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FINAL REPORT

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FINAL REPORT

Opening of the Session

1. The 57th Directing Council, 71st 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 30 September to 4 October 2019.
2. Dr. Duane Sands (Minister of Health, Bahamas, outgoing President) opened the session and welcomed the participants. Opening remarks were made by Dr. Sands, Dr. Carissa Etienne (Director, Pan American Sanitary Bureau), Hon. Alex M. Azar II (Secretary of Health and Human Services, United States of America), and Dr. Tedros Adhanom Ghebreyesus (Director-General, World Health Organization). Their respective speeches may be found on the webpage of the 57th Directing Council.¹
3. The Director, noting the devastation caused recently by Hurricane Dorian in the Bahamas, expressed her condolences to the country's Government and people. Numerous delegates also expressed their Governments' condolences and affirmed their solidarity with and support for the people of the Bahamas.
4. The Directing Council observed a minute of silence in remembrance of those whose lives had been cut short by Hurricane Dorian.

Procedural Matters

Appointment of the Committee on Credentials

5. Pursuant to Rule 31 of the Rules of Procedure of the Directing Council, the Council appointed Honduras, Saint Vincent and the Grenadines, and Suriname as members of the Committee on Credentials (Decision CD57[D1]).
6. The Committee subsequently presented two reports, after reviewing the credentials submitted by the delegations in attendance. Several delegations noted that, in accordance with Resolution 1117 (2200/19) of the Permanent Council of the Organization of American States (OAS), their Governments did not recognize the regime of Nicolás Maduro and that the accreditation of representatives of the Maduro administration should not be interpreted as a tacit recognition of the legitimacy of that regime or of its representatives. Other delegations indicated that, as a technical organization, PAHO should remain focused on protecting public health in the Region.
7. The Delegate of Cuba reported that members of the delegation from the Ministry of Health had not been able to obtain visas to enter the United States, and, therefore, could not attend the session. He called for the adoption of the necessary measures to ensure respect for the right of all Member States to participate in the sessions of the Organization's

¹ The speeches are available at the following website:
https://www.paho.org/hq/index.php?option=com_content&view=article&id=15326:57th-directing-council&Itemid=40507&lang=en.

Governing Bodies, including the possibility of relocating PAHO Headquarters to a country that would guarantee that right.

8. The Hon. Robert Browne (Saint Vincent and the Grenadines, President of the Committee on Credentials) explained that, in reviewing the credential, the Committee had taken into consideration that PAHO was a specialized organization of the inter-American system, but had also noted that, under its agreement with the Organization of American States, PAHO had full autonomy from the OAS. The Committee had also taken into account that, under its agreement with the World Health Organization, Pan American Sanitary Bureau (PASB) served as a Regional Office of WHO and the PAHO Directing Council was deemed to be the Regional Committee of the World Health Organization for the Americas. In light of that fact, and because PAHO was an integral part of WHO, which in turn was a specialized agency of the United Nations, the Committee on Credentials had been guided by the position of WHO and the United Nations in recognizing the credentials presented by the Permanent Mission to the United Nations of the Bolivarian Republic of Venezuela in New York.

9. The Directing Council approved the reports of the Committee on Credentials.

Election of Officers

10. Pursuant to Rule 16 of the Rules of Procedure of the Directing Council, the Council elected the following officers (Decision CD57[D2]):

<i>President:</i>	Costa Rica	(Dr. Daniel Salas)
<i>Vice President:</i>	Jamaica	(Hon. Christopher Tufton)
<i>Vice President:</i>	Paraguay	(Dr. Julio Mazzoleni Insfrán)
<i>Rapporteur:</i>	Dominican Republic	(Dr. Rafael Sánchez Cárdenas)

11. 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.

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

12. 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 145 to 151 below).

Establishment of the General Committee

13. Pursuant to Rule 32 of the Rules of Procedure, the Council appointed Cuba, El Salvador, and the United States of America as members of the General Committee (Decision CD57[D3]).

Adoption of the Agenda (Document CD57/1, Rev. 2)

14. The Directing Council adopted the agenda proposed by the Director (Document CD57/1, Rev. 2), with one change: the addition of an item entitled “Potential Health Effects of Sargassum.” The Committee also adopted the program of meetings (CD57/WP/1) (Decision CD57[D4]).

Constitutional Matters***Annual Report of the President of the Executive Committee (Document CD57/2)***

15. Mr. Michael Pearson (Canada, 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 2018 and September 2019, highlighting the items that had been discussed by the Committee but not sent forward for consideration by the 57th 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 Investigations Office, the Office of Internal Oversight and Evaluation Services, and the PAHO Audit Committee; a report on projects being carried out under the Master Capital Investment Fund; amendments to the PASB Staff Regulations and Rules; a report on human resources management and staffing statistics; a statement by a representative of the PAHO/WHO Staff Association; and a review of 12 non-State actors seeking a renewal of their status as organizations in official relations with PAHO. Details may be found in the report of the President of the Executive Committee (Document CD57/2).

16. The Director expressed thanks to the President for his skill and good humor in conducting the discussions of the Executive Committee during its 164th Session.

17. The Council also thanked the President and 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 CD57/3, Rev. 1)

18. The Director introduced her annual report,² the theme of which was “Advancing the Sustainable Health Agenda for the Americas 2018-2030.” The report described the work undertaken by the Bureau to support Member States in implementing the Sustainable Health Agenda for the Americas (SHAA2030),³ which is the Organization’s roadmap for achieving the health-related goals of the 2030 Agenda for Sustainable Development. It is also the means of tailoring the Sustainable Development Goals to the situation and realities of the Americas, which remains one of the most inequitable regions in the world.

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=50694-cd57-div-6-e-annual-report-director&category_slug=cd57-en&Itemid=270&lang=en.

³ See Document CSP29/6, Rev. 3 (2017).

19. Persistent health inequities were largely the result of social, economic, environmental, and other determinants of health. In championing the reduction of health inequities over the years, the Bureau had worked diligently with Member States to implement a number of relevant interventions, including the development of the regional Strategy for Universal Access to Health and Universal Health Coverage⁴ in 2014 and the establishment of the Commission on Equity and Health Inequalities in the Region of the Americas in 2016 and the High-Level Commission on Universal Health in the 21st Century: 40 Years of Alma-Ata in 2018. The high-level meeting of the United Nations General Assembly on universal health coverage, held in September 2019, immediately before the 57th Directing Council, had offered an opportunity for PAHO Member States and the Bureau to emphasize to a global audience that access for all to quality, comprehensive health services was as important as coverage and to justify PAHO's use of the term "universal health" to encompass those two important components.

20. In line with the 11 goals of SHAA2030, the first six of which relate directly to universal health and the core components of health systems, strengthening of health systems had been a major focus of the Bureau's work during the reporting period. Particular emphasis had been placed on strengthening the primary health care (PHC) approach. The Regional Compact on Primary Health Care for Universal Health: PHC 30-30-30, launched in April 2019, sought to reduce barriers to health access by at least 30% and to increase funding for primary health care by 30%, both by 2030.

21. Access to essential vaccines, medicines, and other health technologies remained a critical priority for the Bureau. Accordingly, the PAHO Revolving Fund for Strategic Public Health Supplies and the PAHO Revolving Fund for Vaccine Procurement continued to be vital pillars of PAHO's technical cooperation. Another priority was strengthening information systems for health in order to ensure the availability of accurate, timely, disaggregated health information, which was essential in order to identify groups in conditions of vulnerability and ensure that no one was left behind.

22. In response to the increased likelihood and severity of disease outbreaks, emergencies, and disasters—which were due in large part to climate change—the Bureau had worked with Member States to heighten epidemiological surveillance, strengthen immunization programs, and enhance national core capacities for the implementation of the International Health Regulations. Communicable diseases remained priorities for attention, and the Bureau had continued to strengthen efforts towards the elimination of selected diseases and the termination of epidemics. The Bureau had also continued its work in the area of prevention and control of noncommunicable diseases (NCDs), focusing its technical cooperation on reducing NCD risk factors, promoting enabling environments that made the healthy choice the easy choice, and encouraging multisectoral and whole-of-society approaches that addressed the various determinants of health.

23. Of course, some challenges had arisen during the reporting period, including resource constraints, which had led to reductions in health budgets and programs and to difficulties in sustaining successful technical cooperation initiatives. Changes in national

⁴ See Document CD53/5, Rev. 2 (2014).

political administrations had sometimes resulted in adjustments in national policies that threatened or negatively impacted health gains.

24. The Director concluded by noting that strong traditional and non-traditional partnerships remained critical to achieving the Region's priority health goals. While there had unquestionably been some fracturing of the principle of regional solidarity, she firmly believed that all PAHO Member States remained committed to moving forward together for the health of the Region.

25. In the ensuing discussion, delegates thanked the Director for her report and her leadership and expressed gratitude to the Bureau for its support for their countries' efforts to confront public health challenges and achieve the health-related Sustainable Development Goals. Numerous delegates highlighted the health challenges related to climate change and applauded the Bureau's support for efforts to deal with those challenges. Attention was drawn to the effects that hurricanes and other extreme weather events had on mental health, and it was emphasized that the new regional strategy on health, environment, and climate change should take account of the mental health threats associated with disasters.

26. Delegates also underscored the importance of strengthening primary health care in order to achieve universal health coverage and described some of the steps their countries had undertaken to that end. It was pointed out in that regard that effective coverage meant not just nominal or financial coverage, but timely and equitable access to quality services. The importance of encouraging collaboration and the sharing of knowledge and successful experiences was highlighted. In order to take advantage of the expertise existing in Member States, the Bureau was encouraged to designate more collaborating centers, ensuring that the designation process was transparent.

27. Several delegates stressed the importance of promoting healthy habits, including physical activity and healthy diet. The need to discourage unhealthy habits such as tobacco use was also emphasized. At the same time, it was recognized that disease prevention and health promotion required multisectoral action to address economic, social, and environmental determinants of health. Several delegates drew attention to the need for adequate numbers of appropriately trained health workers, without which the goal of universal health coverage could not be achieved.

28. Concern was expressed about the unprecedentedly low level of payment of assessed contributions (see paragraphs 145 to 151 below), which had placed the Organization in a situation of significant financial risk. Delegates stressed the need to continue supporting the Organization in order to safeguard the public health gains made in the past and to achieve the health-related Sustainable Development Goals. Member States were urged to pay their assessed contributions in a timely manner.

29. The Director commended Member States on their efforts to strengthen health systems based on primary health care and for their commitment to achieve the goals they had set under SHAA2030 and the PAHO Strategic Plan. She also expressed gratitude to the Bureau staff for their unstinting efforts to advance towards health and well-being for

all peoples in the Region. With regard to the suggestion concerning new collaborating centers, she noted that there was a clear and well-defined process for the designation of such centers.

30. 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 Brazil, Colombia, and Panama (Document CD57/4)

31. The Directing Council elected Costa Rica, Haiti, and Mexico to membership on the Executive Committee for a period of three years and thanked Brazil, Colombia, and Panama for their service (Resolution CD57.R8).

Program Policy Matters

Strategic Plan of the Pan American Health Organization 2020-2025 (Official Document 359 and Add. I)

32. Mr. Michael Pearson (Representative of the Executive Committee) reported that the Executive Committee had reviewed an earlier version of the proposed Strategic Plan 2020-2025. The Committee had been pleased to note the revisions made to the document since the March session of the Subcommittee on Program, Budget, and Administration, in particular the inclusion of more detail on vector-borne diseases and the greater emphasis placed on gender-related considerations. The importance of sustained effort to address gender, social, and cultural barriers that limited access to quality health services, particularly sexual and reproductive health services, had been stressed. Members had also applauded the Plan's recognition of the importance of the issues of climate change and migration.

33. With a view to reaching consensus on still pending language in some outcome scope statements, the Committee had decided to set up a working group. The working group had succeeded in reaching agreement on the amendments proposed to various paragraphs of the scope statements for outcomes 8, 14, and 26. Although the group had agreed to several amendments to paragraph (d) of the scope statement for outcome 8, it had not reached consensus on a proposal to add the phrase "in particular where existing market mechanisms fail to provide incentives for research and development" at the end of that paragraph.

34. The Executive Committee had adopted Resolution CE164.R18, recommending that the Directing Council approve the Strategic Plan 2020-2025 as revised by the working group and in the light of any further comments submitted by Member States prior to 15 July. The Committee had also agreed that, if necessary, a virtual meeting could be held to continue the discussions. A virtual meeting of the Committee had subsequently been convened to discuss various changes proposed by the United States, along with some format and wording modifications proposed by the Bureau.⁵ Most of the proposed changes

⁵ The report of the virtual meeting may be found in Annex D of the final report of the 164th Session of the Executive Committee, Document CE164/FR (2019).

had been approved, in some cases with slight modifications suggested during the virtual meeting. All approved changes had been incorporated in the version of the Strategic Plan submitted to the Directing Council (*Official Document 359*).

35. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) recalled that the process of developing the new Strategic Plan had begun a year and a half earlier. He thanked the members of the Strategic Plan Advisory Group (SPAG) for their hard work on the document, noting that special thanks were due to Panama and Bahamas for their leadership as Chair and Vice Chair, respectively, of the SPAG. The document had been amply discussed by Member States and, while it might not be perfect, he believed it was the best possible result of the collective development process.

36. The context for the development of the new Strategic Plan had been somewhat different than in the past, as the strategic priorities had already been established in the Sustainable Development Goals (SDGs) and the Sustainable Health Agenda for the Americas 2018-2030 (SHAA2030). The Strategic Plan would be the principal means of implementing the Sustainable Health Agenda, and the Agenda's 11 goals would be directly adopted as regional outcomes under the Plan. The Strategic Plan was also aligned with the strategic orientations of the WHO Thirteenth General Program of Work (GPW13) and its impact framework, although the "triple billion" targets of GPW13 had not been considered integral to the new Strategic Plan, as those targets reflected work already under way in the Region with regard to universal health coverage, emergency response, and healthier populations.

37. The theme of the Plan was "equity at the heart of health." The strategic orientations and technical priorities included taking a more integrated approach to technical cooperation; enhancing technical cooperation at country level; mainstreaming equitable, gender-sensitive, and culturally sensitive approaches to health within a human rights framework; ensuring a rapid⁶ and effective response to disasters and health emergencies; maintaining health gains while striving for further progress, as expressed in the Plan's ambitious health impact and outcome targets; strengthening information systems for health and the production of data and evidence; and coordinating the response to cross-border health issues.

38. A total of 28 impact indicators and 99 outcome indicators were proposed. The indicators were drawn from a broad pool of impact and outcome indicators arising from existing global and regional mandates, plus some new indicators. A compendium of indicators, with technical details on all indicators, had been drawn up and was available on the PAHO website. The PAHO-adapted Hanlon method had been used to prioritize the technical outcomes at country level. The Plan included an updated health needs index, which had been used to identify key countries for technical cooperation and to calculate the needs-based component of the new PAHO budget policy (see paragraphs 57 to 63 below).

⁶ See Document CD55/7 and Resolution CD55.R2 (2016).

39. Noting that the participants in the virtual meeting of the Executive Committee had requested the Bureau to revise the language of a footnote that defined the term “structural inequalities,” Mr. Chambliss reported that the Bureau had conducted a thorough examination but had not been able to find a suitable agreed definition in any United Nations resolutions. The footnote had therefore been deleted.

40. The Directing Council expressed solid support for the new Strategic Plan and thanked the SPAG for its work, extending special thanks to Panama and Bahamas for their leadership of the Group. The Council also thanked the Bureau for its support for the SPAG and its efforts to ensure extensive Member State involvement in the development of the Plan. Delegates welcomed the Strategic Plan’s focus on equity and its incorporation of the four cross-cutting themes of equity, gender, ethnicity, and human rights. The Plan’s attention to climate change and its effects on health was also applauded. The Bureau was encouraged to ensure that initiatives related to health, climate, and gender were responsive to the needs of women and girls and those of vulnerable populations. The Bureau was also encouraged to take steps to ensure that every Member State conducted at least one health equity study during the period covered by the Plan, as such studies would be needed to be able to measure progress on the first impact indicator, reduction of within-country health inequalities.

41. A delegate noted with satisfaction that the Plan acknowledged the serious health challenges associated with the phenomenon of migration and urged that priority be given to activities aimed at strengthening epidemiological surveillance and ensuring a continuous supply of vaccines. Another delegate, while appreciating that access to affordable, safe, and quality medicines, diagnostics, and vaccines was a priority in the Region, stressed that care must be taken not to undermine the innovation engine that would ensure the development of new products.

42. Delegates were pleased that the indicators for the Plan had been selected from already existing reporting frameworks, thereby lightening the reporting burden for countries. One delegate was especially pleased that the Plan included an indicator relating to the percentage of public expenditure for health allocated to the first level of care. The Bureau was asked to help countries build their capacity to calculate three key indicators of health and well-being: healthy life expectancy, mortality amenable to health care and unconditional probability of premature death. A representative of a non-State Actor (NSA) suggested that indicators should be devised to track the harm to health and the number of lives lost as a result of climate change-related phenomena and environmental pollution. Another NSA representative regretted the lack of a specific indicator related to leishmaniasis, which he feared might weaken regional efforts to eliminate the disease.

43. Support was expressed for the Plan’s emphasis on results-based management, risk management, and the promotion of partnerships and stakeholder engagement, especially with the private sector. A delegate suggested that, in order to enhance results-based management and accountability, annual reports should be presented, describing not only the activities undertaken with the resources allocated, but also the results and impact of those activities. It was pointed out that insufficient resources and declining investment in health were potential risks to the achievement of the targets of the Plan. Member States

were urged to meet their financial obligations to the Organization through timely payment of their assessed contributions. At the same time, the Bureau was encouraged to explore innovative methods of cooperation, including partnership opportunities with the private sector, international financial institutions, philanthropic organizations, and other donors.

44. The new health needs index was seen as an innovative means of measuring health needs based on the principles of equity and Pan American solidarity. While it was acknowledged that some countries required greater support in order to close health and equity gaps, it was pointed out that Member States not identified as key countries would continue to require support in order to meet the targets set for 2030.

45. Mr. Chambliss, welcoming the expressions of support for the new Strategic Plan, said that the Bureau had taken note of the comments regarding the need for ongoing support to close equity gaps in all countries, not just the key countries. It had also noted the call for regular reports on progress, which would be provided.

46. The Director expressed gratitude to the SPAG members for their clear vision and their commitment and tenacity in developing the new Strategic Plan. She believed that the Plan was well grounded in evidence and sufficiently robust and ambitious to direct the efforts of the Bureau and Member States aimed at achieving the targets of both the Strategic Plan and the Sustainable Health Agenda for the Americas. It was important for Member States and the Bureau to join forces and work together to address inequalities and improve the lives of persons living in conditions of vulnerability so that by 2025 the Americas would have achieved greater equity, with significant health gains for all countries of the Region.

47. The Directing Council adopted Resolution CD57.R2, approving the PAHO Strategic Plan 2020-2025.

Program Budget of the Pan American Health Organization 2020-2021 (Official Document 358, Add. I and Add. II)

48. Mr. Michael Pearson (Representative of the Executive Committee) reported that the Executive Committee had been informed that the proposed Program Budget 2020-2021 called for a budget of \$620 million⁷ for base programs. The total amount of flexible funding was expected to be around \$360 million, and the projection for voluntary contributions was around \$160 million. It would therefore be necessary to raise an additional \$100 million to fill the remaining funding gap. Accordingly, the Bureau had proposed three budget scenarios for consideration: under scenario 1 there would be no increase in assessed contributions, while under scenarios 2 and 3, assessed contributions would rise by 3% and 6%, respectively.

49. In the Committee's discussion of the proposal, delegates had noted that their contributions would increase, in some cases substantially, as a result of the adoption of the new OAS scale of assessments (see paragraphs 64 to 66 below). They had also noted that the increases would occur not only in 2021, but also in the 2022-2023 biennium and had stated that, consequently, their Governments could not accept any increase in their assessed

⁷ Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

contributions to PAHO. It had been recognized that a zero nominal growth policy created serious challenges for the Bureau. It had also been acknowledged that there had been no increase in assessed contributions for six years and that such a situation was not sustainable. PASB's efforts to identify efficiencies, stretch resources, and prioritize cooperation activities had been applauded.

50. The Committee had requested the Bureau to provide additional information on the programmatic and administrative implications of a zero increase in assessed contributions under scenario 1, versus a 3% increase under scenario 2. On the understanding that such information would be provided in advance of the 57th Directing Council, the Committee had adopted Resolution CE164.R8, recommending that the Directing Council approve the proposed program budget. The Committee had also adopted Resolution CE164.R9, recommending that the Directing Council establish the assessed contributions of Member States, Participating States, and Associate Members in accordance with scenario 1, with no increase in total assessed contributions.

51. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) introduced the proposed program budget, noting that it would be the first biennial program budget under the new PAHO Strategic Plan 2020-2025 (see paragraphs 32 to 47 above). The proposal defined the health outcomes and outputs to be achieved collectively by the Bureau and Member States during the 2020-2021 period and established a budget to achieve these results. The prioritization of outcomes, which would influence budget allocations, followed the priorities established by Member States for the entire period of the new Strategic Plan. Hence, unlike in the past, prioritization exercises would not be conducted every two years during the period. An innovation in the program budget proposal for 2020-2021 was the addition of country pages that included a brief analysis of the health situation in each country, key PAHO/WHO interventions in the country, and the top tier prioritization results for the country.

