not include abortion. Other delegates, however, expressed their support for the document as written.

59. Dr. Hennis noted that it was clearly recognize that cervical cancer was preventable through immunization and that screening, early detection, and treatment could prevent its progression. There was also general consensus that the proposed lines of action were the basic activities that should be pursued to improve existing programs. With regard to what would be done to ensure equity of access for all populations, the Bureau would provide technical support, but investments by countries in health services and human resources for health would be needed to make a real difference. PASB could also facilitate access to vaccines through the Revolving Fund for Vaccine Procurement and to screening technologies through the Regional Revolving Fund for Strategic Public Health Supplies (commonly known as the Strategic Fund). Referring to the global call to action, Dr. Hennis noted that, for the first time, a movement was underway to eliminate a noncommunicable disease. PASB would work hand in hand with Member States to achieve that goal.

60. When the proposed resolution on the plan of action was taken up, the Delegate of the United States acknowledged the apparent consensus on retaining the original language and requested that a note dissociating the United States from paragraphs 6, 18(a), 18(c), and 21(c) be included in the official record of the session. He affirmed that, apart from those paragraphs, the United States supported the plan of action.

61. The Council adopted Resolution CD56.R9, approving the plan of action.

Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023 **(Document CD56/10, Rev. 1)**

62. Mr. Carlos Gallinal Cuenca (Representative of the Executive Committee) reported that the Executive Committee had acknowledged that the strategic lines of the proposed plan of action touched on important issues—such as equal opportunity, equity, quality, governance, access, and health education—that could help countries address inequities in the availability, distribution, and qualifications of health professionals. Delegates had welcomed the plan's emphasis on national contexts and priorities, but had raised several issues in relation to the proposed indicators. It had been pointed out, for example, that not all the indicators in the plan would apply to all countries and that it would be difficult for

federated countries to report on indicators requiring national data. It had been noted that there had been considerable discussion on how to address the issue of workforce migration during the consultations on the plan of action, and that the Caribbean Member States had requested that that the plan include an indicator on mobility and migration of health workers, with a specific mention of the Global Code of Practice on the International Recruitment of Health Personnel.

63. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) thanked all the Member States that had participated in the preparation of the plan of action, affirming that the availability, distribution, acceptability, and quality of the health workforce were critical factors that must be addressed if countries were to achieve universal access to health and universal health coverage. He noted that, although measurement instruments differed, there was consensus that the Region of the Americas was suffering from a severe shortage of human resources for health. Inequities in the availability, distribution, and quality of the health workforce persisted between and within countries, between different levels of care, and between the public and private sector. The situation was further characterized by poor retention rates in rural and underserved areas, high mobility and migration, overspecialization in tertiary care, and precarious working conditions—all of which hindered the progressive expansion of health services, particularly at the first level of care.

64. The proposed plan of action was aligned with the WHO Global Strategy on Human Resources for Health: Workforce 2030, the recommendations of the United Nations High-level Commission on Health Employment and Economic Growth, and the PAHO Strategy on Human Resources for Universal Access to Health and Universal Health Coverage; it proposed specific objectives and indicators to support, guide, and monitor the implementation of the latter. The plan had been prepared after extensive consultations with Member States, which had revealed the need for indicators to reflect each country's specific policies, priorities, and context. It proposed indicators to support more equitable distribution of human resources for health with the necessary capacities and could guide Member States in the organization of interprofessional training and the formation of teams of human resources for health to improve the delivery of primary health care, respond to the needs of health systems undergoing transformation, and support regional progress towards universal access to health and universal health coverage.

65. In the ensuing discussion, delegates welcomed the plan, noting that its three strategic lines of action would serve as a road map for the development of human resources for health, which was key to attaining universal access to health and universal health coverage. Strengthening and consolidating governance and leadership in human resources for health was considered the most complex strategic line of action to implement, particularly given the fragmentation present in some countries' health systems. Affirming that the plan was aligned with country priorities, delegates applauded its emphasis on primary care. However, one questioned whether there was a common understanding of what that concept entailed, noting that the diversity of interpretations

could impede progress in the implementation of the plan. To clarify the definition of that and other key terms, another delegate suggested the creation of a glossary. Several delegates mentioned the need to refine some of the indicators, and a suggestion was made to shift from a gender perspective in the implementation of the plan to a broader social perspective.

66. There was consensus on the need for more and better-trained health workers, which would require greater investment in the health workforce and close collaboration between the health sector and the education, labor, and other sectors. It was emphasized that training must be flexible and keep up with advances in science and technology, while at the same time emphasizing the principles of bioethics in order to prepare health professionals to deliver compassionate, patient-centered care. A number of delegates offered their countries' assistance in the area of training.

67. Several delegates from the Caribbean called for a focus on workforce retention, citing high-levels of migration among health workers, particularly specialized nurses, owing to inadequate compensation, poor working conditions, lack of opportunities for advancement, and aggressive international recruitment. The need for multilateral dialogue on the issue was acknowledged, although one delegate suggested that it was necessary to move beyond dialogue and advocate for a maximum threshold per population of international health workers. The Bureau was asked to inform Member States on changes in international recruitment patterns since the adoption of the WHO Global Code of Practice on the International Recruitment of Health Personnel. The need for integrated models of care and information systems to project human resource needs was noted.

68. Dr. Fitzgerald said that it was clear that there had been a shift in the past few years from an administrative approach to human resources for health to a more strategic, policy-driven approach that involved the health, education, and labor sectors, which were key actors in developing the capacities required to progress towards universal access to health and universal health coverage. It was important to engage all sectors to address the issues critical to reducing the migration of physicians, nurses, and other personnel required to ensure health system operations. It was therefore necessary to identify the objectives of the health system transformation process and to consider the skills mix needed at each level of the system in order to achieve those objectives. That would entail a strategic planning process, which should be led by the health sector but also involve other sectors, especially labor and education. PASB would be working with countries over the next few years to develop national context-specific health workforce accounts in order to assist countries in formulating plans for producing the health workforce needed for the future.

69. Dr. Fitzgerald agreed that health system governance was indeed the most complex issue because multiple actors had a considerable stake in the issue of human resources for health, among them the private sector, professional associations, and service providers. It was important to bring those groups to the table, hear their concerns, and ensure that the interests of the health sector remained paramount in the discussions.

70. Health workforce migration was a relevant issue for all countries, though it was of special concern to the Caribbean, which had the world's second highest rate of migration, particularly among specialized nurses, who were leaving the region in large numbers. In collaboration with the Caribbean Member States, the Bureau had begun looking at the reasons that prompted such migration and had found that, while compensation was a factor, it was not the only one or even the main one. Poor working conditions and limited opportunities for professional advancement appeared to be the main factors driving the phenomenon. PASB would continue to work with the Caribbean countries and others on the issue of retention, shifting the discussion from migration to retention strategies that could minimize and mitigate the impact of migration.

71. As for the indicators, Dr. Fitzgerald noted that they had been collectively agreed after extensive discussions with Member States. He informed the Council that the technical specifications for all indicators were available and that guidelines for implementation would be developed. Commenting on the proposed shift from a gender perspective to a social perspective, he pointed out that during the preparation of the plan of action, Member States had stressed that gender, ethnicity, and human rights should remain cross-cutting aspects of the strategy, and he noted that the social perspective was well-reflected in the principles and values of the plan. As to the gender perspective, women in the health sector continued to face enormous challenges, including lack of equal pay for equal work and significant gender bias when it came to opportunities for promotion and professional advancement. In his view, it was therefore important to retain the gender perspective in the plan of action.

72. According to WHO, there was an absolute shortage of 800,000 health workers in the Region of the Americas. In order to achieve the SDGs, particularly target 3.8 on universal health coverage, more human resources—and therefore more investment in human resources—would be needed. Public investment, in particular, would be crucial in order to ensure the workforce required to address the needs of rural and underserved areas, where private service providers were often unwilling to operate.

73. The Directing Council adopted Resolution CD56.R5, approving the plan of action.

Plan of Action on Entomology and Vector Control 2018-2023 **(Document CD56/11)**

74. Dr. Miguel Mayo Di Bello (Representative of the Executive Committee) reported that the Executive Committee had welcomed the interinstitutional and intersectoral approach of the proposed plan of action. Delegates had acknowledged the importance of strengthening vector-borne disease prevention and control beyond national borders and had applauded Paraguay's successful efforts to eliminate malaria. Climate change, migration, tourism to endemic areas, urban growth, insecticide resistance, and inequalities had been cited as some of the major reasons for the spread of vector-borne diseases. There had been consensus on the need for greater public awareness of vector-borne diseases, increased vaccination, integrated vector management, insecticide resistance monitoring, regular surveillance of high-risk areas, and the addition of

entomologists to vector control teams. The need for greater financing to support vector control efforts had also been highlighted.

75. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Environmental Determinants of Health, PASB) introduced the proposed plan of action, noting that the document had been presented to the PAHO Technical Advisory Group on Entomology and Vector Control in 2017. It had also been submitted for review by national technical teams during various meetings in 2018. The plan was aimed at improving the control of vectors, particularly *Anopheles darlingi*, the vector of malaria, and *Aedes aegypti*, the vector of dengue, chikungunya, and Zika. The reemergence of yellow fever called for strengthened surveillance and control of other vectors of the genera *Haemagogus* and *Sabethes*, which were responsible for the disease's sylvatic transmission cycle, without neglecting the persistent risk of urban transmission by *Aedes aegypti*. Other diseases, such as Chagas and leishmaniasis, called for strengthened national capacity for surveillance and control of triatomines and phlebotomines.

76. The plan included five strategic lines of action and would cover the period from 2018 to 2023. A mid-term progress report would be submitted to the Governing Bodies in 2021 and a final report in 2024.

77. Delegates commended the Bureau on the plan of action and thanked it for its ongoing support for the prevention and control of vector-borne diseases. There was consensus on the importance of the plan of action, given the high burden of illness and death caused by vector-borne diseases such as malaria, chikungunya, dengue, Zika, and other neglected tropical diseases. Delegates noted the plan's alignment with existing PAHO and WHO mandates and called for increased budgets and the implementation of proven strategies to combat vector-borne diseases, including integrated national and regional vector control, health literacy campaigns to promote community involvement, capacity-building, vaccination, entomological surveillance, monitoring of insecticide resistance, integration of entomological surveillance and health information systems, and the promotion of best practices.

78. Delegates described the vector-borne disease situation in their countries and the progress made in vector control, congratulating Paraguay on its elimination of malaria. A number of delegates noted that, notwithstanding those efforts, vectors were spreading to new areas as a result of climate change and urbanization, which called for urgent action, including the use of environmentally friendly larvicides and adulticides, along with appropriate biological agents. Delegates from the English-speaking Caribbean asked PASB to support their efforts to have their countries removed from Category I of the WHO Zika virus country classification scheme, arguing that there had been no active Zika virus transmission for the previous 18 months and that the classification was affecting tourism, representing millions of dollars in lost revenue. Commenting that national capacities needed to be strengthened in the Region, several delegates offered their country's technical assistance to other Member States.

79. Dr. Espinal noted that the delegates' comments reflected a strong commitment to ensuring that vector-borne diseases were brought under control. Acknowledging the Caribbean countries' concerns, he reported that PASB was working to ensure that WHO reviewed or abolished the Zika classification scheme, which had been useful at the time of the outbreak, but now clearly needed to be revised. The Bureau had organized a meeting and invited WHO officials and representatives of several Caribbean countries to attend and discuss the issue. The WHO Secretariat had been informed that Zika circulation was very low and that the countries were strengthening surveillance, vector control, and laboratory capacity, with PASB technical cooperation.

80. He recalled that two years earlier the Directing Council had approved a strategy for arboviral disease prevention and control,[5] which was now being implemented in Member States. New tools were being field-tested, including the introduction of sterile, *Wolbachia*-infected, and transgenic mosquitoes. Further studies were needed, however, to assess not only the entomological impact, but the epidemiological and environmental impact of such tools in order to ensure that they did not do more harm than good. Several pilot projects were already under way in the Caribbean and South America.

81. Dr. Espinal thanked the Member States for their offers of support and technical assistance. Vector-borne disease prevention and control required a multisectoral approach, and PASB would take advantage of country expertise in areas such as laboratories, vector control, emergency management, and water and sanitation. He congratulated the Member States that had developed national plans for the elimination of vector-borne diseases, especially malaria, observing that a long-term effort would be needed, but that there was hope that such diseases could be eliminated in the not-too-distant future.

82. Dr. Jarbas Barbosa da Silva (Assistant Director, PASB) said that the current capacity for entomological surveillance in the Region was not sufficient to ensure that vector-borne disease prevention and control activities would achieve the desired results. He was confident that the implementation of the plan of action would contribute to the development of the necessary capacity.

83. The Directing Council adopted Resolution CD46.R2, approving the plan of action.

[5] See Document CD55/16 available at : https://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=35742&Itemid=270&lang=en.
and Resolution CD55.R6 (2016) available at https://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=36387&Itemid=270&lang=en.

Administrative and Financial Matters

Report on the Collection of Assessed Contributions **(Documents CD56/12 and Add. I)**

84. Dr. Miguel Mayo Di Bello (Representative of the Executive Committee) reported that the Committee had been informed that, as of June 2018, no Member State was in arrears to an extent that it could be subject to the application of Article 6.B of the PAHO Constitution. Thirteen Member States had paid their 2018 contributions in full, while eight had made partial payments and 21 had made no payments for 2018. A total of $2.4 million was pending for prior years' assessments.

85. Mr. Xavier Puente Chaudé (Director, Department of Financial Resources Management, PASB) confirmed that no Member State was in arrears to an extent that it could be subject to the application of article 6.B of the PAHO Constitution. He reported that 17 Member States, Participating States and Associate Members had paid in full, seven had made partial payments for 2018, and two had made advance payments for 2019. A total of 18 States had made no payments at all for 2018, although the due date for such payments was the first of the year.

86. In total, the Organization had received $44 million in assessed contributions for 2018, with $59.2 million still outstanding. An additional $2.4 million were outstanding from previous years. Mr. Puente stressed that timely payment of assessed contributions was essential to ensure the continuity of the Organization's operations and appealed to those Member States that had not yet paid to do so as expeditiously as possible.

87. The Director affirmed that the Organization truly had need of Members' assessed contribution payments. She thanked those Members that had already met their obligations.

88. The Council adopted Resolution CD56.R1, expressing appreciation to those Member States that had already made payments for 2018 and urging all Members to pay all outstanding assessed contributions as soon as possible.

Financial Report of the Director and Report of the External Auditor for 2017 (**Official Document 356*****)***

89. Dr. Miguel Mayo Di Bello (Representative of the Executive Committee) reported that the Executive Committee had discussed the Financial Report of the Director after hearing presentations by the Bureau and the External Auditor. The Committee had welcomed the External Auditor's unmodified audit opinion and commended the Secretariat for its responsiveness to audit recommendations. Concern had been expressed about the deficit registered in 2017 and about the 5.8% rise in expenditures. The Bureau had been encouraged to make use of modern technological tools, including virtual meetings, in order to reduce travel and other expenditures. It had also been encouraged to improve financial management practices in order to avoid the accumulation of expenses at the end of the biennium. Delegates had acknowledged that the Bureau had taken steps

to address the recurrent issue of unimplemented voluntary contributions, but had underlined the need to avoid having to return funds to donors. The Bureau had been encouraged to take steps to improve internal controls in order to prevent fraud, theft, and loss of property.

90. Like the Executive Committee, the Council welcomed the unmodified audit opinion. Delegates expressed thanks to the Director and to the External Auditor for their reports, which were seen as invaluable tools for ensuring transparency and accountability. The Organization's intensification of efforts to promote health throughout the life course were welcomed, as were its efforts to address social determinants of health to support the Region's work on the Sustainable Development Goals. PAHO's assistance to countries affected by natural disasters and emergencies in 2017 was applauded.

91. The Council echoed the concerns expressed by the Executive Committee with regard to the $2 million deficit and the 5.8% rise in expenditures in 2017, the accumulation of expenses at the end of the biennium, and unimplemented voluntary contributions. The Bureau was encouraged to continue striving to improve resource management and expenditure planning with a view to resolving those problems and achieving a balanced budget. It was also encouraged to improve mechanisms for implementing, monitoring, and evaluating the impact of voluntary contributions. In that connection, delegates noted the Organization's increasing reliance on voluntary funding and highlighted the importance of maintaining a good implementation track record in order to continue to attract such funding.

92. Delegates expressed concern about the rise in liabilities for employee health insurance and other benefits and about the impending retirement of numerous senior managers and the lack of mechanisms to systematically guarantee the preservation and transfer of institutional memory. The continued use of manual procedures and the manipulation of data outside the PASB Management Information System, particularly for bank account reconciliation, was also a concern.

93. A delegate noted with satisfaction that the allocation of funds from WHO to the Americas had increased, but expressed concern about the decline in WHO voluntary contributions and called on the WHO Secretariat to redouble its efforts to strengthen that source of funding in the Region. Another delegate noted that the rate of collection of assessed contributions had decreased from 65% in 2016 to 57% in 2017 and encouraged Member States to pay their outstanding contributions in order to facilitate the implementation of PAHO's program of work.

94. The Bureau was urged to implement the recommendations of the External Auditor, particularly those relating to the Mais Médicos project.

95. Mr. Xavier Puente Chaudé (Director, Department of Financial Resources Management, PASB) explained that there were two reasons for the rise in liabilities for staff health insurance: the use of a new life expectancy table, which showed that life expectancy had had an increase of two years, and a decline in market interest rates from

4.3% to 3.8%. It was expected that the liability would be fully funded by 2049. The Staff Health Insurance Global Oversight Committee had adopted several cost containment measures with a view to ensuring that the Organization could meet the staff health insurance liability, including encouraging eligible retired staff in the United States to participate in the Medicare program and discouraging staff from traveling to seek care in the United States, the country with the highest health care costs in the world.

96. As had been noted, the Organization had ended 2017 with a deficit of $2 million; however, in 2016 it had posted a significant surplus, which had more than offset the deficit. Consequently, the Organization had ended the biennium with a surplus. It was normal for there to be a surplus in the first year of a biennium and a deficit in the second year because more of the budget was implemented in the second year, which meant that spending was higher. At the same time, revenue in the second year was generally lower than in the first year.

97. With regard to recommendation 4 of the External Auditor, concerning the use of general grants or budget lines for the Mais Médicos project, the Bureau disagreed with the External Auditor's conclusion that funds for that project had been used for activities funded by a different national voluntary contribution in Brazil. Funds had been correctly allocated in accordance with the relevant agreements. As to recommendation 6, concerning the manipulation of data outside the PMIS, representatives of the new External Auditor, the National Audit Office of the United Kingdom, had recently visited PAHO Headquarters and had indicated that they were satisfied with the automated bank account reconciliation reports being produced by the PMIS. The Bureau therefore intended to begin using the automated reports, although it would continue to perform manual reconciliations as a security measure until the end of 2018.

98. The Bureau had taken steps to ensure that expenditures were distributed more evenly across the biennium, and the level of budget implementation in 2018, the first year of the current biennium, was significantly higher than it had been in 2016. With regard to the return of unimplemented voluntary contributions to donors, the amount returned was under 1%. In many cases, voluntary contribution agreements spanned three or more years. When funds received under those agreements remained unimplemented at the end of a financial year, they were simply carried over into the budget for the following year.

99. The Director pointed out that the Bureau could only implement funds that were actually available. The amount of funding received did not always match the amount budgeted. The Bureau's level of implementation of available funds was quite impressive. It had taken various steps to prevent the accumulation of expenses at the end of the biennium, including guaranteeing some 80% of the regular budget funding for all entities. Similarly, where a signed agreement with a traditional donor existed, it had accelerated the implementation of voluntary contributions by approving their immediate expenditure. The Bureau's executive management reviewed the Organization's finances and accounts every two months in order to ensure that it remained on a sound financial footing.

100. She assured the Council that the Bureau had taken steps to preserve the Organization's institutional memory, including the creation of a database containing information from exit interviews and end-of-mission reports. She also pointed out that the Government of Brazil bore the primary responsibility for the Mais Médicos project; PAHO's role with regard to the project was limited. She informed the Council that the Brazilian Government had addressed all lawsuits related to the project.

101. The Directing Council took note of the report.

Amendments to the Financial Regulations and Financial Rules of PAHO **(Document CD56/13)**

102. Dr. Miguel Mayo Di Bello (Representative of the Executive Committee) reported that the Executive Committee had reviewed a proposed amendment to Financial Rule XII, concerning the performance of internal audits by PAHO's Office of Internal Oversight and Evaluation Services. In line with recommendations from the Audit Committee and the Institute of Internal Auditors, it had been proposed to include a reference to an internal audit charter in Rule XII. It had been explained that the internal audit charter had existed for years in PAHO, but had not been explicitly mentioned in the Financial Rules. The original wording of the amendment had been modified slightly pursuant to a proposal by the Subcommittee on Program, Budget, and Administration in order to align it with recommendations of the United Nations Joint Inspection Unit and the Institute of Internal Auditors auditing standards.

103. The Executive Committee had welcomed the principles of integrity, objectivity and confidentiality embodied in the internal audit charter and had considered that it would contribute to greater transparency and accountability, which in turn could help the Organization to attract new partners, thereby increasing its resources. The Committee had adopted Resolution CE162.R6, confirming the amendment.

