

**FIFTH MEETING
QUINTA REUNIÓN**

Wednesday, 28 September 2005, at 9:00 a.m.
Miércoles, 28 de septiembre de 2005, a las 9.00 a.m.

President/Presidenta: Dra. María Julia Muñoz Uruguay

- ITEM 4.1: PROPOSED PROGRAM BUDGET OF THE PAN AMERICAN
HEALTH ORGANIZATION FOR THE FINANCIAL PERIOD 2006-
2007 (*continuation*)
- PUNTO 4.1: PROYECTO DE PRESUPUESTO POR PROGRAMAS DE LA
ORGANIZACIÓN PANAMERICANA DE LA SALUD PARA EL
EJERCICIO FINANCIERO 2006-2007 (*continuación*)

El Dr. GONZÁLEZ FERNÁNDEZ (Cuba) destaca que tanto la presentación que se ha hecho del presupuesto como la información que contiene responden a la mayoría de las cuestiones planteadas en la sesión del Comité Ejecutivo en Argentina. Se trata de un presupuesto único, financiado con recursos de múltiples procedencias y ajustado a una planificación estratégica basada en resultados.

Es importante la coincidencia con las áreas presupuestarias de la OMS, pues permitirá la comparación de resultados, y el aumento de las asignaciones a los países. La importante proporción que representan las cuotas voluntarias de los Estados Miembros, alrededor de 65%, es indicativa del apoyo de los Estados Miembros a la Organización, pero depender de las cuotas voluntarias es un riesgo ya que esto podría condicionar el funcionamiento de la Organización. Este aspecto clave también se ha tenido en cuenta en la elaboración del proyecto de presupuesto.

Asimismo, satisface al orador que en las asignaciones presupuestarias se hayan tenido presentes los desafíos del siglo XXI, el Undécimo Programa de Trabajo de la OMS y las recomendaciones del Auditor Externo. Concluye manifestando su apoyo al presupuesto y al incremento de 2% propuesto.

M. QUEREILHAC (France) fait savoir que la délégation française est en mesure de donner son appui au projet de budget-programme de l'OPS pour la période 2006-2007. Les orientations de ce budget programme correspondent à celles qui ont été validées lors de la dernière Assemblée générale mondiale de la Santé ainsi qu'à la politique de décentralisation du Directeur général. S'agissant des orientations par programme et par domaine d'activité, il souligne avec satisfaction l'augmentation du budget « Alerte et réponse en cas d'épidémies » ainsi que l'augmentation du budget « Santé sexuelle et

reproductive ». Il s'agit là de deux priorités à l'heure de la mise en œuvre du nouveau Règlement sanitaire international ainsi que du bilan des cinq premières années de travail sur les Objectifs du millénaire pour le développement.

En conclusion, M. Quereilhac estime que la croissance prévue du budget résulte essentiellement de l'augmentation des montants transférés du budget global de l'OMS, conformément à l'augmentation substantielle décidée en mai dernier, et d'une estimation plus ambitieuse des contributions volontaires. Ces deux orientations ne sont pas susceptibles, à terme, de résoudre le décalage croissant entre contributions obligatoires et contributions volontaires, ce qui complique d'autant la prévisibilité et l'utilisation des ressources.

El Dr. SERÉ (Uruguay) dice que en su país se ha triplicado el presupuesto destinado a las inversiones del sector público en los servicios de salud para el próximo quinquenio. Recuerda la importante función que desempeña la Organización en materia científica, técnica y epidemiológica, y el compromiso ético de velar por que pueda llevar a cabo su labor. En consecuencia, expresa su apoyo al propuesto incremento de 2% del presupuesto.

El Dr. VIZZOTTI (Argentina) considera muy positivos y constructivos los aportes vertidos en el debate. Expresa su convencimiento de que todos los Estados Miembros acompañarán a la Directora y su equipo para mantener el rumbo correcto en el proceso de transformación de la Organización que se ha emprendido, y apoya el propuesto incremento de 2% del presupuesto.

O Dr. CAMPOS (Brasil) expressou a opinião do Ministério da Saúde do Brasil que considera que o documento apresentado melhorou muito em qualidade ao longo do seu processo de discussão, refletindo a extraordinária capacidade de resposta do Secretariado em responder às demandas dos Corpos Diretivos. Saudou o Secretariado pela competência demonstrada.

O Brasil vê a crise eminente da influenza como uma oportunidade para discutir com os setores financeiros dos nossos países, especialmente no caso do Brasil, com o Ministério das Finanças (Ministério da Fazenda), a perspectiva do incremento e da priorização das ações de saúde. O Brasil se coloca a favor do incremento de 2% proposto pela Diretora, e teceu algumas considerações adicionais seguindo a linha da Delegação de Cuba.

Comentou sobre a crise permanente colocada no orçamento, relatada de forma muito clara, a qual coloca em risco os programas da Organização, pois os gastos com pessoal não podem ser comprimidos, tal como no caso de um determinado Centro que

tem 75% do seu orçamento comprometido com pessoal, revelando que sua possibilidade de trabalho é muito baixa.

