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FINAL REPORT

Opening of the Session

1. The 48th Directing Council, 60th Session of the Regional Committee of the World Health Organization (WHO), was held at the Headquarters of the Pan American Health Organization (PAHO) in Washington, D.C., from 29 September to 3 October 2008. The agenda and list of participants are attached as Annexes A and C, respectively.
2. Dr. Leslie Ramsammy (Guyana, outgoing President) opened the session and welcomed the participants. Highlighting the issues that he believed should be priorities on the public health agenda in coming years, he urged Member States to embrace a goal of “70 by 25”—i.e., ensuring life expectancy at birth of 70 years by 2025. He also called for the elimination of all preventable maternal and child deaths by 2025 and a reaffirmation by governments of their commitment to immunization as a public good.
3. The issue of chronic noncommunicable diseases, he said, must also remain high on the global and regional agendas, as must crime and violence, including domestic violence and sexual abuse, and mental health, which he hoped would be a focus of the 49th Directing Council. The Region must continue its crusade to eliminate tobacco use and must also establish a platform for addressing the harmful use of alcohol. Migration of health workers from developing to developed countries was a critical issue; the Region’s success in achieving health for all depended on resolving it. The current global food crisis was a significant public health challenge to which public health professionals must respond by promoting interventions to address malnutrition and to ease escalating food costs and shortages. The Region had made significant strides in combating HIV infection and AIDS and that leadership must continue. Responsibility for combating HIV/AIDS—unequivocally a public health issue—must remain in the public health community. He concluded with a call for collective action to end poverty and to bring about more productive lives for families in the Americas.
4. Opening remarks were also made by Dr. Mirta Roses (Director, Pan American Sanitary Bureau), Dr. William Steiger (Assistant to the Secretary for International Affairs, United States of America, Host Country), Mrs. Kei Kawabata (Inter-American Development Bank), Mr. José Miguel Insulza (Secretary General of the Organization of American States), and Dr. Margaret Chan (Director-General, World Health Organization). The text of their remarks may be found on the website of the 48th Directing Council (<http://www.paho.org/english/gov/cd/cd48index-e.htm>, Documents CD48/DIV/1, 2, 3, 4, and 5, respectively).

Procedural Matters

Appointment of the Committee on Credentials

5. Pursuant to Rule 31 of the Rules of Procedure of the Directing Council, the Council appointed Honduras, Peru, and Saint Kitts and Nevis as members of the Committee on Credentials (Decision CD48(D1)).

Officers

6. Pursuant to Rule 16 of the Rules of Procedure, the Council elected the following officers (Decision CD48(D2)):

President: Brazil (Dr. José Gomes Temporão)

Vice President: Panama (Dr. Dora Jara)

Vice President: Saint Vincent and the Grenadines (Dr. Douglas Slater)

Rapporteur: Mexico (Dr. Fernando Meneses González)

7. The Director served as Secretary ex officio, and Dr. Cristina Beato, Deputy Director of the Pan American Sanitary Bureau (PASB), served as Technical Secretary.

Adoption of the Agenda (Document CD48/1, Rev. 3)

8. The Council adopted the provisional agenda contained in Document CD48/1, Rev. 2 without change (Decision CD48(D3)). The Council also adopted a program of meetings (Document CD48/WP/1, Rev. 3).

Establishment of the General Committee

9. Pursuant to Rule 32 of the Rules of Procedure, the Council appointed Chile, Colombia, and the United States of America as members of the General Committee (Decision CD48(D4)).

Constitutional Matters

Annual Report of the President of the Executive Committee (Document CD48/2)

10. Dr. María Julia Muñoz (Uruguay, Vice-President of the Executive Committee) reported on the activities carried out by the Executive Committee and its Subcommittee

on Program, Budget, and Administration between September 2007 and September 2008, highlighting the items considered by the Committee which were not also on the Directing Council's agenda and noting that she would report on the items that were on the Council's agenda as those items were taken up. One of the items not sent forward to the Directing Council had been the proposed regional strategy on the health of older persons. While the Committee had expressed unanimous support for PAHO's work on the issue, opinions on the proposed strategy had been divided. Some Committee members had found it to be a sound basis for the development of plans of action, both at regional and at national levels, while others had been of the view that a strategy should include clear targets and objectives, as well as indicators for measuring progress. It had also been felt that the strategy should clearly delineate the Secretariat's role in implementing the strategic lines of action and in achieving the strategy's objectives. One member had questioned the value of the strategy's human-rights approach. After discussing the desirability of adopting a proposed resolution on the item, the Committee had decided to endorse the strategy, but to postpone adopting a resolution until the regional plan of action had been formulated. Accordingly, the Committee had asked the Secretariat to draw up a plan of action for consideration by the Governing Bodies in 2009.

11. The Committee had also heard progress reports on several program policy matters which had been the subject of Directing Council resolutions in earlier years, including the Regional Strategic Plan for Malaria in the Americas, the Integrated Management Strategy for Dengue Prevention and Control, implementation of the International Health Regulations (2005) in the countries of the Americas, and strengthening of essential public health functions in the Region. An account of the Committee's deliberations on those items may be found in the Final Report of its 142nd Session (Document CE142/FR).

12. Under Administrative and Financial Matters, the Committee had considered two items that were not also on the Council's agenda: an update on the process for implementing the new scale of quota assessments for PAHO, based on the new assessment scale adopted by the Organization of American States in November 2007, and a report on programmatic prioritization and resource allocation criteria. In relation to the latter, it had been agreed that priorities should be reexamined and revised each biennium in the light of changing circumstances and that future prioritization exercises should include external representatives, especially experts from Member States who were knowledgeable about both public health and management issues.

13. The Committee had also examined reports on the following Matters for Information: Resolutions and other actions of the Sixty-first World Health Assembly of interest to the PAHO Executive Committee, Resolutions and other actions of the thirty-eighth regular session of the General Assembly of the Organization of American States of interest to the PAHO Executive Committee, Report on Internal Oversight

Services, status of PAHO's engagement with the WHO Global Management System, and status of the Master Capital Investment Fund.

14. The Council thanked the Committee for its work and took note of the report.

Annual Report of the Director of the Pan American Sanitary Bureau (Documents CD48/3 and CD48/DIV/6)

15. Following the projection of a video, which provided an overview of PAHO's work during the previous year, the Director presented her Annual Report, the theme of which was "strategic planning." She highlighted some of the ways in which the PAHO Secretariat and PAHO Member States were using planning to strengthen health action, improve efficiency, and increase accountability, giving numerous examples of health planning activities at the regional, subregional, national, and local levels. The Organization's Strategic Plan for 2008-2012, adopted in October 2007, provided a five-year framework for PAHO's operations, based on the principles and areas of action identified in the Health Agenda for the Americas, adopted by the Region's ministers of health in 2007. The Plan was also aligned with the WHO Eleventh General Program of Work and Mid-term Strategic Plan. During 2007-2008, PAHO had made major progress in implementing the Strategic Plan in all country offices, centers, and technical areas. The Organization had also made major advances in planning and execution of country cooperation strategies in Member States. PAHO had taken steps to ensure that its administrative processes and information systems supported the Strategic Plan, and it was using WHO's Global Management System to maintain programmatic alignment and ensure that PAHO could meet its reporting obligations to WHO.

16. During 2007-2008, PAHO had worked with a number of ministries of health to strengthen national health authorities. It had also worked with Member States in using planning to increase social protection and access to quality care, address the social determinants of health, and harness advances in knowledge, science, and technology. The Organization had also undertaken various activities aimed at strengthening the health workforce and reducing the burden of disease, particularly noncommunicable diseases. PAHO had provided ongoing support for country and regional planning in two critical areas of international health security: implementation of the International Health Regulations (2005) and influenza preparedness.

17. The text of Dr. Roses' remarks may be found on the website of the 48th Directing Council (Document CD48/DIV/6).

18. In the ensuing discussion, Member States applauded the achievements described in the report and reaffirmed their commitment to Pan-Americanism and to the eight areas of action identified in the Health Agenda for the Americas. Delegates underscored the

importance of multilateralism and joint action among countries in order to address shared health challenges, and many expressed their governments' willingness to collaborate with other countries in the Region. PAHO's crucial role in facilitating such collective action was highlighted. Member States welcomed the Organization's emphasis on strategic planning and its work to strengthen health planning in Member States. It was pointed out, however, that strategic planning, while unquestionably a valuable instrument, could not be a substitute for health policy-making by governments.

19. The importance of addressing the social determinants of health and of promoting intersectoral action for that purpose was emphasized and the need to translate the largely conceptual work of the WHO Commission on Social Determinants of Health into concrete action at country level was stressed. Several delegates highlighted the urgent need for attention to health workforce issues, particularly human resource shortages in some countries caused by migration of health personnel to other countries. The importance of continuing to strengthen primary health care was also underlined. A number of other areas requiring ongoing attention and effort in the coming years were identified, including noncommunicable diseases, tobacco control, obesity and diabetes, disaster and pandemic preparedness, and maternal, child, and adolescent health. Attention to the latter area was seen as crucial to the achievement of the Millennium Development Goals. One delegate, observing that it was becoming increasingly difficult for health officials to attend the numerous meetings held in connection with international health commitments, appealed to PAHO for help in achieving a more feasible and productive organization of such meetings.

20. The Director said that she had taken careful note of the areas in which Member States felt that intensified action was needed. She noted that the Organization was increasingly working at the supranational level through subregional initiatives and integration processes. PAHO experts were also providing technical cooperation services to countries outside the Region, and other WHO Regions were emulating some of the initiatives launched by the Americas, notably the annual regional vaccination week. At the same time, PAHO was seeking to strengthen the capacity not only of national health authorities but also of local health authorities, because it was often at the local level that concrete intersectoral action to address the determinants of health took place.

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

Election of Three Member States to the Executive Committee (Document CD48/4)

22. The Committee elected Argentina, Guatemala, and Haiti to the Executive Committee, replacing Antigua and Barbuda, Chile, and Panama, whose periods of office on the Committee had expired.

23. The Delegate of Colombia said that his Government had intended to seek a seat on the Executive Committee, but had decided to withdraw its candidacy in favor of Argentina. He said that Colombia had wished to serve on the Committee because it was concerned that PAHO's current policies and technical cooperation were not consonant with the policies of his country and other Member States. However, Colombia had come to an agreement with Argentina whereby the latter country would ensure that those concerns were reflected in the Executive Committee's deliberations.

24. The delegates of Argentina, Guatemala, and Haiti expressed gratitude to the Council for electing their countries to serve on the Executive Committee.

25. The Council adopted Resolution CD48.R3, declaring Argentina, Guatemala, and Haiti elected to membership on the Executive Committee for a period of three years and thanking Antigua and Barbuda, Chile, and Panama for their service.

Program Policy Matters

Population-based and Individual Approaches to the Prevention and Management of Diabetes and Obesity (Document CD48/5)

26. Dr. María Julia Muñoz (Representative of the Executive Committee) reported that the Executive Committee had discussed the role of the Secretariat in helping countries to combat obesity and diabetes and had agreed that individual and population approaches to their prevention and management should be undertaken concurrently and in a balanced manner. Members had stressed the need for intersectoral action in order to address environmental factors that were contributing to the rising tide of both obesity and diabetes and had highlighted the importance of culturally appropriate health promotion and education for specific population groups, such as indigenous peoples. The Executive Committee had recommended that the Directing Council adopt the proposed resolution contained in Resolution CE142.R6.

27. Following the report by the representative of the Executive Committee, a video presentation on the Veracruz Initiative for Diabetes Awareness (VIDA) being carried out by PAHO in Mexico was shown.

28. Delegates then described the programs and policies being implemented by their countries to address the problems of diabetes and obesity and suggested issues that should be given special attention at the regional level. Most delegates agreed on the importance of both population-based and individual strategies and underscored the need for balance between the two, calling for integrated, intersectoral action. Some delegates felt that the proposed population-based approaches should place greater emphasis on addressing the social determinants of obesity and diabetes—through, for example,

appropriate urban planning, working conditions that encouraged healthy lifestyles, and early education to instill healthy habits in children. One delegate, however, said that such a focus was not advisable at the present stage, given that further research on the matter was needed.

29. Delegates emphasized the importance of diabetes prevention, control and screening. It was emphasized, however, that screening should be conducted only within the context of health services, and that screening outside of clinical settings should be discouraged, since the results could be unreliable and misleading. One delegate noted the need to distinguish between type 2 and gestational diabetes, which were preventable, and type 1 diabetes, which currently was not. The importance of promoting breast-feeding as a means of preventing diabetes later in life was also highlighted. Several delegates stressed the importance of training health workers, especially in primary care, and of educating the public through mass media campaigns and educational activities in schools.

30. Numerous delegates mentioned the need for programs designed to promote wellness and encourage healthy lifestyles at all ages, in particular through nutrition programs for children and adolescents. The importance of making wholesome foods, particularly locally produced foods, available at affordable prices was highlighted. Some delegates favored regulation of the marketing and labeling of food products as a means of promoting healthier eating habits. One delegate, however, objected to the idea of regulating foodstuffs, arguing in favor of self-regulation by the food industry.

31. Several delegates said that programs to combat diabetes and obesity should also take into account related conditions, such as cardiovascular diseases, and stressed the need to reduce intake of sugar, fats, and salt. The need for counseling and mental health programs to empower people to take responsibility for their own health was also mentioned. Several delegates emphasized that some of the surplus resources from the 2006-2007 Program Budget should be used to support initiatives to prevent and control diabetes, obesity, and other chronic and noncommunicable conditions.

32. Dr. Jarbas Barbosa da Silva (Area Manager, Health Surveillance and Disease Prevention and Control, PAHO) thanked delegates for their insightful comments and suggestions, which would help the Secretariat to refine the proposed approaches for combating the epidemic of obesity and diabetes in the Region.

33. The Council adopted Resolution CD48.R9 on this item.

***Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control
(Document CD48/6)***

34. Dr. María Julia Muñoz (Representative of the Executive Committee) recalled that the matter of cervical cancer had been examined by the Executive Committee in 2007 and that the Committee had decided to ask the Secretariat to revise the proposed approach and resubmit the proposed strategy and plan of action for discussion in 2008. At its 142nd Session in June 2008, the Executive Committee had welcomed the opportunity to reexamine the issue and had found the document much improved with respect to the one presented in 2007, although it had made several suggestions for further improvement. Some members of the Committee had thought that the main focus of the strategy should be ensuring access to the vaccine against human papillomavirus (HPV), as the most cost-effective means of preventing cervical cancer. Others had pointed out that the vaccine would not prevent all cases of cervical cancer, even if 100% vaccination coverage was achieved. They had cautioned that the vaccine should not be portrayed as a panacea and had emphasized that other cervical cancer prevention activities, in particular regular screening, must continue. It had also been emphasized that the visual inspection with acetic acid (VIA) method should only be used where Pap screening was not feasible. The Committee had recommended that the Directing Council adopt the proposed resolution contained in Resolution CE142.R13.

