

**THIRD MEETING
TERCERA REUNIÓN**

Tuesday, 27 September 2005, at 9:00 a.m.
Martes, 27 de septiembre de 2005, a las 9.00 a.m.

President/Presidenta:

Dra. María Julia Muñoz

Uruguay

ADDRESS BY DR. JONG-WOOK LEE, DIRECTOR-GENERAL OF THE WORLD
HEALTH ORGANIZATION
PALABRAS DEL DR. JONG-WOOK LEE, DIRECTOR GENERAL DE LA
ORGANIZACIÓN MUNDIAL DE LA SALUD

Dr. LEE: Exactly one year ago, I expressed my condolences for those lost or struggling to survive the hurricanes in the countries of the Caribbean and in Florida. Again, I extend my sincere sympathies to those whose families, homes, and livelihoods have been affected by the recent natural disasters.

Exactly two weeks ago, I was part of a summit of Southeast Asian Nations (ASEAN) Heads of State at the United Nations in New York. I said there very bluntly that there will be another human influenza pandemic. I warned that no Government, Head of State, or Minister of Health can afford to be caught off guard. There is a storm brewing that will test us all. We must anticipate it and prepare to the very best of our combined ability. Good preparation means using reliable and timely information. It means the maximum possible use of proven medical resources and strategic action. Perhaps, most important of all, it means creating and working through partnerships. Our joint skills can and must reinforce our efforts.

Humans will have had no chance to develop a natural immunity to a new influenza virus. We therefore need excellent early warning systems. That means systems capable of detecting human-to-human transmission at the earliest stage possible. Antiviral medication will help to limit the spread of new human-to-human infection if we can quickly get it to the source. Quarantine measures will help to stop further transmission if we can rapidly isolate cases and contacts. The WHO guidelines, recently sent to you all, set out the phased steps that need to be taken in order to prepare.

The political, social, and economic cost of such a pandemic will be huge. I cannot emphasize this enough. Failure to take this threat seriously and prepare appropriately will have catastrophic consequences. Influenza pandemics in the past have been lethal on a massive scale. There were between 20 and 50 million deaths in the 1918 pandemic. In

the pandemics of the 1950s and 1960s, which were considered relatively mild, 5 million people died. Severe Acute Respiratory Syndrome (SARS) showed us how vulnerable our closely interconnected world has become. Fewer than 1,000 people died during the SARS outbreak, but the social and economic costs were enormous. Just imagine the impact of another mild influenza pandemic in which 5 million people died.

We do not know exactly when the next influenza pandemic will strike, but all the signs are there that it is coming. The only condition missing is the emergence of a changed H5N1 virus that is able to spread easily among humans. The virus that caused the human influenza pandemics of 1957 and 1968 originated when avian influenza viruses combined with human viruses. Many scientists believe that the virus responsible for the deadly 1918 pandemic was purely an avian virus that gradually adapted to humans. It is also likely that the next influenza pandemic will emerge from one of the countries that have avian influenza infection in its bird populations. Highly pathogenic H5N1 virus is now entrenched in many parts of Asia, and is moving further afield to Kazakhstan and the Russian Federation.

The human cases of avian influenza that have occurred so far have been where the viruses are widespread, where there is close personal contact with poultry, and where farming practices are not hygienic. This is the situation in several countries already. Those countries will need international, political, and financial support to take the drastic steps needed, such as to cull infected birds and compensate farmers. Poor farmers will need incentives to sacrifice their means of livelihood.

President Bush recently launched the International Partnership on Avian and Pandemic Influenza at the United Nations General Assembly. This initiative needs full international cooperation if it is to fulfill its aims. I ask you all to sign up and give it your active support. At the end of October, I will be attending an international meeting in Canada that aims to advance global cooperation.

Good communication with the agriculture sector is vital to establish reliable surveillance and reporting. This is a critical moment for you, the health leaders of the Western Hemisphere, to interact decisively with your counterparts in agriculture, finance, education, and industry, and to share information and plan strategically. Your ability to do this will be vital.

Every country must have a national pandemic control plan. Every country must also have a communication strategy. It should be able to inform the public about the pandemic, what is happening, and what to do. It is not enough to have resources available. They must be appropriate and deliverable.

Two weeks ago, at the Millennium Summit in New York, I said that at our current rate of progress, the health-related Millennium Development Goals on child health, maternal mortality, HIV/AIDS, tuberculosis, and malaria, will not be or are unlikely to be met in the poorest countries. We need focused, short-term goals to generate intense action. How is this to be achieved?

The call to provide antiretroviral treatment to 3 million people living with HIV/AIDS by 2005, the “3 by 5” initiative, provides an example. It made a start in changing the global mindset that access to drugs is only for those who can afford it. In July, the G8 group of countries set the target of getting “as close as possible to universal access to treatment for all those who need it by 2010.” This was followed by the commitment of the United Nations General Assembly to ensure, *inter alia*, that enhanced access to affordable medicines is provided universally by 2010.

Also, in London, the International Finance Facility was launched by the United Kingdom Chancellor of the Exchequer, Gordon Brown, and clearly this is another big effort to find resources for the attainment of the Millennium Development Goals. Member States in this Region have taken a lead in ensuring that “3 by 5” became a viable goal, notably through Canadian support, the United States President’s Emergency Plan for AIDS Relief, and the support of the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

Overall, antiretroviral drug prices are falling as more products become available and the market expands. WHO has already prequalified 63 antiretroviral drugs, including 29 generic formulations. The recent agreement between WHO and the United States Food and Drug Administration on sharing confidential information on generic HIV/AIDS drug approvals will further support the prequalification program, speeding up the availability of lower-priced generic antiretroviral medications.