104. The Directing Council took note of the report.

Selection of Members States to Boards and Committees

Selection of Two Member States from the Region of the Americas Entitled to Designate a Person to Serve on the Policy and Coordination Committee of the UNDP/UNFPA/ UNICEF/ WHO/World Bank Special Program of Research, Development and Research Training in Human Reproduction (HRP) **(Document CD56/14)**

105. The Directing Council selected Argentina and Trinidad and Tobago to designate a person to serve on the Policy and Coordination Committee of the UNDP/ UNFPA/UNICEF/ WHO/World Bank Special Program of Research, Development and Research Training in Human Reproduction (HRP) for a term of office commencing on 1 January 2019 and ending on 31 December 2021 (Decision CD56[D5]).

Election of Three Members to the Advisory Committee of the Latin American and Caribbean Center on Health Sciences Information (BIREME) **(Document CD56/15)**

106. The Directing Council declared Guyana, Mexico, and Uruguay elected as non-permanent members of the BIREME Advisory Committee for a three-year term commencing 1 January 2019, and thanked outgoing members Argentina, Jamaica, and Peru for their service (Resolution CD56.R4).

Selection of One Member State from the Region of the Americas Entitled to Designate a Person to Serve on the Joint Coordination Board of the UNICEF/UNDP/World Bank/WHO Special Program for Research and Training in Tropical Diseases (TDR) **(Document CD56/16)**

107. The Directing Council selected Ecuador as the Member State from the Region of the Americas entitled to designate a person to serve on the Joint Coordination Board of the UNICEF/UNDP/World Bank/WHO Special Program for Research and Training in Tropical Diseases for a term of four years commencing on 1 January 2019 (Decision CD56[D6]).

Awards

PAHO Award for Health Services Management and Leadership 2018 **(Document CD56/17)**

108. Dr. Miguel Mayo Di Bello (Representative of the Executive Committee) reported that the Award Committee of the PAHO Award for Health Services Management and Leadership had met during the Executive Committee's 162nd session in June. The Committee had consisted of representatives of Antigua and Barbuda, Brazil, Canada, and Panama. After examining the information on the candidates nominated by Member States, the Award Committee had decided to recommend that the PAHO Award for Health Services Management and Leadership for 2018 be awarded to Dr. Natalia Largaespada Beer, of Belize.

109. The Executive Committee had endorsed the decision of the Award Committee and adopted Resolution CE162.R7, conferring the PAHO Award for Health Services Management and Leadership 2018 on Dr. Natalia Largaespada Beer.

110. The President said that he was pleased to confer the 2018 honor on Dr. Largaespada Beer. A strong advocate of the use of data for decision- and policy-making, Dr. Largaespada Beer was being recognized for her considerable achievements in the area of maternal and child health and for her contribution to the introduction and strengthening of evidence-based and people- and community-centered public health strategies to improve the lives of people in situations of vulnerability. Dr. Largaespada Beer's speech of acceptance may be found on the website of the 56th Directing Council.

PAHO Award for Health Services Management and Leadership: Changes to Procedures **(Document CD56/18)**

111. Mr. Carlos Gallinal Cuenca (Representative of the Executive Committee) reported that the Executive Committee had been informed that the Award Committee of the PAHO Award for Health Services Management and Leadership wished to propose some changes to the criteria and the process for the selection of candidates, namely that the Award Committee should have an uneven number of members in order to avoid the possibility of an evenly split vote and, secondly, that the candidate selection criteria should include a criterion relating to reputational risk. The Executive Committee had agreed that the proposal should be presented to the 56th Directing Council for consideration.

112. The Council adopted Resolution CD56.R7, approving the proposed changes as set out in Document CD56/18.

Matters for Information

***Final Evaluation of the Health Agenda for the Americas 2008*-2017 (Document CD56/INF/1)**

113. Mr. Carlos Gallinal Cuenca (Representative of the Executive Committee) reported that the Committee had examined a preliminary version of the Final Evaluation of the Health Agenda for the Americas 2008-2017, which showed that the Agenda had served its purpose as a reference framework for strategic policies and plans and that progress had been made in all of the eight areas of action identified in the Agenda. The Committee had noted that the problems created by the fact that the Health Agenda had not included any measurable targets or indicators, which had made it difficult or impossible to assess progress in some areas, and had emphasized the need to take account of that and other lessons learned in the implementation of the new Sustainable Health Agenda for the Americas 2018-2030.

114. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) recalled that the Health Agenda for the Americas 2008-2017 had been approved in 2007 and since then had served as the highest strategic policy document to guide health planning at the regional, subregional, and country levels. In 2017, Member States had approved the Sustainable Health Agenda for the Americas 2018-2030 (SHAA 2030), which demonstrated their commitment to implementing the health-related aspects of the 2030 Agenda for Sustainable Development and achieving the Sustainable Development Goals.

115. During the development of SHAA 2030, Member States had conducted a review of the progress made in implementing the Health Agenda 2008-2017, and the Strategic Plan Advisory Group (see paragraphs 117 to 125 below) had requested the Bureau to present a comprehensive final evaluation of the Health Agenda 2008-2017 to the PAHO Governing Bodies in 2018, documenting the lessons learned that might inform the

implementation of SHAA 2030. The report contained in Document CD56/INF/1 updated and expanded on the information presented to the Executive Committee, including the latest information on the proxy indicators used for the evaluation and additional analysis of the findings.

116. The Directing Council took note of the report.

Process for the Development of the PAHO Strategic Plan 2020-2025 **(Document CD56/INF/2, Rev. 1)**

117. Mr. Carlos Gallinal Cuenca (Representative of the Executive Committee) reported that the Executive Committee had reviewed a proposal for the development of the PAHO Strategic Plan 2020-2025. The Committee had been informed that the Bureau proposed that a Strategic Plan Advisory Group should be appointed to work with the Bureau in developing the new plan. The Committee had welcomed the participatory process proposed for the development of the Strategic Plan and affirmed the need to take account of lessons learned from the evaluation of the Strategic Plan 2014-2019 and the Health Agenda for the Americas 2008-2017. The need to align the new plan with the WHO 13th General Program of Work (GPW13) and the Sustainable Health Agenda for the Americas had been emphasized, as had the need to align the plan with other global and regional commitments.

118. Delegates had underlined the importance of a focus on strengthening health systems in the new Strategic Plan in order to ensure universal and equitable access to health services, protect the public health gains made to date, and confront the numerous health-related challenges in the Region. The need to prioritize pandemic and emergency preparedness had also been emphasized, as had the need for the Bureau to provide technical assistance to support Member States in meeting the health-related Sustainable Development Goals. In order to avoid duplication in measurement efforts and reduce the reporting burden on Member States, it had been considered important to use existing targets and indicators to the extent possible.

119. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) described the proposed road map for the development of the new Strategic Plan, noting that the aim was to submit a relatively full version to the Subcommittee on Program, Budget, and Administration in March 2019. The Strategic Plan, together with the program and budgets during the time period covered by the Plan, would be a principal means of ensuring transparency and accountability for the results obtained. The Strategic Plan would be programmatically aligned with GPW13 and would also be one of the principal instruments for implementing the Sustainable Health Agenda 2018-2030.

120. Mr. Chambliss also outlined the results chain for the new Strategic Plan, which showed how regional outputs and outcomes would be aligned with and contribute to global outputs and outcomes, while still allowing for regional specificity, and how the regional impact goals in the Sustainable Health Agenda would relate to the "triple billion" goals in GPW13 and to the Sustainable Development Goals. He noted that, in

addition to individual country consultations and the work of the 21 members of the Strategic Plan Advisory Group, Member States would have ample opportunity to provide additional input on the Plan during the Governing Bodies sessions in 2019.

121. The Council expressed support for the proposed road map and welcomed the consultative process and the equitable representation of the various subregions on the Strategic Plan Advisory Group. It was pointed out that the Region was a model for other WHO regions and for the WHO Secretariat in organizing formal consultation and planning processes involving Member States. The Bureau was encouraged to continue supporting Member States' efforts to obtain information from WHO in a timely manner in order to facilitate the development of the Strategic Plan.

122. Delegates agreed that the new Strategic Plan must be aligned with global agendas, but that its goals, targets, and indicators must also reflect the Region's priorities and the public health gains made in the Americas. Delegates also agreed on the importance of examining what had and had not worked under the current Strategic Plan and applying the lessons learned. It was suggested that the concept of "key countries" should be reexamined and adjusted so that countries moved off the list as they made progress. Delegates emphasized that reducing inequities and achieving universal health coverage should be major focuses of the new Strategic Plan. The value of the PAHO–Hanlon method as an objective means of setting priorities was highlighted, but it was pointed out that the method's value could be maximized only if all Member States understood and applied it.

123. Mr. Chambliss thanked Member States for their comments, which would be taken into account as the process of drawing up the Strategic Plan proceeded. He noted that the question of the key countries would be addressed in the chapter dealing with PAHO's country presence and the evolution of its technical cooperation.

124. The Director expressed gratitude to Member States for their active and enthusiastic participation in the development of the Organization's next Strategic Plan. That participation would make the Plan more reflective of the realities in Member States and more relevant to them, which was appropriate because Member States would share responsibility with the Bureau for delivering results under the Plan.

125. The Directing Council took note of the report.

Report on Strategic Issues between PAHO and WHO **(Document CD56/INF/3)**

126. Mr. Carlos Gallinal Cuenca (Representative of the Executive Committee) reported that the Executive Committee had been informed that the Subcommittee on Program, Budget, and Administration had been invited to comment on the format and content of a report prepared pursuant to a request from the 29th Pan American Sanitary Conference, which had called upon the Bureau to transform the yearly report on WHO reform into a report on issues of strategic importance to the relationship between PAHO and WHO. Several delegates had been of the view that the report lacked the detail and the strategic

vision that Member States wished to see. It had been suggested that future reports should include an analysis of whether the activities described were on track, how collaboration between PAHO and WHO might be improved, and information on the sharing of best practices between the two organizations. In addition, it had been suggested that future reports should contain information on issues discussed during the most recent sessions of the WHO Executive Board and Programme, Budget, and Administration Committee that were of particular relevance to the Region.

127. In the Directing Council's discussion of the report, a delegate requested that future reports include information on the mechanisms and periodicity for reporting from PAHO to WHO since the implementation of the PASB Management Information System. She also requested the inclusion of information about the most frequent problems that the Bureau had experienced in the implementation of the Framework of Engagement with Non-State Actors. In addition, she emphasized the importance of Member State involvement in the development of both WHO and PAHO documents, including the impact framework for the WHO 13th General Program of Work (see paragraphs 146 to 156 below).

128. The Council took note of the report.

Proposed WHO Programme Budget 2020-2021 **(Document CD56/INF/4)**

129. Mr. Bernard Tomas (Coordinator, Strategic and Operational Planning Unit, WHO) introduced the proposed high-level WHO program budget for 2020-2021, contained in an annex to Document CD56/INF/4, and outlined the process for the development of the program budget, indicating that a more detailed version would be presented to the Executive Board in January 2019. He noted that consistent with the vision of the 13th General Program of Work, the focus of the program budget planning process was achieving an impact at country level. In order to do that, it was essential to identify countries' needs and priorities, and ample time had therefore been allotted for consultation with Member States. A new step had been introduced into the planning process to ensure that it was country-focused: the development of country support plans, which would define how WHO would support countries, how success would be measured, and what resources would be needed to deliver the intended results at country level. The WHO Secretariat was collaborating closely with the PASB Department of Planning and Budget to align country support planning with the regional prioritization process that would take place as part of the development of the PAHO Strategic Plan 2020-2025 (see paragraphs 117 to 125 above).

130. An overall increase of $266 million was proposed for 2020-2021, which meant the total budget would rise from $4.42 billion to $4.68 billion. The amount allocated to base programs would increase by $469 million, from $3.5 billion to $3.98 billion. At the same time, however, the amount allocated to polio eradication would decrease by $202 million, and that amount would be shifted to base programs. Almost 30% of the proposed increase, some $132 million, would go to the country level. The second largest share, $108 million, would be used to strengthen WHO's normative work. The proposed

increase would be financed through voluntary contributions; there would be no increase in assessed contributions.

131. As to the distribution of the budget by organizational level, the amount allocated to country offices would rise by 5%, a substantial increase in comparison with previous bienniums, when increases had been on the order of 1%. The amount allocated to regional offices would remain stable, while the amount allocated to WHO Headquarters would decrease. The amount allocated to the Americas was projected to rise from $190.1 million to $219 million. Allocations to the regions had been calculated in line with the agreed strategic budget space allocation model.[6]

132. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) affirmed that the results of the prioritization exercise to be conducted in conjunction with the development of the PAHO Strategic Plan 2020-2025 would be used to inform the allocation of the Region's portion of the WHO program budget. The PAHO-adapted Hanlon method[7] would be used in conducting the prioritization exercise.

133. The Council applauded the proposed program budget's alignment with the triple billion targets of GPW13 and welcomed the results-based approach to budgeting and the focus on countries. It also welcomed the bottom-up consultation process and the opportunity to provide input on the program budget in the early stages of the planning and budgeting process. It was recommended that such documents should be made available even earlier in the future in order to allow more time for consideration by regional committees. The Secretariat's efforts to include gender equality- and equity-sensitive indicators in the budget planning framework were commended, and it was encouraged to strengthen the capacity of programs to deliver on the GPW13 commitments relating to gender, equity, and human rights.

134. Delegates welcomed the news that no increase in assessed contributions would be sought, but several questioned whether the proposed increase in the allocation to base programs was feasible in the current context. The Secretariat's efforts to increase efficiency and value for money were applauded, but it was encouraged also to strive to broaden its donor base. The need for a risk analysis to determine the impact of failure to mobilize the required funds was highlighted, as was the need to develop alternative scenarios in the event that the proposed increase was not approved by Member States. It was pointed out that it was difficult for Member States to support the proposed increase in the absence of specifics about how the additional funds would be used, and the Secretariat was asked to provide such details at the January session of the Executive

[6] See Decision WHA69(16) (2016)

[7] See Document CD55/7 available at https://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=35730&Itemid=270&lang=en.
and Resolution CD55.R2 (2016) https://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=36373&Itemid=270&lang=en.
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Board. It was also asked to indicate how, specifically, the country-level prioritization exercises would guide the allocation of resources and the provision of technical cooperation to countries.

135. While the proposed increase in the allocation to the Americas was welcomed, it was pointed out that the Region's percentage share of the overall budget would nevertheless remain at the same level as in 2014-2015; furthermore, the proposed increase would be dependent on mobilization of the additional voluntary contributions needed to fund the overall increase in the budget. A delegate requested an explanation of the reason for the proposed allocation of 1.5% per annum for inflation, noting that it was not standard practice to include such an allocation in the budgets of United Nations organizations and that inflationary costs were normally absorbed by the organization.

136. Concern was expressed about a statement in paragraph 14 of the high-level program budget document that referred to a common basis for the prioritization of results, as such an approach might fail to take adequate account of asymmetries in countries' institutional capacity. It was pointed out that the PAHO-adapted Hanlon method provided a solid and objective means of priority-setting at both national and regional levels, and the Secretariat was urged to make it available to health authorities in other regions by publishing in the WHO *Bulletin* the paper on the method prepared by the PAHO Strategic Plan Advisory Group.

137. It was stressed that national authorities and WHO country offices must share ownership of the prioritization process. In that connection, concern was expressed about how the prioritization exercise would be carried out and how technical support would be provided in Member States that lacked a country office. A clear chain of results—showing the results for which the Secretariat would be responsible and those for which Member States would be responsible—was considered essential.

138. Dr. Soumya Swaminathan (Deputy Director-General for Programs, WHO), noting that many of the matters raised in the discussion were related to the transformation process under way within WHO, recalled that GPW13 had been adopted an entire year in advance of the normal timetable for the adoption of general programs of work. There was therefore ample time to ensure that the planning and budgeting process was done in a way that would enable the Organization to meet the goals set out in GPW13, which envisaged three major strategic shifts in the way WHO worked: stepping up global leadership and advocacy for health, ensuring that country impact was central to all activities, and strengthening the Organization's normative work. In the latter area, consistent with the focus on country impact, the development of guidelines and standards would therefore be informed by countries' needs.

139. As outlined in GPW13, support to countries would range from policy dialogue aimed at enhancing national policies to more operational support in countries where health systems had been severely weakened or had collapsed altogether as a result of natural disasters or political conflict. All three levels of the Organization would work

together to address countries' needs effectively, with the country offices playing a leading role in identifying and communicating those needs.

140. Dr. Swaminathan acknowledged that the high-level program budget lacked detail and said that the Secretariat would draw up a more detailed proposal after the country prioritization process had been completed. She was confident that it would be possible to mobilize the resources required to fund the proposed increase, although of course there were some unknowns. One was whether it would be possible to achieve the elimination of polio by the end of 2018. If not, the proposal to move some of the polio budget to the base budget might be affected.

141. Mr. Tomas added that the current WHO program budget was approximately 91% funded, which was a hopeful sign. Nevertheless, as part of the transformation process, the Secretariat was working to strengthen its capacity to mobilize resources, especially flexible voluntary contributions, which could be distributed as needed to fund activities in priority areas. All regions would receive an increase under the proposed program budget. While it might appear that some regions were receiving larger increases in their relative share of the budget than others, in fact the regional allocations were in line with the strategic budget space allocation methodology. The apparent increase in the relative share going to the South-East Asia Region reflected the shift of a significant amount of polio program funding to the base segment of the budget.

142. While inflationary costs had traditionally been absorbed, those costs had risen tremendously in recent years and the Organization's capacity to continue absorbing them was being increasingly stretched. The allocation for inflation reflected that reality and had been included for reasons of transparency. Nevertheless, the Secretariat had committed to the achievement of efficiency gains of $99 million and would go on trying to absorb inflationary increases to the extent possible.

143. The aim of the country support plans was to ensure that the technical support provided by the regional offices and by WHO Headquarters was in line with country needs and priorities. The version of the program budget to be prepared for the Executive Board would provide a clearer picture of how resources would be allocated to support countries. In any case, WHO would work with all countries, regardless of whether there was a WHO country office in a particular country. In such cases, support would be provided through the regional office or a subregional office.

144. Mr. Chambliss assured the Council that all Member States would have the opportunity to participate equally in the prioritization process to be carried out at the regional level. In the Caribbean countries where there was not a PAHO/WHO representative office, the subregional office in Barbados would provide support, as would the Bureau. Regarding the comment on the need for a results chain, he noted that regional outcomes were being established as part of the process of developing the PAHO Strategic Plan 2020-2025.

145. The Council took note of the report.

Presentation of the Methodology used to Develop the Indicators to Measure Progress in Implementation of the 13th General Programme of Work, and Review of the Resulting Indicators and Targets **(Document CD56/INF/5, Rev. 1)**

146. Dr. Samira Asma (Director, Metrics and Measurement, WHO) introduced the white paper and the table of targets and indicators annexed to Document CD56/INF/5, Rev. 1, which had been prepared in response to a request made by the Executive Committee at its 162nd Session. The white paper described the draft impact framework for the 13th General Program of Work, while the table showed a set of proposed targets and indicators for measuring progress towards the "triple billion" targets set out in GPW13. Dr. Asma noted that the Americas was the first of the WHO regions to hold a regional consultation on the draft impact framework.

147. The impact framework would comprise three levels of measurement. The first, healthy life expectancy (HALE), was an overarching measure of average population health for individual countries and would measure overall progress towards the triple billion targets. The second level would measure progress towards each target by means of an index. The third level would be a flexible toolkit of targets and indicators, all aligned with the Sustainable Development Goal targets and indicators and/or the targets and indicators under various World Health Assembly resolutions, which countries could use to track progress towards national and regional priorities, as well as towards the implementation of GPW13 and the achievement of the SDGs. The 45 targets included in the toolkit had undergone consultation with Member States.

148. In keeping with the focus on equity and gender equality under both GPW13 and the Sustainable Development Goals, the ability to disaggregate data by gender and equity variables such as socioeconomic status would be needed. The WHO Secretariat was cognizant of the need to avoid any undue reporting burden on Member States, and the measurement system would therefore use existing data where available. The Secretariat would continue to work with regions and with Member States to fill any data gaps in a way that was sustainable for years to come.

149. In the ensuing discussion, Member States expressed gratitude to the WHO Secretariat for the update on the draft impact framework, but also raised a number of concerns. Particular concern was expressed about the possibility that estimates might be used to report on indicators for which no official data were available or for targets and indicators that fell outside the purview of the health sector. It was emphasized that, if estimates were to be used, the source of the information and the method used to arrive at the estimate must be specified. Delegates underscored the need to align reporting requirements for GPW13 with other global and regional reporting procedures and requirements in order to ease the reporting burden on Member States and avoid multiple and possibly duplicative reporting requirements.

150. Several delegates noted that some of the indicator definitions were unclear or needed to be broadened. For example, in the indicator for target 10 (Increase the number of vulnerable people in fragile settings provided with essential health services to ≥ 80%),

it was unclear how "vulnerable people in fragile settings" would be defined. The indicator for target 41 (Reduce the percentage of bloodstream infections due to antimicrobial-resistant organisms among hospital patients by 10%) should be broadened, since in order to effectively tackle antimicrobial resistance it was necessary to reduce the incidence of all infections, not just those that were drug-resistant. It was also pointed out that some indicators were qualitative in nature and therefore open to different interpretations.