O Brasil acredita que essa permanente crise orçamentária diminui a governabilidade da Organização, e que o Brasil se posiciona contra isso, pois quer uma Organização Pan-Americana da Saúde muito forte, respondendo, de fato, aos grandes problemas de saúde que vivemos no momento, entre os quais citou a influenza.

Considerou igualmente muito complicada e contraditória a proposta de 0% de aumento do orçamento regular mas com aumento dos fundos extra-orçamentários. Isto, porque pode levar a uma baixa da governabilidade dos Corpos Diretivos em determinar onde serão, de fato, utilizados os recursos da Organização. Os programas extra-orçamentários e as doações voluntárias, por mais meritórias que sejam, não geram a mesma governabilidade do orçamento regular da Organização.

Informou que o Brasil está a favor de que os recursos concedidos sejam ingressados no orçamento regular da Organização, por mais meritórios que sejam os programas extra-orçamentários, como o Programa 3x5 citado nesta mesa. Informou, como pano de fundo para discussão, acreditar que na medida em que todo o orçamento passasse a ser extra-orçamentário, o Conselho perderia a capacidade de dirigir a Organização e as ações passariam a ser dirigidas pelos países que têm maior capacidade de fazer doações e contribuições voluntárias.

Portanto, minaria a capacidade do Conselho Diretor tem de dirigir “in totum” a Organização, uma vez que apenas aqueles países que têm condições de fazerem doações voluntárias e aportar recursos específicos, passam a ter capacidade de definir a aplicação desses recursos. Os demais países, ou seja, aqueles que não têm os recursos deixam de influenciar de alguma forma sobre a aplicação dos recursos extra-orçamentários.

Disse ainda que essa baixa de governabilidade não interessa aos países; o que interessa, se houver problemas, é corrigir os rumos da Organização. Isto porque o Secretariado é nomeado pelos países durante a Assembléia Sanitária Pan-Americana e nos interessa que a maioria dos recursos, na medida do possível, seja alocada no orçamento regular da Organização, para que os países possam dirigir de fato os destinos dessa Organização, e não sejam apenas dirigidos por aqueles países que podem realizar doações voluntárias e que, de alguma forma, poderão colocar condições específicas para o direcionamento desses recursos à margem do orçamento regular. Reafirmou que o Brasil votaria com a proposta do incremento dos 2%.

El Dr. DULLAK PEÑA (Paraguay) alaba la presentación del presupuesto y el esfuerzo realizado en la fijación de prioridades. Para que en el futuro puedan mantenerse los aportes que ha hecho la OPS a la salud pública y los logros que ha conseguido en el

campo es necesario que la Organización disponga de medios y recursos. El aumento del gasto social y la aportación de recursos a la salud pública a través de la OPS es un modo de incluir el tema de la salud en el programa político de los países. Por consiguiente, se muestra partidario del propuesto incremento de 2% del presupuesto.

El Dr. TAPIA (Chile) congratula la presentación del presupuesto y resalta el proceso de análisis realizado en el Comité Ejecutivo y en reuniones posteriores, que han permitido un ajuste claro del presupuesto y de las actividades de la Organización con las realidades financieras actuales y futuras. Se muestra partidario de mantener un ajuste del 0% como señal de que es necesario mejorar el uso de los recursos y aplicar un planteamiento más realista. La Organización debe desarrollar la capacidad de captar, buscar y aplicar recursos de nuevas fuentes, camino que le permitirá mejorar su eficiencia y validación en el concierto de los organismos internacionales.

Dr. WATERBERG (Suriname) paid tribute to the contribution that PAHO continued to make to improving the health of the peoples of the Americas, with the elimination of a number of infectious diseases. The demographic and epidemiological transitions that had taken place in most countries, however, had given rise to a 'silent epidemic' of noncommunicable diseases, like diabetes, hypertension, and malignancies. Those three were the main causes of death in Suriname and most other countries of the Caribbean.

Chronic diseases made a heavy demand on health care systems, and health care costs were increasing steadily. PAHO in the 21st century should support control of that contemporary epidemic; however, for the coming biennium only 7% of the budget was allocated to noncommunicable diseases. Moreover, there was no focal point for those diseases at the Caribbean Epidemiology Center (CAREC), no focal point for cancer at PAHO Headquarters, and the Unit of Noncommunicable Diseases within the Organization is understaffed and underresourced. PAHO's support would be needed in developing and expanding programs for primary, secondary, and tertiary prevention of those diseases.

To resolve the budgetary crisis described at the previous day's meeting, all Member States should aim to pay pending quotas on time, in order to bridge the financial gap. The substantial reductions in some countries' budgetary allocations was worrying, as a number of programs would be jeopardized, including several essential for achieving the Millennium Development Goals.

El Dr. LIRA (Venezuela) destaca la función de la OPS como organismo técnico fundamental en la Región. Alaba la presentación del presupuesto y reconoce los sacrificios realizados para ajustarlo por medio de la reducción de puestos. Se pregunta si en esa reducción se ha tenido suficientemente en cuenta la naturaleza fundamentalmente

técnica de la Organización, y expresa su apoyo al propuesto incremento de 2% del presupuesto.