By making treatment more widely available, more people are now motivated to come forward for HIV testing. This is especially important to avert the spread of HIV infection among young people in the Region; half of those infected here are aged between 15 and 24 years. Treatment and prevention go hand in hand, each supporting the other’s ability to save lives. Brazil has made an important step forward, offering antiretroviral therapy through the public sector to all its people in need of treatment.

We already have the curative and preventive technology to address much of the global burden of disease, but countries do not have the systems to deliver them. The development of fully functioning and equitable health systems is the only way to achieve lasting progress in health. Countries need to identify fair and sustainable financing for health systems, and make services affordable to the poor, who need them most.

If the world is to meet the goals of reducing maternal and under-5 mortality by 2015, a focused, coordinated effort will be required to bring women, children, and newborn infants the care they need. The Partnership for Maternal, Child and Newborn Health, launched in New York two weeks ago, is aimed at ensuring that that happens.

The adoption of the revised International Health Regulations by the World Health Assembly this year was a historic step towards building better health security and improving global coordination. The Regulations provide a framework for collaboration and communication, essential elements for a more prepared world.

Strategic planning exercises, such as the development of the WHO General Program of Work for the next 10 years, are being conducted to redefine the agenda and articulate the new role for health. Many of the factors that are significantly influencing health outcomes are not under our control, however. Social, economic, environmental, or political issues, such as poverty, education, intellectual property rights, and trade agreements play a central part in those health outcomes. It will be increasingly important to reflect a multisectoral approach in all our work.

Lastly, we set the highest professional standards for our work. Member States expect us to be efficient and fully accountable. We have an obligation to manage the resources entrusted to us with the greatest integrity and transparency. This is especially important when the level of resources being allocated to countries and Regions is being substantially increased. These are the fundamental bases on which we build our credibility as leaders in public health.

As you consider all these issues this week, I invite you to articulate the implications for WHO's role in world health. Our range of responsibilities is changing. As a Secretariat we need to know what our Member States expect of us, and shape ourselves accordingly. As a whole organization, we need to agree on the perspectives for the future. I value your thoughts on this very highly. I thank you for bringing your experience to this Regional Committee.

La PRESIDENTA da las gracias al Dr. Lee por su discurso, que recuerda a los presentes la alta responsabilidad que les incumbe de conducir a sus países frente a los desafíos del siglo XXI. Se congratula de la posibilidad de disponer de la información y los conocimientos que brinda la OMS para que los países cuenten con información actualizada en un mundo globalizado y en constante interacción. Preocupa la amenaza de una pandemia de gripe aviar, y por ello se está reforzando la vigilancia epidemiológica. El Director General se refirió al importante diálogo que debe existir entre la agricultura, la salud, la educación, los sectores y las organizaciones sociales. La OMS ha dado siempre ejemplo de la importancia que tiene la unión de los países y el esfuerzo que éstos

deben realizar para mantener esas organizaciones al día con potencia y capacidad de investigación y desarrollo. La investigación y desarrollo de las organizaciones internacionales es una parte importante de nuestro sacrificio en beneficio de nuestros pueblos.

ITEM 5.1: REPORT ON THE COLLECTION OF QUOTA CONTRIBUTIONS
PUNTO 5.1: INFORME SOBRE LA RECAUDACIÓN DE LAS CUOTAS

Dr. STEIGER (President of the Executive Committee) recalled that during the 136th Session of the Executive Committee in June 2005, Ms. Frahler, Area Manager, Financial Management and Reporting, had indicated that, as of 13 June 2005, the collection of quota contributions in respect of 2005 had amounted to US\$ 11.7 million, representing 13% of the year's assessments. Eleven Member States had paid their 2005 assessments in full, five had made partial payments, and 25 had not made any payments. The collection of arrears and current year's assessments during 2005 had totaled \$43 million compared with \$38 million at the same time in 2004 and \$30 million in 2003. Five countries, Argentina, Paraguay, Peru, Suriname, and Uruguay, had been potentially subject to the application of Article 6.B of the PAHO Constitution.

The Executive Committee had emphasized that the Organization belonged to its Member States, which therefore had the responsibility to support it. The Secretariat could not be expected to continue to provide services if Members failed to provide the necessary funding. It had been pointed out that, in recent years, extrabudgetary funds had tended to exceed funds coming from assessed contributions both at PAHO and at WHO Headquarters. While extrabudgetary funds undoubtedly made a contribution to health development, they were normally earmarked for specific purposes, and the Organization therefore relied on timely payment of the assessments to cover its normal operating costs.

Concern had been expressed about the possible effect of the Organization's new budget policy on the payment of quota contributions and the recovery of arrears. The decrease in allocations to a number of Member States in the 2006-2007 biennium might be a disincentive to payment of quota contributions, in particular for countries with large arrears.

The Executive Committee had adopted Resolution CE136.R4, which thanked Member States that had already made their payments for 2005 and urged all Member States to pay their outstanding contributions as soon as possible. The resolution recommended that the voting restrictions contained in Article 6.B of the PAHO Constitution be strictly applied to those Member States that, by the opening of the 46th Directing Council, had not made the required payments towards their quota commitments, and to those that had failed to make the scheduled payments in accordance

with their deferred plans. The resolution also requested the Director to continue exploring mechanisms, such as the payment of quotas in local currency that would contribute to punctual payment.