151. Concern was expressed about a lack of clarity with regard to the results chain, with several delegates remarking that it was not clear how much responsibility countries would bear for the achievement of the targets in the toolkit and the overall triple billion targets, nor was it clear what role the regional offices would play in that regard. Several delegates wondered whether the targets and indicators in the toolkit would allow for national and regional specificity. It was emphasized that the targets and indicators must take account of regional realities and of the work undertaken at the regional level.

152. A delegate requested clarification of how the Member State consultations on the toolkit of targets and indicators had been carried out, while another reiterated a suggestion made by her delegation during the Seventy-first World Health Assembly, namely that the WHO Secretariat should set up a formal consultation process and formulate a road map for the development and approval of indicators. Several delegates indicated that technical experts in their countries were still reviewing the draft impact framework and asked for information on how Member States could continue to provide input. Clarification of the process for finalizing the impact framework was also requested.

153. Dr. Asma, noting that the impact framework was a work in progress, said that she had taken note of Member States' concerns and recommendations. Regarding the measurement framework, further refinements would be made during a meeting to be held in early October. The development of the framework had begun during the drafting of GPW13 and had been done in consultation with the regions. Information on the basis and data sources for the targets and indicators would be provided in due course, as would information on the methods for calculating and reporting on the indicators.

154. Dr. Soumya Swaminathan (Deputy Director-General for Programs, WHO) said that the main idea behind the framework was to measure the impact of the combined work of the Secretariat, the regional offices, and Member States. The indicators would be well aligned with those for the SDGs and other existing indicators. It would be necessary to continue to use modelling in some areas where data were unavailable. However, a major effort would be made to improve data systems across the Organization, which would reduce the need to use estimates.

155. The Director observed that it had become an established practice in the Region for Member States to be actively involved in the definition of indicators that they would be expected to report on. She urged the WHO Secretariat to make more of an effort to engage Member States in the process of developing targets and indicators for GPW13 and to seek to involve national health authorities rather than staff from permanent

missions in Geneva. She believed that such involvement would help to inspire greater confidence in the process and allay Member States' concerns about the use of estimates that might not reflect the reality in the Region.

156. The Directing Council took note of the report.

***Regional Consultation on the WHO Global Strategy on Health, Environment, and Climate Change* (Document CD56/INF/6)**

157. Dr. Joy St. John (Assistant Director-General for Climate and Other Determinants of Health, WHO) introduced the draft Global Strategy on Health, Environment, and Climate Change, noting that during the January 2018 session of the WHO Executive Board Member States had expressed overwhelming support for the development of such a strategy. The draft strategy was informed by the 2030 Agenda for Sustainable Development and various local and regional strategies, as well as existing evidence and lessons learned. It called for a scaling-up of primary prevention, cross-sectoral action to address determinants of health through health-in-all-policies approaches, strengthening of the health sector and health systems, building of support through governance mechanisms, and generation of new evidence.

158. The role of WHO Headquarters and of the regional and country offices would be to provide leadership, guide policy, coordinate regional and subregional processes, and ensure that the "health voice" was heard. They would also engage in advocacy and contribute to the synthesis of evidence. In keeping with the 13th General Program of Work, the Secretariat would seek to enhance direct impact at the country level by catalyzing action and seeking to influence sectoral choices, enhancing the capacity of the health sector, providing emergency response, and developing special initiatives, such as the Climate Change and Health in Small Island Developing States initiative.

159. The global strategy would provide a framework that each region and country could shape to reflect its peculiarities and priorities. Some regions had already begun holding country consultations with a view to developing a regional implementation strategy. The draft would be revised in the light of comments received from Member States and would be presented to the Executive Board in January 2019 and then to the World Health Assembly in May.

160. The Directing Council expressed general support for the draft strategy. Delegates acknowledged that climate change was increasingly affecting health in developed and developing countries alike. A delegate reported that a consultation held on the issue in his country had made it clear that young people viewed climate change not only as a risk to the health of current and future generations, but also as a serious existential concern.

161. Delegates considered that the strategy document provided a comprehensive overview of the risks that climate change and other environmental determinants posed to health, with one remarking that, while some of the issues raised were addressed in other strategies and plans of action, the draft strategy provided an "umbrella" approach.

Another delegate cautioned, however, that many of the actions called for were not really central to WHO's mission and core functions of bolstering health security and emergency response, supporting Member States in strengthening their health systems, and encouraging international and intersectoral partnerships to advance global health.

162. The draft strategy's focus on primary prevention was applauded, as was its emphasis on whole-of-government and health-in-all-policies approaches and its acknowledgement of the need for intersectoral collaboration, since many environmental determinants of health fell outside the direct control of the health sector. Numerous delegates noted the need for education and awareness-raising efforts to make authorities in the agriculture, energy, transport, urban planning, and other sectors aware of the potential health implications of decisions and actions taken in those sectors. Delegates also stressed the importance of ensuring the participation of health sector representatives in climate change discussions and of incorporating health considerations into policies and plans for climate change mitigation and adaptation. The importance of research to generate evidence for policy-making was highlighted.

163. The draft strategy's emphasis on enhancing the resilience of health systems was welcomed. Several representatives of small island developing States described the devastating impact of recent hurricanes on their health care facilities and on the health and well-being of their populations, with one reporting that Hurricane Maria in 2017 had caused damages amounting to over 200% of his country's gross domestic product and another noting that a single hurricane could undo public health gains made over five decades. They underscored their need for support to rebuild their health systems and prepare for future extreme weather events. In that regard, Member States were encouraged to take advantage of available funding mechanisms, such as the Adaptation Fund and the Green Climate Fund, to help develop their capacity to respond to the challenges of climate change.

164. A number of suggestions were made regarding ways in which the draft strategy could be improved. One delegate recommended that the strategy should give greater attention to the impact of production methods—such as the use of antibiotics in livestock production and the use of pesticides in crop farming—as determinants of health. The same delegate pointed out that the strategy did not take adequate account of the fact that a large proportion of workers in many developing countries were employed in the informal sector and therefore were not covered by occupational health services. Another delegate suggested that prisons should be included among the key settings for interventions to address environmental risks to health. It was pointed out that the target date for the achievement of the goals proposed under the draft strategy should be explicitly stated, and it was suggested that the target for access to drinking water and sanitation services should be formulated in percentage terms rather than as an absolute number. Several delegations indicated that they would submit additional suggested improvements in writing.

165. With regard to monitoring and reporting of progress under the global strategy, delegates stressed the importance of aligning with other global and regional reporting

requirements and of utilizing indicators that could be tracked by all countries with existing information systems. In that connection, one delegate warned against the use of indicators that relied on electronic medical records or information systems, which did not exist in all countries.

166. Dr. St. John said that it was clear that WHO needed a global strategy to assist Member States in addressing the many challenges that delegates had mentioned in their comments. With regard to the suggestion that WHO might be reaching beyond its remit, she pointed out that part of that remit was to play a convening role and to facilitate interaction between the global health sector and other sectors. That role was important because, while many of the issues that affected the environment and contributed to climate change fell outside the direct control of the health sector, they were determinants of health. The Organization would continue to work with its partners in the United Nations system to ensure that the health effects of actions taken in other sectors would be taken into consideration in a meaningful way.

167. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Environmental Determinants of Health, PASB) said that PAHO welcomed the global strategy, which was highly relevant to the Region, as evidenced by the comments made and the concerns raised in the discussion. The Director was well aware of those concerns and had recently created a new unit to address environmental risks to health, including climate change. In addition, she had deployed staff to Central America and to the Caribbean to strengthen the Bureau's technical cooperation on the issue in those subregions. The Bureau would work with Member States to ensure that the global strategy was adapted to the needs of Member States in the Region. Like the WHO Secretariat, it would also work to ensure a place for health in the global environmental agenda.

168. The Director affirmed that the Bureau would continue to work with Member States to ensure that their adaption plans for health were well positioned within national adaptation plans. It would also continue working to strengthen the operational capacities and resilience of health systems in the Region, including through promotion of the smart hospitals strategy, which had been shown to be efficacious. In some Caribbean countries, for example, the only health care facilities that had continued to function in the wake of recent hurricanes had been those that had implemented the strategy.

169. The Council took note of the report.

Report of the Advisory Committee on Health Research **(Document CD56/INF/7)**

170. Mr. Carlos Gallinal Cuenca (Representative of the Executive Committee) reported that the Executive Committee had reviewed the report on the 46th session of the Report of the Advisory Committee on Health Research. The Committee had been informed that the Advisory Committee had assessed progress on a number of specific research initiatives and had urged the Bureau and Member States to continue to support and promote research in accordance with national priorities and needs. The Advisory

Committee and the Organization as a whole had been encouraged to focus on implementation science and robust program evaluation to ensure that Member States built capacity to evaluate and modify health interventions as appropriate in order to achieve the Sustainable Development Goals.

171. In the discussion that followed, delegates welcomed the recommendations in the report, particularly the recommendations to reactivate the WHO Evidence-informed Policy Network (EVIPNet) in the Region and to advance capacity-building with local research teams and regional networks. The need for continued effort to close intercountry and interregional gaps in research capacity was underscored, as was the importance of offering scholarships and promoting training opportunities for that purpose. The Bureau was encouraged to do more to communicate information on training resources, such as those available from the Cochrane organization.

172. It was pointed out that opportunities for research on population health and on health systems and services remained limited in comparison with opportunities for clinical and biomedical research, and the need for more research on collective health and health determinants was emphasized. Such research was considered essential to identify the reasons for, and to generate evidence for policies to address, inequalities and inequities in health. It was also pointed out that research would become meaningless without reliable mechanisms to disseminate findings and to translate research into relevant knowledge for the improvement of population health. PAHO's role in enhancing the visibility of research content was highlighted.

173. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) agreed on the importance of research relating to equity and factors that impeded people's access to health and universal health coverage. He noted that the Director had made the decision to strengthen the area of research on health systems and informed the Council that the Bureau was planning to develop a comprehensive program to strengthen Member States' capacity for research in that area. PAHO had been working arduously for years to promote research for health, and a wealth of research was being conducted in the Americas; unfortunately, however, it was not always aligned with the priorities of ministries of health and did not generate the evidence needed to guide decision- and policy-making. The Advisory Committee on Health Research had highlighted the need to structure research agendas around countries' priorities. The Bureau would continue to support the work of the Advisory Committee.

174. The Director expressed gratitude to the members of the Advisory Committee for their work and for the advice they provided to the Bureau. In her view, the area of research for health could benefit greatly from South–South cooperation, which could help to enhance the capacity of Member States and encourage the sharing of research findings. The Bureau was aware that a great deal of important research was being conducted in the Region, but it did not always come to the attention of the international community. The Bureau would work with Member States to ensure broader dissemination of regional research findings.

175. The Directing Council noted the report.

***Report of the Commission on Equity and Health Inequalities in the Americas* (Document CD56/INF/8)**

176. Dr. Miguel Mayo Di Bello (Representative of the Executive Committee) reported that the Executive Committee had examined a report on the work of the Commission on Equity and Health Inequalities in the Americas, established by the Director with the objective of gathering and evaluating the available evidence on the causes of health inequities and inequalities and formulating recommendations aimed at improving the health and well-being of all people in the Region. Executive Committee members had expressed firm support for the Commission's work, with one pointing out that it had marked a move forward from thought and discussion on equity and inequalities to action. Delegates had praised the Commission's focus on social determinants of health and on the four cross-cutting themes of gender, ethnicity, equity, and human rights. The Commission's efforts to create a record of positive and innovative practices and case studies had also been welcomed. Several delegates had highlighted the importance of reliable data and a strong evidence base for decision-making and for identifying and tackling health inequalities.

177. Sir Michael Marmot (Director, Institute of Health Equity, University College London, and Chair of the Commission on Equity and Health Inequalities in the Americas) introduced the executive summary of the Commission's report, contained in Document CD56/INF/8, noting that the full report would be published in March 2019. He began by pointing out that the idea that good health was simply a matter of getting richer was contradicted by the evidence. Canada, for example, had a gross national product per person that was about a quarter less than in the United States—the richest country in the Americas—but life expectancy was two years longer for Canadian women and four years longer for Canadian men. Chile, Costa Rica, and Cuba had much lower national income than the United States, but life expectancy was slightly longer in those countries than in the United States. Hence, good health was clearly related to more than wealth. Indeed, above a gross national income level of $16,000 per person, adjusted for purchasing power parity, there was simply no relationship between national income and life expectancy.

178. The Commission's report explored the structural drivers that led to health inequalities, including inequalities in the political, social, cultural, and economic arenas; the unequal impact on socially disadvantaged populations of environmental degradation, climate change, and natural disasters; and the continuing impact of colonialism, slavery, and structural racism across the Region. The report also set out recommendations for addressing those drivers in order to promote better health throughout life. A key recommendation was ensuring equity from the start for all children, particularly in conditions of daily life and in education, since a person's experience in early childhood had a fundamental impact on what happened later in life. Other recommendations included ensuring access to decent work, improving income and social protection, reducing violence, and protecting human rights. The report also provided examples of

actions that had yielded tangible results in terms of addressing social, economic, and environmental determinants of health and reducing health inequities and inequalities.

179. In the ensuing discussion, delegates applauded the work of the Commission and acknowledged the importance of addressing health determinants and inequalities between and within countries in order to achieve universal access to health and universal health coverage. The need for multisectoral action was underlined. A delegate noted that gender, ethnicity, equity, and human rights had been important cross-cutting themes under the PAHO Strategic Plan 2014-2019 and emphasized that they should remain themes under the new Strategic Plan 2020-2025 (see paragraph 117 to 125 above). Another delegate reported that the approach advocated by the Commission, and by Sir Michael Marmot personally in his book *The Health Gap: The Challenge of an Unequal World*, had helped to shape his country's plan for prevention and control of noncommunicable diseases.

180. Sir Michael Marmot, agreeing that multisectoral collaboration was crucial in order to tackle complex problems such as violence, said that the Commission's aim was to propose practical ideas that could serve as a basis for cross-government action that could make a real difference with regard to health equity.

181. The Director expressed thanks to Sir Michael Marmot and the other members of the Commission for their insightful work. She noted that the Bureau was planning a regional launch of the full report in March 2019, which would be followed by subregional and national launches. The report would be made available in the Organization's four official languages. It was her hope that the findings set out in the report would serve to galvanize the decisions and actions needed to achieve the Sustainable Development Goals and ensure that all peoples in the Region were able to enjoy health and well-being and live dignified and productive lives.

182. The Directing Council took note of the report.

Implementation of the International Health Regulations (IHR) **(Document CD56/INF/9)**

183. Mr. Carlos Gallinal Cuenca (Representative of the Executive Committee) reported that Committee had received an update on Member States' progress in implementing the International Health Regulations and reviewed the actions taken by Member States and the Bureau to strengthen IHR core capacities and respond to acute public health events. The Committee had welcomed the progress made, although delegates had recognized that further work was needed to achieve and sustain full implementation of the Regulations. The need for greater transparency and mutual accountability had also been noted. Delegates had expressed support for the Five-year Global Strategic Plan to Improve Public Health Preparedness and Response and the IHR Monitoring and Evaluation Framework. While acknowledging the potential usefulness of the Framework's three voluntary monitoring tools, several delegates had stressed that annual self-assessment and reporting should remain the only requirement for States Parties. Other delegates had

highlighted the value of joint external evaluations for identifying where core capacities were working well and where there was room for improvement.

184. Dr. Ciro Ugarte (Director, Department of Health Emergencies, PASB) reported that 99 acute public health events had been reported in the Americas since 1 January 2018, one third of all such events reported worldwide. Of those events, 56% had been reported by national officials and 44% by other sources. In a few cases there had been delays of up to seven or eight days in reporting or responding to requests from the Bureau for information, but for the most part acute events had been reported promptly. The events reported had included outbreaks of yellow fever, measles, and diphtheria and an upsurge in malaria cases.

185. The Americas was one of the most advanced regions in the world in terms of development of the IHR core capacities. There had been steady progress in that regard, but it had been uneven across the various subregions. As in past years, the lowest core capacity scores were in the areas of chemical events and radiation emergencies. Nevertheless, significant progress had been made in improving capacities in those areas, particularly in the Caribbean, thanks in large measure to collaboration between Member States in that subregion, the Bureau, and the International Atomic Energy Agency. A number of countries had indicated their interest in undertaking a voluntary joint external evaluation of their implementation of the core capacities. PASB would continue to support any countries wishing to carry out such evaluations.

186. The Council welcomed the progress made, but acknowledged the need for continued effort in order to achieve and sustain an adequate level of preparedness to address disease outbreaks and other public health emergencies that could pose a threat to regional and global health security. The need to continue strengthening core capacities with regard to chemical and radiation hazards was underscored. Delegates emphasized the importance of the IHRs for identifying and communicating public health emergencies of potential international concern and reaffirmed their countries' commitment to implementing the Regulations. Several also described the measures being taken at the national level to strengthen their surveillance and response, early warning, and risk communication capacities. The importance of maintaining high vaccination coverage rates to prevent further disease outbreaks was stressed.

187. Delegates expressed support for the five-year Global Strategic Plan to Improve Public Health Preparedness and Response, 2018-2023, and the IHR Monitoring and Evaluation Framework. Several delegates reported that their countries had undertaken or were planning to undertake joint external evaluations and encouraged other countries to do likewise. One delegate commented that, while her Government was willing to use the revised self-assessment tool, its use should be considered voluntary, since the tool had not been reviewed or approved by the Governing Bodies of WHO. The same delegate emphasized that joint external evaluations should remain voluntary and should not be used as indicators to assess IHR implementation. It was pointed out that efforts to strengthen countries' core capacities must take account of country contexts and needs and that the instruments in the Monitoring and Evaluation Framework should be tailored to

countries' characteristics. In that connection, PAHO's efforts to assist small island States in addressing the unique challenges they faced were welcomed.

188. Several delegates highlighted the need to strengthen the regional response to the public health challenges posed by migration. The need for approaches that fully respected the dignity and human rights of migrants was underscored. A delegate called for a review of the WHO recommendations on yellow fever vaccination and the list of countries at risk for transmission of the disease, noting that her country had not had a case of yellow fever since 1974, yet it remained on the list, as a result of which some travelers who had merely transited through the country were being required to present proof of vaccination in order to enter other countries.

189. Dr. Ugarte explained that, while PAHO would support Member States seeking a review of their status as countries at risk for transmission of yellow fever, it was the WHO Scientific and Technical Advisory Group on Geographical Yellow Fever Risk Mapping (GRYF) that determined which countries were included on the at-risk list. It was also the GRYF that established recommendations concerning vaccination.

190. Commending the countries that had undertaken or planned to undertake joint external evaluations, he pointed out that such evaluations were not an objective in and of themselves. They were carried out in order to identify critical areas where improvements were needed and then devise solutions to address the problems identified. The Bureau was aware that the evaluation tools in the IHR Monitoring and Evaluation Framework had to be adapted to the conditions and needs of individual countries and was working closely with the Western Pacific Regional Office of WHO to develop a suitable approach for small island developing States.

191. The Director said that the Bureau stood ready to support Member States in carrying out joint external evaluations and encouraged them to do so. It would not be sufficient, however, just to conduct such an evaluation once and take action on the critical areas identified for improvement. Once IHR core capacities were in place, Member States must ensure that they were maintained. Annual self-assessments were essential in that regard, and it might also be advisable to conduct joint external evaluations on a cyclical basis. She urged all Member States to meet the annual IHR self-assessment and reporting requirement.

192. The Council took note of the report.

Update on the Situation and Challenges of Inactivated Poliovirus Vaccine Supply to Maintain Polio Eradication in the Region of the Americas **(Document CD56/INF/10)**

193. Mr. Carlos Gallinal Cuenca (Representative of the Executive Committee) reported that the Executive Committee had received an update on the challenges with respect to inactivated poliovirus vaccine (IPV) supply in the Americas and on the Bureau's efforts to maintain an adequate supply through the Revolving Fund for Vaccine Procurement. The Committee had been informed that PASB expected to be able to procure sufficient

supplies to meet a large portion of the demand for 2018 and was negotiating the procurement of further supplies for 2018 and 2019. The Committee had also been informed about the steps taken to prepare countries to administer fractional doses of the vaccine. The Committee had underscored the importance of maintaining polio eradication in the Region and had stressed the need to heighten awareness among both health workers and the general public about the importance of vaccination and the potential for the reintroduction of wild poliovirus and the emergence of vaccine-derived poliovirus. Delegates had applauded the Bureau's efforts to prepare for shortages and highlighted the importance of training health workers in the correct administration of fractional doses of IPV in order to ensure immunogenicity.

194. In the Council's discussion of the report, delegates thanked PASB for its efforts to procure adequate supplies of IPV at affordable prices and urged it to continue negotiations with suppliers. Delegates noted the need to train health workers to properly administer fractional doses of IPV and called on the Bureau to continue providing technical support in that area. Training in vaccination stock management was also considered necessary. Given the potential for the reintroduction of polio through international travel, delegates stressed the need to maintain high vaccination coverage and continued surveillance and early detection of any cases of acute flaccid paralysis, as well as immediate response in the event that suspected polio cases were detected.

195. Mr. John Fitzsimmons (Chief, Special Program on the Revolving Fund for Vaccine Procurement, PASB) agreed that it was important to maintain surveillance and readiness and affirmed that the Bureau would continue to work with ministers of health and immunization program managers to ensure adequate vaccine supplies. PASB personnel were, and would remain, in continuous communication with suppliers of IPV and with global partners, including at a forthcoming meeting with manufacturers and suppliers to be held in Copenhagen under the joint sponsorship of the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNPFA), and WHO. Following the meeting, Bureau staff would meet with each Member State to ascertain the balance of supplies due for the fourth quarter of 2018 and would seek to expedite the delivery of the vaccine to countries as needed.