52. The overall proposal was for \$650 million, including \$620 million for base programs and \$30 million for non-base programs. The amount for base programs was essentially the same as in 2018-2019, but the overall proposal represents a 3.8% decrease. Mr. Chambliss pointed out that, in an integrated budget environment, the term "budget" did not refer to actual funds, but to empty fiscal space. It could be thought of as a bucket or envelope that must be filled with money. The money needed to fill the bucket would come from an estimated \$360 million in flexible funding—an amount that reflected no increase in net assessed contributions—and around \$160 million in voluntary contributions, leaving a funding gap of approximately \$100 million. While the WHO allocation to the Region would increase by \$25.7 million, rising from \$190.1 million in 2018-2019 to \$215.8 million in 2020-2021, historical trends indicated that only about \$140 million would actually be received.

53. As requested by the Executive Committee, the Bureau had produced an analysis of the consequences of no increase in assessed contributions. That analysis was presented in Annex A of *Official Document 358*. The Bureau considered that an increase was justified for a number of reasons: first, PAHO assessed contributions had not increased since the 2012-2013 biennium, and while Member States had approved a 3% increase in WHO

assessed contributions in 2018-2019, none of that increase had been transferred to PAHO. In addition, an increase in assessed contributions was necessary in order to implement the new budget policy (see paragraphs 57 to 63 below); strengthen activities at country level and ensure adequate funding for all key countries; support underfunded strategic priorities that were heavily reliant on flexible funding, such as prevention and control of noncommunicable diseases and reduction of maternal mortality; maintain health gains; provide catalytic funding for activities and countries, such as middle-income countries, that were not typically covered by voluntary contributions; increase funding to PAHO's chronically underfunded work on human resources for health in countries; increase funding for cholera surveillance in Haiti and compensate for decreasing voluntary contributions; and offset inflation costs, including staff costs. In the absence of an increase, it would be difficult or impossible to do many of those things.

54. In the discussion that followed, a delegate expressed support for the program budget proposal and welcomed the commitment to transparency and accountability evidenced therein. She called on Member States to pay their assessed contributions for 2020 and 2021 in a timely manner and to settle any arrears due for previous biennia in order to avoid any negative impact on the Organization's ability to fully implement the program of work.

55. The Director, thanking Member States for their participation in the bottom-up process of developing the program budget, said that, without an increase in assessed contributions, it would not be possible to deliver results at an optimum level in some areas. Nevertheless, she wished to assure the Council that the Bureau would continue to prioritize its work with countries to the greatest extent possible.

56. The Directing Council adopted Resolution CD57.R5, approving the PAHO Program Budget for 2020-2021 as outlined in *Official Document 358*. The Council also adopted Resolution CD57.R6, establishing the assessed contributions of Member States, Participating States, and Associate Members, with no increase with respect to the 2018-2019 biennium.

PAHO Budget Policy (Document CD57/5)

57. Mr. Michael Pearson (Representative of the Executive Committee) reported that the Executive Committee had supported the proposed new budget policy, which had been considered objective and evidence-based, but also sufficiently flexible to allow the Bureau to respond to emergencies and to changing practical and political considerations. The Committee had been of the view that the new health needs index would better reflect health inequalities in the region. Members had welcomed the escape clause as a means of ensuring that the countries with the greatest needs would not be adversely affected by reduced investment. Members had also welcomed the fact that the country and subregional levels would receive 45% of total allocations under the new policy. The Committee had expressed support for the proposed phased approach to the implementation of the policy and for the 10% cap on changes in national budget allocations.

58. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) outlined the features of the new budget policy, noting that it would cover the same period

as the PAHO Strategic Plan 2020-2025. The evaluation of the previous budget policy, adopted in 2012, had indicated that the policy had become less relevant following the introduction of an integrated budget approach for the 2016-2017 biennium. The new policy would apply to the total budget, whereas the 2012 policy had applied only to the regular budget, a concept that was no longer in use. The guidance and input of the Strategic Plan Advisory Group in the development of the policy were greatly appreciated.

59. The core formula under the new policy was based on a 25% floor component composed of staff and general operating expenses; a 50% needs-based component using the new health needs index; a 20% resource mobilization component; and a 5% variable component. The needs-based component used the new health needs index included in the Strategic Plan for 2020-2025 (see paragraphs 32 to 47 above). The Sustainable Health Index Expanded Plus (SHIe+) comprised six main dimensions, which were the dimensions that had been deemed most appropriate for the estimation of health needs based on indicators of health and health determinants.

60. The resource mobilization component was an innovation in the budget policy formula. As initial scenarios resulting from the application of the formula would have entailed some unrealistic budget allocations for countries that had historically struggled to mobilize voluntary contributions, the resource mobilization component adjusted budget ceilings to reflect the demonstrated ability of the Bureau to fund country budgets. The variable component would allow the Director to adjust the budget strategically in response to economic, social, political, or health-related events. An escape clause would enable the Bureau to adjust budget allocations manually, as long as this was done in a transparent manner and with Member State agreement. Any upward or downward changes in budget allocations by country would be capped at 10% per biennium.

61. In the ensuing discussion, delegates expressed support for the new health needs index and the new budget policy, praising the policy's flexibility and the fact that it would allow the Bureau to respond to political and practical considerations in determining budget levels and to manually adjust budgets as necessary. A delegate particularly welcomed the transparency and accountability built into the policy by the requirement that any such adjustments must be reported to the Governing Bodies. Another delegate, referring to the variable component of the policy, emphasized the need for greater efforts to address emergency situations in countries. It was considered that the policy's balancing components would ensure that countries with the greatest needs were not adversely affected by reduced investment.

62. Mr. Chambliss welcomed the comments made by Member States and thanked those Member States that had dedicated a great deal of time in assisting the Bureau to craft the policy.

63. The Directing Council adopted Resolution CD57.R3, approving the new PAHO Budget Policy.

Scale of Assessed Contributions for 2020-2021 (Documents CD57/6)

64. Mr. Nicolas Palanque (Canada, Representative of the Executive Committee) reported that the Executive Committee had been informed that the proposed scale of assessed contributions for 2020-2021 would be aligned with the new scale of assessments adopted by the Organization of American States (OAS) in 2018. For 2020, that scale would apply the same percentage rates as those in place for 2018 and 2019. However, for 2021 the OAS had modified the percentage calculation, leading to an increase for all OAS Member States, except the United States of America. Accordingly, PAHO's 2019 scale of assessment would be maintained for the 2020 financial period, and the new scale of assessment, based on the 2021 OAS scale, would be applied in 2021. In the Committee's discussion of the new scale, it had been pointed out that the modified OAS scale would have an impact on contributions beyond 2021 as it would also apply to 2022 and 2023. It had also been pointed out that a new scale would entail significant increases in the contributions of some Member States. Several delegates, in the light of the forthcoming increases to their assessed contributions, had stated that their Governments would not be able to support any increase in assessed contributions under the proposed Program Budget for 2020-2021 (see paragraphs 48 to 56 above). The Committee had adopted Resolution CE164.R7, recommending that the Directing Council approve the scale of assessed contributions for 2020-2021.

65. Mr. Dean Chamblis (Director, Department of Planning and Budget, PASB) added that the new scale of assessed contributions would be the first to be approved in the framework of the proposed Strategic Plan for 2020-2025. In keeping with the PAHO Constitution, the Bureau was submitting a scale that aligned with that of the OAS. The Bureau would retain PAHO's 2019 scale of assessments for the 2020 financial period and had developed a 2021 PAHO scale based on the 2021 OAS scale. The actual amounts of assessed contributions to be paid by PAHO Member States, Participating States and Associate Members would be detailed once the total assessed contribution level was determined.

66. The Directing Council adopted Resolution CD57.R4, establishing the scale of assessed contributions for the period 2020-2021.

PAHO Disease Elimination Initiative: A Policy for an Integrated Sustainable Approach to Communicable Diseases in the Americas (Document CD57/7)

67. Mr. Michael Pearson (Representative of the Executive Committee) informed the Directing Council that the Executive Committee had welcomed the disease elimination initiative, applauding the proposed systematic approach to the elimination of communicable diseases. Members had noted that infectious diseases were a global concern that disproportionately impacted resource-constrained communities and populations living in conditions of vulnerability, a situation exacerbated by the phenomenon of migration. The importance of regional collaboration to ensure that people were less vulnerable to disease had been underscored. At the same time, it had been pointed out that implementing the initiative would depend on national capacities, particularly in surveillance and immunization programs. The importance of engaging with civil society and the private

sector had also been highlighted. Members had stressed the importance of strong alignment with existing frameworks and global commitments, such as the WHO Global Measles and Rubella Strategic Plan and the 2030 Agenda for Sustainable Development. The Executive Committee had adopted Resolution CE164.R2, recommending that the Directing Council endorse the PAHO Disease Elimination Initiative.

68. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Environmental Determinants of Health, PASB), noting that the policy document addressed comments and suggestions received from Member States during the 164th Session of the Executive Committee, recalled that PAHO had played a key role in securing important disease elimination achievements in the Americas and globally, including the eradication of smallpox and the elimination of polio, neonatal tetanus, rubella, and congenital rubella syndrome from the Region. Countries in the Americas had achieved substantial reductions in malaria, leprosy, trachoma, lymphatic filariasis, onchocerciasis, mother-to-child transmission of HIV, syphilis, hepatitis B, and Chagas disease. Furthermore, significant advances had been made in containing the adverse impact of soil-transmitted helminthiasis, schistosomiasis, and fascioliasis. However, the job was not yet finished.

69. The policy document presented a corporate approach to disease elimination that targeted more than 30 diseases and related conditions for elimination by no later than 2030. It also provided a novel framework for setting elimination targets. The vision of the elimination initiative was a future free of the burden of the targeted diseases and conditions. The initiative promoted actions that would benefit everyone, but especially populations living in conditions of vulnerability.

70. The centerpiece of the initiative was to ensure that medicines, diagnostics, vaccines, and other commodities were available to everyone throughout the life course. It would promote linkages and synergies within health systems and interprogrammatic and intersectoral collaboration, emphasizing universal health through the first level of care. The initiative sought to achieve economies of scale, boost integration of health services and laboratory networks, and facilitate advocacy, community empowerment, and sustainable health promotion efforts.

71. The Directing Council expressed strong support for the initiative. Delegates commended PASB for its leadership in the elimination of communicable diseases, emphasizing that such diseases were a global concern. Delegates applauded the initiative's alignment with existing frameworks, noting that it would support the attainment of the SDGs and the targets of the Sustainable Health Agenda for the Americas 2018-2030. They welcomed integrated, systematic, and evidence-based approach of the initiative, buttressed by the demedicalization of health care, the use of health intelligence, and an emphasis on best practices and environmental and social determinants of health. It was stressed, however, that action must be tailored to specific country contexts and that evaluations should be conducted to determine what would work in each country. In that connection, a delegate highlighted the need for implementation research as well as operational research, and various delegates expressed their countries' willingness to share successful experiences.

72. Delegates described progress in their countries in combating communicable diseases and thanked PASB for its support in facilitating South-South cooperation and procuring strategic public health supplies for that purpose. They noted some setbacks and challenges, however: two countries had lost their measles elimination status, while others were at risk of doing so, and migration, tourism, and climate change had heightened the risk of introduction or reintroduction of diseases. The need for sustained, integrated efforts to combat diseases associated with social determinants of health—including tuberculosis and vector-borne, waterborne, and neglected tropical diseases—was underscored. The need for greater access to medicines and diagnostic testing materials was also mentioned. Calling for greater intersectoral coordination, including engagement with the private sector, civil society, and faith-based organizations, delegates stressed the need for an ecosystem approach, improved vector management, border health surveillance and cross-border collaboration, strengthened primary health services and immunization programs, and, above all, political will and sustained resource allocation, affirming their countries' commitment to eliminating communicable diseases in order to achieve universal health and ensure that no one was left behind.

73. Dr. Espinal observed that the comments and suggestions made were evidence of Member States' political commitment to advancing the elimination of communicable diseases. Much had been accomplished, but the Region could not rest on its laurels, as much remained to be done. As had been mentioned, the diseases to be eliminated would depend on the national context. The important thing was to finish the job. Otherwise, diseases would return. PASB would work hand in hand with Member States to help them implement the disease elimination initiative.

74. The Director acknowledged the progress of the Member States in tackling communicable diseases and congratulated them for their efforts. She pointed out that the initiative offered an opportunity to achieve greater equity in health, since many of the diseases targeted disproportionately affected the poor and people living in conditions of vulnerability. The mandate of leaving no one behind demanded that those populations be targeted. Member States had highlighted what needed to be done: adopting a multisectoral approach, addressing social determinants of health, and ensuring access to primary health care. Noting that PASB had a platform for engaging researchers in the search for innovative technologies and approaches, she encouraged countries also to stimulate research so that the Region could advance more rapidly towards the elimination of the targeted diseases, while also ensuring sustainability.

75. The Directing Council adopted Resolution CD57.R7, endorsing the PAHO Disease Elimination Initiative.

Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020-2025 (Document CD57/8)

76. Mr. Michael Pearson (Representative of the Executive Committee) reported that the Executive Committee had expressed wholehearted support for the plan of action, which had been seen as timely and relevant. Delegates had considered that the recommended policy actions would help to prevent heart disease and support regional efforts to meet the

SDG target for reducing premature mortality from noncommunicable diseases. Delegates had also believed that the strategic lines of the plan would help countries to develop and implement legal and policy frameworks and monitor and communicate information about the strategies adopted to eliminate industrially produced trans-fatty acids from the food supply. The Committee had adopted Resolution CE164.R3, recommending that the Directing Council approve the plan of action.

77. Dr. Anselm Hennis (Director, Department of Noncommunicable Diseases and Mental Health, PASB) introduced the proposed plan of action, noting that approximately 540,000 deaths each year were attributable to consumption of industrially produced trans-fatty acids, 160,000 of these deaths occurring in the Americas. In 2007, PAHO had convened the Trans-fat-free Americas Task Force, a public-private initiative that led to the adoption of the Declaration of Rio de Janeiro in 2008, in which countries had committed to removing industrially produced trans-fatty acids (IP-TFAs) from the food supply. While significant progress had been made, the goal had not been met, and trans-fatty acids continued to be used in at least 27 of the countries in the Region. An important lesson learned from that experience was that voluntary measures were not sufficient.

78. In 2018, WHO had launched the Replace Action Package, which supported governments in implementing the elimination of industrially produced trans-fatty acids from the food supply through a six-step package. The elimination of IP-TFAs had also been included in the WHO 13th General Program of Work. The regional plan of action had been developed in extensive consultation with Member States and proposed four lines of action aimed at eliminating industrially produced trans-fatty acids from the food supply and raising awareness to educate policy-makers, producers, suppliers, and the public about the negative health impacts of trans-fatty acid consumption and the health benefits to be gained from the elimination of IP-TFAs.

79. Dr. Hennis pointed out that work in public health usually involved policies and interventions to reduce public health risk factors; only rarely were there opportunities to completely eliminate them. The elimination of industrially produced trans-fatty acids was one such opportunity. For the first time, a key risk factor for cardiovascular disease could be eliminated with a relatively straightforward, low cost, one-time policy measure. Eight countries in the Region (Argentina, Canada, Chile, Colombia, Ecuador, Peru, the United States of America, and Uruguay) had led the way with policy actions that confirmed the feasibility of elimination. It was now time to achieve the full elimination of industrially produced trans-fatty acids from the food supply in the Region of the Americas.

80. The Directing Council welcomed the plan of action, with delegates applauding the alignment of the plan with their national health policies to reduce the high burden of noncommunicable chronic diseases. Delegates were pleased to note that the plan was evidence-based and drew on the experiences of countries that had already banned the use of trans-fatty acids in food manufacturing.

81. Delegates described the efforts in their countries to eliminate industrially produced trans-fatty acids from the food supply, noting that technical assistance was needed in drafting the respective legislation and regulations, developing standardized labeling, and

other measures. Several delegates from the Caribbean added that eliminating industrially produced trans-fatty acids was a challenge, due to the limited laboratory capacity and the fact that most food was imported in the subregion. It was pointed out in that connection that producers from countries where IP-TFAs had already been banned from the food supply continued to export products containing trans-fats to small island developing States.

82. While recognizing that eliminating trans-fatty acids produced naturally by ruminants was not an option, delegates agreed on the need to educate policy-makers, planners, and the public about the harmful effects of industrially produced trans-fatty acids. To encourage better-informed eating habits and make the healthier choice the easier choice, they stressed the importance of standardized front-of-package nutrition labeling indicating trans-fat content. There was consensus on the need for an approach involving interaction and advocacy among ministries of health, trade, and manufacturing; public-private partnerships; and regulation and enforcement to meet the targets. One delegate emphasized that the cost of substituting healthy fats for unhealthy fats should not be passed on to the consumer.

83. Dr. Hennis noted the keen interest of Member States in eliminating IP-TFAs, as evidenced by the fact that 37 countries and territories had participated in the consultations on the plan of action. It was clear that everyone agreed on the need to eliminate trans-fats and partially hydrogenated oils from the food supply and to do so quickly, as the benefits were unequivocal. The fact that the issue extended beyond the health sector had been a consistent theme in the discussions on the plan of action, as had the need for regulation, enforcement, education, and health promotion. It was clear that manufacturers and the public had to be part of the solution. There had also been consensus on the need for specific labeling of trans-fatty acid content to make consumers aware of what was in the food they purchased and on the need for measurement to determine whether the intervention was working at the population level. It was obvious that all Member States knew what had to be done and that collaborative efforts were needed to provide technical cooperation to meet the objectives of the plan of action throughout the Region.

84. The Directing Council adopted Resolution CD57.R12, approving the plan of action.

Plan of Action for Strengthening Information Systems for Health 2019-2023 (Document CD57/9, Rev. 1)

85. Mr. Michael Pearson (Representative of the Executive Committee) reported that the Executive Committee had commended the plan of action, considering it a valuable tool in efforts to meet the targets of the Sustainable Development Goals and the Sustainable Health Agenda for the Americas. The Committee had drawn attention to the need to accommodate differences in national situations and to reflect the diversity of health care systems in the Region. The importance of ensuring the availability of timely and high-quality data, maintaining transparency and confidentiality, and safeguarding the right of patients to access their health information had been highlighted. The Committee had also agreed on the importance of compiling data disaggregated by sex, age, and other variables in order to monitor and evaluate the achievement of the targets set. The Committee had

adopted Resolution CE164.R4, recommending that the Directing Council approve the plan of action.

86. Dr. Jarbas Barbosa (Assistant Director, PASB), speaking in his capacity as Interim Director of the Department of Evidence and Intelligence for Action in Health, introduced the proposed plan of action. He noted that the Region was at a complex moment of convergence between, on the one hand, the steady evolution of information technology, with mass availability of data, and, on the other hand, a high degree of uncertainty about the quality, security, and confidentiality of that data. The plan of action was the culmination of a collaborative process among Member States that had commenced in November 2016 during a high-level meeting with the Caribbean countries and had continued in 2017 and 2018 during similar meetings with the Central and South American countries and bilateral meetings with various countries in the Region. The process, which had benefited from input from prestigious universities, collaborating centers, and experts from the Region, had led to the development of a new conceptual model based on needs and conditions in countries.

87. The plan of action was designed to strengthen national information systems and ensure their interconnectivity and interoperability. It was intended to support Member States in introducing new information and communication technologies as part of the digital transformation of their health systems—a key step for the achievement of universal health. Countries had made great strides in improving their information systems for health, and many now had roadmaps and national plans. However, they still faced significant challenges to ensuring reliable, secure, and timely data in the necessary format. Other gaps were related to technology infrastructure and connectivity, primarily in locations where people in situations of greater vulnerability generally resided. In order to meet the Sustainable Development Goals and ensure that no one was left behind, Member States would need to reevaluate their approaches, options, and priorities in data and information management, as well as their interventions. They would also need to disaggregate data by income, sex, age, ethnicity, disability, geographical location, and other relevant national and subnational variables.

88. The plan of action responded to current and emerging needs in the Region and would support progress towards meeting the targets of the 2030 Agenda for Sustainable Development and the Sustainable Health Agenda for the Americas 2018-2030, in alignment with other government initiatives, such as the open data and e-government initiatives.

89. In the ensuing discussion, Member States commended the Bureau for putting forward a comprehensive plan of action aimed at developing interconnected and interoperable information systems that would support evidence-based decision- and policy-making, provide crucial information to health care providers, and help to educate and empower patients. A number of delegates noted the alignment of the plan with their national programs and priorities. Many also highlighted the need for disaggregated data in order to track progress towards the Sustainable Development Goals and ensure that no one was left behind. The importance of building capacity for the use of information and communication technologies was also highlighted. Particular challenges identified were ensuring the confidentiality of data, recruiting and training skilled human resources for

information management, and integrating fragmented information systems. Several delegates recounted experiences in their countries with using the PASB tool for assessing the maturity of information systems for health.

90. Given the challenges created by fragmented systems and data, there was consensus on the need for robust, real-time, interoperable systems with timely, secure, and disaggregated data. Delegates also noted the need for regulatory frameworks, improved data management and governance, data-sharing and portability, and intersectoral coordination, all leading to information systems for health that would enhance patient care and provider coordination without creating undue administrative burdens. To that end, it was suggested that health care providers should be involved in the development of health information systems.

91. Several delegates offered suggestions for improving the plan of action, one of them requesting the inclusion of an estimated budget with projected outputs and timeframes. The same delegate suggested that the term “information systems for health” and various other terms should be defined in the document. Another called for an additional indicator to measure the number of countries reporting disaggregated data for better monitoring of the SDGs.

92. Dr. Barbosa explained that technical specifications would be produced for all indicators, with clear definitions of concepts and a description of the methods of calculation. The resources for implementing the plan of action were spelled out in the annex to the proposed resolution contained in Document CD57/9, Rev. 1, and would be included in the biennial work plan for the coming biennium. He thanked Member States for sharing their experiences in improving their information systems for health, noting that several countries had PAHO/WHO collaborating centers that could serve as a technical assistance network to support the implementation of the plan. Several countries had used the tool for evaluating the maturity of their information systems for health and had identified gaps and established a roadmap for identifying resources to address them. He pointed out that developing information systems for health was not simply a matter of procuring software packages; every country would have to make the best choice for its particular situation.