35. The Council welcomed the strategy and plan of action and applauded the integrated approach to cervical cancer prevention and control proposed therein. The strategy was considered to be scientifically and technically sound and reflective of the latest advances in prevention and control of the disease. It was also considered a realistic approach, which could be adapted and applied by countries in accordance with their needs and situations. It was felt that the document adequately presented the issues that decision-makers at the national level would have to consider when determining whether or not to introduce the human papillomavirus (HPV) vaccine. The need for indicators and for surveillance data to measure progress in reducing cervical cancer rates was highlighted.

36. Like the Executive Committee, the Council emphasized the need for continued screening, regardless of whether or not the HPV vaccine was introduced. A number of delegates expressed concern about the high cost of the vaccine and underscored the need for research in order to assess the cost-effectiveness of its introduction. It was recommended that, in addition to issues relating to affordability, sustainability and country preparedness for the introduction of the HPV vaccine, the Regional Strategy and Plan of Action should be reviewed to address issues related to the vaccine's efficacy. It was pointed out, for example, that additional research was needed to determine the duration of immunity and the need for booster immunization, and that studies of the HPV serotypes circulating at the national level would also be required. Studies to evaluate

cross-protection against oncogenic strains of HPV other than those included in the vaccine were also considered necessary, as were studies to determine the vaccine's efficacy in women already infected with some strain of the virus. PAHO was encouraged to explore ways of helping countries to obtain the vaccine at affordable prices, in particular through the Revolving Fund for Vaccine Procurement. It was suggested that countries might consider introducing the vaccine gradually, focusing first on the areas with the highest rates of cervical cancer.

37. The importance of health education and communication to heighten awareness about the risk factors for cervical cancer and its preventability was emphasized, as was the need to target health education at girls and women in vulnerable groups. Delegates stressed the need to strengthen capacity for cervical cancer prevention and detection at the primary care level, to make screening and treatment services available locally, and to involve the community in prevention efforts. It was also stressed that prevention of cervical cancer should be undertaken within the framework of overall efforts to prevent sexually transmitted infections.

38. A number of technical suggestions were made with regard to specific aspects of the strategy. It was recommended, for example, that the reference to coinfection with herpes as a factor contributing to the development of cervical cancer should be removed as there was insufficient evidence to support that statement. It was also recommended that visual inspection with Lugol's iodine should be included among the alternative screening technologies recommended in the strategy. With regard to the actions proposed in paragraph 15 of Document CD48/6, it was pointed out that follow-up should be assured not just for women diagnosed with cervical cancer but also for those found to have precancerous lesions, and that chemotherapy should be mentioned along with radiation therapy as a method of treatment for invasive cervical cancer.

39. The Delegate of Honduras noted that the countries of the Central American subregion were finalizing a subregional plan on cancer, which prioritized the prevention and control of cervical cancer. Other delegates reported on plans and activities to reduce cervical cancer morbidity and mortality in their respective countries, with several noting that their national initiatives were fully consistent with the integrated approach proposed by PAHO. The value of sharing experiences and of cooperation between countries in this area was underlined.

40. Dr. Jarbas Barbosa da Silva (Area Manager, Health Surveillance and Disease Prevention and Control, PAHO) observed that the extensive discussion of this topic, both during the June session of the Executive Committee and during the 48th Directing Council, provided clear evidence of the importance that Member States attached to it. He thanked Members for their comments and suggestions, which would help the Secretariat to enhance the strategy and plan of action.

41. The Council adopted Resolution CD48.R10.

Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care (Document CD48/7)

42. Dr. María Julia Muñoz (Representative of the Executive Committee) reported that the Executive Committee had welcomed the proposed Regional Strategy and Plan of Action for Neonatal Health, which one member had described as an excellent companion to the Regional Strategy for Maternal Mortality and Morbidity Reduction. It had been suggested that the strategy should also be closely linked to the Regional Strategy for Adolescent and Youth Health. The Committee had considered the four strategic areas of the plan of action to be well selected. In particular, members had commended the focus on community-based interventions, considered essential in order to improve the access of poor and vulnerable groups to health services. The Committee had welcomed the emphasis on strengthening health systems overall and had highlighted the importance of monitoring and evaluation systems as a means of determining the main causes of neonatal mortality and identifying weaknesses in the health care system.

43. Delegates had agreed that differentiated approaches tailored to countries' differing levels of neonatal mortality were needed. In particular, it had been suggested that the plan of action should incorporate specific recommendations for bringing about further reductions in neonatal mortality and morbidity in countries that already had fairly low rates. The Executive Committee had recommended that the Directing Council adopt the proposed resolution contained in Resolution CE142.R10.

44. The Directing Council welcomed the strategy and plan of action, noting that the approach was in line both with the needs of the Region and with the Millennium Development Goals. The continuum-of-care approach was applauded, care for the newborn being inextricably linked to care for the mother. The importance attached to community and intersectoral interventions was also welcomed.

45. Several delegates described the efforts being made in their countries to improve neonatal health, also offering to share their results and experiences with other countries. Some described the obstacles and challenges they faced. Particular reference was made to shortages of trained personnel and, in some cases, equipment. Delegates observed that the success rate in reducing neonatal mortality varied sharply from country to country. Further, in those countries where the rate was already low, the simple and inexpensive remedies would probably already have been applied, and further improvements would probably come only slowly. Delegates expressed appreciation of PAHO's efforts to provide differentiated forms of support and assistance in response to countries' differing needs.

46. It was suggested that the strategy should make more explicit mention of the contribution of primary health care to its successful implementation, that “maternal health” should be added in the general objective of the plan of action, and that an additional line of action should be added on the empowerment of women with regard to their human rights and their sexual and reproductive rights.

47. Dr Gina Tambini (Area Manager, Family and Community Health, PAHO) thanked the speakers, whose comments, she said, would strengthen the strategy and the plan of action as well as providing guidance to the Secretariat for its implementation. She welcomed the Council’s confirmation of the importance of the issue, because while the Region had made great strides in reducing infant and under-5 mortality, neonatal mortality had not fallen at nearly the same pace. She had taken note of the specific suggestions regarding the strategy and plan of action, and was pleased that Member States agreed with the continuum-of-care approach, and with its integrated and intersectoral aspects.

48. The Council adopted Resolution CD48.R4, Rev. 1 on this issue, endorsing the Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care.

Regional Strategy for Improving Adolescent and Youth Health (Document CD48/8)

49. Dr. Dora Jara (Representative of the Executive Committee) reported that the Executive Committee had expressed general support for the proposed approach for improving adolescent and youth health, although some delegates had felt that, in order to be considered a real strategy, it should include concrete objectives and should clearly delineate PAHO’s role in achieving those objectives. It had been suggested that one of PAHO’s roles should be helping Member States to build accurate and reliable information systems in order to enable them to develop evidence-based solutions. The Secretariat had been encouraged to focus on implementing the WHO Strategy for Child and Adolescent Health and Development in the Region and also to link its work in this area with the work to be undertaken in the framework of the Regional Strategy and Plan of Action for Strengthening Vital and Health Statistics. The Committee had recommended that the Directing Council adopt the proposed resolution contained in Resolution CE142.R16, endorsing the strategy.

50. The Council voiced strong support for the proposed strategic lines of action and the integrated public health approach to improving adolescent and youth health. The strategy was considered a sound basis for the development of a plan of action on adolescent and youth health. Investment in adolescent and youth health and development was seen as critical to the future of countries’ health and social infrastructure and to the prevention of health problems in adulthood. The importance of attention to both the

mental and the physical health needs of adolescents and youths was underscored. Delegates highlighted a number of youth health issues requiring urgent attention, in particular violence, road traffic accidents, drug and alcohol use, sexually transmitted infections, and adolescent pregnancy. The need for attention to nutritional and food-related problems among young people, including eating disorders such as anorexia and bulimia, was also underscored. Encouraging participation in sports and other forms of exercise was also considered very important. Several delegates described plans of action and other initiatives related to adolescent and youth health currently under way in their countries.

51. The need for involvement of youth in disease prevention and health promotion activities was stressed, as was the importance of making maximum use of modern communication media to transmit health messages to young people. PAHO's inclusion of young people in the participatory process of developing the strategy was applauded. It was considered essential to recognize the rights and responsibilities of parents and other persons legally responsible for adolescents in guiding and protecting them in a manner consistent with their evolving capabilities. Delegates expressed appreciation for the document's acknowledgement of the roles that parents and faith-based communities could play in enabling adolescents to make healthy choices and welcomed the human-rights approach embodied in the strategy. The strategy's acknowledgement of the need for culturally sensitive promotion and prevention programs was also welcomed, and the importance of ensuring that indigenous youth remained connected to their culture and language was underlined.

52. The Delegate of Canada noted that her Government had prepared and shared with PAHO a youth-friendly "translation" of the strategy, which would be circulated during the 83rd Regular Meeting of the Directing Council of the Inter-American Children's Institute, to be held in Ottawa in October 2008. The Delegate of the Bahamas highlighted the value of the Global School-based Student Health Survey (GSHS)—in which her country was currently taking part—as a tool for the collection of age-specific data on adolescent health, which could then be used to identify trends and design programs and policies aimed at changing unhealthy practices and curbing violence, drug use, and other harmful behaviors.

53. PAHO was encouraged to coordinate its activities with those of other agencies of the United Nations system engaged in work relating to adolescent and youth health in order to ensure an integrated approach. It was also suggested that PAHO should set up a regional adolescent and youth health team to facilitate the exchange of experiences among countries.

54. Dr. Gina Tambini (Area Manager, Family and Community Health, PAHO) said that the Secretariat would work with Member States and other partners to develop the

plan of action through a participatory process, just as it had done with the strategy. She pointed out that the strategy and plan of action were emerging at a strategic moment of growing international attention to youth issues. For example, the theme of the 10th Ibero-American Conference of Ministers of Health, held in July 2008 in El Salvador, had been “Youth, Health, and Development,” and the 18th Ibero-American Summit of Heads of State and Government, to be held in October, also in El Salvador, would also focus on the topic of youth and development. She affirmed that investing in the health of young people was a key strategy for improving overall population health, eradicating poverty, and fostering development.

55. The Director observed that, while young people were the leaders of the future, the members of the Directing Council had shown, by their approval of the strategy and their clear commitment to improving the health of adolescents and youths, that they were the leaders of the present. The Secretariat looked forward to working with Member States in order to translate the strategy into concrete actions.

56. The Council adopted Resolution CD48.R5, endorsing the strategy and requesting the Secretariat to develop a plan of action for improving adolescent and youth health.

Regional Plan of Action for Strengthening Vital and Health Statistics (Document CD48/9)

57. Dr. María Julia Muñoz (Representative of the Executive Committee) reported that the Executive Committee had expressed solid support for the proposed plan of action and had endorsed its objectives. Members had underlined the need for complete, reliable and timely data and had discussed some of the major problems that needed to be addressed in current vital and health statistics systems. Several delegates had described measures being taken to improve data coverage and quality in their respective countries. A number of suggestions had been made with a view to enhancing the plan of action. The importance of aligning it with the principles of the Health Metrics Network and other global initiatives aimed at strengthening health information systems had also been stressed. The Executive Committee had recommended that the Directing Council adopt the proposed resolution contained in Resolution CE142.R4.

58. The Council welcomed the plan of action, acknowledging the importance of timely and high-quality vital and health statistics for evidence-based policy- and decision-making. Delegates reported on their national vital and health statistics programs, highlighting achievements and shortcomings, in particular the need for human and other resources and for technical training in the use of data-collection tools. It was suggested that the plan of action should include a more specific component of support for human resources development and training. Delegates stressed the desirability of developing e-government and e-health systems and the need for effective monitoring and evaluation

mechanisms, standardized data-collection formats and databases, and national regulatory frameworks. Several delegates emphasized the need for improved mortality and morbidity statistics, given their importance in the planning of health programs. One delegate suggested that health monitoring data should be linked to social assistance programs for purposes of coordinating health care with assistance for the needy. Another delegate underlined the desirability of using open-source programming to make data more widely accessible. The importance of the Health Metrics Network assessment tool was noted. Delegates also mentioned the desirability of expanding the focus of health and vital statistics over time, as well as the role of reliable statistics in enhancing their countries' ability to measure progress towards and meet the Millennium Development Goals.

59. Thanking the delegates for their comments and suggestions, Dr. Jarbas Barbosa da Silva (Area Manager, Health Surveillance and Disease Management, PAHO) underlined the importance of having reliable health monitoring statistics in order to set priorities, ensure transparency, and evaluate policies and their impact. He informed the Council that the Secretariat was planning to conduct basic and advanced training programs in the area of health analysis in conjunction with the University of South Florida.

60. The Director noted that several other initiatives were currently under way to strengthen vital and health statistics in the Region, including investments through the Global Fund to Fight AIDS, Tuberculosis, and Malaria to improve health information systems. In addition, the group of regional directors of organizations in the United Nations system was working on the harmonization of indicators and was refining methodologies with a view to helping countries to prepare reports on the Millennium Development Goals to be submitted to the United Nations General Assembly in 2010 and 2015. She emphasized the importance of ensuring the collection of vital and health statistics among marginalized populations, which were often "invisible" because they were not counted in national statistics.

61. The Council adopted Resolution CD48.R6, approving the Regional Plan of Action for Strengthening Vital and Health Statistics.

Toward the Elimination of Onchocerciasis (River Blindness) in the Americas (Document CD48/10)

62. Dr. María Julia Muñoz (Representative of the Executive Committee) reported that the Executive Committee had been informed during its 142nd Session that, while the Region had not achieved the goal of eliminating onchocerciasis-related eye disease, it was very close to doing so. The 17th Inter-American Conference on Onchocerciasis, held in November 2007, had recommended that a new target date of 2012 be set in order to

complete the elimination of onchocerciasis and permanently interrupt the transmission of *Onchocerca volvulus* in the remaining four foci. The Committee had expressed support for the ongoing work of the Onchocerciasis Elimination Program for the Americas (OEPA) and for the new goal for 2012 and had recommended that the Directing Council adopt the proposed resolution contained in Resolution CE142.R3, embracing the goal of completing the elimination of morbidity from onchocerciasis and achieving the interruption of onchocerciasis transmission throughout the Region by the end of 2012.

63. In the Council's discussion of this item, the delegates of Brazil, Colombia, Guatemala, Mexico and Venezuela reported on their efforts to eliminate the remaining foci of onchocerciasis in their countries. The Delegate of Venezuela said that considerable progress had been made towards eliminating the foci in the north-central and north-eastern regions of the country, but the situation was much more complex in the southern focus, which was in the Amazon region bordering Brazil. As the goal proposed for 2012 would most likely not be attainable in that particular region and it would therefore be necessary to continue treatment beyond 2012, he suggested that paragraph 2(b) of the proposed resolution should be amended by adding the following: "...and that the Program be continued until the total elimination of the disease can be certified." Several delegations expressed support for that amendment.

64. Dr. Jarbas Barbosa da Silva (Area Manager, Health Surveillance and Disease Management, PAHO) thanked the delegates for their comments and suggestions. He also expressed appreciation to Dr. Mauricio Sauerbrey, Director of OEPA, for his strong cooperation in the effort to eliminate onchocerciasis. He agreed that the suggestion made by Venezuela would improve the proposed resolution.

65. The Director said that she wished to acknowledge the leadership provided by the Carter Center and by former United States President Jimmy Carter himself, who had become a global advocate for the elimination of the disease.