Hon. Marcus BETHEL (Bahamas) said that his country supported the program budget for 2006-2007 with a 2% increase in the quotas. His was one of only a few small island states that was up to date in its quota payments, and that should be an example for other nation states of PAHO. He was satisfied that the PAHO budget attempted to fill its core mandate and to address current and emerging health issues in an era of international fiscal restraints.

Although the Bahamas continued to make strides in its health care delivery systems with resources from PAHO, his country was pleased to see a shift in allocations to nations with more pressing health needs, as strengthening one nation served to protect all nations in the Region and ultimately to promote achievement of the Millennium Development Goals.

Le Dr BIJOU (Haïti) félicite la Directrice de l'OPS pour tout le sérieux qu'elle met dans la direction de l'Organisation et souligne qu'Haïti est très sensible à toutes les marques d'attention de la part de l'Organisation depuis environ 10 années. Elle est satisfaite des recommandations qui ont été faites dans le document « l'OPS au 21^e siècle » et elle suppose que toutes ces dispositions vont permettre à l'Organisation d'être plus efficace et plus efficiente.

La délégation haïtienne appuie complètement cette augmentation du budget ainsi que la présentation du budget par programme. Elle ajoute que cette année, l'effort a été fait également au niveau du budget national qui a été présenté par programme. Ce sera l'occasion pour elle, de retour dans le pays, de se réunir avec la Représentation de façon à mieux réconcilier les activités entre le Ministère de la Santé et l'Organisation.

Le Dr Bijou a une réserve qui rejoint les préoccupations du Brésil, à savoir que tous les États Membres de l'Organisation devraient avoir la même considération et que cela vaut aussi pour les pays qui seront en mesure de contribuer davantage; autrement dit, que ces derniers ne pensent pas qu'ils ont une place plus importante au niveau de l'Organisation.

El Dr. CASTELLANOS (Puerto Rico) encomia al largo proceso de elaboración técnica que ha seguido el proyecto de presupuesto por programas y destaca su visión estratégica. Es positivo que esa visión se base en resultados y que se haya tenido en cuenta la relación con la OMS. Considera adecuado el presupuesto, y expresa su apoyo al mismo.

La PRESIDENTA solicita que el Delegado de Jamaica prepare, junto con los Delegados de Brasil, Canadá, Estados Unidos y Venezuela, un borrador de acuerdo sobre el tema.

*The meeting was suspended so that a draft agreement
Could be prepared regarding Item 4.1.
Se suspende la reunión para que pueda ser preparado
un borrador de acuerdo en relación al Punto 4.1.*

Hon. John JUNOR (Jamaica) reported that a proposal had been drafted on which delegates might wish to take instructions from their capitals. He therefore asked that the item be postponed.

*It was so agreed.
Así se acuerda.*

- ITEM 4.4: MIDTERM ASSESSMENT OF THE IMPLEMENTATION OF THE STRATEGIC PLAN FOR THE PAN AMERICAN HEALTH ORGANIZATION FOR THE PERIOD 2003-2007
- PUNTO 4.4: EVALUACIÓN DE MITAD DE PERÍODO DE LA APLICACIÓN DEL PLAN ESTRATÉGICO DE LA ORGANIZACIÓN PANAMERICANA DE LA SALUD PARA EL PERÍODO 2003-2007

Dr. SEALEY (Area Manager, Planning, Program Budget, and Project Support), introducing the report (Document CD46/8) and illustrating her remarks with slides, recalled that, when the Directing Council had approved the Strategic Plan in 2002, it had indicated in Resolution CSP26/R18 that the Director of PAHO should monitor and evaluate its implementation as appropriate and report back at regular intervals to one or more of the Governing Bodies. The assessment contained in the report was a response to that request. The final evaluation would be presented to the Council in 2008, after presentation to the Subcommittee on Planning and Programming earlier in that year.

The main purpose of the midterm assessment had been to evaluate progress in achieving the technical cooperation and organizational development objectives set out in the plan for 2003-2007. A second purpose had been to assess the coherence between the plan and the biennial program budgets implemented in that period. The third had been to analyze the implications of the results of the implementation and identify any adjustments needed to the plan for the biennium 2006-2007 and to the objectives of the plan, and any lessons for future strategic planning.

The Directing Council had decided that work was to be focused on the poor, on populations that suffered from discrimination because of race or ethnicity, such as the

indigenous populations of the Americas, and on women, children, and the elderly. Five countries, Bolivia, Guyana, Haiti, Honduras, and Nicaragua, had been selected in which efforts were to be intensified to raise the health status closer to the average in the Americas. A total of 46 objectives had been identified in eight priority areas of technical cooperation in order to achieve the greatest gain in population health. Lastly, the plan included six goals for organizational development.

Elements of the Strategic Plan, whether technical, administrative, transformational or organizational, were implemented with the biennial program budget approved by the Council. The budget had to be flexible, so that it could be adapted during the course of implementation, remaining in concert with the managerial strategy, strategies for work at the country level, strategies for regional technical cooperation, resolutions of WHO and PAHO, the report of the Working Group on PAHO in the 21st Century, and the recommendations of the External and Internal Auditors.