Ms. FRAHLER (Area Manager, Financial Management and Reporting), illustrating her presentation with slides, thanked Member States for their continuing efforts to pay their quota assessments in a timely manner and in accordance with the approved payment plans. Timely receipt of contributions prevented interruptions in the implementation of the Organization's approved biennial program activities.

The report on the collection of quota contributions (Document CD46/22) reflected quota receipts as of 22 July 2005. Addendum I to the document contained information on the situation as of 19 September 2005. PAHO had subsequently received additional quota payments from Antigua and Barbuda, Colombia, Grenada, Panama, Puerto Rico, and Suriname. As indicated in Addendum I, on 1 January 2005, the total arrears of quota contributions for the years prior to 2005 had amounted to \$69.8 million of which \$41.9 million (60%) related to 2004, and the balance to the period 1999-2003. Payments on those arrears received as of 19 September 2005 had amounted to \$42 million (60% of the total arrears), the highest figure achieved in recent years.

However, as of 19 September 2005, the collection of quota contributions for 2005 had amounted to \$21.6 million, which was only 23% of the \$92.2 million total, and was the lowest level of current year payments since 1999. Indeed, payment of the current year's quota contributions had exceeded the 2005 level by \$16 to \$28 million in every year from 1999 to 2004. In summary, the combined collection of arrears and current year's assessment as of 19 September 2005 had totaled \$64 million compared with \$74 million in 2004, \$64 million in 2003, \$65 million in 2002, and \$78 million in 2001.

The impact of the delays in quota payments was highlighted by the summary of the Organization's financial position as of 31 August 2005. At that point, a total of \$122.3 million in current contributions and arrears, net of the deduction for the tax equalization fund, had been received. Miscellaneous income, which included the interest on the Organization's investments, had reached \$5 million. Total income had amounted to \$127.3 million, only 68% of the 2004-2005 biennial program budget with 83% of the biennium completed.

In order to maintain a sound financial position, the Director had implemented significant controls on regular program budget expenditures, including the reduction of posts, delays in the filling of vacant posts, restrictions on use of temporary personnel and contracted services, and restructuring of technical and administrative areas. Furthermore,

PAHO had renegotiated with WHO its share of the health insurance premium for WHO staff members who retired in the Americas.

In spite of those initiatives, total cash disbursements had reached \$139.1 million, leaving a shortfall of \$11.8 million in the regular program budget as of 31 August 2005. The deficit had partly been covered by a transfer from the Working Capital Fund, which had already declined from its \$15 million authorized ceiling level on 31 December 2002 to \$11.6 million at the end of the 2002-2003 biennium. The Working Capital Fund had therefore been depleted, except for the \$2.3 million Inter-American Development Bank loan for the PALTEX textbook program.

With the prior approval of the majority of Members of the Executive Committee, the Organization had borrowed \$2.5 million from its proprietary funds at the end of August 2005. The \$18 million in quota contributions received during September 2005 would allow the Organization to repay the internally borrowed funds and replenish the Working Capital Fund. However, it was essential for the Organization to receive the payments of arrears and the balance of the 2005 quota assessments before the end of the current biennium in order to permit implementation of the approved biennial programs, and to secure the financial position at the end of the biennium, thereby avoiding the need for internal borrowing.

As of 27 September 2005, 36 Member States had made quota payments during the year: 16 had paid their 2005 assessments in full, five had made partial payments, and 18 had not made any payments toward their current year assessments. The Secretariat liaised with Member States concerning outstanding quota assessments, with a view to establishing deferred payment plans.

The status of quota payments had been reviewed by the Working Party to study the application of Article 6.B of the PAHO Constitution, appointed by the Directing Council at the current session, and its report would be presented by the President of the Working Party.

El Ing. SOSA (Guatemala, Presidente del Grupo de Trabajo sobre la Aplicación del Artículo 6.B) recuerda que el Grupo de Trabajo, integrado por Canadá, Guatemala y San Vicente y las Granadinas, ha analizado el estado de la recaudación de las cuotas teniendo presentes las disposiciones de dicho Artículo en cuanto a la suspensión de los privilegios de voto de los Miembros que tengan atrasos que excedan del importe de los pagos anuales de sus cuotas correspondientes a dos años completos.

En el momento de la apertura del 46.º Consejo Directivo, tres Estados Miembros tienen atrasos que exceden del importe de los pagos anuales de sus cuotas correspondientes a dos años completos. Dos de ellos están cumpliendo con el plan aprobado de

pagos diferidos. Un Estado Miembro no ha hecho ningún pago de sus cuotas atrasadas. Por consiguiente, ha perdido el derecho de voto en el momento de la apertura de la presente sesión del Consejo Directivo. No obstante, dicho Estado Miembro ha presentado un plan de pagos diferidos para saldar su adeudo de cuotas atrasadas, que ha sido aceptado por la Oficina.

En su análisis, el Grupo de Trabajo ha tenido muy en cuenta las recomendaciones de la 136.^a sesión del Comité Ejecutivo consignadas en la resolución CE136.R4, así como los informes oficiales y las resoluciones de las sesiones pasadas de este Consejo. El Grupo de Trabajo reconoce asimismo la importancia de la recepción oportuna de las contribuciones para la adecuada ejecución de los programas aprobados por el Consejo Directivo.