93. The Director recalled that for years she had listened to Member States ask for support in strengthening their health information systems and had promised that the Bureau would take action, which it had done. In recognition of the immensity of the work required, the issue of information for health had now been elevated to the departmental level within PASB, positioning it at a very high level to take advantage of innovations in the field and opportunities to collaborate with experts and other organizations that dealt with information systems for health. The Bureau would keep the need for interoperability in mind at all times, particularly when dealing with the Region as a whole.

94. She had every hope that Member States would proceed to develop systems that were relevant to their countries, to the decision-making process, and to meeting the objective of leaving no one behind. Accomplishing that would require the disaggregation of data and the recognition that “if we don’t measure it, it doesn’t get done.” The Bureau relied heavily on the work of Member States in that regard and would support them as they

sought to improve their information systems. At the same time, it would also step up its own efforts to conduct more in-depth analyses, using disaggregated data to measure the level of equity, determine who was being left behind, and take appropriate action. It would also innovate to ensure that timely information was available at the click of a button.

95. The Directing Council adopted Resolution CD57.R9, approving the plan of action.

Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030 (Document CD57/10)

96. Mr. Michael Pearson (Representative of the Executive Committee) reported that the Executive Committee had expressed firm support for the proposed strategy and plan of action. Delegates had welcomed the intersectoral and community-based approaches of the strategy and the focus on social determinants of health. It had been pointed out that civil society and the private sector could play a valuable role in advancing work on health determinants and health goals, while ensuring the avoidance of potential conflicts of interest. Delegates had suggested a number of ways in which the strategy and plan of action could be strengthened, including taking a broader, more intersectoral approach, encouraging intercultural and gender perspectives in the analysis of health inequities, and emphasizing the importance of primary health care services and the need for community outreach. The importance of close collaboration with United Nations partners had also been underscored, and the Bureau had been urged to align the strategy and plan of action as closely as possible with the Global Action Plan for Healthy Lives and Well-being for All. The Committee had adopted Resolution CE164.R19, recommending that the Directing Council approve the plan of action.

97. Dr. Luis Andrés de Francisco Serpa (Director, Department of Family, Health Promotion, and Life Course, PASB) said that the proposed strategy and plan of action were based on the principles of primary health care and the Strategy for Universal Access to Health and Universal Health Coverage, the Rio Political Declaration on Social Determinants of Health, the Plan of Action on Health in All Policies,⁸ and the Strategy and Plan of Action on Urban Health.⁹ They incorporated commitments made in the multiple international conferences on health promotion, from Ottawa to Shanghai.

98. The proposal was innovative in that it invited countries to create the conditions for maintaining and promoting health for all, not simply curing disease. It repositioned health promotion at the three levels of government, stressing the importance of the local level in activities to facilitate community and civil society participation, the strengthening of healthy settings, and work to address social determinants with an equity approach. It also addressed the opportunities and challenges of digital communication. The objective of the strategy was to renew health promotion through social, political, and technical action that addressed social determinants of health to improve health and reduce health inequities within the framework of the 2030 Agenda for Sustainable Development. The plan of action

⁸ See Document CD53/10, Rev. 1 (2014).

⁹ See Document CD51/5 (2011).

had two cross-cutting lines, intersectoral action and social participation, for implementation at the national, subnational, local, and community level.

99. For the document to reflect the historical wealth of health promotion experiences in the Region as well as current needs and opportunities, its preparation had involved 31 national consultations in countries and territories, with the participation of health authorities, experts, academics, civil society representatives, and community organizations. A regional consultation had been held in Rio de Janeiro in November 2018. Consultations had also been conducted electronically.

100. The Directing Council welcomed the strategy and plan of action, with various delegates noting its alignment with their national programs and priorities and its emphasis on primary health care and equity. Delegates considered that the proposed interventions would make it possible to tackle social determinants of health and advance towards universal access to health and universal health coverage. They applauded the people-, family-, and community-centered approach of the plan, but noted that its implementation would require recognition of the diversity of populations. The recognition of the importance of environmental determinants of health, including climate change, was also welcomed. Given the high burden of noncommunicable diseases in the Region, delegates underscored importance of shifting the focus in health from curing disease to maintaining health and well-being. One delegate commented that one of the main barriers to accessing health services was health illiteracy; hence, the need to educate the public. In that regard, several delegates described national programs to promote physical activity and healthy diets and encourage people to take responsibility for their own health.

101. Highlighting the need for multisectoral action, delegates called for engagement with local government, civil society, faith-based organizations, the private sector, and academia, while also acknowledging the need to avoid conflicts of interest when engaging with partners. It was considered essential to build a strong evidence base on what action was needed and what measures worked. Delegates noted that ongoing support from PASB would be needed for effective implementation of the plan. It was suggested that a review of the Caribbean Charter for Health Promotion—which had guided health promotion in the Caribbean for 26 years—should be undertaken to determine whether it was still appropriate and relevant.

102. Dr. De Francisco Serpa welcomed the strong support for the strategy and plan of action, affirming that PASB had learned a great deal from the consultations with Member States and had been inspired by the health promotion work being done in countries. He believed the consultations had resulted in a strategy and plan of action that were aligned with the needs of the countries. The Bureau stood ready to offer the necessary technical cooperation for the implementation of the strategy and plan of action. It would also welcome the opportunity to work with Member States in the Caribbean to review the Caribbean Charter for Health Promotion.

103. The Director also welcomed Member States' keen interest in and support for the strategy and plan of action, which were the product of extensive consultations. Noting that she had been part of the group that had drawn up the Caribbean Charter for Health

Promotion under the auspices of PAHO, she agreed that the document might be due for review. The Americas had a long history of engagement with the health promotion strategy and had been a leader in its implementation in the late 1980s and the 1990s. The Region had thus accumulated a number of best practices, but unfortunately, they had not been adequately emphasized. The strategy and plan of action offered an opportunity to revisit those best practices and adopt many new ones that had since emerged, including the emphasis on health in all policies and the whole-of-government and healthy cities approaches.

104. The mandate of the Organization on universal access to health and universal health coverage required that it strengthen the health promotion strategy, including through the healthy settings approach, an emphasis on civil society and community participation and the institutionalization of mechanisms to ensure active participation, and multisectoral and intersectoral action. The Bureau would work with all Member States across the Region to ensure that people were at the center of PAHO's work, that no one was left behind, and that everyone was engaged in working towards universal access to health and universal health coverage.

105. The Directing Council adopted Resolution CD57.R10, approving the strategy and plan of action.

Strategy and Plan of Action on Donation and Equitable Access to Organ, Tissue, and Cell Transplants 2019-2030 (Document CD57/11)

106. Mr. Michael Pearson (Representative of the Executive Committee) reported that the Committee had welcomed the proposed strategy and plan of action and expressed support for the strategic lines of action as a means to increase the availability of transplants, improve the regulation and performance of donation and transplantation systems, and help protect populations from unethical practices and human rights abuses such as organ trafficking and transplant tourism. The importance of public awareness-raising and education to increase organ, tissue, and cell donation to meet national transplant needs had been highlighted, as had the need to ensure timely availability of post-transplant medicines. The Executive Committee had adopted Resolution CE164.R10, recommending that the Directing Council approve the strategy and plan of action.

107. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) introduced the strategy and plan of action, noting that, despite their proven cost-effectiveness, transplant procedures were still not accessible to many populations that needed them. Moreover, the capacity to perform transplants varied widely in the Region. In the majority of countries, national programs were insufficiently developed, skilled human resources were unavailable or in need of training, and legislation was not up to date. The high cost of procedures and maintenance therapies, coupled with inadequate coverage and financial protection, were major barriers within health systems, resulting in significant inequities in access to transplantation services. This, in turn, predisposed the Region to a serious risk of organ trafficking and transplant tourism.

108. The proposed strategy and plan of action sought to address those issues, focusing on two key areas: first, the promotion of voluntary, nonremunerated donation, with a view to increasing the availability of cells, tissues, and organs for transplantation in the Region, and, second, strengthening of the governance, stewardship, and capacities of national health authorities to increase equitable access to such therapies. It was important to note that the proposal was based on the principles and guidelines developed and adopted by the United Nations, WHO, and PAHO, with input from stakeholders such as the Ibero-American Network/Council for Donation and Transplantation. The document provided a roadmap for the Region to address the priorities of Member States in the area of organ donation and transplantation and a guide for the cooperation of PASB.

109. The Directing Council welcomed the strategy and plan of action, which was considered highly relevant, particularly given the rise in chronic kidney disease and other pathologies that constituted a death sentence without transplantation. Delegates described the situation of their countries' organ, tissue, and cell donation and transplantation and their efforts to improve it, noting the need for technical cooperation and financing. They commended the Bureau for its visionary approach, and affirmed that countries would benefit from the standardization of criteria and the technical support arising from the four strategic lines of action of the plan of action. Given the growing demand for organ, tissue, and cell transplants, delegates stressed the need to educate both policy-makers and the public in order to promote voluntary, nonremunerative donation, as well as ethical principles, equitable access to transplants, and quality transplantation procedures. It was considered that the strategy and plan of action would help to strengthen regulatory frameworks and reduce organ trafficking and transplant tourism, which tended to target populations in conditions of vulnerability.

110. Dr. Fitzgerald thanked Member States for their expressions of support for the strategy and plan of action, noting that their commitment and participation in the development of the strategy and plan of action had led to consistency in the proposed approach. Accelerating progress would require a focus on four main areas: national programs; infrastructure development, particularly at the tertiary care level; qualified human resources; and financing. With regard to the latter, it was important to point out that, in the face of the rising prevalence of refractory kidney disease, kidney transplantation was not only cost-effective but cost-saving. That was an important message to get across, given that the costs involved in scaling up donation and transplant services could seem daunting to decision-makers.

111. In terms of capacity, one of the most important things highlighted by Member States had been the process for institutionalizing efforts, working within ministries of health and across other sectors to develop the capacity required to scale up donation programs and the services required for transplantation. Delegates had also highlighted the value of cooperation among countries in this area. Indeed, a regionalized approach, with sharing of information and an effective referral process, could be useful, especially for the small island States of the Caribbean, but also in subregions such as Central America, where work between countries had already helped to scale up capacity for service delivery.

112. The Council adopted Resolution CD57.R11, approving the strategy and plan of action.

Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery 2020-2025 (Document CD57/12)

113. Hon. Jeffrey D. Bostic (Barbados, Alternate Representative of the Executive Committee) reported that the Committee had voiced strong support for the proposed strategy and plan of action and welcomed its people-centered and rights-based approaches. Member States had been encouraged to utilize the plan of action to improve access to high-quality health care services and produce better health outcomes. There had been general agreement on the need to improve quality of care, without which it would not be possible to achieve universal access to health and universal health coverage. It had also been agreed that a comprehensive, cross-cutting approach was needed. The need to take account of user perceptions as well as technical considerations had also been emphasized.

114. Delegates had requested several edits to the language of the strategy and plan of action and to the proposed resolution in order to clarify how the word “rights” was used in the document, to better reflect the ambitiousness of the plan and the extent of the work required to meet the targets, and to accommodate differences in the structure of national health systems. The proposed resolution had been amended to reflect the suggestions made during the discussion, and the Executive Committee had subsequently adopted Resolution CE164.R12, recommending that the Directing Council approve the strategy and plan of action.

115. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) recalled that, in 2014, Member States had approved the Strategy for Universal Access to Health and Universal Health Coverage, resolving to move forward in the expansion of access to quality comprehensive health services consistent with health needs and service capacity. Problems with quality of care in health service delivery in the Americas directly impacted access to health services and health outcomes. That was especially true of populations in conditions of vulnerability. An estimated 1.2 million deaths could have been avoided in the Region during the period 2013-2014 had health systems had the capacity to offer accessible, quality, and timely services.

116. In 2015, quality experts from more than 30 countries in the Region had examined advances in the Region and concluded that there was a need to renew the approach to quality of care, transitioning from fragmented approaches toward a new, more comprehensive systemic approach. The strategy proposed priority interventions to improve quality in the delivery of care at the point of service, while at the same time addressing complex determinants of quality within the organization, governance, and management of health care delivery systems. This systems approach to quality was consistent with recommendations and guidance in recent global reports published by WHO, the World Bank, and other institutions and bodies, including the Lancet Global Health Commission on High Quality Health Systems.

117. In the ensuing discussion, delegates commended the Bureau on the strategy and plan of action, which were consistent with their national policies and reflected their commitment to quality in health care and the achievement of universal health. It was pointed out that quality in health care delivery was characterized by timeliness, effectiveness, efficiency, equitable access, and people-, family-, and community-centered care. Improving quality implied promoting leadership, innovation, and commitment to ethical values. One delegate noted the importance of a non-punitive approach in order to promote best practices that would be sustainable and yield a positive impact. She also highlighted the need for effective communication and the ongoing proactive involvement of managers and staff at all institutional levels to ensure quality management.

118. Delegates applauded the emphasis on the first level of care and on social determinants of health in the strategy. They described their countries' efforts to improve quality of care in health service delivery throughout the life course, highlighting advances in areas such as legislation, governance, coordination, health information systems, and the accreditation of health facilities. Several delegates noted the importance of including the perspective of the patient in the determination of quality. The need for quality monitoring and evaluation guidelines was also noted.

119. Delegates cited a number of challenges to improving the quality of care, including governance, human resources development, and financing strategies, with several requesting PASB technical support in those areas. Some concern was expressed that the plan of action might be too ambitious for implementation in just five years.

120. Dr. Fitzgerald observed that comments of the Member States reflected the paradigm shift that had taken place, with countries moving from the objective of quality in the delivery of care at the point of service towards the much more holistic mission and goal of a health system designed to improve health outcomes. The attributes of quality, safety, effectiveness, efficiency, timeliness, and equity had been repeatedly highlighted in the consultations on the strategy and plan of action, as had the need for a highly effective first level of care capable of providing services where they were needed. It had also been noted that it was not enough to ensure access to health services at the point of entry; it was essential also to ensure continuity of care throughout the health service network.

121. Regarding the issue of governance, mentioned by many of the delegates, there was a need to develop policies for strengthening comprehensive national programs to address the attributes of quality. The establishment of standards was critical. Only 40% of the countries in the Region had processes in place to establish clinical practice guidelines, a situation that directly impacted quality of care in health service delivery. It was also essential to strengthen national regulatory authorities to ensure adherence to standards.

122. The relationship between patient safety and quality as a whole was another key element. WHO had recently adopted resolutions on patient safety, a critical issue that was at the core of the proposed strategy. Patient experiences and satisfaction were also important, and certainly there was room for improvement in the level of satisfaction with health care delivery in the Region of the Americas. In terms of governance, the relatively high level of dissatisfaction with health service delivery made it necessary to find a way to

involve communities, families, individuals, and patient groups in the definition of strategies and evaluation mechanisms to ensure quality of care. Data from population studies in six countries of the Region pointed to other challenges, particularly in the coordination of care. Those studies had shown, among other things, that many people were using emergency services instead of primary care services as the point of entry to the health services system and that between 10% and 20% of hospitalizations were avoidable.

123. Dr. Fitzgerald acknowledged that the plan of action was ambitious, given its five-year timeframe, but pointed out that the plan should not be viewed in isolation. It was an essential component of the Strategy for Universal Access to Health and Universal Health Coverage and integral to the Strategy on Human Resources for Universal Access to Health and Universal Health Coverage and to the new PAHO Strategic Plan 2020-2025 (see paragraphs 32 to 47 above), in which many of its indicators were embedded. Progress on those mandates would therefore contribute to the achievement of the targets of the plan of action.

124. The Director added that it was evident from Member States' comments on the strategy and plan of action that they were already taking action to improve quality of care. A health systems approach was needed to improve the quality of comprehensive care and advance towards universal access to health and universal health coverage. The Bureau looked forward to working with Member States in the implementation of the plan of action, which was ambitious but necessary in order to enhance quality of care.

125. The Directing Council adopted Resolution CD57.R13, approving the strategy and plan of action.

Strategy and Plan of Action on Ethnicity and Health 2019-2025 (Document CD57/13, Rev. 1)

126. Hon. Jeffrey D. Bostic (Alternate Representative of the Executive Committee) reported that the Executive Committee had welcomed the proposed strategy and plan of action, which had been seen as a good means of operationalizing the Policy on Ethnicity and Health¹⁰ and a valuable tool for promoting access by individuals and communities to quality comprehensive health services. Delegates had especially welcomed the strategy's focus on culturally appropriate approaches to health and its recognition of traditional medicine. Delegates had also applauded the focus on generating evidence and defining and recommending standards for the collection and analysis of data on health disparities in the Region. Given the highly diverse populations of the Americas, they had emphasized the need to disaggregate data by ethnicity in order to identify disparities and inequalities and develop evidence-based policies to address gaps and ensure that no one was left behind.

127. Delegates had raised several concerns and suggested a number of revisions to the strategy and plan of action and to the accompanying proposed resolution. For example, it had been pointed out that lumping indigenous peoples, Afro-descendants, and Roma groups together was problematic, since they had different needs. It had also been pointed

¹⁰ See Document CSP29/7, Rev.1, and Resolution CSP29.R3 (2017).

out that the concepts of race and ethnicity were sometimes conflated in the document, and it had been suggested that those terms should be defined and differentiated. Several changes had been proposed to align the language in the strategy and plan of action with the language of the Policy on Ethnicity and Health and that of the WHO Constitution. The proposed resolution had been amended to reflect the suggestions made during the discussion, and the Executive Committee had subsequently adopted Resolution CE164.R14, recommending that the Directing Council approve the strategy and plan of action.

128. Dr. Anna Coates (Chief, Office of Equity, Gender, and Cultural Diversity, PASB) recalled that, within the framework of universal health, Member States had prioritized actions to ensure that all peoples and communities had access without discrimination to comprehensive, appropriate, timely, and quality health services. Nonetheless, members of certain ethnic groups systematically experienced various forms of discrimination and exclusion that gave rise to inequities and social injustice. Marginalization and discrimination based on ethnicity, including institutional racism, negatively interacted with other structural determinants such as gender, creating health inequities in the Region.

129. Acknowledging that situation, at the 29th Pan American Sanitary Conference in September 2017 Member States had unanimously approved the Policy on Ethnicity and Health, which promoted an intercultural approach to health and equitable treatment of all ethnic groups. The strategy and plan of action were intended to guide the Bureau and Member States in implementing the guidance embodied in the Policy on Ethnicity and Health. The strategy was based on established international instruments and standards, such as the 2030 Agenda for Sustainable Development, which made an explicit commitment to leaving no one behind. Moreover, the strategy was aligned with the recommendations of the PAHO Commission on Equity and Health Inequalities in the Americas (see 202 to 208 below) and the Report of the High-level Commission Universal Health in the 21st Century: 40 Years of Alma-Ata,¹¹ the latter of which had reiterated the need to develop people- and community-centered primary health care-based models of care that took human diversity, interculturalism, and ethnicity into account. The strategy and plan of action would be implemented in alignment with other PAHO mandates, such as the gender equality policy.

130. The strategy and plan of action proposed the promotion of intercultural approaches to health to improve access to health services, encouraging action to tackle the social determinants of health for groups facing some of the most severe vulnerabilities in the Region. It was worth noting that representatives of indigenous peoples, Afro-descendants, and Roma populations had participated and actively contributed to the development of the strategy and plan of action.

131. The Directing Council welcomed the strategy and plan of action, with delegates noting its alignment with their national policies. Describing country efforts to reduce ethnic

¹¹ Pan American Health Organization. "Universal Health in the 21st Century: 40 Years of Alma-Ata." Report of the High-Level Commission. Revised edition. Washington, D.C.: PAHO; 2019. Available from: http://iris.paho.org/xmlui/bitstream/handle/123456789/50960/9789275120774_eng.pdf?sequence=6&isAllowed=y.

disparities in health, delegates underscored the human cost of racism and discrimination. Delegates generally applauded the emphasis on an intercultural approach, although one suggested that the term “interculturalism” should be explicitly defined in the document and distinguished from “multiculturalism” and “pluriculturalism.” Several delegates drew attention to the importance of addressing factors that could exacerbate discrimination based on race and/or ethnicity, such as gender, sexual identity, and disability.

132. Delegates praised the recognition of the value of traditional medicine and its focus on generating evidence and helping Member States develop evidence-based policies, noting that further studies were needed to generate data on health disparities. There was consensus that the holistic approach of the strategy and plan of action should result in greater, more inclusive access to health care to advance the goal of leaving no one behind.

133. Dr. Coates thanked Member States for their active participation in the preparation of the strategy and plan of action and the policy that had preceded it, noting their keen willingness to engage with the various groups that had also been very active during the consultations. That engagement augured well for the implementation of the social participation element of the strategy and plan of action. She acknowledged the efforts countries had made in recent years to begin implementing some of the key actions included in the plan, especially with respect to the intercultural approach, the integration of national and traditional medicine, and the focus on disaggregated data and social participation.

134. With respect to the request to include a definition of “interculturalism,” she noted that the definition employed in the Convention on the Protection and Promotion of the Diversity of Cultural Expression, adopted by the United Nations Educational, Scientific and Cultural Organization (UNESCO) in 2005, had oriented the development of the strategy and plan of action and would be included in the technical note for the indicators. Referencing the comments on broadening the scope of the strategy to include factors beyond ethnicity, she reiterated that the strategy and plan of action would be implemented in line with other PAHO mandates in areas such as gender, adding that the technical notes for the indicators would also emphasize the linkages between ethnicity and other markers of identity. While the conceptual framework for the strategy and plan of action did not necessarily apply in all national contexts, it had been agreed upon in consultation with Member States as the one that best incorporated different approaches among countries. The strategy and plan of action recognized that there were differences among Member States and that measures should be implemented in accordance with national contexts.