196. The Director thanked Member States for their vigilance to ensure that polio was not reintroduced in the Region, noting their legitimate concern about the availability of inactivated poliovirus vaccine. She reiterated PASB's commitment to continue engaging with IPV manufacturers to ensure that the Region had sufficient doses and was ready to deal with shortages.

197. The Council took note of the report.

Report of the Director on Addressing the Causes of Disparities in Health Services Access and Utilization for Lesbian, Gay, Bisexual, and Trans (LGBT) Persons **(Document CD56/INF/11, Corr.)**

198. Mr. Carlos Gallinal Cuenca (Representative of the Executive Committee) reported that the Executive Committee had reviewed a report that summarized the main conclusions of the report prepared by the Director pursuant to Resolution CD52.R6 on the barriers faced by lesbian, gay, bisexual, and trans (LGBT) persons with regard to health. In the Committee's discussion of the report, it had been acknowledged that LGBT persons continue to face persistent challenges in accessing quality health services, and it had been considered incumbent upon Member States to recognize the causes of disparities in access.

199. In the Council's discussion of the report, delegates affirmed their Governments' commitment to fighting discrimination against LGBT persons and eliminating barriers that prevented them from accessing health services. Several delegates also described the measures their Governments were taking in that regard, including the adoption of public policies, the provision of training for health workers, and, in one case, the development of a protocol for the delivery of health care for LGBT persons. One delegate reported that sexual orientation and gender identity were viewed as social determinants of health in his country. Another delegate pointed out that it was incumbent on all collectively to address the causes of disparities in access to health services, as inequalities in health systems served to undermine the collective advances made in health. The same delegate highlighted the need to strengthen gender-based analysis, which in turn meant strengthening the collection of data on gender diversity.

200. Other delegates emphasized the need for comprehensive health services that addressed not just the sexual and reproductive health needs of LGBT persons but all health needs at all stages of life, from childhood to old age. With regard to mental health services, the need to avoid assessments based solely on sexual orientation or gender identity was emphasized. It was suggested that the term "minority" in the report should be replaced by "minoritized group", as the former was generally understood to mean a statistical minority, whereas the latter highlighted the sociocultural nature of processes that created minorities within power structures.

201. Dr. Heidi Jiménez (Legal Counsel), noting that the work on the topic had been an iterative and collaborative process involving Member States as well as the Bureau, said that the Council's comments and suggestions would be taken into account in finalizing the report, which would be published shortly.

202. The Directing Council took note of the report.

PAHO's Response to Maintaining an Effective Technical Cooperation Agenda in Venezuela and Neighboring Member States **(Document CD56/INF/12)**

203. Dr. Miguel Mayo Di Bello (Representative of the Executive Committee) reported that the Executive Committee had reviewed a report on the health situation in the Bolivarian Republic of Venezuela and neighboring countries and on the cooperation being provided by PAHO in response to that situation. In the discussion that followed the report, a delegate had emphasized the need to continue to respond to the situation in a spirit of solidarity and collaboration in order to protect regional public health gains and had suggested that, in addition to the actions recommended in the document, the Bureau and Member States should strive to strengthen information-sharing on migration dynamics and seek opportunities to strengthen cooperation in border areas and manage international cooperation resources for joint regional initiatives. The Delegate of the Bolivarian Republic of Venezuela had expressed thanks to the Organization for its assistance in addressing the challenges her country faced and stressed that her Government attached great importance to health.

204. Dr. Ciro Ugarte (Director, Department of Health Emergencies, PASB) summarized the content of the report, noting that the Bureau had been very active in responding to the health situation in the Bolivarian Republic of Venezuela and neighboring countries in order to maintain an effective technical cooperation agenda with those Member States. He noted that there had been outbreaks of diphtheria, measles, and malaria in various countries of the subregion. Venezuela had been particularly affected, but diseases had spread as a result of population migration. There had been challenges with regard to access to health services, especially in border areas and hard-to-reach indigenous communities. Nevertheless, the Venezuelan Government had made sizeable investments in health infrastructure and equipment, and hospitals and health services continued to operate and provide care for thousands of people.

205. In response to the health situation, PASB had scaled up its cooperation with Venezuela and other affected countries. Its activities in Venezuela had been oriented not only towards responding to and containing disease outbreaks, but also towards strengthening the health system's capacity to deal with other challenges, such as tuberculosis and HIV/AIDS. Particular emphasis had been placed on strengthening primary health care. Immunization had been another important area of focus. The Bureau had also provided technical cooperation in the areas of emergency management, supply and distribution of medicines and other inputs, mental health, and maternal mortality. In neighboring countries, it had supported health authorities in providing health services for migrants and had kept them informed, through daily reports, of outbreaks and other events that could have international public health implications.

206. Dr. Ugarte drew attention to the recommendations in Document CD56/INF/12, emphasizing the need to maintain high vaccination coverage rates in all countries.

207. The Delegate of the Bolivarian Republic of Venezuela expressed gratitude for the Bureau's technical cooperation and acknowledged that his country was experiencing a

complex economic and sociopolitical situation that had adversely affected its social and health indicators. He noted that, since 2014, Venezuela had been subjected to coercive measures imposed by other countries, which had caused serious economic consequences and limited the country's ability to procure medicines, vaccines, and other medical supplies. As a result, the country had seen a reemergence of measles and diphtheria and a rise in malaria cases. Nevertheless, thanks to the measures adopted by the Government and the intensive cooperation efforts carried out with other countries and with PAHO, rates of measles, diphtheria, and malaria were now declining. Under a national recovery plan introduced in August 2018, efforts were under way to shore up the country's economy and strengthen the health care and social protection systems. Following the launch of the "Vuelta a la Patria" (Return to the Homeland) plan, increasing numbers of Venezuelan migrants were returning to the country. Much remained to be done, however, and Venezuela called on all Member States to join forces and work for the common good of the peoples of the Americas.

208. The Delegate of Nicaragua expressed solidarity with the people and Government of Venezuela and affirmed that the Venezuelan Government could not be held responsible for the outbreaks of disease and the migration of Venezuelans, which had been triggered by the economic sanctions to which the country had been subjected. He called on PAHO to continue providing technical cooperation to Venezuela and neighboring countries.

209. A representative of the International Alliance of Patients' Organizations recalled that, in adopting the New York Declaration for Refugees and Migrants in 2016, United Nations Member States had made a commitment to protect the health and well-being of migrants. He also pointed out that addressing the health needs of migrants helped to protect global public health.

210. The Director thanked Member States for their willingness to discuss the situation in a spirit of public health and solidarity. She commended the health workers of Venezuela and neighboring countries for their enormous efforts to reduce cases of measles, diphtheria, and malaria and to increase access to health services. A regional approach was needed to sustain public health gains and confront phenomena such as population migration, which was a concern not just for Venezuela and its neighbors, but for all the countries in the Americas. She planned to contact Member States in the near future to invite them to take part in a discussion about how best to respond to situations such as the one occurring in Venezuela and surrounding countries. She pointed out that today it was those countries that were affected, but tomorrow it might be other countries. It was therefore essential to mount a regional response based on solidarity and evidence.

211. Noting that vaccination coverage had dropped in the Region, the Director echoed Dr. Ugarte's appeal to Member States to maintain high coverage, especially among rural and remote populations and populations in border areas.

212. The Council took note of the report.

Plan of Action on Road Safety: Final Report **(Document CD56/INF/13)**

213. Mr. Carlos Gallinal Cuenca (Representative of the Executive Committee) reported that the Executive Committee had been informed that, although progress had been made towards the achievement of several of the objectives included in the plan of action, much remained to be done. Reforms were still needed, for example, to improve legislation on speed limits, compulsory helmet use for cyclists, and compulsory seat belt use. Emerging risks, such as distracted driving involving the use of mobile devices, also needed to be addressed. Delegates had agreed that road safety should be considered a public health priority and affirmed their commitment to continuing efforts to meet the objectives of the plan of action. There had been consensus on the need to address issues such as distracted driving and driving under the influence of alcohol or psychoactive substances.

214. The Council welcomed the progress made under the plan, but acknowledged the need for continued effort in order to achieve Sustainable Development Goal target 3.6 ("By 2020, halve the number of global deaths and injuries from road traffic accidents."). Delegates agreed that road safety should be recognized as a public health priority. The need for a multisectoral, health-in-all-policies approach was highlighted, as was the need for strong political commitment and adequate financial and human resources. Decentralized approaches involving local and regional stakeholders were also considered essential. A number of delegates emphasized the need to improve data collection in order to analyze the factors contributing to road traffic collisions and generate information for policy-making. PASB support in that area was requested.

215. Delegates described the actions their countries were taking to improve road safety and reduce road traffic injuries and deaths, including reducing speed limits and enacting or amending legislation on driving while under the influence of alcohol or psychoactive substances and on distracted driving and use of seatbelts and child restraint systems. Several delegates noted that, in response to significant growth in motorcycle traffic and a concurrent rise in motorcycle-related deaths and injuries, their countries had introduced regulations requiring helmet use and other safety measures. Some delegates commented that lack of enforcement of existing laws was an ongoing problem in their countries.

216. One delegate reported that her country's Ministry of Health was carrying out a pilot project in hospital neonatal units in which new parents were given instruction in the proper use of child restraint systems; at the same time, health personnel emphasized the importance of seatbelt use for all passengers. The delegate suggested that the project, which was being carried out in collaboration with PAHO, might serve as a model for other countries. She also suggested that the promotion of road safety should be approached in the same manner as immunization, with emphasis on prevention and in particular on the enormous effectiveness of passive safety measures in preventing road traffic injuries.

217. Dr. Anselm Hennis (Director, Department of Noncommunicable Diseases and Mental Health, PASB) commended Member States for the measures implemented to improve road safety and the progress made in that regard. Clearly, however, there was

much left to do, particularly in order to reduce motorcycle-related deaths. He agreed that political leadership on the issue was key. It was also essential to enforce existing laws. PAHO would continue to work with countries to bring the various players together to find ways to reduce mortality and disability from road traffic injuries.

218. The Director said that urgent action was needed to reduce road traffic collisions, which continued to claim too many lives in the Region, especially among young men. Road safety was a societal issue that required a multisectoral response. The health sector acting alone could not address all the factors that contributed to road traffic injuries and fatalities. The highest levels of government had to take responsibility for ensuring that a holistic approach was implemented and that the necessary investments were made.

219. The Council noted the report.

Plan of Action to Accelerate the Reduction in Maternal Mortality and Severe Maternal Morbidity: Final Report **(Document CD56/INF/14)**

220. Mr. Carlos Gallinal Cuenca (Representative of the Executive Committee) reported that the Executive Committee had been informed that the three main objectives of the plan of action had only been partially achieved. It had been stressed that Member States and the Bureau must continue their commitment and efforts to consolidate the gains made and address the unfinished agenda in the area of maternal mortality and morbidity. In the Committee's discussion of the report, delegates had affirmed the need for continued effort to track and reduce maternal morbidity and mortality and improve outcomes for women. It had been pointed out that countries had disparate criteria for defining severe maternal morbidity, which resulted in significant variability in the data reported. The need to standardize definitions had been underlined.

221. The Council acknowledged that, while progress had been made in reducing maternal mortality and severe maternal morbidity, much remained to be done. Delegates pointed out that many resource-limited States needed financial and technical assistance to enable them to carry out effective reproductive health research, implement quality control programs, conduct maternal health surveillance, and improve information systems. Delegates also noted the need for regionally standardized definitions, better reporting, and electronic health records to shed light on inequities among population groups. Several delegates voiced concern about obstetric hemorrhage, alluding to the Zero Maternal Deaths from Hemorrhage initiative. Others spoke of the need for culturally acceptable reproductive health services and contraceptive methods. It was emphasized that PASB and Member States needed to work on the design, development, and implementation of surveillance, prevention, and treatment models for severe maternal morbidity to meet national and regional targets within the framework of the SDGs.

222. Dr. Luis Andrés De Francisco Serpa (Director, Department of Family, Health Promotion, and Life Course, PASB) noted that, although the final report indicated some advances, the goal of bringing about a major reduction in maternal mortality and severe maternal morbidity had not been realized. The evidence from Member States had led to

the redesign of additional interventions and activities to further accelerate maternal mortality reduction, including a detailed review of the causes of death among women. The Director had launched a program to provide technical support to the 10 Member States with the highest maternal mortality in order to determine the specific causes and identify interventions to address them.

223. With regard to information, technical cooperation was being provided through the Perinatal Information System (SIP), supported by the Latin American Center for Perinatology, Women and Reproductive Health (CLAP). SIP provided details on women's pregnancies, the health of the mother and infant during the perinatal period, and the actions taken by health services, which could facilitate the identification of needed improvements. However, some important information continued to be lacking, in particular information that would make it possible to identify populations in situations of vulnerability. Often, the information provided did not include details on ethnicity or urban/rural residence, which were critical for policy-making to address the needs of vulnerable populations.

224. The Zero Maternal Deaths from Hemorrhage initiative provided a successful model for implementation in Member States where deaths from obstetric hemorrhage was still prevalent, as evidenced by the fact that four countries that had implemented the initiative had reported no maternal deaths from that cause. Dr. De Francisco Serpa pointed out that it was important to look at the issue of maternal mortality and morbidity in terms of the continuum of care, which meant also looking at issues such as reproductive health and family planning services and the availability of long-acting contraceptives that would enable women to choose when to have children and plan their future.

225. The Director expressed the hope that with the finalization of the plan of action, Member States would embrace a more integrated approach to the issue by approving the proposed Plan of Action on Women's, Children's, and Adolescents' Health (see paragraphs 41 to 53 above). As Member States were aware, the Region had failed to achieve the Millennium Development Goal target for the reduction of maternal mortality. PASB was therefore working assiduously with Member States to improve the situation. It was important to look at adolescent pregnancy rates, because a high proportion of maternal deaths and severe maternal morbidity occurred among adolescent women. The Bureau had deployed some 10 staff to the countries with the highest maternal mortality rates, which, combined with the work that CLAP was doing, was yielding significant results, with one country, Trinidad and Tobago, already having met its objective for 2030. Of course it was crucial to be able to maintain the gains made, and PASB technical cooperation was therefore oriented primarily towards building capacity at the national level.

226. The Council took note of the report.

Strategy and Plan of Action for Integrated Child Health: Final Report **(Document CD56/INF/15)**

227. Mr. Carlos Gallinal Cuenca (Representative of the Executive Committee) reported that the Executive Committee had been informed that the Region had made progress on multiple fronts under the strategy and plan of action and that the Region as a whole had achieved Millennium Development Goal 4A: reduction of under-5 child mortality by two thirds. However, progress had been uneven across and within countries and challenges remained to be addressed with regard to child mortality and improving the situation of children in situations of vulnerability. The Committee had emphasized the critical importance of the first six years of life for child growth and development and had highlighted the importance of multisectoral approaches to address the needs of children in situations of vulnerability.

228. In the Council's discussion of the report, delegates welcomed the progress made and affirmed their Governments' commitment to continue working to improve child health, particularly among children in situations of vulnerability. The need for multisectoral approaches to address inequalities in access to health and other services was emphasized. Attention was drawn to the growing problem of childhood overweight and obesity, and the need to encourage healthy diets and physical activity was stressed, as was the importance of promoting breastfeeding.

229. Dr. Luis Andrés de Francisco Serpa (Director, Department of Family, Health Promotion, and Life Course, PASB), welcoming the progress made under the strategy and plan of action, noted that the new Plan of Action on Women's, Children's, and Adolescent's Health (see paragraphs 41 to 53 above) would focus not only on ensuring child survival through interventions such as immunization, but also on improving children's quality of life and their opportunities for education and development.

230. The Council took note of the report.

Strategy and Plan of Action on Climate Change: Final Report **(Document CD56/INF/16)**

231. Mr. Carlos Gallinal Cuenca (Representative of the Executive Committee) reported that the Executive Committee had been informed that Member States had made significant strides under all of the strategic lines of action of the strategy and plan of action and in some cases had exceeded the targets in the plan of action. In order to maintain the gains achieved, it had been recommended that Member States should build capacity in ministries of health and continue to support the participation of health sector representatives in the global climate change agenda; identify vulnerabilities in health systems and develop plans and road maps to address them; and formulate proposals to raise funding to increase the resiliency of health systems to climate change and to mitigate its effects. The Committee had commended PAHO for its leadership role and its efforts to promote action to address the risks that climate change posed to health and well-being. It had been pointed out that recent hurricanes in the Region had demonstrated

the impact that climate change could have on individuals, health systems, and societies and had highlighted the need to prepare for future impacts of climate change.

232. The Directing Council also commended PAHO's leadership on the issue of climate change and welcomed the progress made under the strategy and plan of action, while simultaneously underlining the need for ongoing work to raise awareness of the health risks posed by climate change and strengthen the capacity of health systems to address those risks and mitigate the impacts of hurricanes and other extreme weather events. A number of delegates outlined the steps their countries had taken under the four strategic lines of action of the plan of action, including the development of national policies and plans of action, research to generate epidemiological evidence on the health effects of climate change, awareness-raising and training events for health workers and officials, the implementation of "smart" health care facilities projects and other measures to strengthen health system resilience, and the promotion of partnerships with other sectors. Delegates expressed support for the recommendations for future action set out in the report and called for the development of a new regional strategy, aligned with the WHO Global Strategy on Health, Environment, and Climate Change (see paragraphs 157 to 169 above).

233. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Environmental Determinants of Health, PASB) said that the Bureau would draft a regional strategy after the WHO Global Strategy had been approved and would continue supporting Member States in their efforts to address the health impacts of climate change.

234. The Director, noting that the issue of climate change had acquired tremendous importance in recent years, affirmed that the Bureau would continue to work with WHO in the formulation of the Global Strategy and would then draw up a strategy and plan of action to meet the specific needs of the Region.

235. The Council took note of the report.

***Strategy and Plan of Action on eHealth: Final Report* (Document CD56/INF/17)**

236. Mr. Carlos Gallinal Cuenca (Representative of the Executive Committee) reported that the Committee had been informed that the number of countries with national eHealth strategies had increased by 50% during the period covered by the strategy and plan of action and that 25 countries were in the process of drafting strategies for the development of mHealth. In addition, 16 countries had reported using mHealth for surveillance and monitoring, 9 had electronic health information systems, and 17 offered teleradiology services. Nevertheless, challenges remain, including lack of integration and interoperability among health, organizational, and technology systems. Delegates had acknowledged the value of eHealth as a tool for improving the health of populations, strengthening national capacity to promote health, and preventing noncommunicable diseases and had called for ongoing support from PASB in the areas of technology assessment, capacity-building, interoperability, and the monitoring and control of health determinants.

237. In the Council's discussion of the report, delegates welcomed the progress made and thanked PASB for its support in strengthening health information systems in the Region. They noted the usefulness of resources such as the regional eHealth platform, eHealth laboratory, and Virtual Campus for Public Health and expressed their commitment to the Information Systems for Health (IS4H) initiative. Delegates described the progress their countries had made in areas such as data collection; the development of web platforms, data repositories/centers, and training frameworks; the creation of electronic health records and digital hospitals; the use of mobile technology for health service delivery and health promotion; and software development. They also identified areas that needed strengthening, including conceptual frameworks, capacity-building, infrastructure, the interoperability of information systems, and financing for sustainable information solutions.

238. The need for monitoring and evaluation of eHealth access, coverage, and use was emphasized, as was the need for technology assessment and cost-benefit analysis to support evidence-based investment decisions. The importance of regulatory frameworks to ensure the protection of personal data was also noted.

239. Dr. Francisco Becerra Posada (Interim Director, Department of Evidence and Intelligence for Action in Health, PASB) congratulated Member States on their successes in the area of eHealth. He affirmed that eHealth offered great potential. However, it was a complex field and without a suitable national regulatory framework it could prove difficult to develop that potential. National governance and policy frameworks were critical, since eHealth involved the management of vast amounts of personal data. At the same time, however, an open data policy was needed to ensure that epidemiological data could be accessed and analyzed. With regard to the IS4H initiative, he noted that the Bureau had been working with Member States to develop a conceptual framework and provide technical support to enable countries to conduct a self-assessment of their health information systems in order to identify areas that required strengthening.

240. Health technology assessment was unquestionably important for determining which technologies could have the greatest impact and merited major investments. Through the Health Technology Assessments Network for the Americas, Member States could obtain guidance on biotechnology, including information on costs, benefits, distributors, and other relevant matters, such as maintenance requirements.

241. The Director also commended Member States for their achievements under the plan of action. She believed, however, that the Region had not fully exploited the benefits that could be derived from eHealth in terms of essential public health functions, the expansion of services, and improvement of the quality of care. It was clear that the Region needed to accelerate the pace of implementation and utilize the available technology more effectively. It was important not to keep reinventing the wheel but rather to harness the wealth of knowledge and experience that already existed in the Region and develop an approach that would enable all countries to make effective use of eHealth technologies.

242. The Council noted the report.

***Strategy and Plan of Action on Knowledge Management and Communication: Final Report* (Document CD56/INF/18)**

243. Mr. Carlos Gallinal Cuenca (Representative of the Executive Committee) reported that the Committee had been informed that most of the targets had been met under the strategy and plan of action. The number of States with related policies or programs had increased, and the Virtual Campus for Public Health had been adopted as an e-learning platform by 18 Member States. The Hinari Access to Research for Health Program and the Virtual Health Library had also been adopted as platforms by multiple Member States, and databases such as LILACS and MEDLINE had been made available through the Virtual Health Library platform. Member States had been encouraged to keep working to establish knowledge management, information access, and communication in health as key elements of their policies, programs, and practices.