The managerial strategy consisted of two types of activity: incremental development and transformational activities. The objectives of technical cooperation were set to reflect the common goals of the Secretariat and the health sectors of its partners. As the assessment was based on the impact at country level, the data used were not only those of PAHO but also those of countries, which varied in availability and time covered. The Secretariat had relied as much as possible on core data, which were recognized as vital.

The special groups that had been identified were reflected in work at all levels of the Organization, and progress had been made throughout the Secretariat's programs as well as in countries. A study had been conducted on the basis of household surveys in 12 countries to elucidate the factors contributing to inequity; the results would help countries to redirect health systems to improve the health of particular populations.

In the area of policy setting, approaches had been identified that would bring about changes in policy, and countries had been helped to choose models of practice. Information had been disseminated to help countries understand the need to focus on the special groups. Interventions had been focused at the primary health care level, to improve community services.

Work in the five countries on which attention was focused had been facilitated by the development of country cooperation strategies. Formal strategies had been drawn up for all the countries, except Haiti, in which an interim cooperation framework had been used as a guide. The applicability in the Key Countries of various areas of technical cooperation had been examined, and in some cases both technical support and technical cooperation had been given. PAHO's efforts in the Key Countries had been harmonized with those of other partners, both within and outside the United Nations system. Focus on

the five countries had been integrated into the managerial process during the internal review of the biennial program budgets of the countries, which had also resulted in reprofiling of PAHO's and WHO's country presence.

Using slides, Dr. Sealey outlined progress with regard to achieving the 46 objectives for technical cooperation, indicating those areas in which objectives would be met by the end of 2007, those about which there was some uncertainty and those that were unlikely to be met. The assessment indicated that more attention would have to be paid to the area of promotion of safe physical environments.

Nineteen objectives had either been achieved or would be achieved, 19 might not be achieved and 8 were unlikely to be achieved. Attention was being focused on the two latter categories, and the Secretariat wished to propose that certain objectives be revised, as outlined in the table set out on pages 42-45 of Document CD46/8. She asked Member States to consider those changes, including a proposal to drop one objective, which was not currently feasible.

Regarding organizational development, all six goals were being reached. The first concerned the Organization's ability to communicate information. An information and knowledge strategy had been designed for use throughout the Organization. Other publications and information were provided to country support units and technical units as a basis for contact with donors.

The outcomes of technical advisory groups on, for example, immunization, vaccine-preventable diseases, HIV/AIDS, and integrated management of childhood illnesses, were used to make PAHO a valued contributor to the mainstream scientific network. More partnerships with technical societies were being forged, and collaboration was under way with the public and private academic sectors in the area of health and medical instrumentation.

The first two implications of the midterm assessment would be dealt with as part of operational planning after approval of the budget. The Executive Management would review the final proposals from each unit to ensure that the country cooperation strategies and the biennial program budgets reflected the results of the assessment. All units would work with countries to improve their information systems.

With respect to future planning, the assessment had resulted in a framework for the implementation of technical cooperation which would make it possible to identify strategic priorities. Accountability for achievement of the objectives should be ensured, making it clear that they consisted of both the strategic objectives of the Organization and the strategic objectives of the Secretariat.

The Strategic Plan should allow countries to identify clearly those aspects that concerned them. The Plan should be relevant and complete and address not only technical areas but also support to decide whether work should be continued in a particular area. Studies should be conducted to give some idea of the resources that would be required during the strategic planning period, and those resources should be deployed for high impact. Work with partners would be enhanced as they recognized PAHO's strategic advantage.

As PAHO moved towards result-based management, it was important to take note of the lessons learned. The Directing Council was therefore requested to review the midterm assessment and to endorse the proposed revisions to the technical cooperation objectives in the plan and the recommendations for improving the Strategic Plan for 2008-2012, if five-year cycles were to be continued.

La PRESIDENTA pide a la Relatoría que prepare un proyecto de resolución que incluya las revisiones propuestas al Plan Estratégico para el período 2003-2007 y las recomendaciones para la elaboración del Plan Estratégico 2008-2012.

ITEM 4.3: WHO'S ELEVENTH GENERAL PROGRAM OF WORK
PUNTO 4.3: EL UNDÉCIMO PROGRAMA GENERAL DE TRABAJO DE LA OMS

Dr. SMITH (Advisor to the Director-General, World Health Organization) explained that the draft Eleventh General Program of Work, annexed to Document CD46/7 had been circulated as an executive summary. Preparation of a General Program of Work was a constitutional requirement of WHO. The Tenth General Program of Work would come to an end in 2005, and the Eleventh would cover the period 2006-2015.

It articulated the main health challenges facing the world and the gaps and opportunities that must be addressed over the next 10 years. It set a global health agenda and outlined key strategic directions and ways of working which the international community needed to adopt to improve health worldwide. It focused on the actions and responsibilities of WHO as the world's specialized health agency and served as a tool for ongoing dialogue within WHO and with Member States, partner agencies, civil society, and the private sector.