66. The Council adopted Resolution CD48.R12, including the amendment proposed by Venezuela.

Improving Blood Availability and Transfusion Safety in the Americas (Document CD48/11)

67. Dr. María Julia Muñoz (Representative of the Executive Committee) reported that the Executive Committee had expressed concern about the lack of progress towards the goals of the Regional Plan of Action for Transfusion Safety 2006-2010 since the adoption of the Plan by the 46th Directing Council in 2005. However, several members had questioned whether the adoption of a new resolution on the matter would do any good, particularly as no new program or plan for improving the situation was being proposed. It

had been suggested that the Secretariat should simply redouble its efforts to help countries achieve the objectives established in 2005. To that end, the Secretariat should develop technical guidelines for estimating annual blood needs in a given population and formulate strategies and recommendations for organizing blood systems and for attracting voluntary donors. The Executive Committee had recommended that the Directing Council adopt the proposed resolution contained in Resolution CE142.R5, urging Member States to take several steps in order to fully implement the Regional Plan of Action for Transfusion Safety and to terminate replacement and paid blood donation before the end of 2010, with a goal of 100% voluntary, altruistic, non-remunerated blood donation.

68. In the ensuing discussion, delegates described their countries' efforts to promote voluntary donation, improve screening of donated blood, and strengthen their national blood systems. The Delegates of Haiti and Paraguay noted that their countries had both set the goal of 100% unpaid voluntary donation and that rates of voluntary donation had risen significantly—in the case of Haiti from 5% in 2004 to 52% in 2007, and the percentage was expected to reach 75% during 2008. Also, the production of blood and blood products had doubled in Haiti since 2004.

69. While the need to strive for 100% voluntary donation was recognized, it was suggested that in limited circumstances of emergency medical necessity or in settings with close monitoring of transfusion safety, paid or replacement donation might be acceptable. It was pointed out that blood for transfusion should be considered an essential drug and should be subject to the same quality standards and quality assurance procedures as other essential drugs. In that connection, one delegate mentioned that her country's blood system was applying the ISO 9000 quality standards.

70. Dr. José Luis Di Fabio (Area Manager, Technology, Health Care, and Research, PAHO) commended Haiti and Paraguay on their progress in strengthening their blood systems and ensuring transfusion safety. With regard to the suggestion concerning paid or replacement donation, he said that the circumstances in which such donations would be accepted would need to be clearly defined.

71. The Director observed that the achievements of Haiti and Paraguay demonstrated that, with sufficient political will, it was possible to bring about vast improvements in blood safety and availability in a relatively short period of time, even for countries in very difficult situations. She encouraged all Member States to step up their efforts to achieve the regional goals set for transfusion safety by 2010.

72. The Council adopted Resolution CD48.R7, urging Member States to proactively implement the Regional Plan of Action for Transfusion Safety 2006-2010.

WHO Framework Convention on Tobacco Control: Opportunities and Challenges for its Implementation in the Americas (Document CD48/12)

73. Dr. María Julia Muñoz (Representative of the Executive Committee) reported that the Executive Committee had been informed during its 142nd meeting in June 2008 on the progress to date in the Region in implementing the measures contained in the WHO Framework Convention on Tobacco Control, in particular in connection with the package of six measures known as MPOWER. The Committee had also been informed that the Region of the Americas had the lowest percentage of Member States having ratified the Convention. In the ensuing discussion, several delegates had described the steps being taken by their countries to combat tobacco use, such as banning smoking in public buildings, restrictions on advertising, raising taxes on tobacco products, and adopting measures to discourage smoking among young people. Most had reported that the public, including a large proportion of smokers, had been generally receptive to the measures implemented. The Executive Committee had recommended that the Directing Council adopt the proposed resolution contained in Resolution CE142.R11.

74. Following the presentation by Dr. Muñoz, Dr. Haik Nikogosian (Head of the Convention Secretariat to the WHO Framework Convention on Tobacco Control) updated the Council on the status of the Convention, reporting that 14 new countries had become parties in the last 12 months. Twenty-five countries in the Americas were now parties. The Conference of the Parties had established institutional and financial arrangements and developed instruments for the implementation of the treaty. The first two instruments, namely, the reporting system under the Convention and the guidelines for implementation of Article 8, on protection from tobacco smoke, had already been adopted.

75. Although the Americas still had the lowest ratification rate among all WHO regions, nine of the 10 countries in the Region that had not yet ratified the treaty had signed it, and the Region had shown strong leadership in the Convention negotiation and implementation process. The Convention Secretariat had prepared a progress report on the implementation of the Convention which would be discussed at the Third Session of the Conference of the Parties in November 2008. The report referred, among other things, to the need for a comprehensive approach to the implementation of policy measures and for increased international cooperation. It also presented information on progress and challenges at the regional level, revealing, notably, that the Americas had the lowest percentage of parties reporting the implementation of important measures such as a total ban on tobacco advertising. On the other hand, a number of countries in the Region were developing anti-tobacco legislation, and the Americas had the highest rates among all WHO Regions of timely submission of reports by parties.

76. The negotiations for a protocol on illicit trade in tobacco products marked an important development for global health. It was widely accepted that the negotiations would require the involvement of officials from other sectors, such as finance, customs, trade, and justice. Accordingly, he encouraged governments to send intersectoral delegations to the forthcoming session of the negotiating body for the protocol. After describing a number of activities carried out in the Region and globally and outlining preparations for the Third Session of the Conference of the Parties, he pointed out that the Convention had entered a phase in which international and regional intergovernmental cooperation would play an increasing role. In that connection, he highlighted the role of the South American Common Market (MERCOSUR), which would shortly join the group of regional intergovernmental observers to the Convention.

77. In the discussion that followed, delegates reported on measures being taken in their countries to combat tobacco use, such as smoking cessation programs, promotion of smoke-free environments, educational and information programs, raising taxes on tobacco products, regulation of advertising, and package labeling requirements. Delegates stressed the usefulness of the MPOWER policy package and drew attention to issues such as the gender dimensions of tobacco use, tobacco use in schools, and smuggling of tobacco products. Delegates also highlighted the need for international and intersectoral partnerships to support implementation of the Convention, but emphasized that international financial partners must respect the countries' domestic policies.

78. The importance of prevention, as the most cost-effective way of halting the smoking epidemic, was emphasized, as was the need for educational programs targeting children and adolescents in particular. It was suggested that PAHO might establish a regional database of graphic health warnings that countries could use on cigarette packets. It was also suggested that the Organization should draw up a list of reference laboratories that could assist countries in implementing the provisions of the Convention concerning testing and measuring the contents and emissions of tobacco products. Member States that had not yet ratified the Convention were urged to take steps to do so as soon as possible. Countries, whether or not they were parties to the Convention, were also encouraged to implement the six MPOWER measures.

79. The Council adopted Resolution CD48.R2 on the item.

***Integrated Vector Management: A Comprehensive Response to Vector-borne Diseases
(Document CD48/13)***

80. Dr. María Julia Muñoz (Representative of the Executive Committee) reported that the Executive Committee had welcomed the proposed approach to vector control and had considered that it would help to reduce reliance on mass spraying of pesticides, thereby benefiting the environment. It had been suggested, however, that the strategy should

leave open a full range of options for vector control, including judicious use of pesticides where appropriate. It had been emphasized, however, that if pesticides were to be used, preference should be given to those that were least harmful to the environment and to people, such as biopesticides. Several delegates had stressed that, while it was certainly important to tackle the issue of vectors as a whole, it was also important to strengthen disease-specific programs. Delegates had also highlighted the importance of strengthening communication, both with the population and between the government and the mass media, to ensure that accurate and clear messages were transmitted about the dangers of vector-borne diseases. It had been stressed that any technical guidance to be drawn up should emphasize the importance of community involvement, and should also contain examples of best practices gleaned from countries' successful experiences. The Executive Committee had recommended that the Directing Council adopt the proposed resolution contained in Resolution CE142.R9.

81. The Council welcomed the approach put forward in Document CD48/13. Several delegates were particularly appreciative of its reduced reliance on traditional methods of chemical spraying, which had evident disadvantages for the environment and was also leading to problems of insecticide resistance. Several delegates described the approaches being taken by their national authorities to manage disease vectors. While in some cases they were already using some variant of an integrated management program involving chemical, biological, and physical measures to control vectors at all stages of their life cycle, it was felt that the integrated approach proposed by PAHO would help to enhance the effectiveness of programs, reduce costs, and increase impact. It would also allow each country to proceed at its own pace. Delegates also mentioned the fact that accelerating climate change was exacerbating the vector problem.

82. Delegates also expressed support for the intersectoral aspects of the strategy, stressing that control of vectors could not simply be a matter for health authorities. Some delegates described how their governments were taking an intersectoral approach similar to that advocated in the document, involving private and public sector organizations including communities and nongovernmental agencies, as well as key stakeholders in the tourism, housing, sewerage, and solid waste sectors. It was pointed out that control of vector-borne diseases involved more than just eliminating the vectors: what was needed was to alter their environment and food supply so that they would cease to breed, which meant carrying out activities such as refuse clearance, drainage and water control, and cleaning of waterways. It was pointed out that the implementation of such activities would also make it possible to reduce pesticide use. Where control efforts did involve pesticides, some countries reported that they were working with pesticide suppliers in order to evaluate the efficacy of the products as well as to minimize the risk of resistance. Some countries were also working on the application of biological control methodologies intended to prevent pollution of underground water systems and harm to non-target species.

83. Delegates also described their countries' efforts in the critical areas of research and information systems. It was pointed out that studies were needed to assess the impact of control actions in differing regions, given the differences in prevalence of vector-borne diseases from one region to another, differences in the patterns of the resultant mortality and morbidity between countries and within countries, differences in strategies adopted by countries, and the ever-present danger of development of insecticide resistance. It was stressed that the proposals included in the PAHO strategy should be flexible enough to adapt to such differences.

84. Several delegates emphasized that vector control activities must rest on a solid scientific foundation and be evidence-based. The Secretariat was urged to collect and disseminate best practices. Delegates highlighted the need for cooperation among countries, so that those with greater expertise in entomology, and greater experience with the effectiveness of various chemicals and/or with resistance to them, could share their knowledge with others. The importance of education was also stressed, including information campaigns to teach people about the relevance of hygiene to vector-borne diseases and to encourage them to take responsibility for their own health. It was also emphasized that political will would be needed to contend with the re-emergence of diseases that had not been seen in some countries for a considerable time, such as malaria in the Bahamas and Jamaica.

85. Dr. Jarbas Barbosa da Silva (Area Manager, Health Surveillance and Disease Prevention and Control, PAHO) thanked participants for their suggestions, which would assist PAHO in improving its approach to the topic. As various statements had made clear, some countries in the Region had already advanced beyond traditional approaches to vector control. The resolution would consolidate those advances into a strategy that could be modified to allow for the characteristics of each specific vector-borne disease, while providing guidelines and procedures common to many or all of them.

86. With modest use of insecticides, careful monitoring of pesticide resistance, very strong community participation, and establishment of partnerships with stakeholders beyond the health sector, the strategy offered great hopes for the future. He supported the idea of cooperation among countries, noting in particular that there was a need for a strong network of cooperation among research centers throughout the Region. Welcoming the idea that PAHO should assist in the dissemination of best practices, he mentioned a meeting to be held in Brazil in early November to study the various options for control of dengue.

87. The Director said that she had listened with great interest to the suggestions relating to enhancing the capacity of the Secretariat to provide support in this area, and observed that for almost the past two decades there had been a shortfall in the teaching of medical entomology, as well as a failure to retain trained entomologists in the health

sector and the other sectors that were crucial to vector control. Consequently, one of the areas where work was needed was in reestablishing a closer relationship with PAHO and WHO collaborating centers and other relevant institutions with a view to creating a specific program of training and capacity-building in medical entomology. While it would not be possible for Secretariat to provide that capacity-building alone, it could help increase countries' capacity to do so.

88. The Council adopted Resolution CD48.R8, endorsing the integrated vector management approach.

Panel on Primary Health Care: Addressing Health Determinants and Strengthening Health Systems (Documents CD48/14, Rev.1; CD48/14, Add. I; CD48/14, Add. I, Corrig.; and CD48/14, Add. II)

89. Sir Michael Marmot (Chair, Commission on Social Determinants of Health, WHO) gave a presentation on the Commission's work, which focused on the pursuit of social justice, empowering people and communities, and creating conditions for people to live fulfilling lives. Dr. Wim Van Lerberghe (Health Systems and Services Cluster, WHO) spoke on the need for modifications to health systems and services to accommodate the growing demand for primary health care worldwide. Dr. Socorro Gross (Assistant Director, PASB) described the Region's policy framework for action regarding primary health care and the determinants of health.

90. Two commentators then spoke. Dr. Hubert Alexander Minnis (Minister of Health, Bahamas) examined the links between health and equity, and Dr. José Guillermo Maza (Minister of Health, El Salvador) spoke of the challenges faced by the health sector in comparison with other areas of government. In closing remarks, the President stressed the importance of research into health determinants, as well as of training and supporting human resources for health care.

91. A summary of the six speakers' remarks can be found in Document CD48/14, Add. II, which was presented by Dr. Gross.

92. In the ensuing discussion, delegates described the efforts being made in their countries to revitalize primary health care, in particular by relating it to health determinants. Some delegates described initiatives under way in sectors other than health which directly influenced determinants of health, such as education and employment. Several offered to share their experiences and best practices with other countries. Attention was also drawn to the synergy between primary health care and the Millennium Development Goals. It was pointed out that in some cases primary health care systems would need to be strengthened if countries were to reach the Goals. It was also pointed out that there was a need for strategies to reach people who, for whatever reason, were

not currently accessing services at the primary health care level. It was generally agreed that universal access to health care was a matter of simple equity. The need to explore ways of transferring skills from highly trained health personnel to those with less training was highlighted.

93. The Council took note of the report and discussion.

***Health and International Relations: Linkage with National Health Development
(Document CD48/15)***

94. Dr. María Julia Muñoz (Representative of the Executive Committee) reported that the Executive Committee had welcomed the document on this item, considering it ground-breaking in several respects, notably the linking of international relations with national health development. It had been pointed out that the document marked a departure from the technical subject matter normally dealt with by PAHO, as it addressed topics of interest to professionals in many sectors, including foreign affairs, environment, and trade, thus demonstrating that health was truly intersectoral. The Committee had discussed PAHO's technical cooperation role in this area at length. Delegates had identified disease surveillance—particularly in areas with high volumes of international traffic and trade—as an area that especially needed strengthening. Harmonization of regulatory frameworks and of the provision of services had been identified as another area where PAHO support was needed. Enhancing the leadership capacity of national health authorities and assisting governments in analyzing the health impact of proposed public policies had been considered other important roles for PAHO. It had been emphasized that the Organization should focus its technical cooperation activities in areas that clearly fell within its mandate and core competencies.

95. The majority of Committee members had agreed that a proposed resolution on this item should be drafted and sent forward to the Directing Council for adoption, the aim being to provide a basis for future action with regard to health and international relations. The proposed resolution had been discussed and revised extensively, with much of the discussion centering on the role of PAHO. The outcome of the Committee's discussion, Resolution CE142.14, appeared as an annex to Document CD48/15.