135. The Council adopted Resolution CD57.R14, approving the strategy and plan of action.

Expanded Textbook and Instructional Materials Program (PALTEX) (Document CD57/14)

136. Hon. Jeffrey D. Bostic (Alternate Representative of the Executive Committee) reported that the Executive Committee had been informed in June of the Bureau’s proposal to discontinue the Expanded Textbook and Instructional Materials Program (PALTEX). Delegates had requested further information on the process leading to the recommendation

to terminate the program, along with assurances that such action would not disproportionately affect Member States, or certain populations therein, that lacked the necessary technology, structure and systems to benefit from the greater availability of digital resources. It had been explained that the decision to discontinue PALTEX was the result of lengthy deliberations conducted over a period of five years. Studies had demonstrated a sharp decrease in the demand for the program's materials and the program had, consequently, become unsustainable. Furthermore, the needs of smaller Member States could now be met through a direct supply of instructional materials obtained through PAHO procurement mechanisms. Having heard those explanations, the Executive Committee had adopted resolution CE164.R5, recommending that the Directing Council approve the proposal to terminate PALTEX operations.

137. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) recalled that PAHO had created the Expanded Textbook and Instructional Materials Program (PALTEX) in 1966 to provide medical textbooks and instruments for students and health professionals in the countries of the Region. At the time, access to materials for medical education in Spanish and Portuguese had been limited. During its 53 years of operation, PALTEX had provided affordable books and other quality instructional materials to more than 500 institutions, universities, and other training institutions. However, a significant decline in the uptake of its instructional materials had been observed in recent years, with a corresponding operational loss to the program.

138. Studies conducted by the Bureau had revealed a shift from instructional methods that relied on textbooks to educational strategies that employed problem-based learning and student-centered teaching processes. In addition, growing access to and availability of information and communication technologies in Spanish and Portuguese had reduced demand for the physical instructional materials supplied by the Program. There had also been a notable increase in the number of publishers in the Americas offering textbooks and book chapters in various languages.

139. While the Bureau had taken steps to strengthen PALTEX, exploring various options, such as digital sales, none had impacted the program's operational level in an appreciable way. Despite the efforts of the Bureau, the number of books and instructional materials provided by PALTEX had dropped significantly, falling from 134,000 to 80,000 per year during the period 2014-2018. The Bureau therefore considered that PALTEX had fulfilled its mandate and recommended that its operations be terminated by 31 December 2019.

140. The Bureau would continue providing integrated technical support to Member States as part of the implementation of the Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage,¹² assisting them in developing strategies and initiatives and training students and professionals through mechanisms such as the PAHO Virtual Campus for Public Health, which continued to grow and respond to training needs in Member States.

¹² Document CD56/10, Rev. 1 (2018).

141. In the ensuing discussion, delegations expressed their appreciation for the valuable contributions made by PALTEX. At the same time, they voiced support for the proposal to terminate the program, which would make it possible to focus attention on maximizing training resources with an emphasis on modern and more cost-effective methods.

142. Dr. Fitzgerald reaffirmed the commitment of the Bureau to ensuring the implementation of the Strategy on Human Resources for Universal Access to Health and Universal Health Coverage,¹³ in particular strategic line of action 3 concerning health education in the Americas, which called for the development of coherent policies for human resources for health that strengthened the development of curricula based on current needs within health care delivery systems and health systems in general. Efforts would be made to strengthen the PAHO Virtual Campus, a virtual learning platform for health professionals and students that addressed education gaps related to areas of study not traditionally covered by universities or training institutions.

143. Dr. Jarbas Barbosa da Silva (Assistant Director, PASB) said that PALTEX had played an important role in the Organization's technical cooperation for many years. Unfortunately, the measures taken over the previous five years to optimize operational processes and reduce losses could not alter the reality, which was that the way in which medical education was being imparted had changed. The Bureau, in collaboration with Member States, would work to identify gaps that could be filled through virtual courses. It was worth noting in that regard that many ministries of health had made courses offered through the PAHO Virtual Campus mandatory for their staff.

144. The Council adopted Resolution CE164.R15, adopting the proposal to terminate PALTEX operations by 31 December 2019.

Administrative and Financial Matters

Report on the Collection of Assessed Contributions (Documents CD57/15 and Add. I)

145. Mr. Michael Pearson (Representative of the Executive Committee) reported that the Executive Committee had been informed that, as of June 2019, no Member State had been in arrears to the extent that it could be subject to the application of Article 6.B of the PAHO Constitution. However, only 11 Member States, Participating States, and Associate Members had paid their 2019 contributions in full, while eight had made partial payments and 23 had not made any payments for 2019. A total of \$141.1 million remained outstanding for 2019 and prior years.

146. Mr. Xavier Puente Chaudé (Director, Department of Financial Resources Management, PASB) said that, while no Member State was currently subject to the application of Article 6.B of the PAHO Constitution, the Organization was facing an unprecedented shortfall in the level of assessed contributions that had been collected for 2019 and prior years. As of 1 October, just \$14.9 million, or 13%, of the \$112 million due for 2019 had been collected. A total of \$121.8 million remained outstanding, of which \$97.1 million was due for 2019 and \$24.6 million related to 2018 and prior years. Although

¹³ Document CSP29/10 (2017).

assessed contributions were due on 1 January, 11 Member States, three Participating States, and one Associate Member had yet to make any payments for 2019.

147. As a result of the dire financial situation, the Bureau had been forced to utilize \$21.7 million from the Working Capital Fund, which had now been exhausted, and \$46 million from the Program Support Cost Fund in order to meet its financial obligations. Mr. Puente Chaudé stressed that the timely receipt of assessed contributions was crucial to the implementation of the Organization's program and budget. Any significant delays in collecting assessed contributions seriously affected the Organization's capacity to carry out its activities. For that reason, he urged Member States with pending contributions to pay them at the earliest possible opportunity in order to avoid any suspension of PAHO activities aimed at improving the health of peoples of the Americas.

148. In the discussion that followed, several delegates expressed their concern about the late payment of assessed contributions and the resulting impact on PAHO operations and good management practices. It was pointed out that delays in the payment of assessed contributions not only had a profound effect on the Organization's ability to fully implement its program of work in the Region, including at country level, but also limited its capacity to react to health emergencies. The Bureau was encouraged to continue efforts to explore mechanisms aimed at increasing the rate at which assessed contributions were paid and Member States were exhorted to pay their dues in full and on time.

149. Mr. Puente Chaudé added that, having depleted the \$21.7 million available in the Working Capital Fund and utilized \$46 million of the Program Support Cost Fund, the Bureau had access to just \$26 million in unrestricted funds to cover its day-to-day costs. Unless Member States paid their assessed contributions without further delay, the Bureau could run out of funds in early 2020.

150. The Director thanked those Member States that had paid their assessed contributions, which were a major component of the Organization's flexible funding, enabling the Bureau to pay staff salaries and carry out its activities. She was confident that Member States would meet their financial obligations.

151. The Council adopted Resolution CD57.R1, commending those Member States that had made payments in 2019 for their commitment to meeting their financial obligations to the Organization and strongly urging other Member States to pay their outstanding contributions as soon as possible.

Financial Report of the Director and Report of the External Auditor for 2018 (Official Document 357)

152. Mr. Michael Pearson (Representative of the Executive Committee) reported that the Executive Committee had welcomed the unqualified audit opinion of the External Auditor and had applauded the technical cooperation achievements documented in the report. Delegates had commended the fact that all prior audit recommendations had been closed and had encouraged the Bureau to implement the new recommendations that had been made by the External Auditor in its 2018 report, particularly those relating to risk management, fraud prevention, overhead cost recovery, and oversight activities. In that

connection, it had been noted that 56 cases of fraud, theft, and loss of property had occurred in 2018, and the Bureau had been encouraged to continue efforts to improve internal controls in order to prevent such occurrences in the future. The Bureau had also been encouraged to consider developing an overarching assurance map as a means of ensuring that the various oversight mechanisms worked together, avoiding duplication of effort, and leveraging knowledge, observations, and best practices.

153. The Directing Council also welcomed the unqualified audit opinion and encouraged the Bureau to implement the recommendations of the External Auditor for 2018, particularly those relating to risk management and fraud detection and prevention. A delegate expressed concern about the significant differences between the amounts approved in the budget for 2018-2019 and the funds that had actually been allocated. He stressed that the amounts being budgeted should be realistic, bearing in mind the Bureau's capacity for resource mobilization. The same delegate was also concerned about the fact that the Bureau had depleted the Working Capital Fund and been obliged to borrow from other funds in order to finance program activities, owing to late payment or lack of payment of assessed contributions by Member States, a situation that was unsustainable and that should be addressed with the support of all Member States. The Bureau's efforts to reduce travel costs were commended and it was encouraged to continue using virtual tools and other cost-reduction measures.

154. The Directing Council took note of the report.

Awards

PAHO Award for Health Services Management and Leadership 2019 (Document CD57/16)

155. Mr. Michael Pearson (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 164th session in June. The Committee had consisted of delegates of Barbados, Canada, and Ecuador. 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 2019 be awarded to Dr. Reina Roa Rodríguez, of Panama, for her dual contributions advocating for public health through tobacco control at the national, regional, and global levels and, as National Director of Health Planning, overseeing the formulation and implementation of Panama's National Health Policy and its Strategic Guidelines for 2016-2025. Dr. Roa Rodríguez had also contributed significantly to the drafting of the Sustainable Health Agenda for the Americas 2018-2030 and to the preparation of the Strategic Plan of the Pan American Health Organization 2020-2025.

156. The Executive Committee had endorsed the decision of the Award Committee and had adopted Resolution CE164.R16, conferring the PAHO Award for Health Services Management and Leadership 2019 on Dr. Roa Rodríguez.

157. The President of the Directing Council reviewed the career of Dr. Roa Rodríguez and the achievements that had led to her receiving the PAHO Award for Health Services Management and Leadership 2019, noting that she was being recognized in particular for her achievements as a leader in the development of strategic health planning in Panama and in the Region and for her unwavering commitment to tobacco control, most notably as a leader and pioneer in the implementation of the WHO Framework Convention on Tobacco Control.

158. The President and the Director presented the award to Dr. Roa Rodríguez, whose acceptance speech may be found on the website of the 57th Directing Council.

Matters for Information

Report on Strategic Issues between PAHO and WHO (Document CD57/INF/1)

159. Mr. Michael Pearson (Representative of the Executive Committee) reported that the Executive Committee had been informed that PAHO had maintained a high-level dialogue with WHO on its transformation agenda and that, once the transformation agenda was complete, the Bureau, in consultation with Member States, would assess which aspects should be implemented in the Region. The Bureau would also support WHO's implementation of United Nations reform, while at the same time safeguarding PAHO's status and role as the specialized health agency of the Inter-American system. The Committee had also been informed that the proposed allocation to the Americas from the WHO budget for 2020-2021 was 15% higher than in 2018-2019, but that the Region's share of the total WHO budget nevertheless remained the smallest of all WHO regions.

160. The Executive Committee had agreed that PAHO Member States should continue to press for greater funding from WHO, in particular through discussions with key WHO leaders. It had been pointed out that the issue had been raised at the World Health Assembly in May 2019 and that the Director-General of WHO had agreed to set up a working group of the WHO and PAHO budget teams to examine the situation. The need to ensure that the leadership of WHO and PAHO followed through on that agreement had been emphasized. The Committee had also agreed that PAHO should continue to engage in and support United Nations reform efforts, including by working closely with resident coordinators at country level, in order to help countries grapple with challenges created by population migration, among other objectives. At the same time, it had been acknowledged that PAHO and WHO required a degree of flexibility in order to carry out their work effectively and respond to urgent needs on the ground.

161. In the Council's discussion of the report, delegates expressed appreciation for efforts to ensure coordination between PAHO and WHO and avoid duplication of activities. Appreciation was also expressed for the ongoing efforts of the Bureau to ensure that regional views were represented in WHO and United Nations reform processes. The Bureau's support for efforts to achieve universal health coverage based on primary health care were applauded, and it was encouraged to continued promoting dialogue on the matter, with special attention to the challenges associated with migration in the Region.

162. While the need to safeguard PAHO's constitutional status as the specialized health agency of the inter-American system was acknowledged, it was emphasized that, as the WHO Regional Office for the Americas, the Organization should continue to engage in and support United Nations development system reform efforts, including by working closely with the resident coordinators at country level. At the same time, it was considered important for national officials to have direct access to PAHO representatives at the country level in order to facilitate technical guidance and quick action from the Organization in times of need, especially during emergencies and natural disasters.

163. A delegate stressed that engagement in United Nations reform should have direct benefits for small island States such as her own and should enhance the profile of PAHO and WHO at country level. Another delegate emphasized that the work of PAHO at country level should be aligned with the strategic priorities of countries and that PASB, as the Regional Office of WHO, should orient its efforts towards strengthening national and local capacities. The need for strong communication between PAHO/WHO country staff and national officials was also underscored. The increase in WHO country-level staff was welcomed, but it was considered important to avoid creating new posts indiscriminately, without a prior evaluation of the availability of resources. It was pointed out that participation in the United Nations resident coordinator system had financial implications for WHO Member States and that the cost in 2020-2021 was projected to rise to \$14 million, \$4.4 more than in 2018-2019.

164. Concern was expressed about the funding of the WHO allocation to the Region, and the Bureau was encouraged to continue its efforts to mobilize additional resources in order to ensure full funding for planned PAHO activities. WHO was urged to utilize the flexible funding for the Health Emergencies Program to prioritize actions aimed at strengthening the capacity of Member States in the Americas to deal with the challenges associated with mass migration. It was pointed out that PAHO had adopted some innovative ways of conducting business that could be of benefit to WHO. In particular, it was suggested that WHO should explore the possibility of using electronic technology to carry out consultations on technical and governance matters, such as the virtual consultations that had been held on the new PAHO Strategic Plan 2020-2025 (see paragraphs 32 to 47 above).

165. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) reported that the global working group on the budget had not yet been formed, but that a budget team from WHO was scheduled to visit the Region in the near future in order to examine a number of key budget- and funding-related issues. The Bureau would continue to work with colleagues in Geneva to maximize funding for the Region and to identify WHO best practices that might be adopted by PAHO and vice versa.

166. The Director assured the Council that PAHO was actively engaged with United Nations country teams and would continue to participate in the United Nations resident coordinator system, while also retaining the prerogative to engage directly with governments and key partners on health-related matters at country level. PAHO's country cooperation strategies and work plans were based on the PAHO Strategic Plan and the biennial program budgets, which would remain the principal instruments of accountability

to Member States. The PAHO country representatives would remain accountable directly to the PASB Director, just as the WHO country representatives were accountable to the Director-General of WHO. The Bureau would present periodic reports to Member States and to the United Nations resident coordinator on collectively agreed results and would increase its efforts to synchronize the timing and drafting of United Nations development assistance frameworks and PAHO country cooperation strategies in order to ensure a certain amount of alignment.

167. The Directing Council took note of the report.

Regional Consultation on the Results Framework of the Thirteenth General Program of Work 2019-2023 of the World Health Organization (Document CD57/INF/2)

168. Dr. Samira Asma (Assistant Director-General for the Data, Analytics and Delivery for Impact Division, WHO) described the major components of the proposed results framework, noting that it was designed to help track the performance of the WHO Secretariat, Member States and partners in meeting the targets of the Thirteenth General Program of Work (GPW13) and achieving the health-related Sustainable Development Goals (SDGs) and other national and regional objectives.

169. The results framework could be visualized as a pyramid with three levels of indicators. At the bottom were 46 programmatic indicators and milestones covering a range of health topics and providing a set of indicators that would be used to measure the outcomes in the WHO program budget, 38 of which were identical to the SDG targets. In the middle were the “triple billion” targets: 1 billion more people benefiting from universal health coverage, 1 billion more people better protected from health emergencies, and 1 billion more people enjoying better health and well-being. Each of the triple billion targets would be measured using composite indices, including a universal health coverage index, a health emergencies protection index, and a healthier population index. There were 10 health outcomes associated with the triple billion targets.

170. At the top of the pyramid was healthy life expectancy (HALE), an indicator that quantified expected years of life lived in good health at a particular age and could be considered a summary measure of the overall health of populations. It was proposed to use HALE as an overarching measure of the impact of achieving the triple billion targets. A new “balanced scorecard” approach was proposed to measure the WHO Secretariat’s contribution to improving health outcomes. The scorecard would assess the performance of the Secretariat in six dimensions: leadership; delivery of global goods relevant to the achievement of outputs; technical support to countries; integration of gender, equity, and human rights in interventions; delivery of value for money; and achievement of early indications of success, as measured by leading indicators linked to the 46 outcome indicators.

171. The HALE indicator was also included in the PAHO Strategic Plan 2020-2025 (see paragraphs 32 to 47 above) as one of the overarching impact indicators, while the 10 health outcomes associated with the triple billion targets linked to PAHO’s 26 technical outcomes. The GPW programmatic indicators were also well reflected in the PAHO

Strategic Plan, with 43 of the 46 included in some form. The other three global indicators—the proportion of children experiencing violence, mortality due to poisoning, and the proportion of women aged 15-49 making informed decisions on reproductive health care—would be reported by the Region through other mechanisms. Those indicators could be measured through existing data collection efforts and thus would not impose any additional reporting burden on countries.

172. The reporting schedule would be simplified under the proposed results framework. The Secretariat would report on results annually, and in 2023, at the end of the GPW13 period, it would present a comprehensive report summarizing the progress made towards the milestones, the triple billion targets, and the contribution of the Secretariat as measured by the balanced scorecard and qualitative country case studies, which would be conducted to provide a more complete picture of the WHO impact at country level and of the difference made in people's lives.

173. In the discussion that followed, Member States welcomed the results framework as a tool for measuring results and impact, enhancing transparency and accountability, optimizing the use of resources, and closing equity gaps. The framework's alignment with the PAHO Strategic Plan was also welcomed. The framework was seen as a critical component of the ongoing transformation of WHO into a results-oriented, transparent, and accountable organization. The focus on measuring impact at country level was applauded, as was the plan to use SDG indicators where available. At the same time, it was pointed out that the identification of the 2023 milestones for the 2030 targets of the health-related SDGs by the partners in the Global Action Plan for Healthy Lives and Well-being for All and the finalization of the GPW13 results framework were distinct work streams and should be treated as such. Dr. Asma was asked to clarify which partners would be involved in identifying the 2023 milestones.

174. Concerns were raised about the development of a universal health coverage index separate from the Sustainable Development Goal monitoring framework. The potential complexity of reporting on two different indices was a particular concern. Support was expressed for the addition of indicators relating to areas of key importance for public health, such as mental health. The importance of involving Member States in the selection of those indicators was underlined, as was the need to ensure that Member States' priorities were clearly reflected in the results framework. The WHO Secretariat was urged to continue working with Member States to improve data quality and strengthen national health information systems. It was emphasized that, in seeking to fill data gaps, WHO should work with countries on the basis of transparent collaboration frameworks. Further information was requested on how reporting on the various components of the results framework would be organized and conducted with Member States.

175. The balanced scorecard was seen as an innovative approach to results measurement. Delegates looked forward to receiving updates on the indicators selected for each of the six dimensions of the scorecard and sought additional information as to how the scorecard would be implemented at each level of WHO.

176. Dr. Asma, responding to the comments on the universal health coverage index, explained that SDG indicators 3.8.1 and 3.8.2 would be used to monitor progress towards the universal health coverage target of GPW13. However, the consultations with Member States on the results framework had made it clear that an improved measure was needed to assess the effectiveness of the health services provided. The universal health coverage index was intended to address that need. The index would be piloted in various countries and further refined on the basis of the outcome of those pilot experiences. The Secretariat fully agreed that the GPW 2023 milestones should be separate from the SDG milestones and would make that clear in future updates on the results framework. As to the partners involved in identifying the SDG milestones, she explained that they were the multilateral health and development partners involved in the Global Action Plan for Healthy Lives and Well-being for All, including WHO, UNICEF, the Joint United Nations Program on HIV/AIDS (UNAIDS), the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and others.

177. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) said that the Bureau was well aware of the need to minimize the reporting burden on Member States and would continue to strive to ensure that there was no double reporting, but also no data gaps. The Bureau was considering how the balanced scorecard approach might be applied at the regional level; however, it was important to recognize that PAHO already had an effective joint assessment process that involved both the Bureau and Member States in measuring outcomes and outputs. The Bureau would continue to follow the development of the balanced scorecard and actively support the further refinement of the results framework.

178. The Directing Council took note of the report.

Monitoring of the Resolutions and Mandates of the Pan American Health Organization (Document CD57/INF/3)

179. Hon. Jeffrey D. Bostic (Alternate Representative of the Executive Committee) reported that the Executive Committee had reviewed a report on the status of implementation of resolutions adopted by the PAHO Governing Bodies between 1999 and 2018. The report had been prepared pursuant to a resolution adopted by the Directing Council at its 55th session, which had requested the Bureau to present an update on the status of resolutions every three years. The report classified resolutions as active, conditionally active or ready to sunset. The Executive Committee had expressed support for the proposed sunseting of 58 resolutions. At the same time, concern had been voiced about the proliferation of strategies, plans of action, and policy documents submitted to the Governing Bodies for consideration. It had been pointed out that the Strategic Plan and the Sustainable Health Agenda for the Americas provided a comprehensive mandate, and that the various program areas did not necessarily need specific strategies or plans in order for the Bureau to deliver technical assistance.

180. Ms. Mônica Zaccarelli Davoli (Senior Advisor, Office of Governing Bodies, PASB) emphasized that monitoring was a process that needed to be undertaken consistently and that the Bureau took its monitoring responsibility very seriously. The next

report was scheduled to be submitted in three years and would be presented in a manner that was aligned with the new PAHO Strategic Plan for 2020-2025. At the 165th Session of the Executive Committee, which would be convened immediately following the closure of the Directing Council, Members would review the lists of proposed topics for the next three years and would thus have the opportunity to provide direction and recommendations concerning the priority issues that should be brought before the Governing Bodies in coming years.