The draft was being discussed at each of the Regional Committee meetings and a number of workshops were taking place with a view to presenting a final draft to the Executive Board in January 2006. Following adoption of the Eleventh General Program of Work, there would be a series of implementation seminars and a midterm evaluation, sometime in the period 2008 to 2010.

In terms of its content, the General Program identified three key characteristics of health in the 21st century. Health was clearly a fundamental dimension of security, from the individual to the global level. It was a key element in discussions on human rights and social justice, and it was taking a more prominent place in development debates, as reflected in the three health-related Millennium Development Goals.

A second key feature recognized in the General Program was that the actors involved in health were much more diverse than even a few decades ago: governmental, intergovernmental, nongovernmental, public, and private. Much greater emphasis was placed on partnerships. Partnerships at various levels of organization and governance were widely recognized as being fundamental to scaling up effective responses to health needs globally. However, some issues concerning partnerships, particularly mechanisms of coordination, synergy, and accountability, needed to be recognized and addressed.

A third key feature was the extraordinary contrasts in the world of health. Spectacular achievements had been made over the past century, but at the same time health inequalities had increased. There were thus discrepancies between opportunities for change and the global realities of widespread deprivation and ill-health.

That assessment led to the identification of a series of challenges and gaps in synergy, responsibility, implementation, social justice, and knowledge that needed to be addressed. Hence, the need to create an environment where responsibility was taken by all, implementation issues were comprehensively addressed, social justice considerations were mainstreamed, and life-saving and life-enhancing knowledge was sought and shared.

The result would be the development of a global health agenda to guide the response of the Secretariat, Member States, and other partners and stakeholders. It would define priority areas, explore the actions needed to overcome the obstacles and close the gaps, and would stimulate awareness of how new or revitalized coalitions could help to meet global health needs.

The 10 priority areas of the global health agenda were described in paragraphs 24 to 56 of the Executive Summary.

WHO as an organization was evolving to meet the challenges of the 21st century, because changes in the global health context over the past two decades had both supported its work and hindered its capacity to improve health. Over the next 10 years, the Organization would need to evolve to reestablish solid foundations for action to close the gaps in synergy and responsibility, implementation, social justice, and knowledge. Such action included forging a new consensus in a wider constituency for health action,

establishing new forms of leadership and governance appropriate to the emergence of multiple players and new alliances, and reflection on the future role and scope of WHO.

The Regional Committees were being invited to comment on the strategic orientations of the draft Eleventh General Program of Work in particular on the global health agenda and its implications for Member States, and for the work of WHO.

Certain questions, therefore, might usefully be considered. What actions would be required by all stakeholders and all sectors to close the gaps and implement the global health agenda? What needed to be done in each of the 10 priority areas, and who would be responsible for taking such action? What would be the best modus operandi for the new coalitions and partnerships to ensure that they made the most effective contribution to global health? What did Member States expect from WHO in coming years, particularly the next 10 years? What did they see as the strengths and weaknesses of the Organization? Who should be WHO's future partners in delivering on the global health agenda? And lastly, how should the Organization exercise renewed leadership and authority in global health?

The full version of the General Program would be available in November 2005 for further discussion and reflection.

El Dr. GONZÁLEZ FERNÁNDEZ (Cuba) expresa su acuerdo con el título del Undécimo Programa General de Trabajo, "Juntos hacia un futuro más sano", propone algunos cambios de formato en la estructura del mismo y solicita su publicación en el sitio web de la OMS. Considera adecuados los enfoques logísticos sobre la salud, los planes sanitarios mundiales y la evaluación que piensa introducir la OMS en su forma de actuar.

Mr. KINGHAM (United Kingdom) said that the General Program of Work was an opportunity for WHO to set out an agenda for global health over the next 10 years. The Director-General had described the diverse environment in which the health agenda was expected to develop and extend to other areas of social policy and beyond. It was that wider appreciation of how other policies impacted on health which made the General Program an important document and provided the opportunity for WHO to describe how it intended to deliver the health agenda in areas such as international trade which were outside its core competence.

The complexity and diversity of the health agenda had been clear in the discussions on PAHO in the 21st century. The relevant points that had emerged included a general recognition that PAHO needed to adapt to changing disease patterns; uncertainty over resource availability; and enhanced expectations on the part of Member

States regarding the services, skills, and experience of PAHO's staff. Those were global issues that needed to be fully recognized in the General Program.

The Executive Summary of the General Program of Work was closely linked to the guiding principles for strategic resource allocations. Principle 4 acknowledged the need for flexibility, since the level of voluntary donations could not by definition be predicted with confidence over the six-year strategic planning period.

WHO's budget was structured to anticipate a further divergence in the level of regular budget payments and voluntary contributions. The concerns about an influenza pandemic also illustrated the need for flexibility in planning so that WHO was able to fulfill its leadership role in such matters. Against that background of uncertainty, it would be helpful to have some principles to apply when the termination of budget lines was being considered, so that that process could be pursued as transparently as possible.

The Government of the United Kingdom was deeply concerned about the content of the Executive Summary. The limited information it contained raised questions about the validity of the consultation process, and there was no clear vision of what WHO was expected to achieve by 2015. As the Delegate of Cuba had noted, it would have been helpful to have had the questions well in advance in order to give a better structure to the current debate.