Es evidente que si los recursos presupuestarios no llegan cuando se esperan, se pone en peligro la ejecución oportuna de los programas. Además, la demora en la recepción de las contribuciones obliga a imponer medidas especiales para la gestión de los recursos financieros con la finalidad de mantener la Organización en una situación financiera sólida.

Teniendo en cuenta lo que antecede, el Grupo de Trabajo encomienda a los gobiernos de los Estados Miembros que tengan un plan aprobado de pagos diferidos por el compromiso constante asumido de liquidar sus atrasos respectivos en un período razonable. Los miembros del Grupo de Trabajo también tomaron nota con comprensión de las dificultades que afronta el Gobierno de Perú y lo felicitan por su compromiso de saldar sus cuotas atrasadas en los próximos cinco años. Por consiguiente, el Grupo de Trabajo recomienda al Consejo Directivo que restituya el derecho de voto de Perú en la presente sesión.

El Grupo de Trabajo reconoce el cumplimiento asiduo de los Estados Miembros que tienen en curso planes aprobados de pagos diferidos y que, en un caso, han liquidado completamente sus obligaciones financieras pero ya no están sujetos a la aplicación del Artículo 6.B. Además, felicita a los Estados Miembros que han realizado esfuerzos especiales para cumplir con sus compromisos relativos a las cuotas lo antes posible durante el año civil. También reconoce los esfuerzos considerables realizados por los países que están atravesando situaciones económicas difíciles.

El Grupo de Trabajo somete a la consideración del Consejo Directivo el proyecto de resolución contenido en el documento CD46/22, Add. II.

El Dr. GARCÍA (Chile) desea saber si la situación de pagos diferidos evitará que en el futuro se produzca una descapitalización de la Organización que ponga en riesgo su

funcionamiento. Felicita a los países que han liquidado sus deudas y pregunta si se ha previsto algún tipo de incentivo que facilite la obtención de los recursos en el plano nacional.

La Sra. FRAHLER (Gerente de Área, Gestión e Informes Financieros) dice que los pagos diferidos están facilitando la liquidación de deudas acumuladas durante varios años, que de otro modo sería difícil recuperar. Asimismo, ha sido muy oportuna la resolución aprobada el año pasado por la que se acepta el pago de las cuotas en moneda local. Acerca de los incentivos para el pago, recomienda que los Representantes de la OPS en los países destaquen los beneficios que aporta la labor de la Organización a cada Estado Miembro, que no podrían lograrse si las deudas acumuladas entorpecieran el funcionamiento de la Organización.

El Dr. GARCÍA (Chile) pregunta si el actual flujo de pagos garantiza el funcionamiento de la Organización, o si se prevén nuevas dificultades en el futuro en caso de que no se aumente el esfuerzo.

La Sra. FRAHLER (Gerente de Área, Gestión e Informes Financieros) aclara que los \$18 millones recibidos en concepto de cuotas suponen un alivio para los meses de septiembre y octubre, pero que la Organización necesita \$8 millones al mes para mantener los programas del presupuesto bienal, de modo que si no se reciben las cuotas de este año van a surgir otra vez problemas a partir de noviembre.

La DIRECTORA considera que la presentación ha reflejado la transparencia de los flujos en la Organización y destaca que se han adoptado una serie de medidas para paliar la situación. Por ejemplo, se han aprobado planes de pago y se ha autorizado el pago en moneda local, gracias a lo cual el año 2005 ha sido un año record en el cobro de los adeudos. Es muy probable que ese esfuerzo por parte de los países para ponerse al corriente de pagos les haya impedido cumplir las obligaciones correspondientes a 2005.

Destaca que cinco países, Bahamas, Bermuda, Guatemala, Guyana y Trinidad y Tabago, han hecho pagos anticipados para 2006, y que 16 países han abonado la totalidad de sus contribuciones correspondientes a 2005. Se ha establecido una información mensual sobre el flujo de caja, que se analiza en la Organización y se comunica al Presidente y a los Miembros del Comité Ejecutivo cuando se tiene que recurrir al fondo de trabajo o a alguno de los fondos fiduciarios de la Organización.

Decision: The proposed resolution was adopted.¹

Decisión: Se aprueba el proyecto de resolución¹.

¹ Resolution CD46.R1
Resolución CD46.R1

ITEM 6.2: PAHO IN THE IN THE 21ST CENTURY: FINAL REPORT
PUNTO 6:2 OPS EN EL SIGLO XXI: INFORME FINAL

Dr. STEIGER (United States of America, President of the Executive Committee), introducing Document CD46/29, the final report of the Working Group on PAHO in the 21st Century, drew particular attention to Resolution CE136.R3, which recommended a resolution for adoption by the Directing Council. He thanked the Minister of Health of Barbados, whose leadership had been crucial to the success of the discussions and had resulted in a solid report with a sound set of recommendations for practical action that would enable the Secretariat to function more effectively. The discussions had been extensive, although it was regrettable that there had not been greater participation by more Member States.

Four elements had been discussed by the Executive Committee: the report on PAHO in the 21st Century, the Director's initiative for institutional strengthening, the report of the External Auditor, and a number of recommendations of the Internal Auditor. The proposed resolution covered all four elements.