96. In the discussion that followed within the Directing Council, Member States welcomed PAHO's efforts to strengthen the institutional capacity of governments in health and international relations, stressing the need for increased cooperation and solidarity among countries in order to tackle global health problems, achieve the Millennium Development Goals, ensure global health security, and foster greater equity and social justice. The importance of health in foreign policy and international relations was underscored, as was the need to strengthen the capacity of health authorities to ensure due attention to health in the negotiation of bilateral and multilateral agreements.

A number of delegates described national and subregional initiatives aimed at strengthening international cooperation in health and promoting national health development. A representative of the United Nations Children's Fund (UNICEF) highlighted the importance of international collaboration in health in order to achieve Millennium Development Goal 4: Reduce child mortality.

97. It was pointed out that health could no longer be viewed as strictly a national concern, and that, in an increasingly globalized and interdependent world, it was necessary to "think locally and act globally," as both national and global health would depend heavily on increased international cooperation and collaboration among countries. Several delegates called for increased cooperation between developed countries and their less-developed counterparts in the Region. It was considered essential for developed countries to meet or exceed the commitment made at the International Conference on Financing for Development (Monterrey, Mexico, March 2002) to devote 0.7% of their gross national income to official development assistance. The importance of fully implementing the Paris Declaration on Aid Effectiveness was also emphasized.

98. Delegates noted that in recent years countries' foreign policy had evolved from the traditional focus on issues of economics and national security to include health concerns. The close linkages among health, national development, and international relations were also noted. It was pointed out that, as the concept of health diplomacy emerged, it must be recognized as an area of specialization requiring training and the development of negotiating skills. Promoting and facilitating such training was seen as an important role for PAHO. In that connection, the Organization's Leaders in International Health Program was applauded. PAHO's contribution to the strengthening of bilateral relations between countries and its ability to broker partnerships in the new global health architecture were also acknowledged.

99. Like the Executive Committee, the Council spent considerable time discussing the focus of PAHO technical cooperation in this area. It was emphasized that the Organization should position its work clearly within its mandate and technical competencies. Building the capacity and infrastructure of Member States to manage and apply international cooperation resources effectively was identified as an important area of cooperation for the Organization. Helping Member States to build the capacity needed to implement the International Health Regulations (2005) was considered another important role. It was suggested that PAHO should establish a mechanism within the Secretariat to coordinate an integrated approach to its technical cooperation, based on the priorities identified by each country.

100. PAHO's role in facilitating analysis of the health dimension of policies considered, adopted, and implemented at the international level was discussed at length. Most delegates were of the view that PAHO, as a specialized health agency, certainly

should facilitate such analysis. One delegate considered analysis of the public health impacts of international policies to be an inherent function of Member States, not PAHO.

101. Dr. Pedro Brito (Area Manager, Health Systems and Services, PAHO) welcomed the Council's enthusiastic discussion of the topic of health and international relations. The rich exchange of views would provide important guidance for defining the Organization's mandate and orienting its technical cooperation with Member States. Alluding to the comment regarding the need to think locally and act globally, he recalled that the theme of World Health Day in 1990 had been "think globally, act locally." He believed that both approaches were necessary in order to address the economic, social, and political determinants of health in a globalized world. Highlighting some of the main points that had emerged from the discussion, he noted that Member States had, *inter alia*, underlined the need to strengthen the capacity of governments to align, coordinate, and harmonize international cooperation in health and had also emphasized the need for international collaboration and solidarity in order to address shared health challenges.

102. The Director remarked that PAHO was receiving an increasing number of requests, from both countries and academic institutions, for support in developing training programs for professionals in international health. She also noted that there appeared to be growing interest among young people in pursuing studies in or related to global health, even if their primary career focus was in another area. Reflecting that trend, PAHO's Leaders in International Health Program currently had, for the first time, participants employed in sectors other than health. At the same time, there was high demand for PAHO technical cooperation to assist national health authorities in strengthening their capacity to negotiate and manage international cooperation. As Dr. Brito had said, the Council's very open and frank discussion of the issue would provide a good basis for developing the overall approach to the Organization's technical cooperation, which could then be focused more specifically in the framework of each individual country cooperation strategy.

103. In its discussion of the proposed resolution on this item, the Council considered several amendments, the most controversial one being a proposal to remove paragraph 2(g). The Council decided, in a vote by show of hands, to retain that paragraph and adopted Resolution CD48.R16. The Delegate of the United States of America expressly wished the record to reflect that his delegation had voted against the inclusion of paragraph 2(g) and that the United States did not consider the resolution to be a consensus resolution.

Roundtable on Climate Change and its Impact on Public Health: A Regional Perspective (Documents CD48/16, CD48/16, Add. I, Rev. 2, and CD48/16, Add. II)

104. A roundtable discussion was convened to allow countries to share their views on climate change and its impact on public health. Dr. Luiz Galvão (Area Manager, Sustainable Development and Environmental Health, PAHO) introduced the topic, noting that climate-related issues such as extreme weather events, food and water security, vector-borne disease transmission, and rising sea levels were particular concerns for the countries of the Americas. The issue was not a new one for WHO and PAHO, which had been working to raise awareness of the impact of climate change on human health since the early 1990s. “Protecting Health from Climate Change” had been the theme for World Health Day in 2008. One of the activities organized to commemorate the day had been a workshop held in Brazil to prepare a regional plan of action to protect health from climate change. Consultations on the plan had been held at country level in June and July. The roundtable discussions would offer delegates an opportunity to review the proposed regional plan of action, an outline of which was presented in the annex to Document CD48/16. The Secretariat would be interested in knowing whether delegates felt that the plan adequately reflected the concerns and needs of their countries, whether they thought that additional actions should be included, and what they perceived to be its strengths and weaknesses.

105. Dr. María Fernanda Espinosa (Permanent Representative of Ecuador to the United Nations) then delivered a keynote address on the main issues facing the Americas in regard to climate change. Climate change was not really the problem, she said; it was merely a symptom of a more serious problem, namely, the prevailing economic model, in which growth and accumulation were prized above all else. The model was unsustainable, both ecologically and socially, and had already caused many problems, from the food crisis to the energy crisis. Citing data published in the Stern Review on the Economics of Climate Change, she noted that a sustained investment of 1% of annual global GDP would be needed to prevent or reverse the effects of climate change, which, without such investment, could result in production and infrastructure losses amounting to 20% of global GDP. Those effects included flooding, rising sea levels, melting of glaciers, droughts, famines, mass migrations, crises in food and water supplies, and loss of biodiversity, among others. Human health would be affected as diseases such as malaria and dengue spread to areas not previously affected. Climate change was thus one of the major obstacles to the attainment of the Millennium Development Goals.

106. After reviewing some of the steps that had been and were being taken at the international level to address climate-related issues, in particular the decision adopted at the United Nations Climate Change Conference (Bali, 2007) to create a fund to help developing countries meet the cost of adaptation to climate change, she said that she took exception to the use of the word “adaptation” in that context. What was important was

not to “adapt” to and live with the adverse effects of climate change, but rather to take steps to effectively address its causes. Prevention was the key, not adaptation.

107. It was encouraging to note that the issue of climate change was now being treated as a matter of concern to various sectors and not just as an environmental issue. The political debate had been elevated to the level of heads of State and also involved ministers of health, economic affairs, agriculture, and others. The discussion should not be confined to environmental experts, but should involve political and financial decision-makers as well, given that changes must be made in production and consumption models and in the way resources were used.

108. Delegates then participated in one of three discussion groups. Group 1 focused on how climate change was affecting public health, in particular in vulnerable groups across the Region of the Americas. Group 2 focused on the impact that climate change would have on various population groups, especially the poorest groups, women, children, and the elderly. Group 3 focused on the concerns of small island developing States, particularly those in the Caribbean region.

109. Dr. Socorro Gross (Assistant Director, PASB) presented the final report of the discussion groups (Document CD48/16, Add. II), noting that participants had highlighted some of the major areas of concern to their countries and had discussed 14 major themes, including the health impacts of climate change, moral and ethical questions, unsustainable development and economic models, production and consumption patterns, education and information programs, green ecological strategies, identification and mobilization of resources, alignment and cooperation within national ministries, partnerships, population movements, and the spread of disease. They had found the proposed regional plan of action relevant, timely, and comprehensive, but had emphasized that, although there were some aspects of it that could be put into effect immediately, much of it would need to be translated into national plans of action that focused on local needs and priorities. The need to develop indicators for evaluating the achievement of the goals of the proposed plan had been noted.

110. The Director said that, on the basis of the consultations held earlier in Member States and the recommendations and conclusions of the roundtable, the Secretariat would move forward with preparation of the regional plan, with a view to submitting it for discussion by the Governing Bodies in 2009.

111. The Council took note of the report and discussion.

***Regional Contribution to the Global Ministerial Forum on Research for Health
(Documents CD48/17 and CD48/17, Add. I)***

112. Dr. María Julia Muñoz (Representative of the Executive Committee) reported that the Executive Committee had been informed in June that PAHO would be preparing a regional contribution to the Global Ministerial Forum on Research for Health, to be held in Bamako, Mali, in November 2008, which would be the continuation of a process that had begun with the Ministerial Summit on Health Research held in Mexico City in 2004. The regional contribution would describe the Americas' achievements in health research over the past four years and set forth the Region's views on the challenges ahead. The regional contribution was contained in Document CD48/17, Add. I.

113. The Directing Council welcomed the Secretariat's report, notably its emphasis on enhancing national research capabilities and closing the gap between what is known and what is done. The information contained in the document would support and stimulate research, leading to useful improvements in national health systems. It was observed that strategic vision could help to translate the knowledge generated from research into concrete practical actions that would guide health policy and help to minimize health disparities and improve health, wellbeing, and quality of life.

114. The Delegate of Cuba suggested that, although PAHO would not complete its research policy, currently under development, until 2009, whatever part of it was already finalized should perhaps be contributed to the Bamako Forum as an input to the deliberations there. He also raised the possibility that a ministerial forum on research for health might be held in 2009 in Cuba.

115. A number of delegates described how research activities were organized in their countries. The Delegate of Jamaica referred to the work of the Caribbean Health Research Council, which provides support to the countries of the subregion. The Delegate of Canada described her country's Global Health Research Initiative, which links researchers from low- and middle-income countries with Canadian health researchers to help respond to current and emerging health challenges. Several delegates offered to share the results of their countries' research efforts with other Member States.

116. A representative of the Alzheimer Association of Canada, speaking on behalf of Alzheimer's Disease International, urged countries to treat Alzheimer's disease as a global health research priority.

117. Dr. Luis Gabriel Cuervo Amore (Unit Chief, Research Promotion and Development, PAHO) said that the Council's comments would be added to those already collected via electronic forums and now contained in Document CD48/17, Add. I, which would become the regional contribution to the Bamako Ministerial Forum. Observing

that great progress had been made in all areas since the Ministerial Summit in Mexico City in 2004, he stressed that the concept “research for health” related to a broader idea than health research in the strict sense.

118. The Director, noting that Bamako was a great distance from the Region, hoped nevertheless that representatives of some Member States would be able to attend, perhaps through assistance from partners. Taking part in the Forum would have the important effect of enabling countries to ensure that the results of research were used to make informed decisions on health policy.

119. The Council took note of the report.

Public Health, Innovation, and Intellectual Property: A Regional Perspective (Document CD48/18)

120. Dr. María Julia Muñoz (Representative of the Executive Committee) said that the Executive Committee had welcomed the adoption by the Sixty-first World Health Assembly of the Global Strategy and Plan of Action on Public Health, Innovation, and Intellectual Property. The Committee had noted that some aspects of the Plan of Action remained to be agreed, but had considered that it nevertheless provided a solid basis for immediate action. The Committee had agreed that this item should be sent forward to the Directing Council, and had asked the Secretariat to draw up a document and proposed resolution, identifying regional needs and priorities with regard to the various elements of the Global Strategy and laying out the approach for implementing it in the Region.

121. The Directing Council welcomed PAHO’s efforts to coordinate regional implementation of the Global Strategy and Plan of Action on Public Health, Innovation, and Intellectual Property, and endorsed the proposal put forward in Document CD48/18 to create a regional platform as a mechanism for setting innovation priorities, facilitating implementation of the Strategy, sharing relevant information, and monitoring the process. Delegates called upon PAHO to initiate the implementation process by disseminating the Global Strategy and the agreed parts of the Plan of Action widely. The Organization was also encouraged to disseminate the final report of the subregional consultation on the subject held in Paramaribo, Suriname, in February 2008, as well as the joint proposal on prize fund mechanisms submitted to the Intergovernmental Working Group by Barbados and Bolivia. In addition, PAHO was asked to ensure that the Region and its various subregions were represented in the expert working group to be established pursuant to Resolution WHA61.21.

122. It was considered essential to translate the strategy into concrete action aimed at ensuring access to affordable medicines of high quality and safety for all peoples of the Region. Delegates affirmed that intellectual property rights and laws should work in

favor, not to the detriment, of health. Regret was expressed that it had not been possible, during the negotiations within the Intergovernmental Working Group, to reach consensus on the principle that the right to health should take precedence over commercial interests. It was pointed out that efforts to develop new medicines for diseases such as AIDS would be of little value if those medicines were not accessible to those who needed them. The need to make full use of the flexibilities of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) was emphasized, as was the need to promote North-South technology transfer and enhance the production capacity of countries in the Region. It was also considered essential to pursue new mechanisms of support and financing for health-related innovation.

123. Delegates felt that the Americas, which had been a driving force in the negotiations of the Global Strategy, should play a key role in its implementation. PAHO's leadership and multilateralism were seen as fundamental to the Strategy's implementation. At the same time, it was emphasized that the only appropriate roles for the PAHO Secretariat were those identified in Resolution WHA61.21 for WHO at the regional level. It was also pointed out that the Region could not pick and choose specific parts of the Strategy to be implemented, as to do so would contravene the spirit of the Strategy and the lengthy negotiation process that had led to its adoption.

124. Most delegations voiced support for the proposed resolution contained in Document CD48/18, although one delegation suggested that more time was needed to develop a sound approach for the implementation of the Global Strategy and Plan of Action at the regional level and proposed that the document and resolution should be revised and resubmitted to the Directing Council, through the Executive Committee, in 2009. Others stressed the urgency of implementing the Strategy and Plan and the need to do so in keeping with the needs and priorities of the countries of the Region.

125. Dr. José Luis Di Fabio (Area Manager, Technology, Health Care, and Research, PAHO) welcomed the exchange of views on the document and proposed resolution, noting that since they had not been examined by the Executive Committee before being submitted to the Directing Council, as was the usual practice, the Council's comments and suggestions would be particularly important to the Secretariat as it worked to refine the proposed regional approach to implementation of the Strategy. He emphasized that the aim of the document and resolution was to tailor the implementation of the Global Strategy and Plan of Action to the needs and characteristics of the Region, not to propose an alternate or parallel strategy. It was necessary to align the Strategy with the mandates and objectives contained in PAHO's Strategic Plan 2008-2012 and in the Health Agenda for the Americas. The Strategy would have to be adapted not only at the regional level but also at the subregional and national levels because there were major differences among the subregions and countries of the Americas with regard to needs and potential.