A number of priority areas had been proposed in order to support WHO's function as a global leader on health. Those included the achievement of the health-related Millennium Development Goals within the terms of WHO's core mandate; the importance attached to health promotion as well as disease prevention; issues linked to the different mechanisms of financing health systems and the importance of their further sustainable development; carrying forward the work of the Commission on Social Determinants of Health; issues of equity, gender perspectives, and reducing health inequalities; research into public health issues; and most importantly, ensuring effective horizontal links between the WHO program and the health program of other United Nations agencies, and that synergies were fully realized.

The United Kingdom looked forward to seeing the full document and gaining a much clearer vision of how WHO intended to develop global leadership on health issues and more information on how it would engage with other partners to ensure that the health impact of other policy areas was fully realized.

Mr. ABDOO (United States of America) said that the Executive Summary set out the Secretariat's roles and comparative advantage in a general way, but more effort was needed to delineate its future work with Member States and to better articulate WHO's role to achieve improvements in global public health in the larger public health context.

More work was also needed to better link the Eleventh General Program of Work with WHO's Proposed Program Budget for 2006-2007, and to propose practical rather than rhetorical solutions to many of the challenges facing the Organization.

A number of elements could strengthen the current version of the General Program of Work. It should reflect WHO's mission and role, including its corporate strategy and core functions as approved by the Health Assembly in 1999. WHO must clearly enunciate its role as the United Nations technical health agency. The General Program of Work must lay out the WHO Secretariat's strategic contributions in global health that could affect the links between health and wealth, and scenarios for peace and security. A monitoring and evaluation component was critical, including integration of the evaluation of the current program of work into the discussion of the Eleventh General Program of Work.

The WHO Secretariat had made great effort to ensure that the Eleventh General Program of Work was an evidence-based and data-driven process and document. It should serve as a strategic document for WHO, chart the Organization's possible future direction, and identify the investments that WHO would need to make in order to work with Member States to improve global health. The Organization and Member States must be able to measure any proposed actions in a clear and defined manner.

Ms. GILDERS (Canada) said that Canada was gratified that the General Program of Work recognized the range of the health determinants outside the health sector that must be considered in looking at ways to affect health status. Like the United Kingdom, it looked forward to the work of the Commission on Social Determinants of Health, which would undoubtedly strengthen the comprehensive approach to addressing health challenges. It supported the incorporation of a multidisciplinary and multisectoral approach into the General Program of Work. Canada strongly endorsed many of the remarks by Cuba, the United Kingdom, and the United States.

There must be a strong link between the General Program of Work and the program budget, and it was important that strategic directions as set out in the budget be appropriately reflected in the General Program of Work. The exercise must not be allowed to become an academic one.

The General Program of Work needed a clear policy focus, it needed to be feasible in terms of implementation. Resource requirements and gaps might usefully be identified and a strategy, drawn up for rendering the General Program of Work operational. The General Program of Work must clearly state where WHO situated itself in the range of United Nations organizations that were substantially involved in the health sector, such as UNICEF, UNDP, and UNFPA.

What was the specific role and value added of WHO within the United Nations system? As others had pointed out, many other players were involved in global health or playing substantial roles in financing: bilateral development banks, private foundations, public/private partnerships, academic institutions, and nongovernmental organizations. Again, given the wide range of players, WHO needed to capitalize on its strength and comparative advantage. Its mandate should be clear and focused, and it should consult with the other partners and players as it defined its comparative advantage.

The questions to be considered were very helpful, and, as the Delegate of Cuba had suggested, they might be posted for comment. Canada would be willing to take part in a process designed to answer those questions, and believed that they were setting the Organization on the right track.

M. QUEREILHAC (France) fait savoir que la délégation française s'associe pleinement aux remarques qui ont été formulées par le délégué du Royaume-Uni, pays qui occupe actuellement la présidence de l'Union Européenne.

Dr. SMITH (Adviser to the Director-General, World Health Organization) thanked delegates for their helpful comments, which would be taken into account in revising the draft Executive Summary, and the main General Program of Work document, which would be available in November 2005.

Replying to questions from the Delegate of Cuba, he confirmed that the title provided was the current working title for the main document and that the structure of the Executive Summary reflected the structure of the main document. WHO would post the list of questions on the web site as suggested and would ensure that they were circulated widely with a view to obtaining further suggestions for improvements.

La DIRECTORA informa que el borrador del Programa General de Trabajo que se presentó en el Consejo Ejecutivo de la OMS fue sometido a consulta en febrero de 2005 y que la nueva versión incorpora contribuciones de los gobiernos, expertos e instituciones de la Región.

El Programa General de Trabajo abarca el período 2006-2015 a fin de que los Estados Miembros puedan ajustarse a los objetivos establecidos en la Declaración del Milenio. El documento será aprobado en mayo de 2006 y constituirá el punto de partida y marco de referencia para el próximo plan estratégico que la Organización tiene previsto presentar en 2008.