244. In the ensuing discussion, delegates welcomed the progress made and expressed support for the recommendations for future action. They described their countries' progress in knowledge management and communication and outlined the challenges they faced, key among them limited resources. They also emphasized the need to continue working to meet the strategy's objectives. The Bureau's plan to launch a regional portal with country profiles was welcomed. It was considered that the portal would facilitate the sharing of valuable information and enable countries to take advantage of lessons learned. The need to continue working to reduce barriers to technology access and develop the capacity of human resources to use data effectively was emphasized. The Bureau was asked to explain why indicator 1.2.1 ("PAHO will have an advisory technical committee with regard to knowledge management and communications") had not been achieved and indicate when such a committee would be established.

245. Dr. Isabella Danel (Deputy Director, PASB) thanked Member States for their work over the previous six years, which had contributed to the achievement of many of the objectives and targets of the plan of action. She noted that the promotion of knowledge transfer and sharing was included in the SDGs; thus, work in that area must and would continue. Living in the information age meant that health authorities were inundated with information, and it was necessary to separate the wheat from the chaff so that decision-makers had the right information to ensure the best outcomes and the most effective use of resources. Concerning indicator 1.2.1, she noted that discussions on the establishment of the technical advisory committee were under way and that further information would be provided to Member States in due course.

246. The Council noted the report.

Health and International Relations: Linkages with National Health Development: Final Report **(Document CD56/INF/19)**

247. Mr. Carlos Gallinal Cuenca (Representative of the Executive Committee) reported that the Executive Committee had examined the final report, which summarized the principal actions taken by the Bureau to strengthen the capacities of national health teams to obtain better results from international cooperation. Delegates had welcomed the Organization's efforts to help strengthen offices of international relations in health (ORIS, Spanish acronym) and urged it to continue those efforts. Delegates had also emphasized the need to continue strengthening capacity for health diplomacy, the management of international cooperation, and participation in global health governance. The value of systematizing and sharing successful experiences and best practices in those areas was highlighted. The Bureau had been urged to continue its support for technical cooperation among countries and to work with ORIS to identify areas in which such cooperation could be most beneficial.

248. In the Council's discussion of the report, delegates acknowledged the importance of international cooperation as a factor that contributed both to national health development and to the effective implementation of health-related international commitments. The activities undertaken to promote such cooperation were welcomed, particularly the steps taken to promote cooperation among countries and to strengthen offices of international relations in health. It was pointed out that such offices played a key role in implementing international commitments, but they were also aware of the situation at the national level, and therefore were well placed to identify priority areas in which South-South cooperation projects could add value but avoid overlapping with other collaboration initiatives. The Bureau was encouraged to continue strengthening ORIS. In that connection, delegates welcomed the development of a virtual community of practice and expressed their Governments' willingness to share experiences and best practices.

249. Mr. Alberto Kleiman (Director, Department of External Relations, Partnerships, and Resource Mobilization, PASB) assured the Council that the Bureau would continue working to help countries strengthen their offices of international relations in health. A major aim of the work undertaken had been to provide the offices with opportunities to share their experiences, and the Bureau was committed to enabling them to continue to do so through the virtual community of practice.

250. The Director affirmed that the Bureau would continue to offer capacity-building opportunities for ministry of health staff responsible for international relations in health. It would also continue and enhance programs for South-South cooperation for national health development and create and maintain platforms for information-sharing among ORIS.

251. The Council noted the report.

National Institutions Associated with PAHO in Technical Cooperation: Final Report **(Document CD56/INF/20)**

252. Mr. Carlos Gallinal Cuenca (Representative of the Executive Committee) reported that the Committee had been reminded in June that the Organization had a long history of working with national institutions in various sectors, including think tanks, academic institutions, and civil society organizations. Those relationships had enriched the consultation processes carried out in countries for the formulation of country cooperation strategies and had facilitated the dissemination and implementation of public health policies, norms, and standards. The Committee had also been informed that the Bureau remained committed to working with national institutions under the Framework of Engagement with Non-State Actors.

253. In the ensuing discussion, support was expressed for the proposal put forward in the report to terminate the mandates contained in Resolution CD50.R13 with regard to national institutions associated with PAHO for technical cooperation. The Framework of Engagement with Non-State Actors and the network of collaborating centers were seen as more updated mechanisms for promoting technical cooperation. The Bureau was urged to promote the strengthening of collaborating centers, utilizing the capacities developed by national institutions, and also to enhance communication with country offices and national health authorities regarding programs of work with collaborating centers in order to catalyze cooperation.

254. Ms. Ana Solís Treasure (Head, Office for Country and Subregional Coordination, PASB) said that it was clear that the Bureau's cooperation with national institutions was now guided by new mandates and that it would continue seeking to strengthen work with collaborating centers.

255. The Council endorsed the proposal to terminate the mandates contained in Resolution CD50.R13.

Bioethics: Towards the Integration of Ethics in Health: Final Report **(Document CD56/INF/21)**

256. Mr. Carlos Gallinal Cuenca (Representative of the Executive Committee) reported that the Executive Committee had been informed that Member States had achieved remarkable progress in advancing the integration of ethics in health, especially in two key priority areas: research ethics and public health ethics. Among other achievements, countries had developed normative frameworks and strengthened capacity to conduct thorough and efficient ethics reviews of research involving human subjects. The Bureau had supported those efforts through the provision of detailed ethics guidance, as well as practical guidance and resources to facilitate ethics reviews. In the Committee's discussion of the report, it had been suggested that more specific recommendations should be put forward for strengthening research ethics systems, including enacting appropriate laws and regulations and formulating guidelines; building the capacity of

research ethics committees at both local and national levels; strengthening compliance oversight mechanisms; and training researchers in research ethics.

257. In the Council's discussion of the report, delegates expressed thanks to the Bureau for its work in the area of bioethics and voiced support for the recommendations for future action to continue strengthening research ethics systems and integrating ethics into public health work and decision-making processes. Delegates affirmed the importance of ethics reviews in order to protect the rights of human research subjects and welcomed the development of the online ProEthos platform. It was emphasized that ethics reviews should not be seen as an impediment to research, but rather as a social imperative that ensured the protection of human subjects and strengthened the research process.

258. The importance of ethics reviews in clinical settings was also highlighted. It was pointed out that hospital ethics review committees provided valuable support for decision-making on complex clinical and biomedical issues and could help to resolve conflicts that might arise between medical professionals and patients and their families. Several delegates highlighted the intersectoral nature of bioethics, noting that it could contribute to ethical decision-making and the formulation of sound public policies not only in the health field but also in relation to science and technology, the environment, law, human rights, and other areas.

259. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) commended Member States for the tremendous progress made with regard to bioethics since the adoption of the concept paper on the subject (Document CSP28/14, Rev. 1) in 2012, noting that major advances had been made in the preparation and adaption of guidelines and legal frameworks and in strengthening the capacity of the ethics review committees. Challenges remained, however, with regard to strengthening regulatory and normative frameworks, developing standards and guidelines, and further enhancing the capacity of human resources to address ethical issues not only in the areas of research and clinical practice, but also in public health, where there were growing challenges relating to issues such as privatization within health systems and the allocation of limited resources.

260. The Directing Council took note of the report.

Progress Reports on Technical Matters **(Document CD56/INF/22)**

A. Strategy and Plan of Action on Strengthening the Health System to Address Violence against Women: Progress Report

261. Mr. Carlos Gallinal Cuenca (Representative of the Executive Committee) reported that Members of the Executive Committee had reaffirmed their support for the strategy and plan of action and welcomed the progress made towards the targets and objectives, while at the same time acknowledging the need for further efforts to address and end the problem of violence against women. Delegates had also expressed support for the actions proposed in the report to improve the situation. The importance of work to address the

intersection between various forms of violence, in particular, was acknowledged. Several delegates had noted that violence against women was a complex, multifactorial problem and had underlined the need for multisectoral and multidisciplinary approaches.

262. In the discussion that followed, delegates reaffirmed their Governments' commitment to reducing and preventing violence against women. The importance of multisectoral collaboration to tackle the problem was underlined. While the need for urgent action to address violence against women was acknowledged, it was pointed out that violence was a leading cause of death among men and boys in the Region, and the Bureau was urged to develop strategies to support countries in dealing with that phenomenon.

263. Given the importance of tracking the specific impacts of violence against adolescent girls, the Bureau was encouraged to include age-disaggregated data in future progress reports and to support Member States in developing their capacity for such disaggregation. It was also urged to support operations research that would make it possible to identify effective interventions, particularly in the area of primary prevention, and to disseminate information on successful experiences and best practices.

264. Dr. Anselm Hennis (Director, Department of Noncommunicable Diseases and Mental Health, PASB), recalling that the Americas had been the first WHO region in which health authorities had endorsed a strategy and plan of action on violence against women, said that, while substantial progress had been made, challenges remained, particularly with regard to data quality and availability. As noted in the discussion, there was also a need to strengthen capacity for data disaggregation. The Bureau would continue to support Member States in those areas.

265. The Council noted the report.

B. Plan of Action for the Prevention of Obesity in Children and Adolescents: Midterm Review

266. Mr. Carlos Gallinal Cuenca (Representative of the Executive Committee) reported that members of the Executive Committee had agreed that tackling obesity in children and adolescents was a public health priority and had underscored the need for multisectoral action and sharing of successful experiences. It had been pointed out that, while good progress had been made on some indicators in the plan of action, very little had been made on others. The need for all Member States to commit to the achievement of the plan's targets and objectives had been stressed. Delegates had also highlighted the need to link the activities envisaged in the plan of action with the recently adopted WHO Global Action Plan on Physical Activity and Health 2018-2030 and with efforts to combat noncommunicable diseases.

267. In the Council's discussion of the progress report, delegates affirmed that overweight and obesity among children and adolescents was an urgent public health problem, which was contributing to the growing epidemic of noncommunicable diseases.

Delegates acknowledged the need for multisectoral approaches aimed at promoting healthy diets and physical activity and creating environments that promoted and protected health. One delegate expressed concern about the progress report's focus on the taxation of sugar-sweetened beverages and products with high caloric content, noting that the evidence on the health impact of such taxation was not conclusive. He urged the Bureau to provide better guidance on interventions that had been demonstrated to be effective. Other delegates reported that measures such as taxes on sugary beverages and high-calorie foods, restrictions on advertising of such foods and beverages, and banning of the sale or serving of sugar-sweetened beverages in schools had yielded tangible results in their countries.

268. Dr. Anselm Hennis (Director, Department of Noncommunicable Diseases and Mental Health, PASB) observed that childhood obesity posed an existential threat to society. Indeed, for the first time in history, the current generation of children and adolescents ran the risk of living shorter and less healthy lives than their parents. He welcomed the examples of successful interventions mentioned by delegates, noting that, while health promotion and education were unquestionably important, there was also a role for regulation and reformulation of products in the interest of public health. While the choice of what to eat and drink was an individual choice, governments had a responsibility to create environments in which the healthy choice was the easy choice.

269. The Council took note of the report.

C. Strategy and Plan of Action on Urban Health: Midterm Review

270. Mr. Carlos Gallinal Cuenca (Representative of the Executive Committee) reported that the Committee had been reminded that only three years remained to achieve the objectives agreed by Member States under the strategy and plan of action. The Committee had also been informed that 80% of the Region's population currently lived in urban areas and that the proportion was expected to rise to 85% by 2030. It had been pointed out that multisectoral effort was needed to ensure that urban planning was health-friendly.

271. In the ensuing discussion, delegates welcomed the progress made to date towards the objectives of the strategy and plan of action and expressed support for the recommendations for future action. Delegates agreed that concerted multisectoral effort was essential in order to address health determinants and promote and improve health in urban areas. The need for action at the local level was stressed and the capacity of local governments to promote multisectoral action and community engagement was highlighted. The value of sharing knowledge and information on best practices was emphasized. It was pointed out that health cities and municipalities networks could be a vehicle for such information-sharing.

272. Dr. Luis Andrés de Francisco Serpa (Director of the Department of Family, Health Promotion and Life Course, PASB) said that it was clearly important to put people and communities at the center of urban planning. It was also important to promote local

leadership and community involvement, as had been noted during the discussion. He noted that regional networks of cities and mayors were helping to stimulate local discussion and participation and to create urban environments that were not just age- or child-friendly but that promoted health for inhabitants of all ages.

273. The Council noted the report.

D. Plan of Action on Antimicrobial Resistance: Midterm Review

274. Mr. Carlos Gallinal Cuenca (Representative of the Executive Committee) reported that Committee members had agreed that antimicrobial resistance in both humans and animals posed a significant public health threat and had affirmed the importance of a multisectoral "One Health" [8] approach to the issue. They had also agreed on the importance of promoting the appropriate use of antibiotics in human and animal health and halting the sale of such medicines without a prescription, emphasizing the need for intersectoral cooperation between the health and agriculture sectors, collaboration between specialized international organizations, surveillance of antimicrobial resistance, training for health workers, and joint efforts in research, vaccine development, and diagnostic methods.

275. The Council welcomed the report and commended PASB for its leadership in combatting antimicrobial resistance. Delegates agreed that antimicrobial resistance posed a significant threat to public health, as illustrated by the emergence of multidrug-resistant diseases and infections. Describing the progress their countries had made in implementing the plan of action, delegates reaffirmed the importance of a multisectoral "One Health" approach as the most promising means of tackling this complex and critical health issue. It was pointed out that action to reduce antimicrobial resistance would make health systems stronger and more resilient and increase the likelihood of achieving the Sustainable Development Goals. There was consensus on the need for increased surveillance of antimicrobial resistance, collaboration between the health and agriculture sectors, and the implementation of national plans for rational use of antimicrobials. Increased laboratory testing and diagnostic capacity, harmonization of pharmaceutical regulations, education and communication on appropriate antibiotic use and infection prevention, and increased human and financial resources were considered critical.

276. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Environmental Determinants of Health, PASB) underscored the importance of addressing antimicrobial resistance in order to preserve the effectiveness of the few antibiotics remaining in the medical arsenal. Combatting antimicrobial resistance required the implementation of strong national plans of action aligned with the regional and global plans. Such plans must be broad and intersectoral. Engagement with the agriculture and

[8] One Health recognizes that the health of people is connected to the health of animals and the environment. It is a collaborative, multisectoral, and trans-disciplinary approach—working at the local, national, regional, and global levels—with the goal of achieving optimal health outcomes recognizing the interconnection between people, animals, plants, and their shared environment. A One Health approach is important because 6 out of every 10 infectious diseases in humans are spread from animals.

animal health sectors was crucial. Highlighting the close collaboration between the Pan American Foot-and-Mouth Disease Center (PANAFTOSA), the World Organization for Animal Health (OIE), and the Food and Agriculture Organization of the United Nations (FAO) on antimicrobial resistance, Dr. Espinal added that PASB had expanded its antimicrobial resistance team at Headquarters to include experts in surveillance, laboratories, and training. The team was working closely with the Department of Health Systems and Services in the area of regulation.

277. The Director said that antimicrobial resistance was a disaster in the making. It was not enough to have national plans on the issue. Urgent action was needed to ensure a "One Health" approach, community education, capacity-building, investment in technology, early detection of resistance, and other necessary measures. It was also essential for Governments to enforce regulations. The Bureau stood ready to support Member States, but it was Member States themselves that must take the lead in tackling the problem.

278. The Council noted the report.

E. Plan of Action for the Prevention and Control of Viral Hepatitis: Midterm Review

279. Mr. Carlos Gallinal Cuenca (Representative of the Executive Committee) reported that substantial progress had been made towards meeting the objectives of the plan of action and in implementing the Elimination of Mother-to-Child Transmission Plus initiative and promoting universal screening of blood donations. Delegates had welcomed the progress made in expanding vaccination coverage for hepatitis B and applauded the Bureau's support for the introduction of a birth dose of the vaccine. They had encouraged support for evidence-based strategies for viral hepatitis prevention, treatment, and control and for strengthening of country capacity for the development and use of strategic information and cost-effectiveness analysis in decision-making. The high price of antivirals had been identified as a major concern, and delegates had urged the promotion of equitable access to medicines for all.

280. In the Council's discussion of the report, delegates expressed satisfaction at the Region's progress towards eliminating viral hepatitis as a public health threat and thanked the Bureau for its efforts to assist Member States in implementing evidence-based strategies for viral hepatitis prevention, treatment, and control. They called for increased political commitment on the part of Governments and stressed the need for improved screening and information systems, vaccination, attention to special populations, the expansion of services for persons with hepatitis B and C, and lower prices for hepatitis drugs. One delegate highlighted the role of the private sector in research and development, emphasizing the need to enforce intellectual property rights, which had served as a powerful tool for the development of existing treatments.

281. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Environmental Determinants of Health, PASB), affirming that viral hepatitis was curable and that all affected people should have access to treatment, reported that PASB was

working with countries to lower antiviral drug prices. He also stressed the importance of political commitment to the goal of eliminating viral hepatitis as a public health problem, noting that donor funding for hepatitis-related activities was scarce and that the majority of funding therefore had to come from national budgets.

282. The Director said that she was encouraged by Member States' progress with regard to viral hepatitis. Underscoring the need to work on both prevention and access to treatment, she emphasized the importance of the negotiations currently under way to lower the price of drugs for hepatitis C and pledged that the Bureau would ensure that the medicines were made available to all Member States at the negotiated price.

283. The Council took note of the report.

F. Plan of Action for the Prevention and Control of Tuberculosis: Midterm Review

284. Mr. Carlos Gallinal Cuenca (Representative of the Executive Committee) reported that the Committee had welcomed the Region's significant progress in tuberculosis prevention and control, while also acknowledging that more needed to be done in order to meet the goal for 2019. Delegates had underscored the need for multisectoral action, evidence-based strategies, early diagnosis and treatment, and the prioritization of preventive TB therapy and TB case-finding. Delegates had expressed the hope that the first-ever high-level meeting of the United Nations General Assembly on ending tuberculosis would galvanize action to eliminate the disease at the global and regional levels.

285. In the ensuing discussion, delegates commended PASB for its efforts and leadership in TB prevention and control. They acknowledged, however, that further progress was necessary to meet the goals of the plan of action. The need for better diagnosis through strengthened laboratory capacity was highlighted, as was the need for an evidence-based multidisciplinary approach. Noting that structural issues were the biggest obstacle to TB prevention and control, several delegates called for national strategies, the allocation of additional resources, and strengthened political commitment. The importance of sharing successful strategies was emphasized. Delegates expressed concern about multidrug resistance and underscored the need for strictly supervised treatment and monitoring of treatment adherence. The need for scaled-up TB preventive therapy, case-finding, and follow-up was also highlighted. Pointing out that populations in situations of vulnerability were particularly affected by TB, delegates stressed the need for strengthened activities in vulnerable areas, targeted communication and treatment tailored to the needs of such groups, and efforts to combat the stigma that discouraged people with TB from seeking diagnosis and treatment.

286. For the response by Dr. Marcos Espinal (Director, Department of Communicable Diseases and Environmental Determinants of Health, PASB) to the comments on the plans of action on tuberculosis, HIV and sexually transmitted infections, and malaria, see paragraphs 292 and 293 below.

G. Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections 2016-2021: Midterm Review

287. Mr. Carlos Gallinal Cuenca (Representative of the Executive Committee) reported that Committee Members had applauded the advances made in the prevention and control of HIV and sexually transmitted infections (STIs). At the same time, it had been pointed out that limited progress has been made in meeting the targets for HIV and STI testing and treatment coverage, especially among vulnerable populations. Given the concern about primary drug resistance, PAHO's emphasis on monitoring and minimizing HIV resistance had been welcomed. Delegates had also commended PAHO for its leadership in the global initiative for the dual elimination of mother-to-child transmission of HIV and syphilis and applauded the success of six Members in achieving elimination. However, it had been pointed out that further progress was being hindered by shortages of benzathine penicillin. Broader HIV/STI testing and prophylaxis coverage had been considered necessary, along with scaled-up efforts to meet the needs of vulnerable populations, including sex workers and lesbian, gay, bisexual, trans, and intersex persons.

288. In the Council's discussion of the progress report, delegates applauded the comprehensive nature of the plan of action, noting that key elements for its success were maintenance of political commitment to the prevention and control of HIV/AIDS and STIs, strengthening of prevention and monitoring, and patient-centered care and the adoption of differentiated treatment strategies. One delegate commended the plan of action's emphasis on strategic planning and governance, particularly in relation to the development of HIV and STI plans and the updating of national treatment guidelines to align them with the latest global norms. Another delegate highlighted the importance of health information and data systems in the surveillance of HIV and STIs. There was consensus on the importance of HIV and STI screening, especially in key populations, and efforts to improve communication, taking advantage of new communication technologies. Delegates called for use of the Strategic Fund ensure the availability of drugs, noting the ongoing challenges created by growing HIV/STI antimicrobial resistance and the global shortage of benzathine penicillin.

289. For the response by Dr. Marcos Espinal (Director, Department of Communicable Diseases and Environmental Determinants of Health, PASB) to the comments on the plans of action on tuberculosis, HIV and sexually transmitted infections, and malaria, see paragraphs 292 and 293 below.