The Committee had considered that the report and recommendations of the Working Group should form the basis of the institutional change instituted by the Director and of the Organization's strategic planning for future bienniums, which should cover the same period as WHO's Eleventh General Program of Work. The Executive Committee had formulated a matrix to illustrate the interrelationships of the four elements with the various recommendations, showing overlaps, consistencies, and differences. Copies of the matrix had been sent to all heads of delegation.

The Committee had also discussed governance issues that had been raised by the Working Group, the Subcommittee on Planning and Programming, and the Subcommittee on Women, Health, and Development. The Committee had concluded that a working group should be established to study the functions and terms of reference of the two subcommittees and make recommendations to the next session of the Executive Committee.

That working group should also examine the Organization's governance processes, in particular that for election of the Director, with a view to making it more transparent. The decision adopted by the Executive Committee (Decision CE136(D3)) requested the Secretariat to present to the Executive Committee at its 137th Session a proposal on streamlining various governance mechanisms.

The working group would study the proposal and submit recommendations to the Executive Committee at its session in June 2006, which would then be forwarded to

the 47th Directing Council. Thus, any changes to be made in the procedures for election of the Director would have to be in place by September 2006.

Hon. Jerome WALCOTT (Barbados), speaking as President of the Working Group on PAHO in the 21st Century and supporting his presentation with slides, thanked the members of the Group and the representatives of other countries who had worked diligently over the past two years. The report would undoubtedly assist PAHO in facing the challenges of the present century.

The original proposal to establish an open-ended working group to review PAHO's functions had come from Mexico. At the 133rd Session of the Executive Committee, Argentina, Barbados, Costa Rica, and Peru had been appointed members of the Group, with himself as President. Other countries that had participated throughout the process had been Brazil, Canada, Chile, Mexico, and the United States and, to a lesser extent, Antigua and Barbuda, Bahamas, Dominica, and Uruguay. After expiration of Peru's term on the Executive Committee, Cuba had become a member of the Group.

The final report had seven sections: an introduction, a list of 10 strategic challenges for public health in the Americas, international cooperation in health and the role of PAHO, PAHO governance, the human and financial resources of PAHO, technical cooperation approaches and strategies, and, finally, some 60 recommendations.

El Dr. FRENK MORA (México) tras recordar que fue México quien propuso inicialmente el ejercicio de revisión institucional, felicita a los miembros del Grupo de Trabajo del Comité Ejecutivo que se formó para reflexionar sobre el futuro de la Organización, así como a su coordinador, el Ministro de Barbados, por su informe. Si bien considera que la tarea realizada ha constituido un avance, cree que se ha de seguir adelante, sin darla por concluida.

La idea inicial había sido realizar una revisión estratégica global que supusiera un diálogo directo entre los ministros de salud, que representan a los Estados Miembros, los verdaderos dueños de la Organización. El objetivo había sido realizar un ejercicio de gran visión que les devolviera su protagonismo, y no un ejercicio conducido por la Secretaría. La intervención directa de los ministros a la hora de dar rumbo a la Organización no sólo constituye un derecho, sino que es una obligación; ello es particularmente cierto a la luz del intenso debate actual acerca de la necesidad de introducir reformas estructurales en el seno de las Naciones Unidas, sistema al que pertenece esta Organización.

Las preguntas que han de plantearse en tal sentido no son fáciles y guardan relación con, por ejemplo, la gobernanza, y más particularmente, con la cuestionable condición secreta del voto, práctica que el orador considera que provoca falta de

transparencia y afecta, por ejemplo, la correcta rendición de cuentas, que a su vez atenta contra el espíritu democrático que debe regir estas organizaciones, y hace alusión a este sistema de votación que también se aplica en el Consejo de Seguridad de las Naciones Unidas.

Otras preguntas que hay que plantearse se refieren a la relación de la Organización con la Organización Mundial de la Salud, tema sobre el que hay que seguir profundizando, o al repertorio de modalidades idóneas por las cuales hay que regirse para que la Organización esté representada en los países, y cuál es el papel de los representantes. El orador cuestiona el hecho de que suelen actuar como agentes de la Secretaría sobre el terreno y que no cumplen con su función de captar los intereses o necesidades en materia de cooperación técnica en el ámbito local.

Por último, es preciso reflexionar el aspecto del valor agregado de la Organización, valor que se ha de reflejar en la regularización de las aportaciones financieras a la misma. Asumir dichos compromisos financieros constituye una forma de votar positivamente por la institución. En la última década, en América Latina se han promocionado mucho los valores democráticos y es menester plasmar dichos valores en la estructura de la Organización. En tal sentido, es positiva la propuesta del Comité Ejecutivo de crear un grupo de trabajo para analizar el tema de la gobernanza. Si se tiene en cuenta la visión de quienes fundaron esta institución, se debería plantear incluso una reforma constitucional.

Hon. Marcus BETHEL (Bahamas) congratulated the Working Group on PAHO on the 21st Century and its President for its excellent work and comprehensive report. It was clear that implementation of the many operational recommendations would require time, harmonization of efforts, institutional changes within PAHO, and harmonization with the policies of sovereign governments in the Region of the Americas. The concerns expressed by Mexico were valid. The Bahamas nevertheless supported the recommendations listed in the report and the proposed resolution.