ITEM 4.2: GUIDING PRINCIPLES FOR STRATEGIC RESOURCES
ALLOCATIONS ACROSS WHO
PUNTO 4.2: PRINCIPIOS RECTORES PARA LA ASIGNACIÓN DE RECURSOS
ESTRATÉGICOS EN TODA LA OMS

Dr. LÓPEZ ACUÑA (Director, Program Management), speaking on behalf of Dr. Nordstrom (Assistant Director-General, General Management, World Health Organization) introduced Document CD46/6 on the guiding principles for strategic resource allocations across WHO. The guiding principles were closely related to the Eleventh General Program of Work, which had just been discussed. He recalled the background to the development of the guiding principles since the adoption of Resolution WHA51.31 by the Health Assembly in 1998, which was outlined in the introduction to Document CD46/6.

The draft guiding principles, set out in the Annex to the document, had been submitted to the Directing Council in pursuance of the request made by the WHO Executive Board at its 116th Session that the Secretariat should proceed with further consultations through the Regional Committees. A revised proposal would be submitted to the Board in January 2006.

As indicated in paragraphs 4 to 7 of the Annex to Document CD46/7, results-based management was an established element of WHO's methods of work. Program and budget formulation revolved around a set of predefined objectives and expected results; the expected results formed the basis of resource requirement and justified resource allocation, and actual achievements were measured by performance indicators, providing a full cycle of examination, monitoring, and evaluation.

Under the Tenth General Program of Work, the mandates of the global and regional bodies and country cooperation strategies had been put together to formulate the biennial program budgets and subsequently the operational work plans.

The Eleventh General Program of Work, which covered a 10-year period, provided a more logical and coherent framework that would articulate to a greater degree the mandates of the Governing Bodies. Those mandates, together with the country cooperation strategies, which had been undertaken in more than 100 countries, would be consolidated in a medium-term strategic plan that would define the Organization's program of work in light of key strategic objectives and in terms of results-based management for a period of six years. The plan would form the basis for biennial program budgets and operational work plans.

Strategic resource allocation was an integral part of strategic planning. The seven draft guiding principles for strategic resource allocation, set out in paragraph 9 of the

Annex to Document CD46/6, emphasized the importance of the link to results-based management, and of stressing the relevance of equity and support to countries in greatest need, a point of particular interest in the Americas (Principles 1 and 2).

They also highlighted the use of income from all sources of funding, the need for flexibility in allocations over the longer six-year time frame, and links to performance assessment (Principles 3 to 5). Resource needs would be assessed from three complementary perspectives—programmatic, functional, and organizational (Principle 6), and a validation mechanism would be introduced to ensure equity and focus on countries' greatest needs in the allocation of resources (Principle 7).

As indicated in paragraphs 1 to 17 of the Annex, the determination of strategic resource allocations would be based on a high-level analysis of strategic objectives, which would take into account the core functions of the Organization and the level at which they were exercised—Headquarters, Regional Office, or country office.

The analysis would cover the full strategic planning period for each objective and would examine the degree of progress towards targets in order to fine-tune the resource allocations for each program budget period within the six-year cycle. There would also be an analysis of the allocations across the strategic objectives in terms of relative resource requirements in order to categorize requirements as high, medium, or low.

As already indicated, the proposed validation mechanism, described in paragraphs 18 to 27 of the Annex, would be applied, in a parallel process, as a cross-check to ensure equity and support to countries in greatest need. The mechanism would comprise three components that would cover the allocations related to the core functions of the Organization at each level, an engagement factor reflecting the cost to each Region of engaging with its Member States, and a needs-based component, aggregated at the regional level, that reflected health and socioeconomic status and a population factor for those countries.

In summary, the strategic objectives would be analyzed from the programmatic perspective to determine what was to be achieved, each strategic objective would be analyzed from the functional perspective to determine how it would be achieved, and each function would be analyzed from the organizational perspective to determine where it would be exercised. At the same time the validation mechanism would be applied to test the appropriateness of the resource allocation model.

The main steps in the strategic resource allocation process were set out in paragraphs 28 to 32 of the Annex. He looked forward to feedback from the Member States of the Region, which would provide guidance to the Secretariat in improving and shaping the revised proposal to be submitted to the Executive Board in January 2006.

El Dr. GONZÁLEZ FERNÁNDEZ (Cuba) considera que los siete principios rectores que se proponen para la asignación de recursos son adecuados, y solicita una aclaración con respecto al mecanismo de validación. Sugiere seguir trabajando en la especificación de los indicadores que habrán de aplicarse para evaluar y analizar los resultados del plan.

Ms. BLACKWOOD (United States of America) expressed the hope that the application of the guiding principles would result in a new policy for the allocation of WHO resources that was relevant to current needs and recent developments, appropriate to the core functions of the Organization, and committed to a focus on countries, with emphasis on those in greatest need.

Allocations should respond to the real needs in countries and be firmly rooted in WHO's collective priorities. The complex process proposed laid down the parameters for allocation, emphasized the need to use the most relevant determinants of health status, and reflected a needs-based approach, while taking into account the population factor in the validation mechanism.