H. Plan of Action for Malaria Elimination 2016-2020: Midterm Review

290. Mr. Carlos Gallinal Cuenca (Representative of the Executive Committee) reported that the Executive Committee had been informed that one country in the Region, Paraguay, had succeeded in eliminating malaria and that another 18 countries were in a position to do so in the near future. In the Committee's discussion of the midterm review, Paraguay had been commended for its success, and Member States had been urged to maintain their efforts to implement the plan of action. A delegate had expressed concern about the sharp uptick in malaria cases and deaths in a subset of countries in the Region

and had called for an increase in their domestic resource commitments for the elimination of malaria in order to reverse that troubling trend.

291. In the Council's discussion of the report, delegates applauded the progress made in implementing the plan of action and congratulated Paraguay for its certification of malaria elimination. Nonetheless, it was recognized that eliminating malaria was no easy task and that it could not be achieved regionwide unless all affected countries worked together. Structural weaknesses in malaria programs and lack of resources were considered the primary obstacles to the achievement of the objectives of the plan of action. There was consensus on the need for Member States to increase resources for activities such as epidemiological surveillance in border areas, vector control programs in malaria-endemic countries, and programs to prevent the reestablishment of malaria transmission. The importance of multisectoral action was also highlighted.

292. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Environmental Determinants of Health, PASB) assured Member States that PASB was committed to working with them to accelerate the prevention, control, and eventual elimination of tuberculosis, HIV and STIs, and malaria, as were other partners, including the Global Fund to Fight AIDS, Tuberculosis, and Malaria. The Bureau was facilitating Member States' access to life-saving medicines, commodities, and rapid testing methods through the Strategic Fund and was working with manufacturers to address the shortage of benzathine penicillin. Moreover, Members States were increasing their domestic investment in prevention and control of TB, HIV and STIs, and malaria and had made great progress. Many, for example, had eliminated mother-to-child transmission of HIV and syphilis. He paid tribute to Dr. Merceline Dahl-Regis, a PAHO Public Health Hero, for her contributions in that regard.

293. However, much remained to be done. BCG, the oldest vaccine, was still being used for the prevention of tuberculosis because no other vaccine was on the market, although 12 had been tested. Research and development on new vaccines was therefore crucial. Multidrug-resistant TB was a serious threat that needed to be addressed by escalating access to rapid testing and treatment and improving case detection. With regard to elimination of HIV, the main challenge was meeting the 90-90-90 target and ensuring that everyone had access to testing and treatment. As for malaria, countries that were malaria-free would have to remain vigilant in order to detect any imported cases and prevent the reintroduction of the virus. Another challenge was ensuring the financial sustainability of disease control efforts. It was important to keep working to rid the Americas of tuberculosis, HIV and STIs, and malaria, which had done so much harm to the societies and peoples of the Region.

294. The Council noted the report.

I. Plan of Action for Disaster Risk Reduction 2016-2021: Progress Report

295. Mr. Carlos Gallinal Cuenca (Representative of the Executive Committee) reported that Committee Members had reaffirmed their commitment to implementing the plan of

action and expressed their support for international efforts to advance disaster risk reduction. Implementation of the International Health Regulations, partnerships with public and private stakeholders, and the participation of populations had been considered important for building sustainable public health systems that could effectively respond to disasters and public health emergencies.

296. In the Council's discussion of the report, delegates thanked the Bureau for its support in emergencies and disasters and expressed their appreciation for its efforts to strengthen the capacity of individuals, households, and communities to mitigate risk and protect the health and safety of populations. However, it was acknowledged that fully achieving the objectives of the plan of action would require the adoption or amendment of public policies to ensure the structures, personnel, and budget necessary for an adequate response.

297. Several delegates stressed the importance of the International Health Regulations for building sustainable and resilient health systems capable of providing an effective response to health events and other disasters. A delegate urged Member States to avail themselves of tools such as IHR joint external evaluations (see paragraphs 183 to 192 above) to aid in the assessment of national health sector capacity. Another delegate reminded PASB of its commitment to publish key documents, such as a guide to the preparation of a multi-hazard plan for the health sector, to aid in the drafting of national standards and regulations for disaster risk reduction. The importance of multi-stakeholder engagement was highlighted, as was the need to integrate gender equality considerations in disaster risk reduction policies and programming. The need for attention to mental health and psychosocial support in the wake of a disaster was also stressed.

298. Dr. Ciro Ugarte (Director, Department of Health Emergencies, PASB) noted that the progress report was a summary of a more extensive report, which would be made available to Member States. He noted that PAHO's work with regard to disasters was linked to its work on epidemic and pandemic preparedness and response and reported that a joint regional meeting of heads of disaster agencies and heads of IHR implementation would be held in Brazil to discuss the Plan of Action for Disaster Risk Reduction and related topics, including the implementation of the International Health Regulations and the Sendai Framework for Disaster Reduction, 2015-2030. The draft of the document on multi-hazard plans had been completed and would be finalized for publication at an upcoming meeting in Honduras.

299. It was gratifying to see that most health facilities in the Region were continuing to operate after major disasters. While the continuous operation of hospitals was essential, it must be acknowledged the health sector was contributing to climate change through its carbon footprint. With support from the United Kingdom, the Region had introduced the Smart Hospitals Initiative, which was now the standard for resilient, "green" health facilities.

300. The Director commented that the term "resilient health system" referred not only to physical structures, but to health facilities that were safe and "green" and that had the

flexibility to scale up and continue providing services to the population in disasters. The term also encompassed adherence to the International Health Regulations, performance of essential public health functions, and universal access and coverage, all of which would improve countries' level of preparedness in the face of disasters. However, countries were never really prepared until their plans had been tested; hence the need for regular simulation exercises. PASB was very clear about its role in disaster preparedness and risk reduction and would continue supporting Member States to ensure that their populations could count on health services when they needed them.

301. The Council took note of the report.

J. Review of the Charge Assessed on the Procurement of Public Health Supplies for Member States: Progress Report

302. Mr. Carlos Gallinal Cuenca (Representative of the Executive Committee) reported that the Committee had noted the progress report without comment.

303. In the Directing Council's discussion of the report, a delegate welcomed the advances made in strengthening the Organization's procurement mechanisms, which had made it possible for Member States to take advantage of economies of scale and purchase medicines and biologicals, equipment, and supplies at competitive prices. He noted, however, that Member States sometimes experienced delays in the receipt of ordered items and called on the Bureau to improve the timeliness of delivery.

304. Mr. John Fitzsimmons (Chief, Special Program on the Revolving Fund for Vaccine Procurement, PASB) said that the Bureau recognized the importance of timely delivery of vaccines and other supplies and reported that work was under way on an assessment of the operations and supply chain of the Revolving Fund and on a business plan to improve the operations of the Strategic Fund. The Director would inform Member States in the near future of the results of those two initiatives.

305. The Director recalled that Member States had asked the Bureau to ensure that the Organization's procurement funds did not draw resources from the regular budget or any of the flexible funding intended for programs. She assured the Council that all costs associated with procurement activities were covered by the charge paid by the Member States that placed orders through the funds. The Bureau was aware that the volume of procurement was growing and had therefore taken steps to improve the business plan and operational model for the procurement funds. Dedicated offices had been set up for the Revolving Fund and the Strategic Fund, and they would ensure that all procurement-related expenses were financed out of the assessed charges. They would also support Member States in forecasting demand and strive to ensure the timely delivery of vaccines, medicines, and supplies.

306. The Council noted the report.

K. Status of the Pan American Centers

307. Mr. Carlos Gallinal Cuenca (Representative of the Executive Committee) reported that in the Committee's consideration of the report on the status of the Pan American Centers, a delegate had expressed concern about the activities of the Latin American Center for Perinatology, Women and Reproductive Health (CLAP), noting that abortion was not recognized by the global community as a method of family planning and that her Government did not condone the provision or promotion of abortion services in PAHO-supported activities. Both the Director and the former Assistant Director, Dr. Francisco Becerra, had affirmed that PAHO did not promote abortion or recommend it as a method of family planning.

308. The Council took note of the report.

***Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO* (Document CD56/INF/23)**

A. Seventy-first World Health Assembly

B. Forty-eighth Regular Session of the General Assembly of the Organization of American States

C. Subregional Organizations

309. Mr. Carlos Gallinal Cuenca (Representative of the Executive Committee) reported that the Executive Committee had received a report on the resolutions and other actions of the Seventy-first World Health Assembly and of various subregional bodies considered to be of interest to PAHO Member States. Topics considered by the Health Assembly that were deemed to be of particular interest to the Region had included the WHO 13th General Program of Work 2019–2023 and preparations for the high-level United Nations meetings on noncommunicable diseases and tuberculosis. Other resolutions and decisions of major interest to the countries of the Region dealt with infant and young child feeding, the global shortage of and access to medicines and vaccines, and the Global Strategy and Plan of Action on Public Health, Innovation, and Intellectual Property.

310. With regard to the actions of subregional bodies of interest to PAHO, it had been noted that health topics remained high on the agendas of subregional integration bodies such as the Central American Integration System (SICA), the Caribbean Community (CARICOM), the Southern Common Market (MERCOSUR), and the Union of South American Nations (UNASUR), and were also of concern in a wider context—for example, the 2017 meeting of the Conference of Heads of Government of CARICOM had devoted considerable attention to the topic of noncommunicable diseases. PAHO was responding through its technical cooperation to the priorities identified by the various integration mechanisms and remained committed to supporting those mechanisms, as reflected in the strengthening of the Organization's subregional offices in the Caribbean, Central America, and South America.

311. In the discussion that followed, the Delegate of the Bolivarian Republic of Venezuela expressed thanks to the Director and the staff of the Bureau for their efforts to promote health and well-being in the Region and acknowledged that PAHO was a multilateral forum in which Member States came together in a professional and impartial manner to devise strategies to protect health. He observed that the Organization of American States, on the other hand, seemed to have abandoned the values of multilateralism, as evidenced by the resolution adopted by the OAS General Assembly on the situation in his country (AG/RES. 2929 (XLVIII-O/18)), which represented a violation of both the OAS Charter and the principles enshrined in the Charter of the United Nations.

312. The Director explained that PASB had been asked by Member States to provide reports on resolutions and actions taken in intergovernmental organizations that might be of interest to PAHO. Accordingly, it had reported on resolutions adopted by the OAS General Assembly. She assured the Council that the Bureau was cognizant of the sovereign rights of Member States and took no position on the resolution mentioned by the Delegate of Venezuela or any other resolution adopted by another intergovernmental body.

Other Matters

313. During the week of the 56th Directing Council, several side events were held, including the recognition of the President of Uruguay, Dr. Tabaré Ramón Vázquez Rosas, as a Public Health Hero of the Americas and the presentation of the report of the High-Level Commission on "Universal Health in the 21st Century: 40 Years of Alma-Ata" by the President of the Commission, Michelle Bachelet, former President of Chile and current United Nations High Commissioner for Human Rights.

Closure of the Session

314. Following the customary exchange of courtesies, the President declared the 56th Directing Council closed.

Resolutions and Decisions

315. The following are the resolutions and decisions adopted by the 56th Directing Council:

Resolutions

CD56.R1 Collection of Assessed Contributions

THE 56th DIRECTING COUNCIL,

Having considered the report of the Director on the collection of assessed contributions (Documents CD56/12 and Add. I), and the resolution adopted during the

162nd Session of the Executive Committee with respect to the status of the collection of assessed contributions;

Noting that no Member State is in arrears in the payment of its assessed contributions to the extent that it could be subject to the application of Article 6.B of the Constitution of the Pan American Health Organization;

Noting that as of 23 September 2018, 18 Member States have not made any payments towards their 2018 assessed contributions,

RESOLVES:

1. To take note of the *Report on the Collection of Assessed Contributions* (Documents CD56/12 and Add. I).

2. To commend the Member States for their commitment in meeting their financial obligations to the Organization by making efforts to pay their assessed contributions.

3. To thank the Member States that have already made payments for 2018 and to urge the other Member States to pay all their outstanding assessed contributions as soon as possible.

4. To request the Director to:

a) continue to explore mechanisms that will increase the rate of collection of assessed contributions;

b) inform the Executive Committee of Member States' compliance with their commitment to pay their assessed contributions;

c) report to the 57th Directing Council on the status of the collection of assessed contributions for 2019 and prior years.

(Second meeting, 23 September 2018)

CD56.R2 Plan of Action on Entomology and Vector Control 2018-2023

THE 56th DIRECTING COUNCIL,

Having reviewed the *Plan of Action on Entomology and Vector Control 2018-2023* (Document CD56/11), which proposes to accelerate regional prevention, control, and elimination of selected vector-borne diseases; expand integrated vector management; improve insecticide resistance surveillance and management; support opportunities in public health entomology education and training; and contribute to the achievement of the proposed targets of the PAHO Strategic Plan 2014-2019 and the Sustainable Health Agenda for the Americas 2018-2030;

Recognizing the Region's important achievements in the prevention, control, and elimination of vectors and vector-borne diseases, including mosquito-borne arboviruses and malaria; the elimination of onchocerciasis transmission in four countries; local elimination of the principal vectors of Chagas disease in several countries; and the elimination or control of other selected vector-borne neglected infectious diseases or their vectors in various countries and territories since publication of the WHO Global Strategic Framework for Integrated Vector Management in 2004;

Aware that despite these achievements, vector-borne diseases remain a serious threat to the health, well-being, and economy of peoples and nations in the Americas and, in some cases, have historically reemerged in areas where commitment and efforts against a disease have weakened; and furthermore, noting that accidental importation of new vectors to the Region has occurred in recent decades, as in the case of *Aedes albopictus*;

Aware that efforts for the prevention, control, and elimination of selected vectors and vector-borne diseases will necessitate: *a)* better coordination among all partners and stakeholders; *b)* review and updating of the education and training of vector control technicians and specialists, policies, and strategic frameworks; *c)* the use of new vector control tools and techniques; *d)* improved and sustained surveillance of vectors and vector-borne diseases at all levels of the health system; *e)* the sustained commitment of stakeholders; *f)* approaches tailored to local environmental and epidemiological conditions; and *g)* preparation to eliminate selected vectors and prevent the establishment of new vectors;

Considering that the recent WHO document on Global Vector Control Response 2017-2030—which offers a global strategic approach, priority activities, and targets for strengthening country and local capacity to respond more effectively to the presence and threat of vectors and the diseases they transmit during the period up to 2030—has a bold vision of a world free of human suffering from vector-borne diseases and aims to reduce mortality from vector-borne diseases globally by at least 75% by 2030 relative to 2016, reduce case incidence from vector-borne diseases globally by at least 60% relative to 2016, and prevent epidemics of vector-borne disease in all countries by 2030;

Recognizing that this Plan of Action is the platform for implementing the WHO Global Vector Control Response 2017-2030 and its strategic approach in the Region,

RESOLVES:

1. To approve the *Plan of Action on Entomology and Vector Control 2018-2023* (Document CD56/11).

2. To urge the Member States, considering their contexts, needs, vulnerabilities, and priorities, to:

a) affirm the growing importance of entomology and vector control as a public health priority for the Member States of the Region;

b) review and update national strategic and operational plans or establish new ones towards vector surveillance, prevention, control, and/or elimination, investing in appropriate human and capital resources and new tools and strategies; employ tailored approaches that address disease transmission by vectors in the context of the social determinants of health and existing health care systems; and provide for stepping up interprogrammatic collaboration and intersectoral action;

c) heighten engagement in efforts to address vectors and vector-borne diseases, including coordination with other countries and relevant subregional initiatives in entomological and epidemiological surveillance, insecticide resistance surveillance and adequate measures to manage and prevent/reverse it, collaborative efforts in the monitoring and evaluation of new tools and technologies deployed in the Region, and dissemination of monitoring and evaluation results;

d) guarantee the availability of key vector control supplies, including WHO-recommended insecticides and other biocides and treated insecticidal nets, vector traps, and other control tools, through effective planning and forecasting of national needs, utilizing the PAHO Regional Revolving Fund for Strategic Public Health Supplies for joint procurement, as applicable;

e) strengthen entomological and appropriate epidemiological and public health services and align them with PAHO/WHO evidence-based guidelines and recommendations on vector surveillance, prevention, and control and on insecticide resistance surveillance;

f) sustain the commitment of both endemic and non-endemic countries to combat targeted vector-borne diseases, including the sharing of vector surveillance information, where feasible; and strengthen appropriate sectors (e.g., agriculture, housing, infrastructure, environment) to help ministries of health combat vectors and the diseases they transmit, particularly in terms of collaborative planning and sustained or increased investments and provision of the necessary resources from those sectors;

g) establish integrated entomological, epidemiological, public health, and vector control strategies and develop capacities to surveil, prevent, and control the establishment or reestablishment of vectors and the diseases they transmit, with broad community participation so that the process helps to strengthen and sustain national health systems; surveillance, alert, and response systems; and disease control and elimination programs, with attention to factors related to gender, ethnicity, and social equity;

h) engage in regular dialogue on collaboration in vector control with subnational and municipal governments, local stakeholders, and communities living in conditions that make them more vulnerable to the occurrence and transmission of

vector-borne diseases; further intensify efforts to educate public health professionals and technicians about vector prevention and control, and to educate and engage populations and occupational groups living in areas highly susceptible or vulnerable to vectors and the diseases they transmit;

i) support engagement in the testing, evaluation, and monitoring of new or expanded entomological and vector control tools and techniques in the context of an organized operational research agenda that addresses important knowledge and operational and technology gaps in vector surveillance and control in the various work contexts of the Region.

3. To request the Director to:

a) support implementation of the *Plan of Action on Entomology and Vector Control 2018-2023* and provide technical cooperation, including capacity-building efforts in entomology and vector control needs for countries, to develop and implement national strategic or operational plans or establish new ones aimed at vector surveillance, prevention, control, and/or elimination and insecticide resistance surveillance and management;

b) coordinate regionwide efforts to eliminate selected vectors or the diseases they transmit and prevent the establishment of new vectors anywhere in the Region or the reestablishment of existing vectors in vector-free areas, in collaboration with countries, territories, and partners;

c) advise on the implementation of national strategic vector control plans, insecticide resistance surveillance systems, and effective management plans;

d) continue to advocate for the active allocation and mobilization of resources among countries, as well as globally, and encourage close collaboration to forge strategic partnerships that support the implementation of national, subregional, and regional efforts, including populations and occupational groups living in hard-to-reach locations and vulnerable conditions;

e) employ entomologically and epidemiologically tailored approaches which address the social determinants of health that hinder vector control and elimination, improve interprogrammatic collaboration, and facilitate intersectoral action;

f) report to the Governing Bodies on progress in the implementation of the Plan of Action and the achievement of its targets at mid-term (2021) and at the end of the implementation period (2024).

(Fourth meeting, 24 September 2018)

CD56.R3 ***Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Antigua and Barbuda, Argentina, and Chile***

THE 56th DIRECTING COUNCIL,

Bearing in mind the provision of Articles 4.D and 15.A of the Constitution of the Pan American Health Organization;

Considering that Barbados, Ecuador, and the United States of America were elected to serve on the Executive Committee upon the expiration of the periods of office of Antigua and Barbuda, Argentina, and Chile,

***RESOLVES*:**

1. To declare Barbados, Ecuador, and the United States of America elected to membership on the Executive Committee for a period of three years.

2. To thank Antigua and Barbuda, Argentina, and Chile for the services rendered to the Organization during the past three years by their delegates on the Executive Committee.

Annex

COMPOSITION OF THE EXECUTIVE COMMITTEE
September 1995–September 2020

COUNTRY	2019 to 2020	2018 to 2019	2017 to 2018	2016 to 2017	2015 to 2016	2014 to 2015	2013 to 2014	2012 to 2013	2011 to 2012	2010 to 2011	2009 to 2010	2008 to 2009	2007 to 2008	2006 to 2007	2005 to 2006	2004 to 2005	2003 to 2004	2002 to 2003	2001 to 2002	2000 to 2001	1999 to 2000	1998 to 1999	1997 to 1998	1996 to 1997	1995 to 1996
ANTIGUA AND BARBUDA			■	■	■								■	■	■						■	■	■		
ARGENTINA			■	■	■					■	■	■			■	■	■								
BAHAMAS					■	■	■																■	■	■
BARBADOS															■	■	■								
BELIZE	■	■	■																						
BOLIVIA											■	■	■						■	■	■				■
BRAZIL		■	■	■			■	■	■																
CANADA	■	■	■			■	■	■						■	■	■			■	■	■				■
CHILE			■	■	■		■	■	■				■	■	■								■	■	■
COLOMBIA		■	■	■					■	■	■											■	■	■	
COSTA RICA					■	■	■								■	■	■						■	■	■
CUBA														■	■	■				■	■	■			
DOMINICA																■	■	■							
DOMINICAN REPUBLIC																	■	■	■						
ECUADOR					■	■	■														■	■	■		
EL SALVADOR							■	■	■									■	■	■				■	■
GRENADA								■	■	■															
GUATEMALA				■	■	■				■	■	■													
GUYANA																			■	■	■				
HAITI										■	■	■													
HONDURAS																	■	■	■						
JAMAICA						■	■	■										■	■	■					
MEXICO											■	■	■								■	■	■		
NICARAGUA																				■	■	■			
PANAMA		■	■	■									■	■	■							■	■	■	
PARAGUAY						■	■	■								■	■	■				■	■	■	
PERU	■	■	■					■	■	■							■	■	■						
SAINT KITTS AND NEVIS																								■	■
SAINT LUCIA																									
SAINT VINCENT & THE GRENADINES									■	■	■														
SURINAME											■	■	■												
TRINIDAD AND TOBAGO				■	■	■						■	■	■											
UNITED STATES				■	■	■		■	■	■		■	■	■		■	■	■		■	■	■		■	■
URUGUAY												■	■	■				■	■	■					■
VENEZUELA									■	■	■			■	■	■									

(Fifth meeting, 25 September 2018)

CD56.R4 ***Election of Three Members to the Advisory Committee Of the Latin American and Caribbean Center on Health Sciences Information (BIREME)***

THE 56th DIRECTING COUNCIL,

Bearing in mind that Article VI of the Statute of BIREME establishes that the Advisory Committee of BIREME is to be comprised of one representative appointed by the Director of PASB and one by the Government of Brazil as permanent members, and that five nonpermanent members are to be selected and named by the Directing Council or the Pan American Sanitary Conference of the Pan American Health Organization (PAHO) from among the BIREME membership (which at this time includes all PAHO Member States, Participating States, and Associated States), taking geographical representation into account;

Recalling that Article VI further states that the five nonpermanent members of the BIREME Advisory Committee should be rotated every three years, and that the Directing Council or the Pan American Sanitary Conference of PAHO may indicate a shorter rotation period in cases where it is necessary to maintain balance among members of the Advisory Committee;

Considering that Guyana, Mexico, and Uruguay were elected to serve on the BIREME Advisory Committee beginning 1 January 2019, due to the completion of the term of Argentina, Jamaica, and Peru,

***RESOLVES*:**

1. To declare Guyana, Mexico, and Uruguay elected as nonpermanent members of the BIREME Advisory Committee for a three-year term (2019-2021).