La Dra. SÁENZ MADRIGAL (Costa Rica) indica que el Grupo de Trabajo ha realizado un examen exhaustivo, en el que se ha logrado identificar aquellas áreas que requieren revisión o reorientación. Es necesario que el Grupo de Trabajo establezca plazos para la aplicación de algunas de las recomendaciones en concordancia con otros aspectos, tales como el fortalecimiento de la Organización y los informes de auditoría. En los próximos meses es necesario establecer un plan de trabajo que incluya acciones a corto, mediano y largo plazo, y que se ajuste a los diferentes temas que trata la Organización. Su país respalda el proyecto de resolución contenido en el documento CD46/29.

Mr. ROSENBERG (Canada) said that his country greatly appreciated the efforts of the Working Group to bring together the four interrelated subjects of PAHO in the 21st century, institutional strengthening, and the reports of the Internal and External Auditors. Canada was confident that the report would inform the process of institutional change within PAHO: indeed, the Secretariat had already begun addressing the recommendations of the Working Group. The report revealed the daunting nature of the public health challenges now being faced as well as the need for coordination.

As the Delegate of Costa Rica had said that in order to achieve progress, actions in the short, medium and long term would have to be prioritized and indicators of progress established, if the momentum gained through the process was not to be lost. Continuous and open dialogue among Member States and the Secretariat would make it possible to establish realistic and effective mechanisms which would enable PAHO to move forward in its process of change.

El Dr. ALVARADO (Venezuela) se une al duelo que embarga al pueblo norteamericano por los daños sufridos como consecuencia de los huracanes y señala que su país ha ofrecido ayudas del orden de \$5 millones a fin de minimizar sus efectos. En el marco de la política preventiva, que es una de las banderas principales de la Organización Panamericana de la Salud, y en el marco de la necesidad de prevenir algunos de estos desastres naturales podemos emprender algunas acciones tomando en cuenta la relación que existe entre los desastres naturales y el calentamiento de la tierra.

Es necesario que la Organización se pronuncie en cuanto a la necesidad de que los países de la Región incrementen las acciones tendientes a disminuir el impacto negativo del hombre sobre el medio ambiente y ratifiquen el Protocolo de Kyoto.

Propone asimismo que se revise la orientación de los sistemas de salud, ya que para lograr un acceso universal y equitativo a la atención de salud es necesario establecer servicios de primer nivel de atención en las comunidades más alejadas y desfavorecidas. La experiencia venezolana del programa Barrio Adentro, que cuenta con la colaboración del Gobierno y el pueblo cubano, ha logrado la inclusión de más de 16 millones de habitantes en el servicio de salud de primer nivel por medio de la participación activa y directa de las comunidades organizadas.

La salud es un derecho social fundamental garantizado en la mayoría de las constituciones de los países y la propuesta venezolana es que los propios habitantes de las poblaciones excluidas se organicen en torno al tema de la salud y organicen su primer nivel de atención.

Otra recomendación importante es la reorientación de la formación de médicos y profesionales a fin de que éstos brinden asistencia en las comunidades más

desfavorecidas. Los propios estudiantes deben proceder de esas comunidades y se debe garantizar su regreso a las mismas. Es necesaria una visión más social e integral, que responda realmente a los intereses de las comunidades.

Hon. Damien GREAVES (Saint Lucia) expressed his country's appreciation of the efforts made by the Working Group and of the visionary leadership of its President. Saint Lucia viewed the report and the recommendations as laying the foundation for the continuity in transition that was inevitable, not only in health but also in PAHO.

The work was a contribution to what might be referred to as the highway to health for all in the twenty-first century, in that it set the pace for new dimensions in health. While recognizing the evolution under way in public health, it also heralded an impending revolution in health in which countries had the opportunity to participate. It captured the aspirations of individuals and communities and of the Region as a whole.

Like other associations and organizations, the Pan American Health Organization had its weaknesses and imperfections. The efforts of the Working Group must accordingly be seen as a work in progress, a work that had to contend with rapid changes within and outside the Organization. It was a golden opportunity to put right the weaknesses that were coming to light. Saint Lucia fully supported the recommendations of the Working Group and the proposed resolution.

Hon. John MAGINLEY (Antigua and Barbuda) commended the Working Group's report. It set out recommendations for PAHO's future as seen through the eyes of Member States, and it was significant that Member States had had an opportunity to provide input on the recommendations and the other issues covered. The handling of the governance issues, including implementation of the recommendations, would be a challenge.

As the Delegates of Chile and Mexico in particular had pointed out, those issues could lead to much discussion. Furthermore, the President of the Working Group had indicated that the recommendations presented were not exhaustive. Antigua and Barbuda supported the proposed resolution.

El Dr. GARCÍA (Chile) observa que la Organización Panamericana de la Salud debe fortalecerse y adaptarse de forma permanente a los cambios de un mundo cada vez más complejo y global, ya que nuestras poblaciones exigen mayor eficacia, eficiencia y transparencia de las instituciones locales, regionales y mundiales. El informe del Grupo de Trabajo marca una nueva era para la Organización y hay que comprometerse a preservar el espíritu de este trabajo. Su país se muestra favorable a la resolución propuesta.

Ms. GIDI (United States of America) said that the United States greatly appreciated the Working Group's efforts and commitment and was grateful for the leadership, tenacity, and patience of its President. The United States had been an active member of the Working Group and generally supported the final report as an accurate reflection of the deliberations.