181. In the ensuing discussion, delegates thanked the Bureau for the report and for its work in systematizing the resolutions and mandates approved by the Governing Bodies. Support was again expressed for the proposed sunseting of 58 resolutions, and the concern about the proliferation of strategies and plans of action was reiterated. The Bureau was urged to give careful consideration to the development of further strategies and plans with separate and additional reporting requirements. It was pointed out that a procedure needed to be devised for dealing with resolutions and mandates that did not have a defined lifespan or a date for submission of a final report. Examples included Resolution CD42.R11 and Resolution CD45.R9, which dated back to 2000 and 2004, respectively. The Bureau was asked to ensure that future proposed resolutions specified a lifespan.

182. Ms. Zaccarelli Davoli noted that the list of topics to be reviewed by the Executive Committee at its 165th session included final reports on several long-standing resolutions. Some of those resolutions could then be sunsetted. Other resolutions, however, such as the resolution approving the Framework of Engagement with Non-State Actors, had a much longer lifespan, for obvious reasons. In some cases, the final or progress reports on several resolutions would be combined into a single report, an attempt on the part of the Bureau to further integrate and streamline the process of deciding whether further action was needed or whether the resolutions could be sunsetted.

183. Dr. Jarbas Barbosa da Silva (Assistant Director, PASB) said that the Bureau had carefully reviewed the lists of topics to be considered over the next three years with an eye to presenting strategies and were truly strategic and that addressed priority public health issues. However, a careful review by Member States might yield a further reduced list of topics and a more concentrated agenda.

184. The Council took note of the report.

Implementation of the International Health Regulations (IHR) (Document CD57/INF/4)

185. Hon. Jeffrey D. Bostic (Alternate Representative of the Executive Committee) said that, while the Executive Committee had welcomed the progress made in implementing the International Health Regulations (IHR) and strengthening core capacities in the Region, delegates had acknowledged that further work was needed to achieve and sustain full implementation. Delegates had also recognized that implementation was a joint responsibility requiring a collaborative multisectoral approach as part of efforts to achieve universal health coverage. Concern had been expressed about failures and delays in reporting and responding to disease outbreaks and other events, and States Parties had been

urged to strengthen their efforts to ensure a transparent and timely response to all public health events of international concern. Rigorous application of the Regulations and prompt response had been considered critical in the context of the mass migration occurring in some parts of the Region. The value of voluntary external evaluations had been highlighted, and Member States that had not carried out such an evaluation had been encouraged to do so. Delegates had called on the Bureau to continue supporting Member States in conducting evaluations and in making use of the other tools included in the IHR Monitoring and Evaluation Framework.

186. Dr. Ciro Ugarte (Director, Department of Health Emergencies, PASB), summarizing the information presented in Document CD57/INF/4, said that events reported in the Americas during the reporting period accounted for 30% of all events reported worldwide. Of those events, 52% had been reported by national officials and the remainder had come from unofficial sources. Delays in responding to requests for information from PAHO had been noted. In many cases, those delays were related to lack of capacity on the part of the national IHR focal points. There was a need for greater commitment to IHR reporting at the political level and greater recognition of the fact that acute public health events, in addition to their health consequences, had economic, social, and political impacts.

187. The Region had made significant progress with regard to improving the core capacities of States Parties and was second only to Europe in that regard. However, regional capacities for dealing with chemical and radiation emergencies continued to need improvement. Since 2016, eight States Parties in the Region had carried out joint external evaluations and another four had expressed an interest in conducting such an evaluation. In conclusion, Dr. Ugarte pointed out that implementing the International Health Regulations was a collaborative undertaking, noting that experts from Members States and various national and international bodies had worked actively with PAHO.

188. In the Council's discussion of the report, delegates welcomed the progress made, recognized that more needed to be done to ensure full IHR implementation, emphasized the importance of the IHR for identifying and communicating public health emergencies of potential international concern, and reaffirmed their countries' commitment to implementing the Regulations. The significance of ongoing public health events regionally and globally, including the current Ebola outbreak in the Democratic Republic of the Congo and outbreaks of measles and other diseases in the Americas, was acknowledged. It was stressed that States should continue to strengthen their core capacities and intensify their implementation of the measures mentioned in paragraph 25 of the report. Strong political commitment and continued collaboration, including across multiple sectors, were considered crucial for building core capacities and preventing the spread of infectious diseases. The Delegate of Argentina announced that her country had recently become the second country in Latin America to be officially certified as malaria-free.

189. Several delegates described the measures being taken at the national level to strengthen their surveillance and response, early warning, and risk communication capacities. A number of delegates commended PAHO's efforts to assist small island States in addressing the challenges they faced. It was hoped that ongoing technical support would

be provided, such as in the areas of legislation and financing, responding to chemical events and radiation emergencies, and strengthening the capacities of laboratories to detect and monitor priority health threats.

190. Delegates expressed concern about the public health challenges posed by increased migration in the Region, including outbreaks of various vaccine-preventable diseases and the spread of vector-borne diseases. Attention was drawn to the impact that such outbreaks could have on the tourist industry. In that connection, guidelines provided by the Caribbean Public Health Agency on the management of infectious cases on board cruise ships were welcomed. One delegate, noting that a number of States Parties were considering a reduction in the number of ports authorized to issue ship sanitation certificates, called for studies on the costs and challenges associated with issuing such certificates.

191. Delegates expressed support for the tools included in the IHR Monitoring and Evaluation Framework. It was pointed out that joint external evaluations, simulation exercises, and after-action reviews could assist countries in identifying and addressing gaps in their capacities, although the need to tailor the use of such tools to countries' needs and characteristics was also noted. A number of delegates reported that their countries had undertaken joint external evaluations and encouraged other countries to do likewise. One delegate called on the Bureau to improve the promotion and transparency of information on how to implement joint external evaluations and after-action reviews. He also suggested that the data from such assessments should be made available in future reports. Lastly, it was suggested that States Parties should exchange information on their experiences, through communication technologies, expert forums, and meetings between high-level political decision-makers.

192. Dr. Ugarte responded that the Bureau cooperated with various agencies, including the Caribbean Public Health Agency, to strengthen IHR capacities. Capacities at points of entry, including with regard to cruise ships, was an area that required strengthening owing to the increased risk of certain diseases. The Bureau had long been aware of the challenges facing small island developing States and would be holding a global meeting in late October, in conjunction with the WHO Western Pacific Regional Office, to explore the issue. He agreed that the sharing of information and experience was important and noted that such exchanges frequently took place at meetings with national focal points.

193. The Director thanked Member States for their diligence in reporting public health events of international importance. She encouraged all Member States to carry out voluntary joint external evaluations, noting that such evaluations could prove useful in identifying needs and areas for improvement. Even if countries lacked the resources to address identified deficiencies immediately, the evaluations provided them with the information needed to begin planning for how to do so.

194. The Council took note of the report.

Primary Health Care for Universal Health (Document CD57/INF/5)

195. Hon. Jeffrey D. Bostic (Alternate Representative of the Executive Committee) reported that the Executive Committee had welcomed the report on primary health care for universal health and commended the Bureau for its active engagement in efforts to advance primary health care. Delegates had affirmed that strong, sustainable, people-centered and gender-responsive primary health care was essential for achieving universal health coverage, reducing disparities in health, and safeguarding public health and national security. At the same time, it had been pointed out that countries must choose their own path to the development of primary health care and tailor their health systems to their national context. The need for a whole-of-society approach had been stressed, and the importance of partnerships with civil society and with the private sector had been highlighted.

196. In the Council's discussion of the report, delegates affirmed their countries' commitment to strengthening primary health care, which was seen as crucial to eliminating barriers to access to health services, safeguarding the right to health and achieving universal health coverage, and reducing inequalities and inequities in health. It was pointed out that individuals' inability to access timely care due to financial constraints had implications not just for those individuals, but also for their families and the wider society. It was also pointed out that strong primary health care contributed to better public health, which in turn contributed to economic productivity and to national and global security. Delegates reaffirmed the need to tailor health systems and the provision of primary health care to countries' differing social, political, and institutional contexts.

197. Delegates voiced support for the 10 recommendations put forward by the High-level Commission on Universal Health in the 21st Century: 40 Years of Alma-Ata and for the targets of the Regional Compact on Primary Health Care for Universal Health: PHC 30-30-30. Several delegates described measures their Governments had taken to build strong health systems based on the primary health care approach. Those measures included the elimination or minimization of user fees and the provision of preventive and other care free of charge, the introduction of health insurance schemes and the reorganization of health systems, extension of the hours of operation of primary health care centers, training of community health workers, and deployment of health care teams to remote locations. The need for multisectoral approaches to address health determinants was emphasized. At the same time, it was pointed out that there was a need to shift from an approach focused on social determinants of health to one focused on social determination of health. In that connection, a representative of a nongovernmental organization stressed the importance of ensuring water and sanitation services.

198. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) expressed thanks to Member States for their strong engagement in regional and global efforts to promote primary health care. He noted in that regard that 25 of the 28 submissions that WHO had received regarding the Astana Declaration on Primary Health Care had come from Member States in the Americas. Member States' commitment to primary health care had also been evident in the statements made during the recent high-level meeting of the United Nations General Assembly on universal health coverage. The

Regional Compact on Primary Health Care for Universal Health: PHC 30-30-30, launched by the Director in April 2019, clearly recognized primary health care as the cornerstone of health systems and the principal approach for achieving universal health.

199. In relation to health financing, he noted that while the declaration adopted during the United Nations high-level meeting on universal health coverage called for an additional 1% of gross domestic product to be allocated to health, PASB continued to recommend that countries aim for 6%, the target set in the Strategy for Universal Access to Health and Universal Health Coverage, as analyses indicated that if the additional 1% target was adopted, only four additional countries would reach the 6% target by 2030.

200. The Director added that the reason that the 6% target had been recommended was that lower levels of public spending on health resulted in catastrophically high out-of-pocket spending that would make it impossible to achieve universal access to health and universal health coverage. The Region was on the right path to increasing investments in health, but more needed to be allocated to the primary health care level, hence the 30% target of the Regional Compact. She applauded Member States' efforts to reform their health systems based on strengthened primary health care and respect for human rights. She believed the Region could be justifiably proud of what had been accomplished in that respect, but challenges remained and work must continue. One area in which efforts needed to be redoubled was that of community participation. It was essential to engage people in caring for their own health. To that end, mechanisms for community participation should be institutionalized.

201. The Council took note of the report.

Report of the Commission on Equity and Health Inequalities in the Americas (Document CD57/INF/6)

202. Dr. Anna Coates (Chief, Office of Equity, Gender, and Cultural Diversity, PASB) recalled that the Director had established the Commission on Equity and Health Inequalities in the Americas in 2016 to review the available evidence and recommend actions to reduce health inequalities. An executive summary of the Commission's report had been provided to the 56th Directing Council in 2018.¹⁴ The full report, which was now available in electronic format,¹⁵ presented the Commission's findings and recommendations. The twelve recommendations focused on action in the domains that affected daily life and health, intersectoral action to address social and environmental determinants of health, and the promotion of equitable health systems that could deliver services to all. The recommendations stressed the need for "proportionate universalism," an approach that gave priority to populations living in situations of vulnerability within longer-term strategies aimed at achieving universal health.

¹⁴ See Document CD56/INF/8.

¹⁵ PAHO Commission on Equity and Health Inequalities in the Americas. *Just Societies: Health Equity and Dignified Lives. Report of the Commission of the Pan American Health Organization on Equity and Health Inequalities in the Americas*. Washington, D.C.: PAHO; 2019. Available from: <http://iris.paho.org/xmlui/handle/123456789/51571>.

203. The recommendations were wide-ranging in scope and called for the involvement of multiple actors across various technical areas, both within and beyond the health sector. The Commission's report and recommendations would serve as an important tool to support Member States as they sought to address and eliminate health inequities and inequalities. With the aim of guiding the implementation of the Commission's recommendations, PASB proposed that a strategy on equity in health should be formulated and submitted for consideration by the Governing Bodies in 2020.

204. The Directing Council applauded the work of the Commission and expressed support for the recommendations put forward in the report. Member States affirmed their commitment to reducing disparities in health, removing barriers to access to health services, and achieving universal health coverage. Delegates underlined the need to focus on populations in situations of vulnerability, including migrants and populations residing in remote areas, and endorsed the proportionate universalism approach. Delegates also emphasized the importance of addressing structural determinants of health, such as race, sex, and socioeconomic status, along with social and environmental determinants. The need for multisectoral action was stressed. A representative of a non-governmental organization called on Member States to advocate for more resources for underserved communities.

205. The Bureau's leadership and efforts to promote greater health equity were commended. A delegate questioned, however, whether a new strategy on equity and health would be the best means of advancing future work on the issue. He pointed out that the Governing Bodies had adopted numerous strategies and plans of action with an explicit focus on health equity and sought clarification as to how the new strategy would complement those existing initiatives.

206. Dr. Coates, welcoming Member States' clear commitment to end inequities in health, acknowledged that there was a focus on equity in many of the Organization's strategies and plans of actions. She explained that the idea behind the proposal for a new strategy was to bring together all the work on the issue in a dedicated, coherent framework in order to accelerate progress in eliminating inequities. The strategy would offer a common approach to guide Member States' efforts and the Bureau's technical cooperation in support of those efforts.

207. The Director added that what was needed was focused attention at the national level, since "the same slipper does not fit every foot." It was necessary to identify the areas of inequity in each country and draw up action plans at the national level, supported by PASB technical cooperation, to address them. She expressed gratitude to the members of the Commission for their work and noted that an interprogrammatic group had been set up within the Bureau to define PAHO's response to the Commission's recommendations.

208. The Council took note of the report.

PAHO's Response to Maintaining an Effective Technical Cooperation Agenda in Venezuela and Neighboring Member States (Document CD57/INF/7)

209. Hon. Jeffrey D. Bostic (Alternate Representative of the Executive Committee), noting that the Executive Committee had received a report on the health situation in the Bolivarian Republic of Venezuela and neighboring countries, said that delegates had agreed that the situation posed a threat not just to the people of Venezuela but also to the collective health and security of all countries in the region. It had been pointed out that the situation had already had a negative effect on some regional health indicators and could hinder the Region's achievement of the health-related Sustainable Development Goals. Delegates had described the steps their Governments had taken to address the challenges created by the situation in Venezuela and to assist those affected, with one delegate emphasizing that migrants, regardless of their nationality, ethnicity, or immigration status must not be deprived of their rights, including their right to health. The need for a regional plan of action on migrant health had been indicated. The Bureau had been asked to further intensify its work with regard to immunization and vaccine supply, support for the implementation of the International Health Regulations in the Region, and the strengthening of epidemiological surveillance capacities.

210. Dr. Ciro Ugarte (Director, Department of Health Emergencies, PASB) provided an update on the health situation in the Bolivarian Republic of Venezuela and neighboring countries and outlined the actions taken by the Bureau to support the countries concerned. He noted that outbreaks of measles, diphtheria, and malaria were continuing to occur and the spread of diseases beyond Venezuela's borders remained a concern, especially among populations living in conditions of vulnerability, such as indigenous groups in border areas.

211. Thanks to extensive vaccination campaigns and other efforts, active transmission of measles was currently occurring in only two Venezuelan municipalities. In 2019, a total of 449 cases had been confirmed up to 7 September; no deaths had been recorded. The number of diphtheria cases had also fallen significantly. As of 31 July, 384 cases had been reported, in comparison with 1,200 cases in 2018. There had been 16 deaths from the disease in 2019 versus 151 in 2018. Malaria cases, on the other hand, had increased by 3.5% since 2018 and the disease remained a serious problem, particularly in the Amazon basin, which had the highest incidence in the Region. Neighboring countries had also seen a rise in malaria, with Brazil reporting a 300% increase in cases during the first quarter of 2018.

212. In response to the situation, PASB had intensified its technical cooperation with ministries of health in the affected countries. The Bureau's efforts had focused, in particular, on improving the prevention and control of both communicable and noncommunicable diseases, improving emergency management, and ensuring adequate supplies of medicines, vaccines, and other materials. Technical cooperation had also been provided in the areas of nutrition, maternal health, and mental health. In addition, PASB had provided support for mass immunization campaigns, organized training on emergency management, and distributed guidelines and trained health personnel on the management of various diseases. The Bureau was also monitoring the operational capacity of health services in Venezuela, especially hospitals, and, with the assistance of numerous partners,

was delivering critical medicines and supplies. The shipment and distribution of supplies was tracked by means of an online system, which provided the information required to prepare detailed reports to donors.

213. The Bureau had also scaled up its cooperation with neighboring countries that had received large numbers of Venezuelan migrants. Among numerous other activities, it had provided equipment for hospitals and other health services, lent support for immunization campaigns, and helped to strengthen laboratory diagnostic capacities. It had also conducted more than 120 technical cooperation missions to affected countries, organized binational meetings, and provided monthly epidemiological updates on measles and diphtheria and daily summaries of events with potential international public health implications.

214. Dr. Ugarte concluded by emphasizing that the response to the situation in Venezuela and neighboring countries had been a truly regional response involving Member States and numerous other partners that had worked alongside PAHO.

215. In the ensuing discussion, delegates expressed gratitude to the Bureau for the detailed report and for the support it was providing to the affected countries. Delegates reaffirmed that the situation posed a threat to all countries in the Americas and could jeopardize the Region's ability to achieve the Sustainable Development Goals. The need for an ongoing regional response, led by PAHO, was emphasized, and support was expressed for the interventions proposed in Document CD57/INF/7. Several delegates described the support, both material and financial, their countries had provided to assist those affected by the crisis, including the millions of displaced Venezuelans who had sought refuge in other countries of the Region. It was pointed out that health ministers had agreed at a recent international meeting in Colombia to introduce a single regional vaccination card, a measure that would help to control public health threats while also reducing the waste of vaccines. The ministers had also agreed on strategies to reduce mortality from malaria, strengthen efforts to fight HIV/AIDS, and tackle mental health problems associated with the crisis, including post-traumatic stress.

216. Dr. Ugarte affirmed that the response to the situation in Venezuela had been a true manifestation of regional solidarity and Pan Americanism that had clearly shown what could be accomplished when countries worked together.

217. The Director expressed thanks to all the partners that had supported the Organization's work in Venezuela and neighboring States. As a technical cooperation agency, not a funding agency, PAHO relied on the financial assistance provided by Member States and other international agencies. The Bureau took care to ensure that it was fully accountable to the providers of such assistance. She paid tribute to the PAHO staff in Venezuela, who had continued to work in an impartial manner under very difficult conditions.

218. The Directing Council noted the report.

Strategy and Plan of Action on Adolescent and Youth Health: Final Report (Document CD57/INF/8)

219. Hon. Jeffrey D. Bostic (Alternate Representative of the Executive Committee) reported that the Committee had welcomed the progress made under the strategy and plan of action, while also noting that work remained to be done to reduce the risks to the adolescent and youth population. Delegates had expressed concern about rising mortality among young people, particularly males, in the Americas. Concern had also been expressed about the relatively high adolescent fertility rate and its slow decline, especially among indigenous, rural, and less educated populations in Latin America and the Caribbean. Delegates had called for the promotion of sexual and reproductive health and protection of the sexual and reproductive rights of women and girls. It had been pointed out that additional resources were not necessarily needed to improve adolescent health; often it would suffice to adapt health services to the particular needs of adolescents. The need for approaches that took account of cultural and ethnic diversity had been highlighted.

220. The Directing Council affirmed the need for continued work to improve the health of adolescents and youth, with one delegate pointing out that governments had a collective responsibility to ensure that children could grow up to be the leaders of the future. The same delegate highlighted the need for increased attention to the needs of youth aged 20 to 24, who were the next generation of leaders. Delegates mentioned a number of challenges in relation to adolescent and youth health, including high pregnancy and fertility rates; suicide; drug, alcohol and tobacco use; road traffic accidents; and violence and abuse. At the same time, it was noted that progress had been made in some countries in, for example, bringing down pregnancy rates and discouraging tobacco use among adolescents. The Bureau's efforts to identify and share successful approaches and lessons learned were applauded. In that connection, a representative of a nongovernmental organization highlighted the value of comprehensive sexuality education as a means of reducing reproductive health risks, preventing gender-based violence, and promoting physical and mental well-being among adolescents and youth. She also noted the need to involve youth in the design and implementation of comprehensive sexuality education programs.

221. Support was expressed for the activities proposed in the report to accelerate progress in adolescent health, although it was pointed out that several of them would require intersectoral action, which had historically been a challenge for many countries. The Bureau's support in promoting intersectoral approaches was requested.

222. Dr. Luis Andrés de Francisco Serpa (Director, Department of Family, Health Promotion, and Life Course, PASB) observed that, while numerous countries had developed national policies and plans on adolescent health, outcome indicators, including those relating to morbidity and mortality, had not improved sufficiently. One reason for the lack of improvement seemed to be that approaches to adolescent health were fragmented and tended to target specific risk factors. A comprehensive, multisectoral approach was needed, one that was equity-based and that aimed to promote the positive development of young people. It was essential to work with schools, with communities, with municipalities, and, especially, with young people themselves.

223. The Director, commending the Member States that had included youth delegates in their delegations, said that she feared that the Region was failing its youth. Young people had differentiated needs and required differentiated approaches. Moreover, there were various groups within the youth population, and they should not all be treated in the same way. She recognized the need for comprehensive multisectoral approaches, but felt that more targeted approaches were also required. The Bureau's experience had shown that youth did not want to be viewed as the future; they felt they could add value now and wanted to be actively engaged in planning for their own health. Accordingly, the Bureau would make every effort to include youth in its meetings and its work.