126. With regard to the platform proposed in the document, he clarified that it was intended to be a mainly virtual forum for discussion. It would be a means of disseminating information about the Strategy and of facilitating ongoing discussion among Member States regarding its implementation in the Region.

127. After further discussion on the proposed resolution, it was agreed that a working group would be formed to formulate a consensus text. The outcome of the group's work is reflected in Resolution CD48.R15, subsequently adopted by the Council.

15th Inter-American Meeting, at the Ministerial Level, on Health and Agriculture (RIMSA): "Agriculture and Health: Alliance for Equity and Rural Development in the Americas" (Document CD48/19)

128. Dr. María Julia Muñoz (Representative of the Executive Committee) said that the Executive Committee had heard a report on RIMSA 15 during its 142nd Session. The Committee had been asked to request the Director to submit the final text of the Declaration of Rio de Janeiro, adopted at RIMSA 15, to the 48th Directing Council and to proceed with negotiations with the Secretary General of the OAS for its placement on the agenda of the Fifth Summit of the Americas. The Committee had sought clarification of the procedure for dealing with the Declaration within PAHO's Governing Bodies. The Committee had also pointed out that the meeting of the Pan American Commission for Food Safety (COPAIA), held immediately prior to RIMSA 15, had dealt with a number of issues that were not, strictly speaking, related to food safety, and it had been suggested that the Commission's mandate should perhaps be expanded to include nutrition and related topics.

129. The Director had explained that while the Declaration was not an outcome of PAHO's governance processes, it did make some requests of PAHO. She had informed the Committee that a substantive document would be prepared, describing the technical assistance roles that RIMSA 15 had asked PAHO to play, together with a proposed resolution setting forth recommendations for Member States and mandates for the Secretariat. The Committee had agreed that the item would be forwarded to the Directing Council as a Program Policy Matter and had asked the Secretariat to prepare a document and proposed resolution.

130. The Directing Council considered RIMSA to be a very good mechanism for stimulating development among the rural populations of the Region. Joint work by the health and agriculture sectors ensured that the health needs of rural populations were taken into account and that food production was pursued on a truly responsible basis. Some delegates described the measures taken in their countries to ensure food safety. RIMSA was considered the ideal regional forum in which to bring together the efforts of

the health and agriculture sectors to set high standards for food quality. It was emphasized that the issue could not be addressed solely by one side or the other.

131. The Delegate of Canada noted that while Canada supported the proposed resolution on this item, it had not been able to support all of the Declaration of Rio de Janeiro and that a footnote to that effect had been appended to the Declaration.

132. The Delegate of the United States of America said that paragraph 8 of the Declaration of Rio de Janeiro contained bracketed language unacceptable to his Government, and consequently the United States had not agreed to support the Declaration, although it would not oppose the resolution.

133. The Delegate of Brazil expressed his Government's appreciation to PAHO for giving it the opportunity to host RIMSA 15. He also acknowledged the excellent work by the Pan American Foot-and-Mouth Disease Center (PANAFTOSA) team in support of the event.

134. Dr. Albino Belotto (Director, PANAFTOSA) thanked the delegates for their positive comments, which would strengthen PANAFTOSA's determination to go on working with the agriculture sector towards better coordination of efforts to ensure food safety and rural development, and to fulfill all the tasks that had been called for by RIMSA 15.

135. PANAFTOSA was seeking to work ever more closely with the other agencies active in the fields of agriculture and health. Since the RIMSA meeting, it had made considerable progress with some actions, in particular relating to capacity-building and to handling of emergency situations arising out of any diseases and health problems linked to agriculture, whether resulting from contaminated food or involving animal diseases such as avian flu.

136. The Director thanked the Government of Brazil for its financial and logistic support of the meeting. She also paid tribute to the work of PAHO's sister agency, the Inter-American Institute for Cooperation on Agriculture (IICA), which for the first time had been a co-organizer of the meeting. The increasingly close collaboration and coordination between the two organizations was greatly to be welcomed. She noted that there had been some suggestion that COPAIA should examine the possibility of covering not only food quality in the narrow sense but also its nutritional value, which she proposed to raise at the next COPAIA meeting.

137. The Council adopted Resolution CD48.R13 on this item.

Preventing Violence and Injuries and Promoting Safety: A Call for Action in the Region (Document CD48/20)

138. Dr. María Julia Muñoz (Representative of the Executive Committee) said that the Committee had heard a report during its 142nd Session on the First Meeting of Ministers of Health of the Americas on Violence and Injury Prevention, held on 14 March 2008 in Mérida, Yucatán, Mexico, which had adopted the Ministerial Declaration on Violence Prevention and Injuries in the Americas (“the Mérida Declaration”). In the discussion that had followed the report, the Delegate of Mexico had said that his Government believed that the Mérida Declaration, which highlighted the role of ministries of health in addressing the issue of violence and injuries, should be widely disseminated and publicized. He had proposed that the Committee should adopt a resolution on the subject and forward the item to the 48th Directing Council with a view to raising the visibility of the issue on public agendas and mobilizing greater financial and technical support for violence and injury prevention. Other Committee members had supported Mexico’s proposal, agreeing on the need to raise the visibility of violence as a public health problem and to increase funding for violence prevention initiatives.

139. Dr. Heidi Jiménez (Legal Counsel, PAHO) had pointed out that the report on the Meeting of Ministers was an information document and that resolutions could not be adopted on information items. She had suggested that the Committee should forward the item to the 48th Directing Council, which could then, if it wished, adopt a resolution endorsing the Declaration. The Committee had agreed to include the item on the agenda of the Directing Council and had requested the Secretariat to prepare a document and a draft resolution on the matter.

140. In the Council’s discussion of this item, delegates stressed the importance of the ministerial meeting and of the Mérida Declaration. They outlined measures being taken in their respective countries, emphasizing the need for a public health approach to the problem of violence and for coordinated national policies that would make it possible to identify and mobilize human, financial, and logistical resources. The need to improve data collection in order to assess the true extent of the problem was also emphasized. Given the complex causality of violence and injuries, intersectoral collaboration in addressing them was considered essential, although it was emphasized that the health sector must play a central role, not only in the support and care of victims but also in applying a public health model to the problem. A number of specific aspects of the issue were highlighted, including domestic violence, mental health, substance and alcohol abuse, protection of children, road safety, use of seatbelts, fire avoidance and violence prevention in schools, and responsible journalism. In relation to the latter, it was suggested that the communications media should, through the appropriate government agency in each country, be encouraged to report news of violent events in an ethical manner, with respect for the dignity of victims and other affected persons.

141. Dr. Luiz Galvão (Area Manager, Sustainable Development and Environmental Health, PAHO) expressed appreciation to the Ministry of Health of Mexico for its role in convening the Mérida meeting and drawing attention to the issue of violence prevention. He also thanked delegates for their comments and suggestions on the item.

142. The Director said she also wished to thank Mexico for its initiative in convening the Meeting of Ministers of Health. The Secretariat would take into account the suggestions put forward in the Directing Council in developing a conceptual framework for PAHO technical cooperation on violence and injury prevention.

143. The Council adopted Resolution CD48.R11 on this item.

Administrative and Financial Matters

Report on the Collection of Quota Contributions (Documents CD48/21 and CD48/21, Add. I)

144. Dr. Dora Jara (Representative of the Executive Committee) reported that the Committee had been informed during its 142nd Session in June that the combined collection of arrears and current year assessments, as of 16 June 2008, had totaled \$40.5 million¹, which was a significant decline in overall collections in comparison to the \$70.1 million that had been collected by June 2007. A total of 27 Member States had made quota payments up to June 2008, and over 63% of outstanding arrears had been paid, leaving an arrears balance of \$13.1 million.

145. Collection of contributions for current-year assessments had amounted to \$18.1 million, also a significant decrease as compared with 2007. Thirteen Member States had paid their 2008 assessments in full, all Member States with deferred payment plans had been in full compliance with the terms of those plans, and only one Member State had been potentially subject to the voting restrictions established under Article 6.B of the PAHO Constitution.

146. Ms. Sharon Frahler (Area Manager, Financial Management and Reporting, PAHO) drew attention to Document CD48/21, which reported the status of quota contributions as of 31 July 2008, and CD48/21, Add. I, Rev. 1, which updated the information to 22 September, noting that since the latter date the Organization had received an additional quota payment of \$71,064 from the Government of Cuba. Critical to the implementation of the technical activities for which PAHO existed was the timely funding of the Organization's Program Budget, which relied on three sources: the Member States' quota assessments, the miscellaneous income derived from interest

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

earned on investments, and the WHO allocation for the implementation of international public health activities in the Region of the Americas. The PAHO Program Budget for 2008 as approved by the Pan American Sanitary Conference in 2007 consisted of \$95.7 million in quota assessments for 2008, \$9 million in budgeted miscellaneous income, and \$41 million from WHO.

147. As of 1 January 2008, in addition to the \$95.7 million in quota assessments due in 2008, the Organization was owed \$35.4 million in quota arrears pending from previous years. That was the lowest level in over 10 years. Furthermore, in the course of 2008 the Organization had received payments of \$22 million toward those arrears, thus reducing the balance owed to \$13 million.

148. As of 22 September 2008, 19 Member States had paid their quota assessments in full, eight Member States had made partial payments toward their 2008 quota assessments, and 12 Member States had not made any payments toward their 2008 quota assessments. As a result, by 22 September the Organization had received \$30.3 million in contributions toward the total 2008 quota assessment of \$95.7 million. However, that also meant that with almost nine months of the year completed, \$65.3 million, or 68% of the current year's quota assessments, had not been received, the largest proportion of the shortfall relating to the \$59.1 million contribution of one Member State.

149. The low level of quota payments for the 2008 quota assessments, combined with the low arrears balance for the current year (the result of the high level of arrears collections over previous years) had resulted in the lowest payment of quota assessments in 10 years: a total of \$53 million compared to an average of \$74 million over the previous nine years. Also by 22 September, \$8.2 million in miscellaneous income had been received, giving a total income of \$60.9 million. Total expenditures had been \$77.8 million, resulting in a \$16.9 shortfall. Consequently, in early September the Organization had had to resort to internal borrowing. This period of internal borrowing, the second in the Organization's history, had lasted approximately two weeks, until the receipt of a large quota payment had allowed the Organization to repay the internally borrowed funds.

150. At present, the Organization had approximately \$3 million in available Program Budget funds, which would cover only one to two weeks of its planned activities. The Organization continued to encourage all Member States to make timely payments towards their quota assessments. She was pleased to report that no Member State was currently subject to Article 6.B of the PAHO Constitution, which provided for restriction of voting privileges in the event of a certain level of non-payment of contributions.

151. The Director expressed her thanks to the majority of Member States for their promptness in settling their obligations to the Organization, as well as to those Member States that had contributed to the costs of the three PAHO Centers.

152. The Secretariat understood that it was sometimes difficult for Member States to find the budgetary allocation to pay their assessed contribution: as Dr. Chan had said earlier, ministries of health tended not to be among the more dominant or powerful members of a country's government. Calling on those Member States that had not yet made their payments to do so as soon as possible, she pointed out that internal borrowing, while very rare for PAHO, was not in line with the fiscal discipline that was expected of the Organization, and caused difficulties resulting from the necessary suspension of certain of the Organization's activities.

153. The Directing Council took note of the report on the collection of quota contributions.

***Financial Report of the Director and Report of the External Auditor for 2006-2007
(Official Document 331)***

154. Dr. Dora Jara (Representative of the Executive Committee, reported that the Committee had discussed the Financial Report of the Director and the Report of the External Auditor in June after hearing presentations by Ms. Sharon Frahler, Manager of the Area of Financial Management and Reporting, and Mr. Graham Miller, Representative of the External Auditor, Mr. Tim Burr, of the National Audit Office of the United Kingdom.

155. Ms. Frahler had reported that PAHO was in a very favorable financial position, having received the highest level of income ever recorded in any biennium. The increased income had resulted from payment of Member States' quota arrears, greater mobilization of voluntary contributions, growth in procurement of essential public health vaccines and supplies on behalf of Member States, and increased funding from the World Health Organization. The Organization had received the highest level of quota assessment payments in over 10 years and had experienced tremendous growth in its procurement activities on behalf of Member States. Receipts for the biennium had exceeded expenditures by \$38.8 million. Of that amount, \$5.8 million had been used to raise the amount in the Working Capital Fund to its authorized ceiling of \$20 million, and \$7.7 million had been used to bring the Master Capital Investment Fund up to its authorized ceiling of \$8 million, leaving an available balance of \$25.3 million in the holding account. (The disposition of that balance is discussed below; see paragraphs 163 to 167.)

156. Mr. Miller had informed the Committee that the External Auditor had found no weaknesses or errors which might materially impact the validity of PAHO's financial statements as a whole, and he had therefore placed an unqualified audit opinion on the statements for the period from 1 January 2006 to 31 December 2007. He had outlined the content of the External Auditor's report, highlighting several issues, including weaknesses in internal oversight within the Organization, establishment of the Integrity and Conflict Management System and investigation of reports of fraud, risk management, and establishment of an audit committee.

157. The Executive Committee had welcomed the unqualified audit opinion and the generally healthy financial situation of the Organization. Members had sought comments from the Secretariat on two areas that had been highlighted in the External Auditor's report: the advanced age and high degree of customization of the Organization's information technology systems, and the weaknesses in the management of funds transferred to third parties under letters of agreement. Ms. Frahler had replied that the Organization's computer system was meeting its financial management needs for the present, but that certain customizations had been needed to accommodate events such as the progressive implementation of the International Public Sector Accounting Standards. With regard to funds handled under letters of agreement, she had described some of the steps that PAHO had taken to improve internal financial controls. The Director had added that new guidelines on handling of funds transferred under letters of agreement would be implemented within one month. The new guidelines were expected to ensure that the requisite reports were in fact written and delivered.

158. No comments were made by Member States following the report of the representative of the Executive Committee. The Director observed that the lack of comments from the Council presumably indicated that delegates were confident that the item had been well examined by the Executive Committee. As a number of delegates had expressed concerns to her regarding how the current situation on world financial markets might affect PAHO's investments, she had asked Ms. Frahler to make a presentation on the matter.

159. Ms. Frahler presented the Organization's investment portfolio as of 25 September 2008, totaling \$379 million. Of that total, \$145 million were held in certificates of deposit issued by a number of different banks. The Organization also had just under \$124 million in money market funds, which offered liquidity within 24 hours. Two outside investment partners were managing portfolios of \$33 million and \$32.2 million, respectively. Finally, there were approximately \$45 million in longer-term investments, which typically had maturities ranging from one to five years and were held to cover long-term staff entitlements or activities of a duration exceeding a year. Those longer-term funds were 100% insured by the United States Government.

160. PAHO's investment activities were controlled by the Financial Regulations of the Organization, in particular Regulation 10, which dealt with the custody of funds, and Regulation 11, which dealt with the investment of such funds. She explained that oversight of the Organization's funds was exercised by an Investment Committee, chaired by PAHO's Director of Administration. The Investment Committee was required to meet at least twice a year, but in practice met more frequently. The Organization's investment guidelines stipulated the primary objectives of preservation of capital, assurance of adequate liquidity, and maximization of total yield on the portfolio. Additionally, they required that the portfolio have the highest credit quality possible, known as a rating of AAA. While the two outside investment managers mentioned were authorized to purchase securities (bonds, not stocks) on behalf of the Organization that might have a lower quality individually than AAA, the overall portfolio must be rated AAA. If an investment decreased in grade, PAHO would immediately give instructions to sell it.