The report also reflected Member States' commitment to continuous improvement within an environment of change, and was part of a more comprehensive set of recommendations that would contribute to the next Strategic Plan for the work of the Pan American Sanitary Bureau. Many of the questions raised as a result of the PAHO in the 21st century process would help to strengthen the Organization, and some would constitute the work of a new working group of the Executive Committee.

M. QUEREILHAC (France) se réfère au rapport sur l'OPS au 21^e siècle et félicite le Ministre de la Santé de la Barbade pour la qualité de ce rapport ainsi que pour son orientation volontairement stratégique qui paraît correspondre fondamentalement au mandat qui lui avait été confié.

Parmi les quelques traits principaux du rapport, il retient surtout celui de la réflexion en termes de biens publics régionaux et mondiaux, avec une insistance particulière sur les ressources humaines en santé qui s'avèrent appropriées pour alimenter le rapport sur la santé dans le monde de l'OMS en 2006.

Un deuxième élément substantiel de ce rapport concerne la suggestion d'appuyer les efforts en vue d'atteindre ces biens publics mondiaux au moyen de mécanismes innovants de financement, tels que les défend en particulier la France avec plusieurs autres pays siégeant ou ayant rang d'Observateur auprès de l'OPS. Il mentionne de manière spécifique la proposition française en faveur d'une contribution internationale de solidarité qui pourrait, dans une phase pilote, être prélevée sur les billets d'avion et faire l'objet d'une affectation au financement de la lutte contre le VIH/SIDA.

Un autre point important de ce rapport porte sur les recommandations qui paraissent complètes, notamment en matière de ressources humaines, de transparence financière et de gouvernance. La France partage totalement l'encouragement fait à l'OPS de s'investir dans le soutien aux États Membres sur la réalisation de biens publics mondiaux et notamment l'accès à des médicaments et technologies de santé essentiels.

Finalement, ayant relevé que dans la version finale de ce rapport la coopération entre les différentes Régions de l'OMS ne figure plus, contrairement aux versions précédentes, il suggère, dans le cadre des recommandations de la gouvernance, qu'une référence y soit faite.

O Dr. CAMPOS (Brasil) cumprimentou o Ministro Walcott pela apresentação do excelente informe e lembrou que o desafio apresentado pelo Ministro da Saúde do México, de que a reforma da ONU é um tempo propício para repensar a Organização Pan-Americana da Saúde é absolutamente adequado. Em tempo de globalização, dos avanços tecnológicos, do aumento da capacidade dos países para lidarem com seus próprios problemas, há que se repensar na questão no novo papel que se tem de colocar nos organismos multilaterais e, inclusive, nos organismos intergovernamentais.

Mencionou haver, durante muitos anos, trabalhado nesta casa, lembrando que há muitos anos atrás o Dr. Carlyle Guerra de Macedo fazia uma reflexão muito importante, seminal naquele momento, sobre a mudança da assistência técnica à cooperação técnica e daí à administração do conhecimento.

Disse que hoje se acrescenta um quarto passo que é o trabalho em rede, o “networking” e é necessário tomar essa oportunidade da reforma da organização, das Nações Unidas, a reforma da Organização Mundial da Saúde, e se pense de fato qual é o papel dessa casa de saúde das Américas, a Organização Pan-Americana da Saúde. Afirmou não ver o documento de referência como um documento do Secretariado, mas como um mandato dos ministros retirados dos seus países e reunidos na Sede da OPAS, durante a Reunião do Conselho Diretor.

Bem assim que o que foi feito pelo grupo de trabalho foi dar subsídios para que o conjunto dos ministros reunidos uma vez mais, pudesse tomar conhecimento dessa grande reflexão do que seria a Organização Pan-Americana da Saúde para o próximo século. Igualmente tratar-se o referido documento de um documento dos Corpos Diretivos e daqueles que compõem, que são os proprietários da Organização.

Mencionando, em relação a uma fala anterior, que haverá sempre uma atenção permanente da presença da Organização nos países, disse acreditar que se deve, de alguma forma, evitar que os funcionários da Organização nos países sejam agentes do Secretariado, conforme dito, mas que, por outro lado, também evitar que sejam agentes das autoridades de plantão, por acreditar que objetivos permanentes que se sobrepõem tanto àquele Secretariado que no momento está a cargo da Organização quanto às autoridades que naquele momento estejam a cargo dos países, têm que prevalecer.

É o que está colocado nesse documento, é uma constatação muito importante do que é que são os bens, os serviços públicos que transcendem, tanto aos objetivos momentâneos do Secretariado quanto ao que são os objetivos momentâneos daquelas autoridades que estão de plantão nos países. Sobre esses objetivos gerais e de grande projeção para o futuro e que são objetivos permanentes da construção da saúde é que se deve construir a reflexão sobre o que será essa Organização.

Hon. John JUNOR (Jamaica) said that the report covered most of the issues raised initially, including the need to give priority to the relationship between PAHO and WHO and to examine in depth the question of the transparency needed to deal with appointments to key posts within PAHO. However, as the Delegate of Mexico had suggested, one subject not covered was whether PAHO needed to look at issues involving its core mandate, namely building the capacity within countries to address their own health needs, with specific reference to areas where some countries might not have that capacity but could cooperate.

The President of the Executive Committee had called for a reexamination of some of the issues arising from the recommendations in the report, and the Strategic Plan would also require attention. The question that might then be considered was whether a mechanism might be envisaged to give body to the recommendations. The Executive Committee, which had to deal with the day-to-day matters facing the Organization, might not be the appropriate choice, as its President had pointed out, but there were other options that could be explored. The matter certainly merited further discussion.