224. The Directing Council took note of the report.

Plan of Action on the Health of Older Persons, Including Active and Healthy Aging: Final Report (Document CD57/INF/9)

225. Hon. Jeffrey D. Bostic (Alternate Representative of the Executive Committee) reported that the Executive Committee had been informed that, although significant progress had been made under the plan of action, population aging in the Region was expected to accelerate in the next decade, and promoting healthy aging would therefore remain a priority, as would ensuring that countries had health systems capable of addressing the long-term care requirements of aging populations. In the Committee's discussion of the report, it had acknowledged the need for action to help older persons to enjoy healthy and active aging. It had also expressed support for the Decade of Healthy Aging 2020-2030 as a means of raising awareness of the issue and for the formulation of a new PAHO plan of action to build on the progress that had been made.

226. In the Council's discussion of the report, delegates described the measures that had been taken in their countries to improve the standard of care, health, and quality of life of older persons. They agreed that more still needed to be done to advance public policy and adapt health systems to meet the growing needs of aging populations with chronic illnesses and complex care needs. The need for a life-course approach to foster healthy aging was underscored.

227. Support was expressed for the formulation of a new PAHO plan of action. It was proposed that there should be a focus on promoting and maintaining the functional capacity of older persons to improve well-being and quality of life—in line with WHO's extended definition of healthy aging. One delegate noted that the report was silent on how socioeconomic determinants affected the health of older adults and undermined their right to health, particularly mental health.

228. Several delegates outlined priorities for future action, such as expanding and improving long-term care options that would allow older persons to remain in their communities, ensuring support for both unpaid and paid caregivers, and upholding the human rights and reducing the abuse, neglect, and exploitation of older persons. It was suggested that the future plan of action should address violence in all its forms and its consequences for older persons' health status and right to health. A delegate emphasized

the need for evidence-based programs and approaches to improve health and prevent disease and injury among older adults.

229. Dr. Luis Andrés de Francisco Serpa (Director, Department of Family, Health Promotion, and Life Course, PASB) pointed out that population aging was occurring more rapidly in the Americas than in any other region. While life expectancy had increased, so too had the number of older adults living with chronic illnesses. Issues such as long-term care, support for caregivers, and the provision of services would therefore gain in importance. It was vital that the Region should be represented at the various international forums that were being held on healthy aging and that it should also contribute to the plan of action 2021-2025 that was expected to accompany the Decade of Healthy Aging 2020-2030. The Bureau would support Member States' participation in the discussions on the Decade and the plan of action.

230. The Director stressed the need for urgent action, noting that the Region was aging rapidly but was ill-prepared for dealing with the multisectoral challenges posed by an increasingly aging population. A life-course approach to aging should be taken in order to foster healthy and active lifestyles among young and old alike. She reiterated the importance of ensuring that the Organization and the Member States of the Region were fully engaged in decisions on the subject at international, regional, and national levels.

231. The Directing Council took note of the report.

Progress Reports on Technical Matters (Document CD57/INF/10)

A. Plan of Action for the Elimination of Neglected Infectious Diseases and Post-elimination Actions 2016-2022: Midterm Review

232. Hon. Jeffrey D. Bostic (Alternate Representative of the Executive Committee) reported that the Executive Committee had commended the progress made under the Plan of Action, including the achievement of some targets ahead of schedule, and acknowledged the importance of continued implementation of the Plan. It had been pointed out that the PAHO Disease Elimination Initiative (see paragraphs 67 to 75 above) would provide important guidance for the elimination of the neglected infectious diseases targeted by the plan of action, which disproportionately affect poor and marginalized populations. Support had been expressed for the actions proposed in the report to improve the situation.

233. The Directing Council also welcomed the progress made and the early achievement of some of the targets and expressed support for the future actions proposed in the report. Delegates described the actions their countries were taking to tackle trachoma, lymphatic filariasis, leishmaniasis, schistosomiasis, and other diseases and underlined the importance of following through on the implementation of the plan and achieving the elimination of all the targeted diseases. It was pointed out that success in eliminating some of the diseases could result in a loss of the political will required to eliminate the rest, and the need for sustained political and financial support was stressed. Robust health systems that were able to deliver high-quality health services at the community level were seen as key to preventing and managing all diseases, including neglected infectious diseases. The need

for a multisectoral one-health approach was highlighted. The important role of education in disease elimination efforts was also noted.

234. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Environmental Determinants of Health, PASB) commended countries for their efforts to eliminate neglected infectious diseases and expressed gratitude to the governments and companies that had donated medicines for the treatment of such diseases. As had been noted, there was a risk that, as the prevalence of the targeted diseases fell, political leaders would lose interest in them and elimination efforts would wane, leading to a reemergence of the diseases. It was essential to persevere until the goal of elimination had been achieved. Once it had, post-elimination surveillance would also be essential.

235. The Director observed that neglected infectious diseases were a component of the unfinished agenda in public health. Unquestionably, political will and financial investment were needed in order to address the social and environmental determinants that contributed to the persistence of such diseases among people who were poor and living in conditions of vulnerability. It was also necessary to combat the stigma and discrimination associated with such diseases. Although sometimes the last mile was the hardest mile, she urged countries to push on until the job was done.

236. The Council noted the report.

B. Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018-2023: Progress Report

237. Hon. Jeffrey D. Bostic (Alternate Representative of the Executive Committee) said that Executive Committee members had reaffirmed their support for the plan of action and voiced support for the actions recommended in the progress report. Delegates had underlined the need for concerted action to preserve the gains made in controlling and eliminating vaccine-preventable diseases. The importance of maintaining high vaccination coverage had been stressed, as had the need to combat misinformation and educate populations on the safety and efficacy of vaccines. The Bureau's efforts to address current outbreaks of measles had been commended, and Member States had been urged to continue working to prevent further outbreaks. The Bureau had also been asked to mobilize the resources needed to support countries in containing outbreaks and preventing the importation of cases.

238. In the discussion that followed, delegations expressed their ongoing support for the plan of action and praised the Bureau's commitment to rapid outbreak response and its collaboration with countries to contain epidemics within their territories. The Bureau's support for efforts to increase vaccination coverage were also commended. The Bureau and Member States were urged to work together to develop communication and education strategies to prevent and address vaccine hesitancy. Several delegates drew attention to the need to strengthen epidemiological surveillance and train rapid-response teams in order to ensure the timely detection of cases. In the face of mass migration in some parts of the Region, surveillance and rapid response in border areas were considered especially important. It was suggested that countries should share good practices and lessons learned

in containing and eliminating measles, rubella, and congenital rubella syndrome. The Bureau's efforts to provide opportunities for such exchanges were applauded.

239. Dr. Luis Andrés de Francisco Serpa (Director, Department of Family, Health Promotion, and Life Course, PASB) expressed appreciation for the efforts and investments made by the countries of the Region to control recent measles outbreaks. He noted that the world was currently facing a measles epidemic and that the countries of the Region would need to redouble their efforts in order to guard against imported cases. He urged Member States to continue strengthening their surveillance capacity and training rapid-response teams and assured them that the Bureau would continue to support them in those efforts.

240. The Director stressed the need to maintain vaccination coverage rates of 95% or above in order to once again eliminate the transmission of measles and sustain the elimination of all three diseases. It was important for Member States to prioritize investments in immunization and logistics management for vaccines and to ensure strong surveillance. Capacity-building for health care workers was also important, particularly as many of them had never seen a case of measles. Capacity-building to address vaccine hesitancy was crucial, as were effective communication strategies targeting various audiences. As long as measles continued to exist in other regions, the Americas would remain at risk. It was therefore necessary to continue striving for elimination at the global level.

241. The Council took note of the report.

C. Chronic Kidney Disease in Agricultural Communities in Central America: Progress Report

242. Hon. Jeffrey D. Bostic (Alternate Representative of the Executive Committee) reported that, in the Committee's discussion of the progress report, it had been pointed out that, while chronic kidney disease in Central America seemed to be linked to agricultural occupations—particularly in the sugarcane industry—other factors, such as place of residence, might also influence the occurrence of the disease.

243. In the Directing Council's discussion of the report, delegates highlighted the need for screening programs to detect kidney disease in the early stages. The need for continued research to identify the causes of the disease and develop treatments was also emphasized. The Delegate of the United States noted that his country had co-sponsored a conference in March 2019 on chronic kidney disease of unknown or nontraditional etiology, the report of which was now available online. He also reported that a public-private partnership in the United States was working to accelerate the development of drugs, biologics, and other therapies for the disease.

244. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) said that, as indicated in the report, progress had been made in the development of national action plans, policy tools, standards, clinical guidelines, and kidney dialysis and transplant registries. There had also been progress in building the capacity of primary health care workers to manage the disease. Nevertheless, significant challenges remained,

particularly with regard to treatment. There was a lack of access to transplantation procedures, as had been noted in the discussion of the Strategy and Plan of Action on Donation and Equitable Access to Organ, Tissue, and Cell Transplants 2019-2030 (see paragraphs 106 to 112 above). The Bureau would continue working with Member States to enhance access to treatment services, including transplantation.

245. Further effort was needed to link epidemiological surveillance with occupational environment surveillance. The Bureau was working with Member States to develop integrated indicators and provide a comprehensive approach to surveillance of the disease. It would also work with Member States to develop health promotion and communication strategies to make agricultural workers and their families and communities aware of the risk factors for the disease and how to prevent it.

246. The Council noted the report.

D. Cooperation for Health Development in the Americas: Progress Report

247. Hon. Jeffrey D. Bostic (Alternate Representative of Executive Committee) reported that the Executive Committee had been informed that there had been significant progress in South-South and other forms of cooperation for health development in the Region. While the Bureau had carried out efforts to compile information on cooperation initiatives, many successful experiences remained undocumented. Member States had therefore been encouraged to share information on their cooperation projects.

248. During the ensuing discussion, delegates commended the Bureau's efforts to promote and support South-South and triangular cooperation, in particular through the establishment of a financing mechanism for cooperation among countries. It was suggested that, when project proposals were not selected for funding, the Bureau should provide feedback on the reasons why, as such feedback would help countries to improve the design and presentation of future proposals. Several delegates highlighted the value of country cooperation projects in enabling countries to share successful experiences and learn from one another, thus enhancing health development in the Region as a whole. It was also pointed out that there could be value in sharing experiences and knowledge with countries in other regions, and the Bureau was encouraged to promote such interregional cooperation processes. In order to incentivize greater participation in the virtual community of practice of international relations offices of ministries of health, the Bureau was also encouraged to share more information with States on how the community worked.

249. Delegates applauded the progress achieved under the various collaborative projects supported by the financing mechanism. One delegate, however, while welcoming efforts to improve maternal, newborn and child survival and health through the project on the northern border of the Dominican Republic and Haiti, expressed concern about the use of the term "sexual and reproductive health services," which, in his Government's view, had acquired connotations that promoted abortion. His Government therefore did not accept the term, nor did it accept any inclusion of comprehensive sexuality education. It supported sex education programs that provided information and skills to enable people to avoid sexual risk, incorporated the role of the family in protecting and promoting health, and

empowered people to take responsibility for their health, while also respecting national contexts and priorities.

250. Ms. Ana Solís-Ortega Treasure (Head, Office for Country and Subregional Coordination, PASB) agreed that there was great value in the exchange of experiences between countries. While great progress had been made in systematizing country cooperation experiences, more work was needed to reflect not only the wealth of experiences that existed, but also the results achieved. She affirmed the Bureau's commitment to continue promoting and supporting South-South and triangular cooperation experiences and to continue working with offices of international relations through the virtual community of practice. She also noted that the United Nations was developing a South-South cooperation strategy and that the Bureau was working to ensure that health occupied an important place in that strategy.

251. Dr. Jarbas Barbosa da Silva (Assistant Director, PASB) observed that PAHO, in addition to its role as a provider of technical cooperation, played an important role as a platform for facilitating collaborative work by Member States. The value of such collaboration and exchange of experiences had been repeatedly highlighted in the discussions of many of the topics on the Council's agenda. The Bureau remained committed to facilitating such cooperation.

252. The Council noted the report.

E. Plan of Action on Immunization: Progress Report

253. Hon. Jeffrey D. Bostic (Alternate Representative of Executive Committee) reported that, in the Executive Committee's discussion of the progress report, delegates had reaffirmed their commitment to the control, elimination, and eradication of vaccine-preventable diseases. Delegates had stressed the importance of increasing access to vaccination, maintaining high immunization coverage, and ensuring the availability of timely and accurate epidemiological data, both in order to respond quickly to outbreaks and to inform vaccine policy decisions. It had been considered important to continue introducing new vaccines into national immunization schemes in order to reduce mortality and morbidity from a wider range of vaccine-preventable diseases. Concern had been expressed about vaccine hesitancy, and the need to combat misinformation and disseminate information about the safety and effectiveness of vaccines had been emphasized.

254. In the discussion that followed, the delegates of the Directing Council noted the threats posed by recent outbreaks of measles and other vaccine-preventable diseases and the potential for importation of cases from other regions, and stressed the need to maintain high vaccination coverage and ensure timely and adequate supplies of vaccines. The Bureau was asked to develop a mechanism for standardizing methodologies for estimating vaccination coverage in order to facilitate transparent analysis of coverage rates in the Region. The concerns about vaccine hesitancy were reiterated, and the need to counter the spread of vaccine misinformation and strengthen communication strategies to promote vaccine confidence was emphasized.

255. Dr. Luis Andrés de Francisco Serpa (Director, Department of Family, Health Promotion, and Life Course, PASB) commended Member States' efforts to increase vaccination coverage, noting that, while high rates had been achieved regionwide, there were still pockets of low coverage in some areas and populations. It was therefore necessary to continue striving to increase coverage and to promptly detect any cases of vaccine-preventable disease that occurred. Vaccine hesitancy was a real challenge. Indeed, it had been recognized by the WHO Director-General as one of the top 10 threats to public health. The Bureau was working to improve communication and identify ways of countering the spread of misinformation about immunization.

256. Dr. Jarbas Barbosa da Silva (Assistant Director, PASB) said that the Bureau was engaged in a process of reflection on the adjustments needed in the regional immunization program. As part of that process, it had commissioned an external evaluation and was currently evaluating the recommendations made. He invited Member States to do the same at the national level, pointing out that, while society had changed a great deal in the previous 20 years, immunization programs had not. In particular, it was necessary to update the way in which programs communicated information about vaccines. It was also necessary to ensure that primary health care professionals had the information they needed to explain the benefits of vaccination. With regard to vaccine supplies, he noted that the PAHO Revolving Fund for Vaccine Procurement could support countries in strengthening their capacity for forecasting needs in order to avoid potential shortages.

257. The Council took note of the report.

Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO (Document CD57/INF/11)

A. Seventy-second World Health Assembly

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

C. Subregional Organizations

258. Hon. Jeffrey D. Bostic (Alternate Representative of the Executive Committee) informed the Directing Council that the Executive Committee had received a report in June on the resolutions and other actions of the Seventy-second World Health Assembly and of various subregional bodies considered to be of interest to PAHO. Although the text of the resolutions and decisions adopted by the Health Assembly had not been available in time for the Committee's 164th Session, the Committee had been informed that a full analysis of the matters of particular interest to the Region would be provided in the report submitted to the Directing Council. With regard to subregional organizations, the Committee had been informed that health topics remained high on the agendas of subregional integration bodies. In the Committee's discussion of the report, the importance of aligning PAHO's subregional cooperation strategy with the health-related agendas of the Central American region had been emphasized. At the same time, it had been underscored that the documents of subregional bodies should be harmonized with the decisions of PAHO's Governing

Bodies in order to avoid the duplication or distortion of mandates agreed at the regional level.

259. In the discussion that followed, concerns were raised regarding WHO funding levels for the Region of the Americas, which were lower than for any other region. A delegate observed that the growing funding gap would make it more difficult to address the persistent health inequalities in the Region and called on the Director and Member States to continue efforts to make WHO officials aware of the effects of the unequal allocation of WHO resources.

260. Ms. Mônica Zaccarelli Davoli (Senior Advisor, Governing Bodies Office, PASB) noted that, in the period since the 164th Session of the Executive Committee, the resolutions and decisions adopted by the World Health Assembly had been made available. Those considered to have the greatest impact in the Region had been included in the annex to Document CD57/INF/11(A), with the aim of drawing Member States' attention to areas of coordination between WHO and PAHO and to issues of concern, including the unequal allocation of resources to the Region.

261. With regard to the actions of subregional bodies, the Delegate of Brazil described how his country, which currently held the Southern Common Market (MERCOSUR) presidency pro tempore, was working with several other MERCOSUR countries to expand vaccination coverage in response to the reemergence of vaccine-preventable diseases, including measles and yellow fever, as a result of mass migration. He reported that MERCOSUR had also resumed negotiations on the prices of high-cost medicines and was working on initiatives in areas such food and nutrition security, noncommunicable diseases, HIV, and viral hepatitis.

262. Ms. Ana Solís Treasure (Head, Office for Country and Subregional Coordination, PASB) said that the Bureau would continue working with MERCOSUR and other subregional bodies in accordance with the subregional cooperation strategies in place and the issues they prioritized, with a view to bridging the equity gaps that existed in the various subregions.

263. The Council took note of the report.

Potential Health Effects of Sargassum (Document CD57/INF/12)

264. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Environmental Determinants of Health, PASB), introducing the report, noted that, since 2011, significant quantities of *Sargassum spp.*, a type of brown seaweed, had been washing up on the beaches of Brazil, Central America, and the Caribbean. The phenomenon was fueled by, among other things, the recirculation of seaweed mats in the tropical Atlantic Ocean; nutrients from the flooding of major rivers, such as the Amazon and the Mississippi; and climate change, which could increase the frequency, number, or severity of algal blooms.

265. Once onshore, sargassum began to decompose, releasing hydrogen sulfide and ammonia—gases that could cause respiratory and neurological symptoms in exposed

populations. There was limited information regarding the negative health effects of the current sargassum blooms in the Region. Between January and August 2018, however, health surveillance programs in Martinique and Guadeloupe had reported 11,400 consultations and hospital admissions for acute exposure to hydrogen sulfide.

266. A multisectoral approach was necessary to address this recurrent and growing problem. Initial health actions should include strengthening surveillance, developing clinical response protocols, and establishing risk communication strategies. Concerted effort by a range of national and international organizations was needed, as was capacity-building that brought together academic experts with local communities.

267. In the ensuing discussion, delegates welcomed the inclusion of the item on the agenda of the Directing Council, with one delegate noting that her country was currently being bombarded with sargassum, which was having a negative impact on marine life and on the country's tourism industry. The importance of studying the causes and health effects of sargassum was underscored, and PAHO was asked to provide affected Member States with assistance in that regard. The Delegate of France announced that her country had organized an international conference on sargassum, to take place in October 2019, with the aim of evaluating the problems posed by the seaweed and finding common solutions. It was hoped that other countries would also participate in medium- and long-term research projects on the effects of sargassum. The same delegate added that the issue should be borne in mind in the development of PAHO's regional strategy on health, environment, and climate change.

268. Dr. Espinal agreed that more research was needed in order to determine the health effects of sargassum. In order to provide the best technical cooperation to Member States, a multisectoral approach would be required, for which reason PAHO intended to join forces with other United Nations entities, such as the United Nations Environment Program (UNEP).

269. The Directing Council took note of the report.

Other Matters

270. The Director announced that WHO had classified the Barbados Defense Force as a Type 1 Fixed Emergency Medical Team (EMT) and presented to Hon. Jeffrey Bostic, Minister of Health of Barbados, an acknowledgement of that distinction.

Closure of the Session

271. Following the customary exchange of courtesies, the President declared the 57th Directing Council closed.

Resolutions and Decisions

272. The following are the resolutions and decisions adopted by the 57th Directing Council.

Resolutions

CD57.R1 Collection of Assessed Contributions

THE 57th DIRECTING COUNCIL,

Having considered the report of the Director on the collection of assessed contributions (Documents CD57/15 and Add. I), and the resolution adopted during the 164th 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 30 September 2019, 11 Member States have not made any payments towards their 2019 assessed contributions;

Noting that as of 30 September 2019, only 13% of this year's assessed contributions have been received, forcing the Organization to deplete other unrestricted resources,

RESOLVES:

1. To take note of the *Report on the Collection of Assessed Contributions* (Documents CD57/15 and Add. I).
2. To commend those Member States that have already made payments in 2019 for their commitment in meeting their financial obligations to the Organization.
3. To strongly urge the other Member States to pay all their outstanding 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) identify other resources and funding mechanisms available to the Organization and, if necessary, advise the Executive Committee accordingly;
 - c) inform the Executive Committee of Member States' compliance with their commitment to pay their assessed contributions;
 - d) report to the 58th Directing Council on the status of the collection of assessed contributions for 2020 and prior years.

(Third meeting, 1 October 2019)

CD57.R2 *Strategic Plan of the Pan American Health Organization 2020-2025*

THE 57th DIRECTING COUNCIL,

Having considered the *Strategic Plan of the Pan American Health Organization 2020-2025 (Official Document 359)* presented by the Director;

Acknowledging the participatory process for the formulation of the Strategic Plan through the Strategic Plan Advisory Group (SPAG) and the national consultations carried out by Member States to define their programmatic priorities, in collaboration with the Pan American Sanitary Bureau (PASB);

Noting that the Strategic Plan provides the main framework to guide and ensure continuity in the preparation of program budgets and operational plans over three biennia, and that the Strategic Plan responds to the health-related Sustainable Development Goals, the Sustainable Health Agenda for the Americas 2018-2030, which is the highest-level regional mandate in health, the 13th General Programme of Work of the World Health Organization, and other relevant regional and global mandates;

Considering the health context in the Region of the Americas, where gaps and disparities persist between different groups in reaching health outcomes despite significant and sustained progress toward reaching universal access to health and universal health coverage;

Welcoming the strategic vision of the Plan under the theme *Equity at the Heart of Health*, which aims to position health equity as the overarching goal and catalyze efforts in Member States to reduce health inequities within and between countries and territories in order to improve health outcomes;

Acknowledging that the Strategic Plan represents a comprehensive and collective set of results that the Organization aims to achieve in alignment with the mandates mentioned above, and that future reporting on the implementation of the Strategic Plan and its program budgets will constitute the principal means of ensuring programmatic accountability and transparency of PASB and PAHO Member States, in line with the principles of results-based management,

RESOLVES:

1. To approve the *Strategic Plan of the Pan American Health Organization 2020-2025 (Official Document 359)*.
2. To thank the members of the SPAG for their commitment and strategic and technical input to the development of the Strategic Plan, and to express appreciation to the Director for ensuring the effective support of all levels of PASB to the SPAG and the participatory approach utilized for this important process.