161. She hoped that her description of the oversight of the Organization's investments, their diversification, and their concentration in relatively short-term holdings would reassure delegates that PAHO's money was in safe hands.

162. The Council took note of the financial report and the presentation.

Use of Program Budget Income Exceeding the Authorized Effective Working Regular Budget 2006-2007 (Document CD48/22)

163. Dr. María Julia Muñoz (Representative of the Executive Committee) reported on the Committee's consideration of this item at its 142nd Session, noting that the issue had first been considered by the Subcommittee on Program, Budget, and Administration, which had examined several options for the use of the surplus income, proposed by the Secretariat on the basis of two criteria: that projects to be funded from the surplus fund should strengthen and support priority public health activities in the countries of the Americas, and that they should strengthen the Secretariat's ability to address the needs of the countries of the Americas.

164. The Executive Committee had examined each project proposed by the Secretariat individually, in order to determine which ones it should recommend for approval by the Directing Council. Details on the Committee's discussion of those projects could be found in the final report of its 142nd Session (Document CE142/FR). The Committee had felt strongly that an additional project should be created with a view to strengthening the Organization's capacity to implement the International Public Sector Accounting Standards by the year 2010. The Committee had also suggested that Member States should submit additional, country-specific proposals to be funded by the surplus. It had been proposed that such projects might be examined by the Subcommittee on Program, Budget, and Administration in March 2009 and, if endorsed by the Subcommittee,

submitted for approval by the Directing Council the following September. The Committee had recommended that the Directing Council adopt the proposed resolution contained in Resolution CE142.R8.

165. The Director said that she hoped she might take the absence of comments from the Directing Council as a sign of its confidence in the way that both the Subcommittee on Program, Budget, and Administration and the Executive Committee were working with the Secretariat to identify suitable projects and also to carry out appropriate oversight of them as they were implemented. The Secretariat had taken note of three points raised by the two bodies. Firstly, there was no need to rush to spend the surplus all at once; indeed, it would be imprudent to do so. Secondly, the projects funded from the surplus should benefit Member States by strengthening the capacity of the Secretariat to provide the technical cooperation needed, to develop methodologies or technologies, and also to provide support to some specific countries that needed additional assistance. Thirdly, the surplus should be used in part to finance certain infrastructure items not covered under the Master Capital Investment Plan that would improve the Organization's capacity in terms of connectivity, financial systems, and physical infrastructure, making it possible to strengthen the Organization's capacity to provide technical cooperation of high quality. With that in mind, it was proposed that for some projects the Secretariat would use a portion of the surplus income as an initial investment for exploratory purposes, and would then return to the Subcommittee and the Executive Committee to examine how to take the projects further.

166. She also pointed out that, as the Organization had recently been obliged to resort to internal borrowing owing to delays in the receipt of quota contributions, some of the surplus income would be used to fund ongoing regular activities until there was once again a reliable cash flow from quota payments.

167. The Directing Council adopted Resolution CD48.R1 on this item, approving seven proposed projects in their entirety and the initial phase of an additional six projects.

Salary of the Director of the Pan American Sanitary Bureau and Amendment to Staff Regulation 4.3 (Document CD48/23)

168. Dr. María Julia Muñoz (Representative of the Executive Committee) reported that the Executive Committee had recommended, in its Resolution CE142.R7, that the Directing Council approve a proposed amendment to Staff Regulation 4.3 concerning the appointment and promotion of staff and that it establish the annual gross salary of the Director at \$189,929, with effect from 1 January 2008.

169. The Council adopted Resolution CD48.R14, approving the amendment to Staff Regulation 4.3 and setting the salary of the Director as recommended by the Executive Committee.

Awards

PAHO Award for Administration 2008 (Document CD48/24)

170. Dr. María Julia Muñoz (Representative of the Executive Committee) reported that the Award Committee of the PAHO Award for Administration, 2008, consisting of the representatives of Mexico, Panama, and Trinidad and Tobago, had met on 25 June 2008, during the 142nd Session of the Executive Committee. After reviewing the information on the award candidates nominated by Member States, the Award Committee had decided to confer the award on Dr. Hugo Villar Teijeiro, of Uruguay, for his contribution to the improvement of health conditions in several countries of the Americas, the decentralization and development of hospital administration as part of health administration, and the development of human resources for health services administration. The Executive Committee had adopted Resolution CE142.R12, endorsing the decision of the Award Committee and transmitting its report, together with the procedures and guidelines for conferring the award, to the 48th Directing Council.

171. The President recalled that the PAHO Award for Administration had its origins in a generous gift from Dr. Stuart Portner, a former Head of Administration of the Pan American Sanitary Bureau. Unfortunately, the current year's winner, Dr. Hugo Villar Teijeiro, of Uruguay, had been unable to attend the meeting in order to receive his award in person, and he therefore asked the Minister of Health of Uruguay to accept the award on his behalf.

172. Dr. María Julia Muñoz (Uruguay) said that it was a great honor for her to receive the 2008 PAHO Award for Administration on behalf of Dr. Hugo Villar, although she feared that she would not be able to do justice to his achievements. He had been a model of wisdom in the administration of health services and on the topic of public health in general. He had imparted his knowledge of and devotion to public health to several generations of doctors, not only in Uruguay but throughout Latin America, since during the dictatorship in Uruguay he had been forced to go into exile. During that time he had left his mark on Cuba, on Bolivia, and elsewhere, and had also worked for PAHO.

173. Upon his return to Uruguay, his primary concern had been the health of the Uruguayan people. He had directed the Hospital de Clínicas in Montevideo with brilliance and unswerving dedication to the task. He had published numerous works on public health and administration, both in Uruguay and elsewhere. He had worked as a professor at the faculty of medicine of the Universidad de la República, training

numerous generations of doctors and administrators in the science of public health. He had also held prominent political positions.

174. Together with many other leaders in the field, and working both on the theoretical underpinnings and the practical lines of action, he had created the government program that had resulted in Uruguay's present integrated national health system. A faithful advocate of social justice and equity, he had been devoted to the study of the health of the peoples of the Americas and devoted also to politics as a way to impact the social determinants of health.

175. She expressed her profound thanks on behalf of Dr. Villar, of the Uruguayan people, and of the Government, which had submitted his name as a candidate for the award.

176. The President asked the Minister to convey to Dr. Villar the heartfelt congratulations of the Directing Council on his winning the award.

Abraham Horwitz Award for Leadership in Inter-American Health 2008 (Document CD48/25)

177. The President reviewed the history of the Abraham Horwitz Award for Leadership in Inter-American Health and announced that the 2008 Award was to be presented to Dr. Cesar Victora, of Brazil. He then called on Dr. Benjamin Caballero, Chair of the Board of Trustees of the Pan American Health and Education Foundation (PAHEF), to introduce the winner of the Award.

178. Dr. Caballero said that the Foundation was pleased to present the award to Dr. Victora, who was a professor at the medical school of the Federal University of Pelotas in the state of Rio Grande do Sul, Brazil. For many years, Dr. Victora and his group had conducted research in child health at the University of Pelotas, producing over 200 research publications. He had made ground-breaking contributions in the field of breast-feeding, nutrition, and infant growth and their interaction with social and economic status. He had coordinated the largest birth-cohort study in a developing country, following nearly 6,000 persons from birth to 25 years of age. His study had generated fundamental information on perinatal, infant, and early childhood morbidity and mortality; on nutritional status; and on the effects of social and environmental factors on health. As the cohort had aged, the study had focused on adolescent risk behaviors, mental health, and education, and he was currently exploring the interactions among diet, lifestyle, and chronic diseases.

179. Dr. Victora had also been a major voice in policy-making. He had helped UNICEF and WHO develop strategies to control infectious diseases and reduce child

mortality. His research on the role of breast-feeding in reducing morbidity and mortality had shaped global policy in that area. He was also an outstanding educator and mentor; he had founded a post-graduate program in epidemiology at the University of Pelotas, and under his leadership, the program had expanded into a world-class regional center. Dr. Victora had received his medical degree from the Federal University of Rio Grande do Sul and had subsequently obtained a doctorate in health care epidemiology from the London School of Hygiene and Tropical Medicine. He was a member of the Brazilian Academy of Sciences, and in 2005 he had received the most prestigious medical award in Brazil, the Conrado Wessel Prize in Medicine. Dr. Victora was a vibrant example of how much a new generation could contribute if they applied their ideas, dedication, and talent to improving health in the Americas.

180. The President, together with the Director and Dr. Caballero, presented the award to Dr. Victora. His acceptance speech can be found on the website of the 48th Directing Council (Document CD48/DIV/7).

Matters for Information

Biennial Program Budget 2006-2007 of the Pan American Health Organization: Performance Assessment Report (Document CD48/INF/1)

181. Dr. María Julia Muñoz (Representative of the Executive Committee) reported on the Executive Committee's discussion of this item during its 142nd Session in June 2008, noting that the Committee had welcomed the improvements made to the report since an earlier version had been considered by the Subcommittee on Program, Administration, and Budget in March 2008, but had expressed concern about the apparent absence of information on the impact of internal projects funded by Member Governments, particularly given the magnitude of such funding. Concern had also been expressed about the use of letters of agreement to transfer large amounts of money to third parties for project implementation, and about the weaknesses in PAHO's control and oversight of such funds.

182. Dr. Isaías Daniel Gutiérrez (Area Manager, Planning, Budget, and Resource Coordination, PAHO) said that the suggestions made by the Executive Committee had been incorporated into the report, and that the model letter of agreement had been revised with a view to enhancing the control of funds transferred to organizations at country level for the implementation of PAHO projects and programs.

183. The Directing Council took note of the report.

Fifth Summit of the Americas: Report on the Preparations (Document CD48/INF/2)

184. Dr. María Julia Muñoz (Representative of the Executive Committee) reported that the Executive Committee had been informed during its 142nd Session in June 2008 about PAHO's participation in the preparations for the Fifth Summit, to take place in April 2009 in Trinidad and Tobago. Dr. Hugo Prado (Acting Area Manager, External Relations, Resource Mobilization, and Partnerships, PAHO) then reported on several preparatory meetings that had been held since June, including one held in Barbados to discuss the first draft of the Declaration of Port of Spain, which would be the political outcome document of the Summit. He announced that additional meetings would be held in October in Antigua and Barbuda and in November in Washington, D.C., to continue discussions of the Declaration. He encouraged health authorities in Member States to work closely with the national coordinators of the Summit process in order to ensure that health issues were appropriately addressed during the Fifth Summit.

185. The Council took note of the report.

Avian Influenza and Influenza Pandemic Preparedness (Document CD48/INF/3)

186. Dr. María Julia Muñoz (Representative of the Executive Committee) reported that the Executive Committee had been informed during its 142nd Session on PAHO's recent technical cooperation activities with regard to avian influenza and pandemic influenza preparedness. The Committee had welcomed the progress report. Delegates had emphasized that, as pandemic influenza represented a grave threat to global health security, all Member States of the Region should be urged to increase their preparedness by evaluating their national influenza preparedness plans, with the assistance, as appropriate, of the PAHO Secretariat. The Committee had strongly encouraged PAHO to support enhanced coordination between ministries of health and of agriculture to improve the integration of animal and human disease surveillance, detection, and response. Delegates had applauded PAHO's continued efforts to improve surveillance capacity and to increase the number of designated national influenza centers, stressing that the aim should be to have a center in every Member State.

187. In the ensuing discussion, delegates described the activities being carried out in their countries to improve avian influenza and influenza pandemic preparedness. Issues mentioned by delegates included the need to ensure the continuity of PAHO's efforts in this area and the need to pursue research on influenza and develop new antiviral drugs and vaccines, strengthen surveillance and rapid response systems, and enhance coordination of the efforts of ministries of health and of agriculture. The importance of building on the efforts to prepare for a potential influenza pandemic in order to strengthen capacity to respond to public health emergencies in the framework of the International Health Regulations (2005) was also emphasized.

188. Dr. Jarbas Barbosa da Silva (Area Manager, Health Surveillance and Disease Prevention and Control, PAHO) thanked delegates for their comments and suggestions. On the matter of coordination between ministries of health and ministries of agriculture, he noted that PANAFTOSA was now offering training in the management of emergencies related to zoonotic diseases and had expanded its capacity to provide technical cooperation in various areas, including that of avian influenza. PAHO was making every effort to help countries not only to prepare for an influenza pandemic, but also to strengthen rapid-response teams, expand laboratory capacity, improve the integration of services, and enhance surveillance programs so that they would be prepared to respond to other public health emergencies.

189. The Council took note of the report.

Report of the Advisory Committee on Health Research (Document CD48/INF/4)

190. Dr. Luis Gabriel Cuervo Amore (Unit Chief, Research Promotion and Development, PAHO) reviewed the history of the Advisory Committee on Health Research (ACHR) and summarized the objectives and recommendations made during the Advisory Committee's two most recent meetings. He also reported on the outcome of the First Latin American Conference on Research and Innovation for Health.

191. The objectives of the Advisory Committee's 41st meeting, held in Washington, D.C., in November 2007, had included the presentation of PAHO's proposed research policy, which was to be presenting to the Governing Bodies in 2009; a dialogue between ACHR members and PAHO's technical areas to discuss progress of the ACHR work agenda, including a potential new line of work related to the strengthening of PAHO and WHO recommendations and guidelines; and informing ACHR members about developments in the planning of the First Pan American Conference on Research and Innovation for Health, scheduled for 16-18 April 2008 in Rio de Janeiro, Brazil. The recommendations that had emerged from that meeting were summarized in Document CD48/INF/4.

192. The 42nd meeting of the ACHR, held in Rio de Janeiro in April 2008, had focused on the proposed PAHO research policy, the process for consultations on it, and its alignment with the WHO research strategy. The recommendations of the meeting had pertained to the structure and content of PAHO's research policy.

193. The First Latin America Conference on Research and Innovation for Health had sought practical answers to the shared challenge of ensuring that research dealt with countries' health priorities and contributed to equitable development. The emphasis had been on creation, development, and strengthening of national health research systems, as well as the use of regional cooperation as a means of taking advantage of existing

resources and reducing asymmetries. The Conference had resulted in a preliminary agreement for subregional cooperation in Central America and the commitment to follow up with a second conference to evaluate progress. It had also provided valuable contributions for the Ministerial Forum on Research for Health that would take place in Bamako in November 2008.

194. The Council took note of the report.

Revised Strategic Plan 2008-2012 (Document CD48/INF/5, Rev. 1)

195. Dr. Isaías Daniel Gutiérrez (Area Manager, Planning, Budget, and Resource Coordination, PAHO) summarized the revisions made to the Strategic Plan 2008-2012 as a result of an operational planning exercise undertaken by the Organization and the addition of a new regionwide expected result on climate change to align the Strategic Plan of PASB with the new version of the World Health Organization's Medium-term Strategic Plan 2008-2013. He noted that the improvements suggested by Member States during the 27th Pan American Sanitary Conference had also been incorporated.