2. To thank Argentina, Jamaica, and Peru for the services provided to the Organization by their delegates on the BIREME Advisory Committee over the past three years.

(Fifth meeting, 25 September 2018)

CD56.R5 Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023

THE 56th DIRECTING COUNCIL,

Having considered the *Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023* (Document CD56/10, Rev. 1) presented by the Director;

Bearing in mind that, in September 2017, the 29th Pan American Sanitary Conference approved the Strategy on Human Resources for Universal Access to Health and Universal Health Coverage, and that its corresponding resolution requests the Director to prepare, by 2018, a regional plan of action with specific objectives and indicators to advance more quickly on the path established in the strategy;

Considering that the 29th Pan American Sanitary Conference adopted the Sustainable Health Agenda for the Americas 2018-2030,

RESOLVES:

1. To approve the *Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2030* (Document CD56/10, Rev. 1).

2. To urge the Member States, in keeping with the objectives and indicators established in the plan of action, and considering their own contexts and priorities, to:

a) promote the implementation of the *Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023* in order to advance more effectively in its implementation.

3. Request the Director to:

a) provide technical support to the Member States to strengthen national capacities and information systems for human resources for health that contribute to the implementation of the plan and the achievement of its objectives.

(Sixth meeting, 25 September 2018)

CD56.R6 ***Scale of Assessments and Assessed Contributions of the Member States, Participating States, and Associate Members of the Pan American Health Organization for 2019***

THE 56th DIRECTING COUNCIL,

Noting that the 29th Pan American Sanitary Conference, through Resolution CSP29.R6, approved the Pan American Health Organization's (PAHO) Program and Budget 2018-2019 (*Official Document 354*), and that approximately one-third of the PAHO Program and Budget 2018-2019, will be financed from assessed contributions from PAHO Member States, Participating States, and Associate Members;

Considering that Article 60 of the Pan American Sanitary Code and Article 24 (a) of the PAHO Constitution provide that the scale of assessed contributions to be applied to PAHO's Member States, Participating States, and Associate Members be determined on the basis of the assessment scale adopted by the Organization of American States (OAS);

Recalling that the 29th Pan American Sanitary Conference approved PAHO's scale of assessed contributions for the 2018 financial period (Resolution CSP29.R13), as adapted from the 2018 OAS transitional scale, and established the assessed contributions for PAHO Member States, Participating States, and Associate Members for 2018 (Resolution CSP29.R14);

Noting that Resolution CSP29.R13 of the 29th Pan American Sanitary Conference also requested that the Pan American Sanitary Bureau submit for consideration of PAHO's Governing Bodies a revised scale of assessment for fiscal year 2019 on the basis of the 2019 OAS scale of assessments;

Considering that the OAS General Assembly has not yet adopted its scale of quota assessments for the period 2019 onwards;

Having considered the report contained in Document CD56/7, *Scale of Assessments and Assessed Contributions of the Member States, Participating States, and Associate Members of the Pan American Health Organization for 2019*,

RESOLVES:

1. To establish the scale of assessed contributions of the Member States, Participating States, and Associate Members of PAHO for the year 2019 based on the 2018 PAHO scale of assessments, as shown in Table 1 below.

2. To approve the assessed contributions for Member States, Participating States, and Associate Members of PAHO for the year 2019, as shown in Table 2 below.

3. To call upon the Pan American Sanitary Bureau to revise the scale of assessments and assessed contributions of Member States, Participating States, and Associate Members of the Pan American Health Organization for the financial period 2020 and beyond, when the Organization of American States adopts a new scale of assessments for the same period.

Table 1. PAHO Scale of Assessed Contributions for 2019

Member State	Assessment Rate (%)
Antigua and Barbuda	0.022
Argentina	3.000
Bahamas	0.047
Barbados	0.026
Belize	0.022
Bolivia	0.070
Brazil	12.457
Canada	9.801
Chile	1.415
Colombia	1.638
Costa Rica	0.256
Cuba	0.132
Dominica	0.022
Dominican Republic	0.268
Ecuador	0.402
El Salvador	0.076
Grenada	0.022
Guatemala	0.171
Guyana	0.022
Haiti	0.022
Honduras	0.043
Jamaica	0.053
Mexico	6.470
Nicaragua	0.022
Panama	0.191
Paraguay	0.087
Peru	1.005
Saint Kitts and Nevis	0.022
Saint Lucia	0.022
San Vicente and the Grenadines	0.022
Suriname	0.022
Trinidad and Tobago	0.129
United States	59.445
Uruguay	0.298
Venezuela	1.940

Participating State	Assessment Rate (%)
France	0.146
The Netherlands	0.022
United Kingdom	0.022
Associate Member	**Assessment Rate (%)**
Aruba	0.022
Curaçao	0.022
Puerto Rico	0.082
Sint Maarten	0.022
TOTAL	**100.0**

Table 2. Assessed Contributions of the Member States, Participating States, and Associate Members of the Pan American Health Organization for 2018-2019[1]

Membership	Assessment Rate (%)		Gross Assessments (US Dollars)		Credit from Tax Equalization Fund (US Dollars)		Adjustments for taxes imposed by Member States on Emoluments of PASB Staff (US Dollars) [2]		Net Assessment (US Dollars)	
	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019
Member States										
Antigua and Barbuda	0.0220	0.0220	23,170	23,170	1,797	1,797			21,373	21,373
Argentina	3.0000	3.0000	3,159,600	3,159,600	245,100	245,100			2,914,500	2,914,500
Bahamas	0.0470	0.0470	49,500	49,500	3,840	3,840			45,661	45,661
Barbados	0.0260	0.0260	27,383	27,383	2,124	2,124			25,259	25,259
Belize	0.0220	0.0220	23,170	23,170	1,797	1,797			21,373	21,373
Bolivia	0.0700	0.0700	73,724	73,724	5,719	5,719			68,005	68,005
Brazil	12.4570	12.4570	13,119,712	13,119,712	1,017,737	1,017,737			12,101,976	12,101,976
Canada	9.8010	9.8010	10,322,413	10,322,413	800,742	800,742	40,000	40,000	9,561,672	9,561,672
Chile	1.4150	1.4150	1,490,278	1,490,278	115,606	115,606			1,374,673	1,374,673
Colombia	1.6380	1.6380	1,725,142	1,725,142	133,825	133,825			1,591,317	1,591,317
Costa Rica	0.2560	0.2560	269,619	269,619	20,915	20,915			248,704	248,704
Cuba	0.1320	0.1320	139,022	139,022	10,784	10,784			128,238	128,238
Dominica	0.0220	0.0220	23,170	23,170	1,797	1,797			21,373	21,373
Dominican Republic	0.2680	0.2680	282,258	282,258	21,896	21,896			260,362	260,362
Ecuador	0.4020	0.4020	423,386	423,386	32,843	32,843			390,543	390,543
El Salvador	0.0760	0.0760	80,043	80,043	6,209	6,209			73,834	73,834
Grenada	0.0220	0.0220	23,170	23,170	1,797	1,797			21,373	21,373

Membership	Assessment Rate (%)		Gross Assessments (US Dollars)		Credit from Tax Equalization Fund (US Dollars)		Adjustments for taxes imposed by Member States on Emoluments of PASB Staff (US Dollars) [2]		Net Assessment (US Dollars)	
	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019
Guatemala	0.1710	0.1710	180,097	180,097	13,971	13,971			166,127	166,127
Guyana	0.0220	0.0220	23,170	23,170	1,797	1,797			21,373	21,373
Haiti	0.0220	0.0220	23,170	23,170	1,797	1,797			21,373	21,373
Honduras	0.0430	0.0430	45,288	45,288	3,513	3,513			41,775	41,775
Jamaica	0.0530	0.0530	55,820	55,820	4,330	4,330			51,490	51,490
Mexico	6.4700	6.4700	6,814,204	6,814,204	528,599	528,599			6,285,605	6,285,605
Nicaragua	0.0220	0.0220	23,170	23,170	1,797	1,797			21,373	21,373
Panama	0.1910	0.1910	201,161	201,161	15,605	15,605			185,557	185,557
Paraguay	0.0870	0.0870	91,628	91,628	7,108	7,108			84,521	84,521
Peru	1.0050	1.0050	1,058,466	1,058,466	82,109	82,109			976,358	976,358
Saint Kitts and Nevis	0.0220	0.0220	23,170	23,170	1,797	1,797			21,373	21,373
Saint Lucia	0.0220	0.0220	23,170	23,170	1,797	1,797			21,373	21,373
Saint Vincent and the Grenadines	0.0220	0.0220	23,170	23,170	1,797	1,797			21,373	21,373
Suriname	0.0220	0.0220	23,170	23,170	1,797	1,797			21,373	21,373
Trinidad and Tobago	0.1290	0.1290	135,863	135,863	10,539	10,539			125,324	125,324
United States	59.4450	59.4450	62,607,474	62,607,474	4,856,657	4,856,657	6,000,000	14,822,000	63,750,818	72,572,818
Uruguay	0.2980	0.2980	313,854	313,854	24,347	24,347			289,507	289,507
Venezuela	1.9400	1.9400	2,043,208	2,043,208	158,498	158,498	35,000	35,000	1,919,710	1,919,710

Membership	Assessment Rate (%)		Gross Assessments (US Dollars)		Credit from Tax Equalization Fund (US Dollars)		Adjustments for taxes imposed by Member States on Emoluments of PASB Staff (US Dollars) [2]		Net Assessment (US Dollars)	
	2018	**2019**	**2018**	**2019**	**2018**	**2019**	**2018**	**2019**	**2018**	**2019**
Participating States										
France	0.203	0.146	213,800	153,767	16,585	11,928			197,215	141,839
The Netherlands	0.022	0.022	23,170	23,170	1,797	1,797			21,373	21,373
United Kingdom	0.022	0.022	23,170	23,170	1,797	1,797			21,373	21,373
Associate Members										
Aruba	0.022	0.022	23,170	23,170	1,797	1,797			21,373	21,373
Curaçao	0.022	0.022	23,170	23,170	1,797	1,797			21,373	21,373
Puerto Rico	0.025	0.082	26,330	86,362	2,043	6,699			24,288	79,663
Sint Maarten	0.022	0.022	23,170	23,170	1,797	1,797			21,373	21,373
TOTAL	**100.0**	**100.0**	**105,320,000**	**105,320,000**	**8,170,000**	**8,170,000**	**6,075,000**	**14,897,190**	**103,225,000**	**112,047,000**

[1] Assessment scale for 2018 as adopted by the Pan American Sanitary Conference in Resolution CSP29.R14.

[2] This column indicates estimated amounts to be received by the respective Member Governments in 2018-2019 in respect to taxes levied by them on staff members' emoluments received from PASB, adjusted for the difference between the estimated and the actual for prior years.

(Sixth meeting, 25 September 2018)

CD56.R7 PAHO Award for Health Services Management and Leadership: Changes to the Procedures

THE 56th DIRECTING COUNCIL,

Having examined the proposed amendments to the procedures for conferring the PAHO Award for Health Services Management and Leadership (Document CD56/18),

RESOLVES:

To approve the amendments to the Procedures for conferring the PAHO Award for Health Services Management and Leadership, as per Document CD56/18, presented in
the Annex.

Annex

Annex

PAHO Award for Health Services Management and Leadership*

Procedures

1. In order to contribute to the improved management of health systems and services, and to recognize significant contributions and leadership in the development and implementation of initiatives that have facilitated the management and expansion of quality comprehensive health services within health systems in the Americas, the Pan American Health Organization is renaming the PAHO Award for Administration as the PAHO Award for Health Services Management and Leadership. The Award will be given annually on a competitive basis and will consist of a diploma and the sum of US$ 5,000. This sum will be reviewed as appropriate by the Executive Committee on the recommendation of the Director of the Pan American Sanitary Bureau.

2. The Award will be conferred on a candidate who has made a significant contribution in his/her home country and/or throughout the Region of the Americas to improve the development of health systems; the organization, management, and administration of health services; the development of programs, projects, or initiatives that have demonstrated impact on population coverage and access to health services; the expansion of health services to meet the needs of the population, in particular those in situations of greatest vulnerability; the development of quality programs and patient safety programs at the national or institutional level; the organization and management of primary care services at the community level; the development of integrated networks of health services including hospital services; or the production of knowledge and research to achieve change in health service delivery. The Award is conferred in recognition of work completed in the 10 preceding years.

3. Current and former staff members of the Pan American Sanitary Bureau and the World Health Organization are ineligible to be nominated for this Award for activities carried out in the course of their assigned duties in the Organization.

4. The Award Committee will be selected each year during the first session of the Executive Committee and its term will be only for the length of that selection process. The Executive Committee will appoint an Award Committee consisting of the President of the Executive Committee and a delegate and alternate from each subregion. If, despite the appointment of alternate delegates, a vacancy were to occur, the President will make arrangements to cover it. When candidates are submitted from the same Member States represented on the Award Committee, the President of the Executive Committee will designate the alternate delegate from the corresponding subregion. To facilitate the

* Articles 4 and 7 amended as proposed in Document CD56/18 available at https://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=45909&Itemid=270&lang=en.

Award Committee's decision-making, in accordance with the provisions of article 8, the Award Committee will consist of an odd number of members.

5. The Director of the Pan American Sanitary Bureau will invite Member States to submit no more than two nominations for the Award. The Bureau will issue an open call for candidates during the first week of November each calendar year. The names of candidates proposed by each Member State must be received by the Director of the Pan American Sanitary Bureau no later than 31 March in the year of the Award, together with the candidates' curriculum vitae and the documentation supporting the merits of the candidacy. This documentation will include a brief narrative describing the contribution of the candidate's work in the relevant field (see article 2 above). To facilitate the work of the Award Committee, the required information on each candidate will be presented on the standard form provided by the Pan American Sanitary Bureau and included in the call for candidates. This form and the documentation supporting the candidate's merits must be completed in full, with explicit responses to each of the questions. All documentation must be submitted in original form.

6. Nominations received by the Director of the Pan American Sanitary Bureau after 31 March will not be considered for the Award.

7. The Director of the Pan American Sanitary Bureau will forward to the members of the Award Committee copies of the documentation submitted no less than 45 days before the date of the opening of the June session of the Executive Committee. To support the deliberations of the Award Committee, the Pan American Sanitary Bureau will also provide technical comments and any other information on candidates it may deem relevant to the deliberations of the Award Committee, including conducting due diligence on the candidate's background to determine whether it affects his or her suitability for the Award.

8. The Award Committee will meet and deliberate on the proposed candidates and will submit its recommendations during the week of the session of the Executive Committee. At least three members of the Award Committee must be present to make a meeting valid. The deliberations of the Award Committee are confidential and not for discussion outside of the Award Committee. The Award Committee will make a recommendation to the Executive Committee, approved by a majority of members present. The Executive Committee will have the final decision on accepting or rejecting recommendations of Award, with the possibility of further deliberations and recommendations by the Award Committee.

9. Candidates not elected may be renominated, following the procedure described above.

10. The winner of the Award will be announced during the Directing Council or the Pan American Sanitary Conference.

11. The Award will be presented to the successful candidate during the appropriate meeting of the Directing Council or the Pan American Sanitary Conference. The cost of his or her travel will be paid by the Pan American Sanitary Bureau, which will make such arrangements in accordance with PAHO's rules and regulations.

12. When such presentation is not practicable, alternatives will include:

a) receipt of the Award at the Directing Council or the Pan American Sanitary Conference by a member of the delegation of the recipient's country, on his/her behalf;

b) presentation in the home country by the PAHO/WHO Representative on behalf of the Director of the Pan American Sanitary Bureau.

13. Whatever method is used to present the Award, it will be accompanied by appropriate publicity issued to the news media, both by the Pan American Sanitary Bureau and the government concerned.

14. These procedures may be reviewed by the Executive Committee at any time, as deemed appropriate in light of acquired experience. Proposed amendments must be approved by the Executive Committee and transmitted to the Directing Council or the Pan American Sanitary Conference for its information.

(Sixth meeting, 25 September 2018)

CD56.R8 Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030

THE 56th DIRECTING COUNCIL,

Having reviewed the *Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030* (Document CD56/8, Rev. 1);

Aware of the efforts made and the achievements obtained thus far through the Plan of Action to Accelerate the Reduction in Maternal Mortality and Severe Maternal Morbidity (2012-2017); the Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care (2008-2015); the Strategy and Plan of Action for Integrated Child Health (2012-2017); and the Adolescent and Youth Regional Strategy and Plan of Action (2010-2018);

Acknowledging the slow and unequal progress and the need to accelerate progress and reduce health inequities affecting the health and well-being of women, children, and adolescents through integrated and multisectoral approaches that address the underlying determinants;

Reaffirming the right of all women, children, and adolescents to the enjoyment of the highest attainable standard of health, and the interrelated principles and values of solidarity, equity in health, universality, and social inclusion adopted by PAHO Member States in the Sustainable Health Agenda for the Americas 2018-2030;

Recognizing that the achievement of Goal 3 of the 2030 Agenda for Sustainable Development and its 13 targets, together with many other health-related goals and targets in the 2030 Agenda, will require the adoption of intersectoral measures for the health of women, children, and adolescents;

Considering the importance of having a new action plan that is aligned with the Sustainable Health Agenda for the Americas 2018-2030,

RESOLVES:

1. To approve the *Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030* (Document CD56/8, Rev. 1) within the context of the specific conditions of each country.

2. To urge the Member States to:

a) strengthen a transformative policy environment to reduce health inequities among women, children, and adolescents;

b) promote universal, effective, and equitable health and well-being for all women, children, and adolescents in their families, schools, and communities throughout the life course;

c) expand equitable access to comprehensive, integrated, quality health services for women, children, adolescents, and families that are people-, family-, and community-centered;

d) strengthen information systems for the collection, availability, accessibility, quality, and dissemination of strategic information, including health data and statistics on the health of women, children, and adolescents, within the framework of the principles proposed in this Plan;

e) invest in mechanisms to empower people, families, and communities to actively engage in the protection and promotion of the health of women, children, and adolescents, particularly those in situations of vulnerability.

3. To request the Director to:

a) provide technical cooperation to Member States for the development of updated national action plans and to disseminate tools that facilitate integrated, equity-based, and innovative approaches to the health of women, children, and adolescents;

b) strengthen coordination of the Plan of Action with similar initiatives developed by other international technical and financial agencies and global initiatives for the health and well-being of women, children, and adolescents;

c) report periodically to the Governing Bodies on the progress made and challenges faced in implementation of the Plan of Action.