3. To invite concerned organizations of the United Nations and Inter-American systems, international development partners, international financial institutions, academic institutions, civil society, private sector organizations, and others to extend their support for the attainment of the ambitious targets contained in the Strategic Plan.
4. To urge all Member States, taking into account their national contexts and priorities, to identify the actions to be taken and resources needed in order to achieve the collective targets set in the Strategic Plan.
5. To request the Director to:
 - a) use the Strategic Plan to provide strategic direction to the Organization during 2020-2025 in order to advance the health-related Sustainable Development Goals, the Sustainable Health Agenda for the Americas 2018-2030, the 13th General Programme of Work of the World Health Organization, and other regional and global mandates;
 - b) use the programmatic priorities stratification defined in the Strategic Plan to inform resource allocation and coordination of resource mobilization efforts;
 - c) continue to implement the key country strategy through PASB technical cooperation, applying the results of the updated health needs index in order to close health gaps within and between countries;
 - d) continue to utilize joint monitoring and assessment tools, expand the collection of disaggregated data, as well as expand the use of the Regional Core Health Data and other existing information systems, to report on the implementation of the Strategic Plan and its program budgets;
 - e) undertake a comprehensive review of the lessons learned from the Strategic Plan 2014-2019 in order to further guide evidence-based health policies and interventions during the next six years;
 - f) report to the Directing Council on implementation of the Strategic Plan through biennial performance assessment reports in 2022 and 2024, with a final evaluation in 2026;
 - g) recommend to future Directing Councils any amendments to the Strategic Plan as may be necessary.

(Third meeting, 1 October 2019)

CD57.R3 PAHO Budget Policy

THE 57th DIRECTING COUNCIL,

Having reviewed the proposed *PAHO Budget Policy* (Document CD57/5), which presents a revised regional budget policy that defines a new way of allocating budget ceilings within the Pan American Health Organization (PAHO);

Noting the recommendations contained in the external evaluation of the existing budget policy that was presented to Member States for consideration in Documents CD56/6 and CD56/6, Add. I;

Mindful that the World Health Organization (WHO) and PAHO have adopted integrated budget approaches, and that Member States now approve an integrated budget, not solely the Regular Budget as was done prior to the 2016-2017 biennium;

Considering the deliberations of the Executive Committee,

RESOLVES:

1. To thank the Strategic Plan Advisory Group (SPAG) and in particular the SPAG Subgroup on Health Needs Index and Budget Policy for their efforts to recommend modifications and introduce new criteria for the allocation of budget ceilings among the PAHO/WHO Representative Offices in the countries.
2. To take note of the proposed model for allocating budget ceilings among countries.
3. To approve the new PAHO Budget Policy, with the following emphases:
 - a) the budget allocation among the three functional levels of the Organization (country, subregional, and regional) will be such that, with the aim of strengthening cooperation with countries, the Pan American Sanitary Bureau will continuously strive to maintain optimal functional and organizational structures aimed at delivering the greatest level of impact in the countries, while still effectively responding to collective regional and subregional mandates;
 - b) the target budget share for the country and subregional levels (combined) is set at 45% for the period 2020-2025; the distribution among functional and organizational levels remains dynamic, allowing for budget ceiling adjustments throughout the planning process as necessary, always in transparent fashion and with the objective of improving health results in and for countries;
 - c) in the reallocation of budget ceilings among countries, no country's budget allocation shall be modified (increased or decreased) by more than 10% per biennium;

- d) if the manual adjustment “escape clause” is used in a specific biennium, the respective justification will be presented to Member States for consideration and approval.
4. To ensure that the country budget allocations in PAHO program budgets during the period 2020-2025 are guided by the Budget Policy and are phased in over the three biennia, to ensure manageable transitions for technical cooperation programs and PAHO/WHO Representative Offices.
5. To promote prioritization in the allocation of resources among programmatic outcomes consistent with the collective and individual mandates of Member States, as expressed in PAHO’s planning documents.
6. To request the Director to:
- a) apply the new PAHO Budget Policy when formulating future proposed program budgets for the consideration of the Directing Council or the Pan American Sanitary Conference;
 - b) present to the Directing Council or to the Pan American Sanitary Conference an update on the implementation of the PAHO Budget Policy every two years, as part of the report on the end-of-biennium assessment of the PAHO Program Budget;
 - c) present to the Directing Council or to the Pan American Sanitary Conference a thorough evaluation of the PAHO Budget Policy following two biennia (four years) of its implementation, to ensure that it is meeting the objectives set out in the Budget Policy;
 - d) collaborate with Member States to promote more effective modes of cooperation in an environment of financial constraints.

(Third meeting, 1 October 2019)

CD57.R4 *Scale of Assessed Contributions for 2020-2021*

THE 57th DIRECTING COUNCIL,

Having examined the report of the Pan American Sanitary Bureau on the *Scale of Assessed Contributions for 2020-2021* to be applied to Member States, Participating States, and Associate Members of the Pan American Health Organization for the budgetary period 2020-2021 (Document CD57/6);

Bearing in mind the provisions of Article 60 of the Pan American Sanitary Code, which establishes that the assessed contributions of the Pan American Health Organization shall be apportioned among the Signatory Governments on the same basis as the contributions of the Organization of American States;

Taking into account Article 24(A) of the Constitution of the Pan American Health Organization, which states that the Organization shall be financed by annual contributions from its Member Governments and that the rate of these contributions shall be determined in conformity with Article 60 of the Pan American Sanitary Code;

Considering that the General Assembly of the Organization of American States has adopted a scale of quota assessments for the years 2019-2023;

Bearing in mind that the total assessed contribution level still needs to be determined,

RESOLVES:

1. To approve the *Scale of Assessed Contributions for 2020-2021* (Document CD57/6), below.
2. To request the Pan American Sanitary Bureau to present detailed amounts of the gross and net assessed contributions to be paid by Member States, Participating States, and Associate Members of the Pan American Health Organization once the total assessed contribution level is determined.

Membership	Assessment Rate (%)	
	2020	2021
<i>Member States</i>		
Antigua and Barbuda	0.022	0.029
Argentina	3.000	3.229
Bahamas	0.047	0.051
Barbados	0.026	0.032
Belize	0.022	0.029
Bolivia	0.070	0.075
Brazil	12.457	13.408
Canada	9.801	10.549
Chile	1.415	1.523
Colombia	1.638	1.763
Costa Rica	0.256	0.276
Cuba	0.132	0.142
Dominica	0.022	0.029
Dominican Republic	0.268	0.288
Ecuador	0.402	0.433
El Salvador	0.076	0.082
Grenada	0.022	0.029
Guatemala	0.171	0.184
Guyana	0.022	0.029

Membership	Assessment Rate (%)	
	2020	2021
<i>Member States</i>		
Haiti	0.022	0.029
Honduras	0.043	0.046
Jamaica	0.053	0.057
Mexico	6.470	6.964
Nicaragua	0.022	0.029
Panama	0.191	0.206
Paraguay	0.087	0.094
Peru	1.005	1.082
Saint Kitts and Nevis	0.022	0.029
Saint Lucia	0.022	0.029
Saint Vincent and the Grenadines	0.022	0.029
Suriname	0.022	0.029
Trinidad and Tobago	0.129	0.139
United States	59.445	56.285
Uruguay	0.298	0.321
Venezuela	1.940	2.088
<i>Participating States</i>		
France	0.146	0.146
Netherlands	0.022	0.029
United Kingdom	0.022	0.029
<i>Associate Members</i>		
Aruba	0.022	0.029
Curaçao	0.022	0.029
Puerto Rico	0.082	0.073
Sint Maarten	0.022	0.029
TOTAL	100.000	100.000

(Fourth meeting, 1 October 2019)

CD57.R5 Program Budget of the Pan American Health Organization 2020-2021

THE 57th DIRECTING COUNCIL,

Having examined the *Program Budget of the Pan American Health Organization 2020-2021 (Official Document 358)*;

Having considered the report of the 164th Session of the Executive Committee (Document CD57/2);

Noting the efforts of the Pan American Sanitary Bureau (PASB) to propose a program budget that takes into account both the economic concerns of Member States and the joint responsibility of Member States and PASB in achieving public health mandates;

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

RESOLVES:

1. To approve the program of work of the Pan American Health Organization (PAHO) with a budget of US\$ 620.0 million¹ for base programs and \$30.0 million for special programs, as outlined in the *Program Budget of the Pan American Health Organization 2020-2021 (Official Document 358)*.
2. To encourage Member States, Participating States, and Associate Members to continue to make timely payments of their assessed contributions in 2020 and 2021 and of arrears that might have accumulated in the previous budgetary periods.
3. To encourage Member States, Participating States, and Associate Members to continue advocating for an equitable share of World Health Organization (WHO) resources and specifically for WHO to fully fund the budget space allocated to the Region of the Americas.
4. To encourage Member States, Participating States, and Associate Members to make voluntary contributions that are aligned with the PAHO Program Budget 2020-2021, and where possible, to consider making these contributions fully flexible and un-earmarked.
5. To approve assessed contributions for the biennium 2020-2021 in the amount of \$225.9 million, composed of: *a)* \$194.4 million in net assessments of Member States, Participating States, and Associate Members, which requires no increase over the last approved amount of net assessed contributions (\$194.4 million); and *b)* \$31,478,000 as a transfer to the Tax Equalization Fund, as indicated in the table below.
6. In establishing the contributions of Member States, Participating States, and Associate Members, assessed contributions shall be reduced further by the amount standing to their credit in the Tax Equalization Fund, except that credits of those states that levy taxes on the emoluments received from PASB by their nationals and residents shall be reduced by the amounts of such tax reimbursements by PASB.
7. To finance the approved base programs in the following manner and from the indicated sources of financing:

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

Source of Financing	Amount (US\$)
Assessed Contributions from PAHO Member States, Participating States, and Associate Members	225,878,000
Less credit from Tax Equalization Fund	31,478,000
Budgeted Miscellaneous Revenue	20,000,000
PAHO Voluntary Contributions and Other Sources	189,800,000
Budget allocation to the Region of the Americas from WHO	215,800,000
TOTAL	620,000,000

8. To authorize the Director to use all sources of financing indicated above to fund the PAHO Program Budget 2020-2021, subject to the availability of funding.

9. To request that the Director report on the expenditure amounts from each source of financing, and against the 28 outcomes outlined in the PAHO Program Budget 2020-2021, in the end-of biennium assessment to be presented to the Governing Bodies in 2022.

(Fourth meeting, 1 October 2019)

CD57.R6 Assessed Contributions of the Member States, Participating States, and Associate Members of the Pan American Health Organization for 2020-2021

THE 57th DIRECTING COUNCIL,

Whereas in Resolution CD57.R5 the Directing Council approved the *Program Budget of the Pan American Health Organization 2020-2021 (Official Document 358)*;

Bearing in mind that the Directing Council, in Resolution CD57.R4, adopted the Scale of Assessed Contributions for 2020-2021 for Member States, Participating States, and Associate Members of the Pan American Health Organization,

RESOLVES:

To establish the assessed contributions of the Member States, Participating States, and Associate Members of the Pan American Health Organization for the financial periods 2020 and 2021 in accordance with the scale of assessed contributions shown below and in the corresponding amounts, which represent no increase with respect to the biennium 2018-2019.

Scenario 1: Zero growth in Assessed Contributions

ASSESSMENTS OF THE MEMBER STATES, PARTICIPATING STATES, AND ASSOCIATE MEMBERS
OF THE PAN AMERICAN HEALTH ORGANIZATION FOR THE FINANCIAL PERIOD 2020-2021

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)		Net Assessment (US Dollars)	
	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021
Member States										
Antigua and Barbuda	0.022	0.029	24,847	32,752	3,463	4,564			21,384	28,188
Argentina	3.000	3.229	3,388,170	3,646,800	472,170	508,212			2,916,000	3,138,588
Bahamas	0.047	0.051	53,081	57,599	7,397	8,027			45,684	49,572
Barbados	0.026	0.032	29,364	36,140	4,092	5,036			25,272	31,104
Belize	0.022	0.029	24,847	32,752	3,463	4,564			21,384	28,188
Bolivia	0.070	0.075	79,057	84,704	11,017	11,804			68,040	72,900
Brazil	12.457	13.408	14,068,811	15,142,861	1,960,607	2,110,285			12,108,204	13,032,576
Canada	9.801	10.549	11,069,151	11,913,935	1,542,579	1,660,307	40,000	40,000	9,566,572	10,293,628
Chile	1.415	1.523	1,598,087	1,720,061	222,707	239,705			1,375,380	1,480,356
Colombia	1.638	1.763	1,849,941	1,991,115	257,805	277,479			1,592,136	1,713,636
Costa Rica	0.256	0.276	289,124	311,712	40,292	43,440			248,832	268,272
Cuba	0.132	0.142	149,079	160,373	20,775	22,349			128,304	138,024
Dominica	0.022	0.029	24,847	32,752	3,463	4,564			21,384	28,188
Dominican Republic	0.268	0.288	302,677	325,264	42,181	45,328			260,496	279,936
Ecuador	0.402	0.433	454,015	489,026	63,271	68,150			390,744	420,876
El Salvador	0.076	0.082	85,834	92,610	11,962	12,906			73,872	79,704
Grenada	0.022	0.029	24,847	32,752	3,463	4,564			21,384	28,188
Guatemala	0.171	0.184	193,126	207,808	26,914	28,960			166,212	178,848
Guyana	0.022	0.029	24,847	32,752	3,463	4,564			21,384	28,188
Haiti	0.022	0.029	24,847	32,752	3,463	4,564			21,384	28,188
Honduras	0.043	0.046	48,564	51,952	6,768	7,240			41,796	44,712
Jamaica	0.053	0.057	59,858	64,375	8,342	8,971			51,516	55,404
Mexico	6.470	6.964	7,307,153	7,865,072	1,018,313	1,096,064			6,288,840	6,769,008
Nicaragua	0.022	0.029	24,847	32,752	3,463	4,564			21,384	28,188
Panama	0.191	0.206	215,713	232,654	30,061	32,422			185,652	200,232
Paraguay	0.087	0.094	98,257	106,163	13,693	14,795			84,564	91,368
Peru	1.005	1.082	1,135,037	1,222,000	158,177	170,296			976,860	1,051,704
Saint Kitts and Nevis	0.022	0.029	24,847	32,752	3,463	4,564			21,384	28,188
Saint Lucia	0.022	0.029	24,847	32,752	3,463	4,564			21,384	28,188
Saint Vincent and the Grenadines	0.022	0.029	24,847	32,752	3,463	4,564			21,384	28,188

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)		Net Assessment (US Dollars)	
	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021
Suriname	0.022	0.029	24,847	32,752	3,463	4,564			21,384	28,188
Trinidad and Tobago	0.129	0.139	145,691	156,985	20,303	21,877			125,388	135,108
United States	59.445	56.285	67,136,589	63,567,716	9,356,049	8,858,696	8,000,000	8,000,000	65,780,540	62,709,020
Uruguay	0.298	0.321	336,558	362,534	46,902	50,522			289,656	312,012
Venezuela	1.940	2.088	2,191,017	2,358,166	305,337	328,630	35,000	35,000	1,920,680	2,064,536
Participating States										
France	0.146	0.146	164,891	164,891	22,979	22,979			141,912	141,912
The Netherlands	0.022	0.029	24,847	32,752	3,463	4,564			21,384	28,188
United Kingdom	0.022	0.029	24,847	32,752	3,463	4,564			21,384	28,188
Associate Members										
Aruba	0.022	0.029	24,847	32,752	3,463	4,564			21,384	28,188
Curaçao	0.022	0.029	24,847	32,752	3,463	4,564			21,384	28,188
Puerto Rico	0.082	0.073	92,610	82,445	12,906	11,489			79,704	70,956
Sint Maarten	0.022	0.029	24,847	32,752	3,463	4,564			21,384	28,188
TOTAL	100.000	100.000	112,939,000	112,939,000	15,739,000	15,739,000	8,075,000	8,075,000	105,275,000	105,275,000

* Total Credit on Tax Equalization Fund was calculated based on number of fixed-term staff as of 31 December 2018. UN exchange rates for same date were used as applicable.

(Fourth meeting, 1 October 2019)

CD57.R7 ***PAHO Disease Elimination Initiative: A Policy for an Integrated Sustainable Approach to Communicable Diseases in the Americas***

THE 57th DIRECTING COUNCIL,

Having reviewed the *PAHO Disease Elimination Initiative: A Policy for an Integrated Sustainable Approach to Communicable Diseases in the Americas* (Document CD57/7), which articulates and illustrates the corporate approach and comprehensive strategy of the Pan American Health Organization (PAHO) for communicable disease elimination;

Considering that this initiative reflects the commitment made by Member States to advance toward meeting the Sustainable Development Goals by 2030 and the goals of the Sustainable Health Agenda for the Americas 2018-2030;

Cognizant of the impact that these diseases and conditions have in the Americas, especially among populations in situations of vulnerability;

Acknowledging the potential financial benefits of implementing cost-effective public health programs and strategies that consider target diseases and conditions throughout the life course and that take a multisectoral approach across health systems and networks at the country level throughout the Americas;

Considering the ongoing work toward achieving universal health as addressed in PAHO's Strategy for Universal Access to Health and Universal Health Coverage (Resolution CD53.R14 [2014]) and the framework for action of the World Health Organization (WHO) for strengthening health systems to improve health outcomes (2007), and recognizing the first level of care as the main pillar of disease elimination;

Considering the numerous PAHO and WHO strategies and plans of action focusing on various health conditions related to this initiative;

Acknowledging PAHO's historic role in important disease elimination achievements in the Region and globally;

Recognizing that this initiative provides countries in the Americas orientation and direction toward the elimination of communicable diseases through adoption of a common and sustainable approach,

RESOLVES:

1. To endorse the *PAHO Disease Elimination Initiative: A Policy for an Integrated Sustainable Approach to Communicable Diseases in the Americas* (Document CD57/7).

2. To urge Member States, according to their national contexts and priorities, to:
 - a) adopt and implement the strategic approach of the Elimination Initiative to promote and step up elimination of communicable diseases and related conditions within their national public health agendas;
 - b) ensure that the overarching principle of the Elimination Initiative, the life course approach, is realized across all levels of the national health system and network services;
 - c) strengthen institutional and community capacity to produce quality data that can be used to monitor progress toward elimination of communicable diseases and related conditions, as well as to generate further evidence;
 - d) make efforts to promote intersectoral governmental coordination and the participation of civil society and the community toward elimination of communicable diseases and related conditions;
 - e) foster better access to quality health services by strengthening primary health care and working to achieve universal health.

3. To request the Director to:
 - a) secure political, managerial, administrative, and financial support, including by intensifying external resource mobilization, for successful implementation of the Elimination Initiative;
 - b) promote and enhance interprogrammatic, multisectoral collaboration to pursue synergies across all stakeholders expected to contribute to the implementation of the Elimination Initiative;
 - c) enhance coordination at regional and country levels to improve access to vaccines, medicines, diagnostic tests, and other key commodities, such as bed nets, vector control products, and water/sanitation disinfection equipment, through the PAHO Revolving Fund for Strategic Public Health Supplies and the PAHO Revolving Fund for Vaccine Procurement;
 - d) measure progress toward elimination of communicable diseases and related conditions by strengthening health information systems that can ensure the availability and analysis of quality robust data throughout the life course from health services including maternal and child health, community health services, specialized clinics, and other facilities;
 - e) continue to prioritize the Region's national laboratory networks and supply-chain management (clinical and environmental laboratory services, transport and delivery services) for medicines, diagnostic tests, insecticides, and other public health goods;

- f) coordinate, promote, and provide regional-level technical cooperation to countries and territories for integrated health care delivery, especially at the primary health care level, to achieve communicable disease elimination;
- g) report periodically to the Governing Bodies on the progress made and challenges faced in implementation of the initiative, through three progress reports in 2023, 2026, and 2029, and a final report in 2031.

(Fourth meeting, 1 October 2019)

CD57.R8 Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Brazil, Colombia, and Panama

THE 57th 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 Costa Rica, Haiti, and Mexico were elected to serve on the Executive Committee upon the expiration of the periods of office of Brazil, Colombia, and Panama,

RESOLVES:

1. To declare Costa Rica, Haiti, and Mexico elected to membership on the Executive Committee for a period of three years.
2. To thank Brazil, Colombia, and Panama for the services rendered to the Organization during the past three years by their delegates on the Executive Committee.