196. The Director said that the Strategic Plan remained a work in progress and that it had been greatly enriched by the suggestions of Member States and PAHO technical staff. The recent revisions would greatly facilitate the development of the program and budget for the next biennium.

197. The Council took note of the report.

Status Update on the Institutional Revision of the Latin American and Caribbean Center on Health Sciences Information (BIREME) (Document CD48/INF/6)

198. Dr. María Julia Muñoz (Representative of the Executive Committee) reported that the Executive Committee had been informed during its 142nd Session in June 2008 that the Secretariat was working with the Government of Brazil, host country for BIREME, and with the Center itself, to establish a new institutional governance framework which would eventually enable it to operate autonomously, although the Center would remain an integral part of PAHO. The Committee had also been informed that three basic documents were envisaged to implement the new governance framework: first, a statute creating a new institutional structure and defining the Center's membership; second, a headquarters agreement between PAHO and the Government of Brazil, establishing the commitments and responsibilities of the two parties; and, third, a bilateral agreement with the Federal University of São Paulo, which provided the Center's physical facilities and many of its human resources.

199. The Delegate of Brazil highlighted the essential role of BIREME in disseminating health information throughout the Region. He stressed that the Government of Brazil was committed to the institutional and administrative reforms under way, which were aimed at strengthening the Center's role in sharing high-quality information among the peoples of the Americas.

200. The Council took note of the report.

Status Update on the Institutional Revision of the Institute of Nutrition of Central America and Panama (INCAP) (Document CD48/INF/7)

201. Dr. Muñoz (Representative of the Executive Committee) also reported that the Committee had been informed that the Directing Council of INCAP had resolved in June 2008 that INCAP should pursue full administrative autonomy and elect its own Director, thus ending PAHO's role as administrator of the Institute. Document CD48/INF/7 contained a roadmap showing the next steps in the institutional strengthening process leading to administrative autonomy. It had been noted that the report of the External Auditor for 2006-2007 had put forward a number of recommendations concerning measures to be taken to address the risks associated with INCAP's separation from PAHO. The primary concerns were to carry out an orderly transition, leaving no legal or administrative gaps; to guarantee the Institute's financial sustainability; and to ensure that INCAP emerged from the process a stronger institution. It was expected that INCAP would have achieved full administrative autonomy by the time it celebrated its 60th anniversary in September 2009.

202. In the ensuing discussion, several delegates underscored INCAP's important role in improving nutrition and food security in the Central American subregion and expressed the hope that the current institutional transition process would further enhance the efficiency and effectiveness of its work. Delegates also described food and nutrition initiatives under way in their countries. The Delegate of Costa Rica provided some background on the transition and noted that one of the primary aims of the shift to administrative autonomy was to strengthen the capacity of the ministries of health of the subregion to address the social determinants of nutrition and of health. She welcomed the recent appointment of a new Director of INCAP and expressed the hope that, under his leadership, the transition would be accomplished in an orderly, transparent, participatory, and respectful manner.

203. Dr. Socorro Gross (Assistant Director, PASB) said that the Organization had established a team to oversee the transition process, taking into account all legal and administrative aspects and, especially, all technical aspects in order to ensure that INCAP's work would continue uninterrupted.

204. The Director said that INCAP—together with the Caribbean Food and Nutrition Center (CFNI), which was also undergoing an administrative transition— would continue to play a key role in implementing the Regional Strategy and Plan of Action on Nutrition in Health and Development, adopted by the 47th Directing Council in 2006. The two centers would also play an important role in the recently established Pan American Alliance for Nutrition in Health and Development, formed by PAHO and other agencies of the United Nations system with a view to ensuring the achievement of the Millennium Development Goals in the countries of Latin America and the Caribbean. She affirmed the Organization's commitment to seeing that the INCAP transition process was accomplished with the utmost care to ensure the Institute's financial viability and avoid any disruption in its technical cooperation with countries.

205. The Council took note of the status update.

Draft Proposed Program Budget 2010-2011 of the World Health Organization

206. Dr. Namita Pradhan (Assistant Deputy-Director General, General Administration, WHO) presented the draft proposed WHO Program Budget for 2010-2011 (available on the website of the 48th Directing Council: <http://www.paho.org/english/gov/cd/CD48-whobpb-e.pdf>) and the amended Medium-term Strategic Plan. She drew attention to the challenges that WHO had faced in drawing up the budget proposal. One was the partnerships and collaborative arrangements in which WHO was increasingly involved, many of which had their own budgeting mechanisms, which made it difficult to predict the amount of funding that WHO could expect to receive. Another challenge was that WHO had been playing a growing role in outbreak and crisis response, the activities and budgetary implications of which were inherently unpredictable. In recognition of those two budgetary considerations, the draft proposed program budget 2010–2011 comprised three segments: WHO programs, partnerships and collaborative arrangements, and outbreak and crisis response.

207. The WHO program segment had provisionally been set at \$3.8 billion, with no increase over the operational plans for the 2008–2009 biennium, in line with the Director-General's commitment to budgetary discipline. The partnership segment had grown from \$747 million in the biennium 2008–2009 to \$1.05 billion for 2010-2011. The outbreak and crisis response segment was also estimated to increase against the level for 2008–2009, but a figure for that segment had not yet been included, in view of the unpredictability of the needs. An estimate would be made nearer the beginning of the biennium.

208. The final budget figure, however, would have to be adjusted to compensate for the fall in the value of the United States dollar. As WHO received its assessed contributions, and a large portion of its voluntary contributions, in United States dollars,

an additional amount of \$301 million would be required to ensure that the same local currency expenditures as those budgeted for 2008–2009 could be covered across the Organization. That figure did not allow for inflation, which was showing a sharp upward trend worldwide. Funding that \$301 million would require an increase in income of 7.1%, which, if applied proportionately to both assessed and voluntary contributions, would mean an increase of \$56.6 million in assessed contributions. Assessed contributions would account for around 20% of total income for the biennium.

209. Resolution WHA60.11 had stipulated that the Medium-term Strategic Plan should be reviewed in each of its three budgetary cycles. While the review for the 2010-2011 biennium had not revealed a need for any new strategic objectives, there had been some shift in emphasis, reflecting the evolving global health situation, with increases in the amounts allocated to some strategic objectives and decreases in others. Other work on the Strategic Plan had related to improving the quality of the measurement of the Organization's performance, by modifying some indicators and eliminating others.

210. The Council generally welcomed the division of the draft proposed Program Budget into three segments. While recognizing the need for changes to reflect changing circumstances, one delegate pointed out that in a region where natural disasters occurred almost every year in one or more of the territories, the reduction of 7.7% in the funding for Strategic Objective 5 was of concern.

211. With regard to outbreak and crisis activities, while it was recognized that resource requirements were inherently difficult to predict, it was suggested that WHO should include a reasonable baseline amount for such work in the overall program budget, and that it should consider establishing a separate fund for the management of resources for outbreak and crisis activities. Such a fund would ensure that resources were available to respond rapidly to a crisis, even before donor funds becoming available. Once donor funds were received, they could be used to replenish the fund. It was suggested that the mandate of such a fund might be widened to cover events related to climate change, which could have significant health impacts.

212. Additional information was requested regarding the new budgetary category for partnership-related activities, and some concern was expressed about the speed with which WHO was entering into new partnerships and about the potential financial drain on the Organization. Clarification was sought on whether the information that the Governing Bodies received in relation to tracking and monitoring of those funds would be consistent with that concerning activities in the WHO programs category, and on how the partnership activities outside the budget envelope would be treated in that regard.

213. One delegate, commenting on the proposal to levy a charge on the budget for Strategic Objectives 1 through 11 in order to address the funding gap for management

and administrative support functions in Strategic Objectives 12 and 13, expressed concern that the proposal was disproportionate and showed continued reliance on regular funds to subsidize the administrative expenses of programs financed by voluntary funds. That practice, she said, could threaten core WHO activities that relied on regular funding. She recommended that WHO should pursue a cost-recovery policy for extrabudgetary contributions that took real overhead cost into account. While acknowledging that it was difficult to make projections for exchange rates, she questioned whether using a June 2008 rate as the basis was a sound approach and looked forward to receiving a revised figure during the January 2009 session of the Executive Board. The requested increase in assessed contributions was substantial, and she urged the Secretariat to practice budgetary discipline, efficiency in implementation, and program prioritization.

214. Dr. Pradhan responded that WHO would try to provide some additional information on partnerships, both those within the program budget and those outside it. For the latter, additional work would be needed to define the kind of reporting required for the Governing Bodies. The issue of funding for Strategic Objectives 12 and 13 was complex, but she agreed that WHO needed to have an effective cost-recovery policy. The whole issue of program support costs needed to be discussed more fully with Member States.

215. Dr. Margaret Chan (Director-General, WHO) said that she was grateful for Member States' observations and advice regarding the budget proposal. Concerning the important issue of partnership, she said that the reason for presenting the program budget for 2010-2011 in three segments was to provide greater clarity and transparency, particularly with regard to funds over which Member States, through the World Health Assembly, had no control. A large portion of the funding that came through partnerships fell into that category. It was the governance mechanisms of the partners, not the World Health Assembly, that decided how much money would be made available and how that money was to be used. That situation created challenges for the Organization.

216. She warmly welcomed the proposal on setting up an emergency fund to allow for rapid response to disease outbreaks and crises. Both the PAHO and the WHO budgets were highly earmarked, which meant that when an emergency arose, it was necessary to borrow money from programs in order to meet countries' immediate needs. Borrowing in that way, and then replenishing, was not a very efficient way of doing business. She would consult with the Regions and with Member States with a view to setting up a fund that would enable WHO to respond more efficiently to disasters and emergencies. She agreed with the point made about the importance of climate change, observing that the theme of the current year's World Health Day had been, in fact, the linkages between health and climate change.

217. Finally, she recalled that in the mid-1990s around 50% of WHO's funds had come from assessed contributions and 50% from voluntary contributions. Now, the split was 20% to 80%. The decline in the proportion of assessed contributions might simply be due to the fact that the Organization was receiving substantially more voluntary contributions than in the 1990s, but she believed there was another reason: Member States, particularly the development partners and donors, did not really trust WHO to make good use of their money, fearing that it would be squandered in areas that were not priorities for them. Consequently, donors provided highly earmarked money, which meant that the Organization had no scope for flexibility in the use of the funds. She pledged to ensure honesty and transparency in the way WHO did business, and she hoped that Member States would thus be more willing to entrust the Organization with more resources in the form of both assessed contributions and unearmarked voluntary contributions.

218. The Council took note of the report on the WHO draft proposed program budget for 2010–2011.

World Health Organization Program Budget 2006-2007: Performance Assessment Report and Report by the Secretariat

219. Dr. Namita Pradhan (Assistant Deputy-Director General, General Administration, WHO) introduced the Performance Assessment Report of the WHO Program Budget 2006-2007 (available on the website of the 48th Directing Council: <http://www.paho.org/english/gov/cd/CD48-PBPA-e.pdf>). She explained that the assessment was part of the results-based approach that WHO was following, and thus a key element in the whole Organization-wide performance framework. There had been a gradual process of trying to improve reporting, accountability, and clarity with regard to the status of programs that Member States had mandated WHO to implement. For the first time, the assessment report had been examined by external reviewers, rather than being just a self-assessment as it had been in the past.

220. The assessment measured the Secretariat's performance in achieving the Organization-wide expected results set out in the program budget. Its findings were then used to inform and adjust the following budget. The current assessment showed that, of the total 201 Organization-wide expected results included in the 2006-2007 program budget, 111, or about 56%, had been fully achieved; 79 or 38% had been partially achieved; one had been abandoned; and two deferred. And in the case of eight results, the indicators had not been good enough to determine whether or not the objectives had, in fact, been achieved.

221. The overall level of achievement of the Organization-wide expected results showed clearly that WHO needed to improve its capacity for country support. It also showed that in some cases the timeline of resource flows was not appropriate for

achieving results. WHO had also lacked real-time information on financial and technical performance which could have helped the Organization take timely corrective action.

222. With regard to financial implementation, WHO had had a program budget of \$3.6 billion in 2006-2007, with total income of \$4.2 billion. Despite a record level of expenditure, almost \$1.6 billion had been carried over to the next biennium. However, 68% of the carryover amount consisted of highly earmarked funding for specific activities to be carried out in a specific timeframe, which sometimes did not synchronize with the timeframe of the program budget.

223. It had become clear from the assessment that WHO needed to strengthen its overall managerial processes. It had to improve its monitoring and evaluation and integrate those functions into day-to-day program delivery and decision-making. It also had to increase its capacity to implement programs with certain operational and managerial issues, by aligning funding and delivery and scaling up action at country level. The assessment had also revealed a need to further streamline human resource management within WHO.

224. In the discussion that followed Dr. Pradhan's report, the assessment document was welcomed as an important part of WHO governance. The sections on lessons learned and actions required to improve performance were considered especially valuable, as they revealed the obstacles encountered during the biennium and suggested how they could be overcome. WHO was encouraged to continue to refine the reports and to use them within the context of results-based management.

225. Dr. Margaret Chan (Director-General, WHO) affirmed that WHO placed great value on the assessment process as part of the results-based management of the Organization. The assessment had yielded some useful lessons about how WHO could improve its performance at the implementation level. She wished to clarify that the \$1.6 billion carried over to the next biennium included a large proportion of partnership funding which was not managed by Member States through the Health Assembly. The arrival of such income did not necessarily coincide with the timeline for the biennium or the budgetary cycle. The Organization might, for example, receive funds at the very end of a biennium, which would make it difficult to implement the projects for which they were intended within the period covered by the biennial budget. Additionally, some of the money had been earmarked for years beyond 2006-2007. Thus, the high carryover did not mean that WHO was salting away money by failing to implement programs in countries.

226. She pointed out that managing partnership funds required resources, particularly in the form of staff time. One of the lessons learned from the assessment was that those resource requirements would need to be factored into the next program budget.

227. The Council took note of the report.

***PAHO Procurement Mechanisms for Strategic Supplies, including Vaccines
(Document CD48/INF/8)***

228. Dr. Socorro Gross (Assistant Director, PASB) introduced this item, providing background information on PAHO's procurement mechanisms: the Reimbursable Procurement Mechanism, the Revolving Fund for Vaccine Procurement, and the Regional Revolving Fund for Strategic Public Health Supplies (the "Strategic Fund"), established respectively in 1951, 1977, and 2004 as part of the Organization's mandate to cooperate with and provide technical assistance to Member States to improve and maintain optimal levels of health in their populations. She also highlighted the findings of an audit conducted in 2004 by the World Health Organization's Office of Internal Audit and Oversight, which had concluded that the Revolving Fund for Vaccine Procurement had been extremely successful, achieving all of its objectives while also contributing to PAHO's leadership role in the immunizations program in the Americas. With regard to the Strategic Fund, the audit had found that it had been timely and relevant in advancing access to essential medicines in an effective manner and that it had also been a very valuable tool for operationalizing the principles of equity, access, quality, and sustainability with respect to the supply of essential medicines to Member States in line with the Millennium Development Goals.