El Dr. ALLEYNE (Panamá) expresa su solidaridad, junto a los demás países de las Américas, con los pueblos de los Estados Unidos y Perú por los daños sufridos a causa de los recientes huracanes y terremoto.

La revisión exhaustiva realizada por el Grupo de Trabajo permite una actualización de los procesos de la Organización sin menoscabar los aspectos tradicionales fundamentales que la caracterizan y ponernos al día con respecto a los cambios mundiales en materia de tecnología y globalización. La resolución que se propone reconoce claramente los cambios que se están realizando en la Organización, respetando la tradición institucional, la herencia y el legado de esta institución, y manteniendo lo más importante, que es el desarrollo social y el capital humano.

El Dr. GONZÁLEZ FERNÁNDEZ (Cuba) señala que hay diversos documentos que proponen cambios para mejorar la Organización y destaca, entre ellos, el informe del Grupo de Trabajo tanto por su profundidad y extensión como por el proceso democrático que lo ha caracterizado, ya que ha contado con la participación y contribuciones de todos los Estados Miembros.

Plantea revisar de nuevo el tema de la gobernanza y sugiere que para ello se utilice la experiencia del Grupo de Trabajo ya establecido en el marco de la Organización Mundial de la Salud. El Grupo de Trabajo que se cree para dicha revisión podría ser reducido pero deberá contar con la participación, aportes y experiencias de todos los Estados Miembros. En el ámbito de los desastres naturales, plantea la necesidad de que

los países de la Región suscriban el Protocolo de Kyoto. Su país apoya plenamente el proyecto de resolución.

El Dr. KONTOROVSKY (Nicaragua) destaca la importancia de la humanización en la prestación de los servicios de salud e indica que deben plantearse nuevas estrategias en este sentido. Hay que examinar no sólo el trabajo de la Organización Panamericana de la Salud a nivel interno, sino también a nivel externo, es decir, cómo nos ve la población y las demás organizaciones y sectores relacionados con la salud y si realmente estamos respondiendo a las necesidades de salud de nuestra población. Solicita una mayor reflexión con respecto a lo que denomina la “refundación” de la Organización Panamericana de la Salud, en base a la coyuntura mundial actual y una visión y misión totalmente actualizadas de la Organización.

Hon. Ann DAVID ANTOINE (Grenada) said that her country acknowledged the efforts of the Working Group and the effective and dynamic leadership of its President which had resulted in the comprehensive report before the Council. The recommendations would be the springboard for institutional and functional changes in PAHO so that in the twenty-first century it could continue to provide good care for the constituents it served. Grenada’s present state of recovery in the health sector following the devastation of hurricane Ivan on 7 September 2004 owed much to the services of PAHO. It applauded the Working Group for having fulfilled its mandate and fully accepted its recommendations.

El Dr. ROJAS GÓMEZ (República Dominicana) expresa la solidaridad de su país con las víctimas de las catástrofes naturales que han afectado a las Américas en estos días. El nuevo posicionamiento de la Organización Panamericana de la Salud frente a los desafíos que presenta el siglo XXI encuentra las primeras respuestas en las propuestas del informe. Su país apoya y suscribe el documento como una guía estratégica para los próximos años de trabajo y así lograr una Organización fuerte y al servicio de los habitantes de las Américas y del mundo.

Hon. Jerome WALCOTT (Barbados), speaking as President of the Working Group on PAHO in the 21st Century, said that the interesting issues raised by the Delegates of Mexico, Jamaica, and several other speakers, might form the basis for a comparison by the Executive Committee of all the parallel processes now under way in PAHO and a discussion of how to implement the recommendations and to harmonize them with other processes.

He had noted the comments of the Delegates of Costa Rica and Saint Lucia that the Working Group’s efforts should be seen as a work in progress and as a golden opportunity to put right many of the inherent weaknesses in the system. The Delegate of Jamaica had made the interesting suggestion that it was perhaps time to consider creating

some mechanism to flesh out some of the recommendations, particularly concerning governance and appointments of the Director and other officials in PAHO, and to address other issues such as human and financial resources. That idea would certainly come up in future discussions in the Executive Committee.

La DIRECTORA expresa su agradecimiento al Presidente del Grupo de Trabajo, Ministro Jerome Walcott, por su meritoria dedicación y por haber dirigido, participado y contribuido de manera personal a los trabajos de este grupo. Elogia el estilo de trabajo del Ministro, quien ha solicitado el apoyo de la Secretaría manteniendo la independencia y autonomía de las deliberaciones del grupo.

La PRESIDENTA propone que el punto 6.2 se mantendrá abierto hasta que se hayan examinado los puntos 4.10 Actualización sobre el proceso de fortalecimiento institucional de la Oficina Sanitaria Panamericana; 5.3 Informe de la Dependencia Común de Inspección; 5.4 Informe de actividades de los Servicios de Supervisión Interna, y 6.1 Puesta al día sobre la aplicación de las recomendaciones del informe especial del Auditor Externo de septiembre de 2004, después de lo cual se examinará el proyecto de resolución que figura en el documento CD46/29.

It was so agreed.

Así se acuerda.

The meeting rose at 12:30 p.m.
Se levanta la reunión a las 12.30 p.m.