(Fifth meeting, 2 October 2019)

CD57.R9 Plan of Action for Strengthening Information Systems for Health 2019-2023

THE 57th DIRECTING COUNCIL,

Having reviewed the *Plan of Action for Strengthening Information Systems for Health 2019-2023* (Document CD57/9, Rev. 1);

Having considered the need to support the Plan of Action for the Strengthening of Vital Statistics 2017-2022 and advance with the countries of the Caribbean, Central America, and South America in implementing the conclusions and recommendations of the three high-level meetings on information systems for health;

Bearing in mind that the Sustainable Health Agenda for the Americas 2018-2030 proposes a specific goal (Goal 6) aimed at “improving information systems for health (IS4H), which are essential in order to improve health policy and decision-making, as well as to measure and monitor health inequalities in the population and progress toward the achievement of universal access to health and universal health coverage”,

RESOLVES:

1. To approve the *Plan of Action for Strengthening Information Systems for Health 2019-2023* (Document CD57/9, Rev. 1).
2. To urge the Member States, considering their contexts, needs, vulnerabilities, and priorities, to:
 - a) promote implementation of the Plan of Action for Strengthening Information Systems for Health 2019-2023 to advance more effectively toward integrated and interoperable systems;
 - b) support implementation of the national and subnational initiatives spelled out in the plan in order to integrate data on populations in conditions of vulnerability into the health systems;
 - c) strengthen the technical capacity and competencies of health workers, especially in primary care, to improve data collection and data sharing for more informed decision-making based on the greatest possible evidence.
3. To request the Director to:
 - a) provide technical support to the Member States to strengthen national capacity for the implementation of interconnected and interoperable information systems for health;
 - b) provide technical support to the Member States for standardized measurement of the maturity of information systems for health;
 - c) support technical teams in the development of countries’ capacity to produce complete and up-to-date quality data and information and report regularly on progress in monitoring the achievement of the Sustainable Development Goals, health situation analysis, and scenario development.

(Fifth meeting, 2 October 2019)

CD57.R10 Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030

THE 57th DIRECTING COUNCIL,

Having reviewed the *Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030* (Document CD57/10), whose strategic lines call for strengthening healthy settings, enabling community participation and empowerment and civil society engagement, enhancing governance and intersectoral work to act on the social determinants of health, and strengthening health systems and services by incorporating a health promotion approach in order to improve the health and well-being of the populations of the Americas;

Recognizing the importance of renewing health promotion in the Region in the context of the Sustainable Development Goals, the Sustainable Health Agenda for the Americas 2018-2030, the Strategy for Universal Access to Health and Universal Health Coverage, and the Strategic Plan of the Pan American Health Organization 2020-2025 in order to improve the health and well-being of the populations of the Americas,

RESOLVES:

1. To approve the *Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030* (Document CD57/10).
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 Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030 in order to advance effectively in its implementation.
3. To request the Director to:
 - a) provide technical support to the Member States to strengthen national capacities on health promotion that contribute to the implementation of the Strategy and Plan of Action and the achievement of its objectives.

(Sixth meeting, 2 October 2019)

CD57.R11 *Strategy and Plan of Action on Donation and Equitable Access to Organ, Tissue, and Cell Transplants 2019-2030*

THE 57th DIRECTING COUNCIL,

Having reviewed the *Strategy and Plan of Action on Donation and Equitable Access to Organ, Tissue, and Cell Transplants 2019-2030* (Document CD57/11);

Taking into account that, in 2009, the Pan American Health Organization (PAHO) approved the Policy Framework for Human Organ Donation, and Transplants, through Resolution CD49.R18, and that in September 2017, the Executive Committee of PAHO called on the Director of the Pan American Sanitary Bureau to begin consultations for the preparation of a plan of action on human organ donation and transplants to advance more quickly down the path established in the policy;

Considering that, in 2017, the 29th Pan American Sanitary Conference approved the Sustainable Health Agenda for the Americas 2018-2030, whose goals include promoting the expansion of equitable access to medicines, vaccines, and other priority and quality health technologies, based on the available scientific evidence, as an important step toward universal access to health and universal health coverage,

RESOLVES:

1. To approve and implement the *Strategy and Plan of Action on Donation and Equitable Access to Organ, Tissue, and Cell Transplants 2019-2030* (Document CD57/11).
2. To urge the Member States, bearing in mind the specific context of their national health systems and needs, vulnerabilities, and priorities, to:
 - a) promote implementation of the Strategy and Plan of Action on Donation and Equitable Access to Organ, Tissue, and Cell Transplants 2019-2030 to achieve the gradual expansion of and the equitable and quality access to organ, tissue, and cell transplants through voluntary altruistic donation, observing the Guiding Principles on transplantation of the World Health Organization;
 - b) report periodically on the progress of this strategy and the indicators included in the plan of action.
3. To request the Director to:
 - a) provide technical cooperation to the Member States for the preparation of updated national plans of action, and disseminate tools that facilitate the availability of organs, tissues, and cells and access to transplants;

- b) strengthen and promote coordination among countries, including through South-South cooperation, and among United Nations agencies, other international organizations, and the main actors working on issues related to organ, tissue, and cell donation and transplant activities;
- c) report periodically to the PAHO Governing Bodies on the progress made and challenges encountered in the implementation of the Strategy and Plan of Action.

(Sixth meeting, 2 October 2019)

CD57.R12 Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020-2025

THE 57th DIRECTING COUNCIL,

Having reviewed the *Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020-2025* (Document CD57/8);

Having considered the examples of best practices for the elimination of industrially produced trans-fatty acids (IP-TFA) in the Region of the Americas and globally;

Having reviewed the recommendations of the World Health Organization, of Member States, of leading experts, and of the scientific literature;

Recognizing the insufficient progress obtained with voluntary reduction in the Region and globally to date and the superior outcomes with mandatory elimination of IP-TFA;

Considering that this is a low-cost, high-impact, and feasible policy action, where investment in regulatory policy can save tens of thousands of lives annually for generations to come;

Recognizing the need for Member States that have not yet done so, to act definitively and in concert to eliminate IP-TFA from their food supply,

RESOLVES:

1. To approve and implement the *Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020-2025* (Document CD57/8).
2. To urge Member States, considering their own contexts and priorities, to:
 - a) promote and commit to the achievement of the objectives contained in the Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020-2025 in order to advance its implementation more effectively;

- b) enact regulatory policies to eliminate IP-TFA from the food supply;
 - c) ensure implementation of IP-TFA elimination policies by means of clearly defined regulatory enforcement systems;
 - d) assess progress toward elimination of IP-TFA from the food supply;
 - e) create awareness of the negative health impacts of trans-fatty acids and the health benefits to be gained from the elimination of IP-TFA, among policy-makers, producers, suppliers, and the public;
 - f) establish mechanisms for monitoring and evaluation.
3. To request the Director to:
- a) assist Member States in the preparation, review, and execution of policies to eliminate IP-TFA;
 - b) promote technical cooperation with and among countries to share evidence, best practices, tools, and lessons learned;
 - c) coordinate with other relevant bodies including subregional integration mechanisms and the Codex Alimentarius.

(Seventh meeting, 3 October 2019)

CD57.R13 Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery 2020-2025

THE 57th DIRECTING COUNCIL,

Having reviewed the *Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery 2020-2025* (Document CD57/12);

Taking into account that the Constitution of the World Health Organization establishes as one of its basic principles that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, or economic or social condition”;

Aware that the United Nations General Assembly adopted the 2030 Agenda for Sustainable Development, whose Goal 3 proposes to “ensure healthy lives and promote well-being for all at all ages”;

Considering that implementation of the Strategy for Universal Access to Health and Universal Health Coverage approved by the 53rd Directing Council of the Pan American Health Organization (PAHO) in 2014 calls for advances in universal access to quality, progressively expanding comprehensive health services that are consistent with health needs, system capacities, and national context, while identifying the unmet and differentiated needs of the population, as well as the specific needs of groups in conditions of vulnerability;

Recognizing that, despite the achieved progress, challenges remain, especially regarding the formulation and implementation of comprehensive and sustained strategies aimed at ensuring quality;

Considering that each country has the capacity to define its action plan, taking into account its social, economic, political, legal, historical, and cultural context, as well as current and future health challenges,

RESOLVES:

1. To approve and implement the *Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery 2020-2025* (Document CD57/12).
2. To urge the Member States, taking into account their contexts, needs, vulnerabilities, and priorities, to:
 - a) implement national action plans, taking as a frame of reference the objectives contained in the Strategy and Plan of Action, and establish monitoring mechanisms using the proposed indicators;
 - b) establish formal mechanisms for participation and dialogue in the preparation and implementation of national policies and strategies on quality, and for transparency and accountability in health services;
 - c) identify and implement continuous quality processes in health services, guided by individuals' safety and rights, promoting the empowerment of people and communities through training, participation, and access to information;
 - d) establish formal mechanisms to strengthen leadership in the development of national policies and strategies for quality, including collaboration and coordination among senior authorities to promote synergies in regulation, strategic planning, and decision-making, based on situation analyses;
 - e) promote, within service networks, the development of interprofessional teams responsible for monitoring and evaluating quality, with information systems that facilitate their work;
 - f) develop continuing education strategies for human resources for health, incorporating new information and communications technologies, telehealth, online education, and learning networks, in order to boost response capacity and

- quality of performance, with special emphasis on strengthening the response capacity of the first level of care and developing integrated health services networks;
- g) increase the efficiency and public financing necessary to provide adequate resources for the quality of comprehensive health services, with special attention to people and communities in conditions of vulnerability.
3. To request the Director to:
- a) promote intersectoral dialogue that facilitates the implementation of the Strategy and Plan of Action, and advocate for increased investment in health to secure sufficient resources;
- b) continue to implement actions and tools to support implementation of the Strategy and Plan of Action;
- c) prioritize technical cooperation that helps countries develop participatory processes to define national targets and goals, as well as action plans, to improve the quality of care in comprehensive health services for people, families, and communities in the Member States;
- d) promote innovation in technical cooperation, updating the Pan American Sanitary Bureau's mechanisms to facilitate coordinated interprogrammatic action to improve quality;
- e) promote research, sharing of experiences, and cooperation among countries in interventions to improve the quality of care in health service delivery;
- f) report periodically to the PAHO Governing Bodies on the progress made and the challenges faced in the implementation of the Strategy and Plan of Action and present a midterm review and a final report.

(Seventh meeting, 3 October 2019)

CD57.R14 Strategy and Plan of Action on Ethnicity and Health 2019-2025

THE 57th DIRECTING COUNCIL,

Having examined the *Strategy and Plan of Action on Ethnicity and Health 2019-2025* (Document CD57/13, Rev. 1);

Considering that, in September 2017, the 29th Pan American Sanitary Conference adopted the Policy on Ethnicity and Health, whose resolution requests the Director to continue to prioritize ethnicity as a cross-cutting theme of technical cooperation by the Pan American Health Organization (PAHO), in harmonization with gender, equity, and human rights;

Considering that the Constitution of the World Health Organization declares that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, or economic or social condition”;

Observing that the adoption of measures within the framework of intercultural health that could help to improve the health outcomes of indigenous, Afro-descendant, and Roma populations, and members of other ethnic groups, in line with the Strategic Plan of the Pan American Health Organization 2020-2025, its strategic objectives, its expected results at the regional level, and its indicators;

Considering the lessons learned and the already-adopted resolutions that recognize the need to strengthen intercultural health in health interventions;

Embracing the vision of the Sustainable Development Goals, the Sustainable Health Agenda for the Americas 2018-2030, the PAHO Strategic Plan 2020-2025, the PAHO Gender Equality Policy, the Resolution on Health and Human Rights, the Strategy for Universal Access to Health and Universal Health Coverage, and the Plan of Action on Health in all Policies,

RESOLVES:

1. To approve and implement the *Strategy and Plan of Action on Ethnicity and Health 2019-2025* (Document CD57/13, Rev. 1).
2. To urge the Member States, taking into account their contexts and needs, to promote the achievement of the objectives and indicators of the Strategy and Plan of Action on Ethnicity and Health 2019-2025 in order to advance more expeditiously on the route proposed in the Policy on Ethnicity and Health.
3. To request the Director, within the financial possibilities of the Organization, to:
 - a) provide technical support to the Member States for implementation of the Strategy and Plan of Action on Ethnicity and Health 2019-2025;
 - b) maintain ethnicity and health as a cross-cutting theme in PAHO’s technical cooperation;
 - c) strengthen mechanisms for interinstitutional coordination and collaboration to achieve synergies and efficiency in technical cooperation, including within the United Nations system and the Inter-American system, and with other stakeholders working in the area of ethnicity and health, especially subregional integration mechanisms and relevant international financial institutions;

- d) report periodically to the Governing Bodies on the progress made and the challenges faced in the execution of the Strategy and Plan of Action.

(Seventh meeting, 3 October 2019)

CD57.R15 Expanded Textbook and Instructional Materials Program (PALTEX)

THE 57th DIRECTING COUNCIL,

Having reviewed Document CD57/14, *Expanded Textbook and Instructional Materials Program (PALTEX)*, presented by the Director;

Recognizing that health education has evolved in the Region of the Americas, both in terms of educational trends and the inclusion of new technologies in educational processes, and that the needs identified by the Member States of the Pan American Health Organization (PAHO) in 1966 differ from current needs;

Aware that technical cooperation for the education of health professionals should strengthen, expand, and modernize educational processes to better meet the current needs of PAHO's Member States, in accordance with the Strategy on Human Resources for Universal Access to Health and Universal Health Coverage,

RESOLVES:

1. To adopt the proposal made in Document CD57/14, *Expanded Textbook and Instructional Materials Program (PALTEX)*.
2. To request the Director to:
 - a) coordinate and implement the necessary actions for the definitive termination of PALTEX operations, including administrative, financial, and human resources matters, by 31 December 2019;
 - b) support the countries and territories, within the framework of the Strategy on Human Resources for Universal Access to Health and Universal Health Coverage, in order to strengthen educational systems and strategies at the national level, with a view to developing and maintaining the competencies of health workers focused on universal health.

(Seventh meeting, 3 October 2019)

Decisions

CD57(D1): Appointment of the Committee on Credentials

Pursuant to Rule 31 of the Rules of Procedure of the Directing Council, the Council appointed Honduras, Saint Vincent and the Grenadines, and Suriname as members of the Committee on Credentials.

(First meeting, 30 September 2019)

CD57(D2): Election of Officers

Pursuant to Rule 16 of the Rules of Procedure of the Directing Council, the Council elected Costa Rica as President, Jamaica and Paraguay as Vice Presidents, and the Dominican Republic as Rapporteur of the 57th Directing Council.

(First meeting, 30 September 2019)

CD57(D3): Establishment of the General Committee

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

(First meeting, 30 September 2019)

CD57(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 CD57/1, Rev. 1), with one amendment: the addition of an item entitled “Potential Health Effects of Sargassum.”

(First meeting, 30 September 2019)

IN WITNESS WHEREOF, the President of the 57th Directing Council, 71st Session of the Regional Committee of WHO for the Americas, Delegate of Costa Rica, and the Secretary ex officio, Director of the Pan American Sanitary Bureau, sign the present Final Report in the Spanish language.

DONE in Washington, D.C., on this fourth day of October in the year two thousand nineteen. 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.

Daniel Salas
President of the
57th Directing Council, 71st Session of
the Regional Committee of WHO
for the Americas
Delegate of Costa Rica

Carissa Etienne
Secretary ex officio of the
57th Directing Council, 71st 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 Brazil, Colombia, and Panama

4. PROGRAM POLICY MATTERS

- 4.1 Strategic Plan of the Pan American Health Organization 2020-2025
 - 4.2 Program Budget of the Pan American Health Organization 2020-2021
 - 4.3 PAHO Budget Policy
 - 4.4 Scale of Assessed Contributions for 2020-2021
 - 4.5 PAHO Disease Elimination Initiative: A Policy for an Integrated Sustainable Approach to Communicable Diseases in the Americas
 - 4.6 Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020-2025
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4. PROGRAM POLICY MATTERS *(cont.)*

- 4.7 Plan of Action for Strengthening Information Systems for Health 2019-2023
- 4.8 Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030
- 4.9 Strategy and Plan of Action on Donation and Equitable Access to Organ, Tissue, and Cell Transplants 2019-2030
- 4.10 Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery 2020-2025
- 4.11 Strategy and Plan of Action on Ethnicity and Health 2019-2025
- 4.12 Expanded Textbook and Instructional Materials Program (PALTEX)

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 2018

6. AWARDS

- 6.1 PAHO Award for Health Services Management and Leadership 2019

7. MATTERS FOR INFORMATION

- 7.1 Report on Strategic Issues between PAHO and WHO
- 7.2 Regional Consultation on the Results Framework of the Thirteenth General Programme of Work 2019-2023 of the World Health Organization
- 7.3 Monitoring of the Resolutions and Mandates of the Pan American Health Organization
- 7.4 Implementation of the International Health Regulations (IHR)
- 7.5 Primary Health Care for Universal Health
- 7.6 Report of the Commission on Equity and Health Inequalities in the Americas

7. MATTERS FOR INFORMATION *(cont.)*

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

7.8 Strategy and Plan of Action on Adolescent and Youth Health: Final Report

7.9 Plan of Action on the Health of Older Persons, Including Active and Healthy Aging: Final Report

7.10 Progress Reports on Technical Matters:

A. Plan of Action for the Elimination of Neglected Infectious Diseases and Post-elimination Actions 2016-2022: Midterm Review

B. Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018-2023: Progress Report

C. Chronic Kidney Disease in Agricultural Communities in Central America: Progress Report

D. Cooperation for Health Development in the Americas: Progress Report

E. Plan of Action on Immunization: Progress Report

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

A. Seventy-second World Health Assembly

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

C. Subregional Organizations

7.12 Potential Health Effects of Sargassum

8. OTHER MATTERS

9. CLOSURE OF THE SESSION

LIST OF DOCUMENTS

Official Documents

- OD357* Financial Report of the Director and Report of the External Auditor for 2018
- OD359* and Add. I Strategic Plan of the Pan American Health Organization 2020-2025
- OD358* and Add. I and Add. II Program Budget of the Pan American Health Organization 2020-2021

Working Documents

- CD57/1, Rev. 2 Agenda
- CD57/WP/1 Program of Meetings
- CD57/2 Annual Report of the President of the Executive Committee
- CD57/3, Rev. 1 Annual Report of the Director of the Pan American Sanitary Bureau
- CD57/4 Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Brazil, Colombia, and Panama
- CD57/5 PAHO Budget Policy
- CD57/6 Scale of Assessed Contributions for 2020-2021
- CD57/7 PAHO Disease Elimination Initiative: A Policy for an Integrated Sustainable Approach to Communicable Diseases in the Americas
- CD57/8 Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020-2025
- CD57/9, Rev. 1 Plan of Action for Strengthening Information Systems for Health 2019-2023
- CD57/10 Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030
-

Working Documents *(cont.)*

CD57/11	Strategy and Plan of Action on Donation and Equitable Access to Organ, Tissue, and Cell Transplants 2019-2030
CD57/12	Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery 2020-2025
CD57/13, Rev. 1	Strategy and Plan of Action on Ethnicity and Health 2019-2025
CD57/14	Expanded Textbook and Instructional Materials Program (PALTEX)
CD57/15 and Add. I	Report on the Collection of Assessed Contributions
CD57/16	PAHO Award for Health Services Management and Leadership 2019

Information Documents

CD57/INF/1	Report on Strategic Issues between PAHO and WHO
CD57/INF/2	Regional Consultation on the Results Framework of the Thirteenth General Programme of Work 2019-2023 of the World Health Organization
CD57/INF/3	Monitoring of the Resolutions and Mandates of the Pan American Health Organization
CD57/INF/4	Implementation of the International Health Regulations (IHR)
CD57/INF/5	Primary Health Care for Universal Health
CD57/INF/6	Report of the Commission on Equity and Health Inequalities in the Americas
CD57/INF/7	PAHO's Response to Maintaining an Effective Technical Cooperation Agenda in Venezuela and Neighboring Member States
CD57/INF/8	Strategy and Plan of Action on Adolescent and Youth Health: Final Report
CD57/INF/9	Plan of Action on the Health of Older Persons, Including Active and Healthy Aging: Final Report

Information Documents (*cont.*)

- CD57/INF/10 Progress Reports on Technical Matters:
- A. Plan of Action for the Elimination of Neglected Infectious Diseases and Post-elimination Actions 2016-2022: Midterm Review
 - B. Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018-2023: Progress Report
 - C. Chronic Kidney Disease in Agricultural Communities in Central America: Progress Report
 - D. Cooperation for Health Development in the Americas: Progress Report
 - E. Plan of Action on Immunization: Progress Report
- CD57/INF/11 Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO:
- A. Seventy-second World Health Assembly
 - B. Forty-ninth Regular Session of the General Assembly of the Organization of American States
 - C. Subregional Organizations
- CD57/INF/12 Potential Health Effects of Sargassum

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MEMBER STATES/ESTADOS MIEMBROS (cont.)

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MEMBER STATES/ESTADOS MIEMBROS (cont.)

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Ministry of Health and Wellness
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**AWARD WINNERS/
GANADORES DE LOS PREMIOS**

**PAHO Award for Health Services
Management and Leadership 2019/
Premio OPS a la Gestión y al Liderazgo en
los Servicios de Salud 2019**

Dr. Reina Roa Rodríguez
Panama

**UNITED NATIONS AND SPECIALIZED AGENCIES/
NACIONES UNIDAS Y AGENCIAS ESPECIALIZADAS**

**Caribbean Community/
Comunidad del Caribe**

Dr. Rudolph Cummings

**Caribbean Public Health Agency/Agencia de
Salud Pública del Caribe**

Dr. Joy St. John

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

Sra. Inés Bustillo

**Inter-American Institute for Cooperation on
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**Joint United Nations Programme on
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Mr. Marcelo Bortman

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RELACIONES OFICIALES CON LA OPS**

**American Public Health Association/
Asociación Americana de Salud Pública**

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Iniciativa Medicamentos para
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**Inter-American Association of Sanitary
and Environmental Engineering/
Asociación Interamericana de Ingeniería
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**Inter-American Heart Foundation/
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Sr. Elisaul Perdomo
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**Latin American Society of Nephrology and
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