(Eighth meeting, 26 September 2018)

CD56.R9 Plan of Action for Cervical Cancer Prevention and Control 2018-2030

THE 56th DIRECTING COUNCIL,

Having examined the *Plan of Action for Cervical Cancer Prevention and Control 2018-2030* (Document CD56/9);

Considering that the Plan is aligned with the World Health Organization resolution on Cancer Prevention and Control in the Context of an Integrated Approach (Resolution WHA70.12), the WHO Global Health Sector Strategy on Sexually Transmitted Infections 2016-2021, the UN Joint Global Programme on Cervical Cancer Prevention and Control, the new WHO Global Strategy to Eliminate Cervical Cancer, and the Sustainable Development Goals (SDGs), and that this plan of action provides a clear long-term plan to reduce the cervical cancer burden in the Americas by 2030;

Cognizant of the impact that this disease has on women, their families, and their communities throughout the Americas, especially among priority populations in situations of vulnerability;

Acknowledging the need to decrease and eliminate the scourge of this disease, which is preventable through HPV vaccination, screening, and precancer treatment, and curable if detected at early stages of disease;

Aware of the cost-effective and affordable interventions that are available to reduce cervical cancer incidence and mortality and the urgent action that is required to implement these interventions on a population-based scale, seeking to ensure equitable access to cervical cancer primary, secondary, and tertiary prevention,

RESOLVES:

1. To approve the *Plan of Action for Cervical Cancer Prevention and Control 2018-2030* (Document CD56/9).

2. To urge Member States, as appropriate and taking into account their national context and needs, to:

a) prioritize the prevention and control of cervical cancer in the national public health agenda;

b) formulate, review, and align national comprehensive cervical cancer strategies and plans with related global and regional strategies, plans, and targets, and regularly report on progress in this area;

c) strengthen governance, organization, and access to health services to ensure that comprehensive cervical cancer services are integrated across the relevant levels of care and that high coverage of HPV vaccination, screening, precancer treatment, and invasive cancer treatment is achieved;

d) strengthen cancer registries and information systems to monitor the coverage of HPV vaccination, coverage of screening, and treatment rates, and report regularly on these indicators;

e) implement high-impact interventions on a population-based scale along the continuum of health education and promotion, HPV vaccination, cervical cancer screening and diagnosis, and treatment for precancer and invasive cancer, with interventions tailored to the needs of priority populations in situations of vulnerability;

f) facilitate the empowerment and engagement of civil society organizations to provide a multisectoral approach to comprehensive cervical cancer prevention and control;

g) increase and optimize public financing with equity and efficiency for a sustainable response to cervical cancer, and progressively integrate prevention, screening, and treatment interventions into comprehensive, quality, and universal health services;

h) expand health services according to need and with a people-centered approach, noting that in most cases public expenditure of 6% of GDP for the health sector is a useful benchmark;

i) secure the uninterrupted supply of quality-assured and affordable HPV vaccines, screening tests, and evidence-based technologies for precancer and invasive cancer treatment, as well as palliative care medicines and other strategic commodities related to cervical cancer, while strengthening supply chain management structures and processes, including forecasting, procurement, warehousing, and distribution;

j) strengthen the technical capacity and competencies of the national health workforce, particularly at the primary level of care, to address cervical cancer prevention.

3. To request the Director to:

a) support implementation of this Plan of Action through a coordinated and interprogrammatic approach to technical cooperation for comprehensive cervical cancer prevention and control;

b) provide technical support to Member States to strengthen cervical cancer program coverage, quality, and effectiveness in coordination with the cervical cancer prevention and control plan for South America of the Network of National Cancer Institutes and Institutions (RINC);

c) provide support for cancer registration and information systems in order to build country capacity to generate quality, complete, and up-to-date information, and regularly report on HPV vaccination coverage, screening coverage, treatment rates, and cervical cancer incidence and mortality;

d) provide technical support to Member States for the development and review of policies, norms, and guidelines for high-impact interventions along the continuum of cervical cancer prevention, screening, and diagnosis, and treatment of precancer and invasive cancer, based on the latest WHO recommendations, while seeking to ensure quality and equity;

e) advocate for the empowerment of people and communities and their meaningful, effective, and sustainable engagement in the development and delivery of services for HPV vaccination and cervical cancer screening, treatment, and palliative care;

f) support capacity-building in the national health workforce, particularly at the primary care level, to provide good quality, accessible, equitable, and people-centered care in the health services;

g) provide support to Member States through the PAHO Regional Revolving Fund for Strategic Public Health Supplies or the PAHO Revolving Fund for Vaccine Procurement to improve the processes of procurement and supply management and distribution in order to ensure uninterrupted access to quality-assured and affordable HPV vaccines, HPV tests, and essential medicines for cancer and for palliative care in alignment with WHO prequalification;

h) mobilize resources, adhering to the rules and procedures of the Framework of Engagement with non-State Actors, to support Member States to increase investments in comprehensive cervical cancer prevention and control.

(Eighth meeting, 26 September 2018)

Decisions

CD56(D1): Appointment of the Committee on Credentials

Pursuant to Rule 31 of the Rules of Procedure of the Directing Council, the Council appointed Bolivia, Curaçao, and Guatemala as members of the Committee on Credentials.

(First meeting, 23 September 2018)

CD56(D2): Election of Officers

Pursuant to Rule 16 of the Rules of Procedure of the Directing Council, the Council elected Bahamas as President, Haiti and Ecuador as Vice Presidents, and Costa Rica as Rapporteur of the 56th Directing Council.

(First meeting, 23 September 2018)

CD56(D3): Establishment of the General Committee

Pursuant to Rule 32 of the Rules of Procedure of the Directing Council, the Council appointed Cuba, Saint Lucia, and the United States of America as members of the General Committee.

(First meeting, 23 September 2018)

CD56(D4): Adoption of the Agenda

Pursuant to Rule 10 of the Rules of Procedure of the Directing Council, the Council adopted the agenda submitted by the Director (Document CD56/1, Rev. 2).

(First meeting, 23 September 2018)

CD56(D5): Selection of Two Members from the Region of the Americas Entitled to Designate a Person to Serve on the Policy and Coordination Committee of the UNDP/UNFPA/UNICEF/WHO/World Bank Special Program of Research, Development and Research Training in Human Reproduction (HRP)

The Directing Council selected Argentina and Trinidad and Tobago as the Member States from the Region of the Americas entitled to designate a person to serve on the Policy and Coordination Committee of the UNDP/UNFPA/UNICEF/WHO/World Bank Special Program of Research, Development and Research Training in Human Reproduction, for a term of office commencing on 1 January 2019 and ending on 31 December 2021.

(Fifth meeting, 25 September 2018)

CD56(D6): Selection of One Member State from the Region of the Americas Entitled to Designate a Person to Serve on the Joint Coordination Board of the UNICEF/UNDP/World Bank/WHO Special Program for Research and Training in Tropical Diseases (TDR)

The Directing Council selected Ecuador as the Member State from the Region of the Americas entitled to designate a person to serve on the Joint Coordination Board of the UNICEF/UNDP/World Bank/WHO Special Program for Research and Training in Tropical Diseases for a term of four years commencing on 1 January 2019.

(Fifth meeting, 25 September 2018)

IN WITNESS WHEREOF, the President of the 56th Directing Council, 70th Session of the Regional Committee of WHO for the Americas, Delegate of Bahamas, and the Secretary ex officio, Director of the Pan American Sanitary Bureau, sign the present Final Report in the English language.

DONE in Washington, D.C., on this twenty-seventh day of September in the year two thousand eighteen. The Secretary shall deposit the original texts in the archives of the Pan American Sanitary Bureau. The Final Report will be published on the website of the Pan American Health Organization once approved by the President.

Duane Sands
President of the
56th Directing Council, 70th Session of the
Regional Committee of WHO for the
Americas
Delegate of Bahamas

Carissa Etienne
Secretary ex officio of the
56th Directing Council, 70th Session of the
Regional Committee of WHO
for the Americas
Director of the
Pan American Sanitary Bureau

AGENDA

1. OPENING OF THE SESSION

2. PROCEDURAL MATTERS

2.1 Appointment of the Committee on Credentials

2.2 Election of Officers

2.3 Establishment of a Working Party to Study the Application of Article 6.B of the PAHO Constitution

2.4 Establishment of the General Committee

2.5 Adoption of the Agenda

3. CONSTITUTIONAL MATTERS

3.1 Annual Report of the President of the Executive Committee

3.2 Annual Report of the Director of the Pan American Sanitary Bureau

3.3 Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Antigua and Barbuda, Argentina, and Chile

4. PROGRAM POLICY MATTERS

4.1 Report of the End-of-biennium Assessment of the PAHO Program and Budget 2016-2017/Second Interim Report of the PAHO Strategic Plan 2014-2019

4.2 Evaluation of the PAHO Budget Policy

4.3 Scale of Assessments and Assessed Contributions of the Member States, Participating States, and Associate Members of the Pan American Health Organization for 2019

4.4 Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030

4.5 Plan of Action for Cervical Cancer Prevention and Control 2018-2030

4. PROGRAM POLICY MATTERS *(cont.)*

4.6 Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023

4.7 Plan of Action on Entomology and Vector Control 2018-2023

5. ADMINISTRATIVE AND FINANCIAL MATTERS

5.1 Report on the Collection of Assessed Contributions

5.2 Financial Report of the Director and Report of the External Auditor for 2017

5.3 Amendments to the Financial Regulations and Financial Rules of PAHO

6. SELECTION OF MEMBER STATES TO BOARDS AND COMMITTEES

6.1 Selection of Two Member States from the Region of the Americas Entitled to Designate a Person to Serve on the Policy and Coordination Committee of the UNDP/UNFPA/UNICEF/ WHO/World Bank Special Program of Research, Development and Research Training in Human Reproduction (HRP)

6.2 Election of Three Members to the Advisory Committee of the Latin American and Caribbean Center on Health Sciences Information (BIREME)

6.3 Selection of One Member State from the Region of the Americas Entitled to Designate a Person to Serve on the Joint Coordination Board of the UNICEF/UNDP/World Bank/WHO Special Program for Research and Training in Tropical Diseases (TDR)

7. AWARDS

7.1 PAHO Award for Health Services Management and Leadership 2018

7.2 PAHO Award for Health Services Management and Leadership: Changes to the Procedures

8. MATTERS FOR INFORMATION

8.1 Final Evaluation of the Health Agenda for the Americas 2008-2017

8.2 Process for the Development of the PAHO Strategic Plan 2020-2025

8. MATTERS FOR INFORMATION *(cont.)*

8.3 Report on Strategic Issues between PAHO and WHO

8.4 Proposed WHO Programme Budget 2020-2021

8.5 Presentation of the Methodology used to Develop the Indicators to Measure Progress in Implementation of the 13th General Programme of Work, and Review of the Resulting Indicators and Targets

8.6 Regional Consultation on the WHO Global Strategy on Health, Environment and Climate Change

8.7 Report of the Advisory Committee on Health Research

8.8 Report of the Commission on Equity and Health Inequalities in the Americas

8.9 Implementation of the International Health Regulations (IHR)

8.10 Update on the Situation and Challenges of Inactivated Poliovirus Vaccine Supply to Maintain Polio Eradication in the Region of the Americas

8.11 Report of the Director on Addressing the Causes of Disparities in Health Services Access and Utilization for Lesbian, Gay, Bisexual, and Trans (LGBT) Persons

8.12 PAHO's Response to Maintaining an Effective Technical Cooperation Agenda in Venezuela and Neighboring Member States

8.13 Plan of Action on Road Safety: Final Report

8.14 Plan of Action to Accelerate the Reduction in Maternal Mortality and Severe Maternal Morbidity: Final Report

8.15 Strategy and Plan of Action for Integrated Child Health: Final Report

8.16 Strategy and Plan of Action on Climate Change: Final Report

8.17 Strategy and Plan of Action on eHealth: Final Report

8.18 Strategy and Plan of Action on Knowledge Management and Communication: Final Report

8.19 Health and International Relations: Linkages with National Health Development: Final Report

8. MATTERS FOR INFORMATION *(cont.)*

8.20 National Institutions Associated with PAHO in Technical Cooperation: Final Report

8.21 Bioethics: Towards the Integration of Ethics in Health: Final Report

8.22 Progress Reports on Technical Matters:

A. Strategy and Plan of Action on Strengthening the Health System to Address Violence against Women: Progress Report

B. Plan of Action for the Prevention of Obesity in Children and Adolescents: Midterm Review

C. Strategy and Plan of Action on Urban Health: Midterm Review

D. Plan of Action on Antimicrobial Resistance: Midterm Review

E. Plan of Action for the Prevention and Control of Viral Hepatitis: Midterm Review

F. Plan of Action for the Prevention and Control of Tuberculosis: Midterm Review

G. Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections 2016-2021: Midterm Review

H. Plan of Action for Malaria Elimination 2016-2020: Midterm Review

I. Plan of Action for Disaster Risk Reduction 2016-2021: Progress Report

J. Review of the Charge Assessed on the Procurement of Public Health Supplies for Member States: Progress Report

K. Status of the Pan American Centers

8.23 Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO:

A. Seventy-first World Health Assembly

B. Forty-eighth Regular Session of the General Assembly of the Organization of American States

C. Subregional Organizations

9. OTHER MATTERS

10. CLOSURE OF THE SESSION

LIST OF DOCUMENTS

Official Documents

OD356	Financial Report of the Director and Report of the External Auditor for 2017

Working Documents

CD56/1, Rev. 2	Agenda
CD56/WP/1	Program of Meetings
CD56/2	Annual Report of the President of the Executive Committee
CD56/3	Annual Report of the Director of the Pan American Sanitary Bureau
CD56/4	Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Antigua and Barbuda, Argentina, and Chile
CD56/5 and Add. I	Report of the End-of-biennium Assessment of the PAHO Program and Budget 2016-2017/Second Interim Report of the PAHO Strategic Plan 2014-2019
CD56/6 and Add. I	Evaluation of the PAHO Budget Policy
CD56/7	Scale of Assessments and Assessed Contributions of the Member States, Participating States, and Associate Members of the Pan American Health Organization for 2019
CD56/8, Rev. 1	Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030
CD56/9	Plan of Action for Cervical Cancer Prevention and Control 2018-2030
CD56/10, Rev 1	Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023
CD56/11	Plan of Action on Entomology and Vector Control 2018-2023

Working Documents *(cont.)*

CD56/12 and Add. I	Report on the Collection of Assessed Contributions
CD56/13	Amendments to the Financial Regulations and Financial Rules of PAHO
CD56/14	Selection of Two Member States from the Region of the Americas Entitled to Designate a Person to Serve on the Policy and Coordination Committee of the UNDP/UNFPA/UNICEF/ WHO/World Bank Special Program of Research, Development and Research Training in Human Reproduction (HRP)
CD56/15	Election of Three Members to the Advisory Committee of the Latin American and Caribbean Center on Health Sciences Information (BIREME)
CD56/16	Selection of One Member State from the Region of the Americas Entitled to Designate a Person to Serve on the Joint Coordination Board of the UNICEF/UNDP/World Bank/WHO Special Program for Research and Training in Tropical Diseases (TDR)
CD56/17	PAHO Award for Health Services Management and Leadership 2018
CD56/18	PAHO Award for Health Services Management and Leadership: Changes to the Procedures

Information Documents

CD56/INF/1	Final Evaluation of the Health Agenda for the Americas 2008-2017
CD56/INF/2, Rev. 1	Process for the Development of the PAHO Strategic Plan 2020-2025
CD56/INF/3	Report on Strategic Issues between PAHO and WHO
CD56/INF/4	Proposed WHO Programme Budget 2020-2021
CD56/INF/5, Rev. 1	Presentation of the Methodology used to Develop the Indicators to Measure Progress in Implementation of the 13th General Programme of Work, and Review of the Resulting Indicators and Targets

Information Documents *(cont.)*

CD56/INF/6	Regional Consultation on the WHO Global Strategy on Health, Environment and Climate Change
CD56/INF/7	Report of the Advisory Committee on Health Research
CD56/INF/8	Report of the Commission on Equity and Health Inequalities in the Americas
CD56/INF/9	Implementation of the International Health Regulations (IHR)
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CD56/INF/11, Corr.	Report of the Director on Addressing the Causes of Disparities in Health Services Access and Utilization for Lesbian, Gay, Bisexual, and Trans (LGBT) Persons
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CD56/INF/14	Plan of Action to Accelerate the Reduction in Maternal Mortality and Severe Maternal Morbidity: Final Report
CD56/INF/15	Strategy and Plan of Action for Integrated Child Health: Final Report
CD56/INF/16	Strategy and Plan of Action on Climate Change: Final Report
CD56/INF/17	Strategy and Plan of Action on eHealth: Final Report
CD56/INF/18	Strategy and Plan of Action on Knowledge Management and Communication: Final Report
CD56/INF/19	Health and International Relations: Linkages with National Health Development: Final Report
CD56/INF/20	National Institutions Associated with PAHO in Technical Cooperation: Final Report

Information Documents *(cont.)*

CD56/INF/21 Bioethics: Towards the Integration of Ethics in Health: Final Report

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G. Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections 2016-2021: Midterm Review

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CD55/INF/23 Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO:

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C. Subregional Organizations

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MEMBER STATES/ESTADOS MIEMBROS *(cont.)*

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MEMBER STATES/ESTADOS MIEMBROS *(cont.)*

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DOMINICAN REPUBLIC/REPÚBLICA DOMINICANA *(cont.)*

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MEMBER STATES/ESTADOS MIEMBROS *(cont.)*

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MEMBER STATES/ESTADOS MIEMBROS *(cont.)*

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MEMBER STATES/ESTADOS MIEMBROS *(cont.)*

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MEMBER STATES/ESTADOS MIEMBROS *(cont.)*

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MEMBER STATES/ESTADOS MIEMBROS *(cont.)*

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Ministro de Salud
Ministerio de Salud
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Sr. Carlos Fernando Gallinal Cuenca
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AWARD WINNERS/ GANADORES DE LOS PREMIOS

PAHO Award for Health Services Management and Leadership 2018/ Premio OPS a la Gestión y al Liderazgo en los Servicios de Salud 2018

Dr. Natalia Largaespada Beer
Belize

UNITED NATIONS AND SPECIALIZED AGENCIES/ NACIONES UNIDAS Y AGENCIAS ESPECIALIZADAS

Caribbean Community/ Comunidad del Caribe

Dr. Douglas Slater
Dr. Rudolph Cummings

Caribbean Public Health Agency/Agencia de Salud Pública del Caribe

Dr. James Hospedales
Dr. Virginia Asin-Oostburg

Economic Commission for Latin America and the Caribbean/Comisión Económica para América Latina y el Caribe

Sra. Laís Abramo
Sra. Inés Bustillo
Sr. Rex García

Inter-American Institute for Cooperation on Agriculture/Instituto Interamericano de Cooperación para la Agricultura

Dr. Miguel García

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Council of Health Ministers of Central America and the Dominican Republic/ Consejo de Ministros de Salud de Centroamérica y República Dominicana

Dr. Alejandro Solís Martínez

Hipólito Unanue Agreement/ Convenio Hipólito Unanue

Dra. Nila Heredia Miranda
Sra. Gloria Lagos Eyzaguirre

Inter-American Conference on Social Security/Conferencia interamericana de seguridad social

Sr. Omar de la Torre de la Mora
Sr. Mauricio Bailón González
Sr. Alejandro Svarch

Organization of Eastern Caribbean States/ Organización de Estados del Caribe Oriental

Dr. Carlene Radix

South American Institute of Government in Health/Instituto Suramericano de Gobierno en Salud

Dra. Carina Vance Mafla

The World Bank Group/Banco Mundial

Mr. Daniel Dulitzkly

REPRESENTATIVES OF NON-STATES ACTORS IN OFFICIAL RELATIONS WITH PAHO / REPRESENTANTES DE ACTORES NO ESTATALES EN RELACIONES OFICIALES CON LA OPS

American Speech-Language-Hearing Association/Asociación Americana del Habla, Lenguaje y Audición

Mrs. Lily Waterston

American Public Health Association/ Asociación Americana de Salud Pública

Ms. Vina HuLamm

REPRESENTATIVES OF NON-STATES ACTORS IN OFFICIAL RELATIONS WITH PAHO / REPRESENTANTES DE ACTORES NO ESTATALES EN RELACIONES OFICIALES CON LA OPS *(cont.)*

Drug for Neglected Diseases Initiative/ Iniciativa Medicamentos para Enfermedades Olvidadas

Mr. Francisco Viegas Neves da Silva
Ms. Michelle Childs
Ms. Cecilia Castillo
Ms. Rachel Cohen

Inter-American Heart Foundation/ Fundación Interamericana del Corazón

Dra. Eugenia Ramos
Dra. Beatriz Champagne
Dr. Jake Palley

Latin American Association of Pharmaceutical Industries/Asociación Latinoamericana de Industrias Farmacéuticas

Dr. Rubén Abete
Dr. Alfredo Antía

Latin American Federation of the Pharmaceutical Industry/Federación Latinoamericana de la Industria Farmacéutica

Sr. Luis Villalba
Sr. Juan Carlos Trujillo de Hart

Latin American Federation of the Pharmaceutical Industry/Federación Latinoamericana de la Industria Farmacéutica

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Sr. Jose Luis Barrera
Sr. Herlys Gianelli
Sra. Laura Dachner
Sr. Juan Luis García
Sra. Nacia Pupo Taylor
Sra. Lila Feisee

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Ms. Marcela Gaitán

U.S. Pharmacopeia

Mr. Damian Cairatti

REPRESENTATIVES OF NON-STATES ACTORS IN OFFICIAL RELATIONS WITH WHO / REPRESENTANTES DE ACTORES NO ESTATALES EN RELACIONES OFICIALES CON LA OMS

Framework Convention Alliance for Tobacco Control/Alianza para el Convenio Marco para el Control del Tabaco

Mr. Laurent Huber
Ms. Nichelle Gray

International Alliance of Patient Organizations/ Alianza Internacional de Organizaciones de Pacientes

Ms. Penney Cowan
Mr. Syed Hussain Jafri

International Federation of Medical Students' Associations/Federación Internacional de Asociaciones de Estudiantes de Medicina

Dr. Ivan Fabrizzio Canaval Díaz
Mr. Manuel Mendive Espalter
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International Federation of Pharmaceutical Manufacturers Associations/Federación Internacional de la Industria del Medicamento

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PAN AMERICAN HEALTH ORGANIZATION/
ORGANIZACIÓN PANAMERICANA DE LA SALUD

Director and Secretary ex officio of the Conference/Directora y Secretaria ex officio de la Conferencia

Dr. Carissa F. Etienne

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Deputy Director
Directora Adjunta

Dr. Jarbas Barbosa da Silva Jr.
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Advisors to the Director/Asesores de la Directora *(cont.)*

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