She requested further information on the proposed sources of data for the needs-based indicators for health and socioeconomic status that would form the basis for the needs-based component. The changing nature of WHO's relationship in countries and Regions should be fully reflected in its policies, strategic planning, and technical cooperation. Country-level conditions continued to change, and the United States therefore endorsed the view that the program budget should be seen as a flexible strategic management instrument, with appropriate structure and flexibility reflected both in the design and in the execution of programs.

Ms. GILDERS (Canada) supported the seven principles set out in the Annex to Document CD46/6, and the results-based approach. The allocation of resources to the regional and country levels must respond to strategic approaches and goals, rather than to geographical apportioning formulas. However, there was a need to maintain a focus on countries in greatest need, and for the use of a validation mechanism, or some mechanism that would provide an indicative resource range over the strategic planning period across the Organization. Canada looked forward to receiving the revised proposal that would be submitted to the Executive Board in January 2006.

Mr. KINGHAM (United Kingdom) reiterated his emphasis on the need for flexibility in the approach to resource allocation, as called for in Principle 4. The adoption of Resolution WHA51.31 had followed from consideration of WHO reform and the way in which need was assessed. The criteria for determining what was meant by countries in greatest need, how that was measured, and how need was measured must be reviewed on a regular basis, since it was a change in the indicator that had stimulated the

discussion. Goals and objectives should be consistent across the Organization so that allocation principles were applied in a comparable manner, which was not always the case currently in the different Regions.

El Dr. LOPEZ ACUÑA (Director de la Gestión de Programas) señala que el mecanismo de validación no va a determinar la asignación final de recursos, sino que se va a utilizar para verificar la pertinencia del uso de los demás criterios y tener una doble garantía de que no se vean vulneradas las asignaciones de recursos a los países con mayores necesidades. El mecanismo consta de indicadores muy similares a los que se utilizaron en la Organización para la política regional de presupuesto y confirma que las asignaciones efectuadas en el actual bienio de la OMS responden a las necesidades económicas y sanitarias de los países.

En el informe que se presentará al Consejo Ejecutivo en enero de 2006 se especificarán indicadores que permitirán una validación adecuada de los criterios de asignación de recursos basada en la equidad y las necesidades económicas y sanitarias de los países.

Continuing in English, he said that the guiding principles would be applied in combination and that flexibility in the strategic allocation process would be critical. In the current version of the model, the process had been refined in order to protect the core normative functions at the Headquarters and Regional Office levels, while preserving a mechanism for validating resource allocations in terms of direct support to countries, in particular those in greatest need. It therefore reflected efforts to meet the concerns expressed by the Delegates of Canada, the United Kingdom, and the United States.

The indicators to be used would take into account gross domestic product, life expectancy, and a population factor and would be the most reliable and sensitive available. Further information on the validation mechanism would be available in the revised document to be submitted to the Executive Board in January 2006. The comments made had been carefully noted and would be transmitted to Dr. Nordstrom and his team at WHO Headquarters.

ITEM 5.3: REPORT OF THE JOINT INSPECTION UNIT

PUNTO 5.3: INFORME DE LA DEPENDENCIA COMÚN DE INSPECCIÓN

La DIRECTORA informa de que en mayo de 2003 inició consultas con la Organización Mundial de la Salud y la Dependencia Común de Inspección de las Naciones Unidas con el fin de realizar una revisión de los aspectos administrativos y gerenciales de la Organización.

Para el mes de marzo, se presentó la situación de las acusaciones anónimas que fueron tomadas por el Auditor Externo como una investigación especial, y el trabajo de la Dependencia se centró más en la evaluación del sistema de gestión de la Organización, teniendo en cuenta que se trata de una Organización de gerencia basada en resultados.

Esta revisión se llevó a cabo durante 2004 y 2005, y finalmente el pasado 5 de septiembre el Inspector General de la Dependencia Común envió su informe, que ha sido colocado en la página web de la Organización.

A pesar del breve período que ha mediado entre el recibo del informe final y el 46.º Consejo Directivo, se han dado a conocer los resultados del examen realizado por la Dependencia a fin de que sean tomados en cuenta durante las deliberaciones de los Cuerpos Directivos sobre el fortalecimiento institucional de la Organización. Se propone hacer un análisis detallado de los aspectos relacionados con los sistemas administrativos, ciclos y sistemas de planificación, así como con algunos aspectos de gobernanza identificados por el Grupo de Trabajo sobre la OPS en el siglo XXI.

Sobre la base de los resultados de dicho análisis, se preparará un plan de acción que en la primavera de 2006 se someterá a la consideración de los Cuerpos Directivos, junto con comentarios detallados sobre el informe de la Dependencia presentados al Subcomité de Planificación y Programación.

La PRESIDENTA, antes de dar por terminada la sesión, cede la palabra a la Delegada de Perú.

La Dra. MAZETTI (Perú) agradece las manifestaciones de apoyo y solidaridad que ha recibido en relación con el terremoto ocurrido el 25 de septiembre en el norte de su país. La principal preocupación en estos momentos es el alojamiento de las personas que han perdido su vivienda y las condiciones de saneamiento.

*The meeting rose at 12:35 p.m.
Se levanta la reunión a las 12.35 p.m.*