229. Member States expressed strong support for PAHO's procurement mechanisms, in particular the Revolving Fund for Vaccine Procurement, as a means not only of enhancing access to vaccines and other health products, but also of assuring the quality of such products. Many Members underscored the critical role of the Revolving Fund in enabling their countries to purchase existing vaccines and introduce new ones at affordable prices. It was pointed out, for example, that most countries in the Region would probably not be able to introduce the vaccine against human papillomavirus unless it was available at a reasonable price through the Revolving Fund. The Fund's contribution to the reduction and/or elimination of numerous diseases was also noted. It was also emphasized that the Revolving Fund was a fundamental tool for reducing inequities in health.

230. One delegate, while acknowledging the value of the Revolving Fund, suggested that its role and functions should be reassessed in the light of the emergence of new international immunization initiatives such as the Global Alliance for Vaccines and Immunization (GAVI), as well as the increase in governments' capacity to manage their own vaccine purchases. Calling for a robust discussion of the Revolving Fund by the Governing Bodies in 2009, he stated that Member States and the Secretariat must work together to achieve a sustainable approach for the Region as a whole to vaccine purchases

and should recognize that a “one size fits all” approach to vaccine pricing was not sustainable in the long term.

231. Other delegates pointed out that not all countries of the Region were eligible for GAVI funding, and stressed that the continued viability of the Revolving Fund must be ensured if countries were to maintain high levels of vaccination coverage and continue to expand their immunization programs.

232. The Director said that the Secretariat was well aware of the need to harmonize the Revolving Fund procurement mechanisms with those of GAVI and other recently established funds. The Revolving Fund, which had been the pioneering precursor of GAVI, had clearly shown the utility of such mechanisms of solidarity. It had enabled the introduction of vaccines and facilitated universal access to immunization. In addition to its obvious impact on public health, it had also helped to reduce the tremendous inequality that existed in the Region of the Americas. The Fund had earned the confidence of both vaccine producers and the public, something which had been critical to its success. PAHO was committed to analyzing and applying the lessons learned over the 30 years of the Fund’s existence in order to continue expanding access to high-quality vaccines, which was the aim of all the partners involved in GAVI.

233. The Council took note of the report.

Other Matters

234. The Delegate of Brazil announced that his Government would host an international conference on monitoring of the health-related Millennium Development Goals from 18 to 20 November 2008 in Brasilia.

Closure of the Session

235. Following the customary exchange of courtesies, Dr. Douglas Slater (Saint Vincent and the Grenadines, Vice-President), in the absence of the President, declared the 48th Directing Council closed.

Resolutions and Decisions

236. The following are the resolutions and decisions adopted by the 48th Directing Council:

Resolutions

CD48.R1 Use of Program Budget Income Exceeding the Authorized Effective Working Regular Budget 2006-2007

THE 48th DIRECTING COUNCIL,

Having considered the report of the President of the 142nd Session of the Executive Committee; and

Noting the revised document on proposed uses of program budget income exceeding the authorized effective working regular budget for the financial period 2006-2007 (Document CD48/22),

RESOLVES:

1. To thank the Executive Committee for its review and report on this item.
2. To approve the criteria that guide the proposed projects to be funded from the Holding Account as contained in paragraph 15 of Document CD48/22, which states that:

“Criteria that guide the proposed initiatives are as follows:

- Initiatives that will strengthen the Organization, whether through direct support to priority public health activities in the countries, or through the strengthening of the Secretariat’s ability to support the needs of Member States;
- Initiatives that strengthen a process and generate efficiencies;
- Initiatives that create impact;
- Initiatives that minimize added recurrent costs and are sustainable within normal operations;
- Initiatives for which other funding sources are scarce or unavailable.”

3. To approve, with immediate effect, the following projects in their entirety:

1.A: Regional Strategic Health Operation Center

- 1.B: National Strategic Health Operation Centers
 - 4.A: Improvements to facilities: MOSS upgrades and security measures;
 - 4.C: Improvements to facilities: plaza drainage system;
 - 4.D: Improvements to facilities: security and sanitary measures;
 - 4.E: Improvements to facilities: HQ office tower roof;
 - 4.F: Improvements to facilities: refurbish rooms A, B and C in Headquarters building.
4. To approve, with respect to the initial phase, and with immediate effect, the following projects:
- 2.A: Strengthening PAHO public health information systems;
 - 2.C: Strengthening communications through improvement of country office connectivity;
 - 3.A: Modernizing the PASB Corporate Management System;
 - 3.B: Modernizing the service model for the delivery of Knowledge Management and Information Technology services;
 - 3.C: Strengthening the Organization's capacity to be IPSAS compliant by the year 2010 (US\$ 300,000);
 - 4.B: Improvements to facilities: energy savings measures.
5. To approve, in principle, funding of the proposed projects contained in Document CD48/22 and as specified in numerals 3 and 4 above.
6. To delegate to the Executive Committee the authority for monitoring and approval of all future submissions and re-submissions of proposals for the use of these Holding Account funds.
7. To request the Bureau to submit to the Subcommittee on Program, Budget, and Administration, at the appropriate intervals, a status report for each of the approved

projects listed in numerals 3 and 4 above, with an updated scope, budget and timetable for the remaining phases for review and approval by the Executive Committee.

8. To request the Bureau to re-formulate project 2.B (Adoption of Networking Strategies to Transform the Delivery of Technical Cooperation), if appropriate, to include a clearer scope and purpose, for future consideration by the Executive Committee on the use of Holding Account funds.

9. To encourage Member States to submit additional project proposals for consideration for the use of Holding Account funds, to be channeled through the Secretariat for inclusion in the appropriate review and approval cycle of the Executive Committee.

(Third meeting, 30 September 2008)

CD48.R2 WHO Framework Convention on Tobacco Control: Opportunities and Challenges for its Implementation in the Region of the Americas

THE 48th DIRECTING COUNCIL,

Having studied the document presented by the Director, *WHO Framework Convention on Tobacco Control: Opportunities and Challenges for its Implementation in the Americas* (Document CD48/12);

Recognizing that scientific evidence has unequivocally shown that tobacco use and exposure to tobacco smoke are causes of mortality, morbidity, and disability, and aware of the burden that this imposes on families and national health systems;

Profoundly concerned about the consumption of a highly addictive product like tobacco beginning at increasingly early ages, as well as the high prevalence of smoking among adolescents in the countries of the Region, and particularly concerned by the disproportionate increase in tobacco use among girls in some countries in Latin America;

Recognizing that there are successful initiatives in the Region for tobacco control;
and

Bearing in mind that although significant progress has been made in some countries, it has not been uniform across the Region, and it is necessary for countries that have yet to do so to consider taking steps to ratify the Convention and for States Parties

to keep striving to incorporate the measures of the Convention into their national legislation,

RESOLVES:

1. To urge Member States to:
 - (a) Consider ratification of the WHO Framework Convention on Tobacco Control if they have not yet done so and implement, when appropriate, the WHO MPOWER package of six key measures contained therein;
 - (b) Share successful experiences on tobacco control related to the ratification and States Parties' implementation of the measures in the Convention through existing bodies such as the Convention Secretariat;
 - (c) Where appropriate, create or strengthen a national coordinating unit responsible for the intra- and interministerial coordination necessary to implement the Convention, as outlined in Article 5, General Obligations of the WHO Framework Convention on Tobacco Control;
 - (d) Promote the subregional integration agencies to put tobacco control on their agendas and actively participate in the Ibero-American Network for Tobacco Control and existing English-language networks;
 - (e) Take advantage of new financing opportunities from private donors to support tobacco control initiatives in the Region.
2. To request the Director to support the coordination of intersectoral partnerships and the call to international financial partners to support implementation of the WHO Framework Convention on Tobacco Control and the WHO MPOWER package of six key measures, as appropriate, in all countries of the Region, regardless of their status as a Party or Non-party to the Convention.

(Fourth meeting, 30 September 2008)

CD48.R3 Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Antigua and Barbuda, Chile, and Panama

THE 48th DIRECTING COUNCIL,

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

Considering that Argentina, Guatemala, and Haiti were elected to serve on the Executive Committee upon the expiration of the periods of office of Antigua and Barbuda, Chile, and Panama,

RESOLVES:

- 1.To declare Argentina, Guatemala, and Haiti elected to membership on the Executive Committee for a period of three years.
- 2.To thank Antigua and Barbuda, Chile, and Panama for the services rendered to the Organization during the past three years by their delegates on the Executive Committee.

(Fifth meeting, 1 October 2008)

CD48.R4, Rev. 1 Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care

THE 48th DIRECTING COUNCIL,

Having reviewed the report of the Director, *Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care* (Document CD48/7);

Recognizing that maternal and neonatal mortality continues to have a high impact on infant mortality in the Region, and that it will be necessary to redouble efforts to achieve the goals of the Millennium Declaration related to the reduction of infant mortality for 2015;

Considering Resolution CD47.R19 (2006) on neonatal health, in the context of the health of the mother, newborn, and child, which recommends the development of a strategy and an action plan to support the achievement of the goals of the Millennium Declaration; and

Noting that the Regional Plan of Action addresses persistent inequities, focusing on marginalized groups while proposing differentiated technical cooperation strategies and approaches to respond to multiple situations in the countries,

RESOLVES:

1. To urge Member States to:
 - (a) support the reduction of maternal and neonatal mortality as a priority within health programs by expanding, strengthening or sustaining the implementation of the Strategy and Regional Plan of Action for neonatal health in the continuum of the mother, newborn, and child care;
 - (b) consider the Regional Plan of Action for neonatal health within the continuum of care when formulating national plans, and include differentiated strategies that effectively respond to multiple situations among and within countries, to protect recent achievements and reach the objectives related to mortality reduction of children under five by 2015 included in the Millennium Declaration;
 - (c) consider strengthening health systems based on primary health care to support the implementation of evidence-based strategies aimed at reducing maternal and neonatal mortality, and improving collaboration between programs and the different levels of care;
 - (d) support strong community and civil society participation so that they include, within their activities, actions directed to mothers, newborns, and children, with an equity, gender and ethnicity approach;
 - (e) consider undertaking, facilitating, and supporting national activities that promote universal access of health care for mothers, newborns, and children;
 - (f) consider strengthening national frameworks that protect mothers, newborns, and children;
 - (g) establish and maintain quality neonatal health monitoring and information systems, disaggregated by gender, socioeconomic status, ethnicity, and education of the mother;

- (h) forge partnerships and associations with nongovernmental, community and religious organizations, with the academic and research community, as well as with relevant government agencies, to strengthen and expand policies and programs on maternal, neonatal and child health.
2. To request the Director to:
- (a) support Member States in developing national plans aimed at reducing maternal and neonatal mortality, within the continuum of mother, newborn, and child, taking into account the Strategy and Regional Action Plan, and addressing inequities and directed to vulnerable and marginalized groups;
 - (b) collaborate in country evaluations to ensure adequate and evidence-based corrective actions;
 - (c) facilitate the exchange of successful experiences and promote horizontal technical cooperation by Member States in the implementation of the Regional Plan of Action.

(Fifth meeting, 1 October 2008)

CD48.R5 Regional Strategy for Improving Adolescent and Youth Health

THE 48th DIRECTING COUNCIL,

Having reviewed the report of the Director, *Regional Strategy for Improving Adolescent and Youth Health* (Document CD48/8), based on the PASB Strategic Plan 2008-2012;

Noting the World Health Assembly resolution on the Strategy for Child and Adolescent Health and Development (WHA56.21, 2003), calling on governments to strengthen and expand efforts to strive for full coverage of services, and to promote access to a full range of health information for adolescents, and Resolution CD40.R16 of the PAHO Directing Council on adolescent health, in which governments formally recognized the differentiated needs of the youth population and approved a framework and action plan;

Recalling the right of adolescents and youth to the enjoyment to the highest attainable standard of health, as set forth in the Constitution of the World Health

Organization, the UN Convention on the Rights of the Child and other international and regional human rights instruments;

Understanding that successful passage through adolescence and youth is essential for healthy, engaged and economically well-developed societies;

Recognizing that adolescent and youth health is a key aspect of economic and social development in the Americas, that their behaviors and health problems are an important part of the overall disease burden, that the cost associated with the treatment of chronic diseases is high, and that effective prevention and early intervention measures are available;

Considering that the outcomes for adolescent and youth health will be more effective if health promotion, primary health care, social protection, and social determinants are taken into consideration when addressing priority health topics for these populations;

Recognizing that PASB has cooperated with the countries of the Region in establishing conceptual and technical bases and infrastructure for the development of national adolescent and youth health programs and policies; and

Concerned that the specific needs of adolescents and youth have not been adequately addressed and that the achievement of international goals will require additional efforts in adolescent and youth health,

RESOLVES:

1. To endorse the Regional Strategy for Improving Adolescent and Youth Health to effectively and efficiently respond to current and emerging needs in adolescent and youth health with specific consideration of prevailing inequalities in health status, and to strengthen the health system response to develop and implement policies, plans, programs, laws and services for adolescents and youth.
2. To urge Member States to:
 - (a) promote the collection and use of data on adolescent and youth health disaggregated by age, sex and ethnicity and the use of a gender-based analysis, new technologies (e.g. geographical information systems) and projection models to strengthen the planning, delivery, and monitoring of national plans, policies, programs, laws and interventions related to adolescent and youth health;

- (b) strengthen and expand efforts to meet international commitments for adolescent and youth health;
 - (c) promote and establish enabling environments that foster adolescent and youth health and development;
 - (d) scale up the coverage of and access to quality health services—including promotion, prevention, effective treatment, and ongoing care—to increase their demand and utilization by adolescents and youth;
 - (e) support capacity building for policymakers, program managers, and health care providers to develop policies and programs that aim to promote community development and provide effective quality health services addressing the health needs of adolescents and youth and their related determinants of health;
 - (f) engage adolescents and youth, their families, communities, schools, and other appropriate institutions and organizations in the provision of culturally sensitive and age-appropriate promotion and prevention programs as part of the comprehensive approach to improving the health and well-being of adolescents and youth;
 - (g) improve coordination within the health sector and with partners in other sectors to ensure that actions and initiatives in adolescent and youth health and development are implemented, minimizing duplication of efforts and maximizing the impact of limited resources;
 - (h) establish partnerships with the media to promote positive images of adolescents and youth which promote appropriate behaviors, social norms and commitment to health issues.
3. To request the Director to:
- (a) maintain the Organization's commitment to and support for achieving and sustaining high levels of coverage of evidence-based interventions through the integration of actions by PASB programmatic areas;
 - (b) support the establishment and coordination of strategic alliances to improve the health and development of adolescents and youth;
 - (c) encourage technical cooperation among countries, subregions, international organizations, government entities, private organizations, universities, media,

- civil society, youth organizations, faith-based organizations, and communities, in activities that promote adolescent and youth health;
- (d) establish a time limited technical advisory group for guidance on topics pertinent to adolescent and youth health and development.
 - (e) develop a plan of action (2010-2018) based on the Regional Strategy for Improving Adolescent and Youth Health;
 - (f) encourage the development of collaborative research initiatives that can provide the evidence base needed to establish and deliver effective and developmentally and age appropriate programs and interventions for adolescents and youth.

(Sixth meeting, 1 October 2008)

CD48.R6 Regional Plan of Action for Strengthening Vital and Health Statistics

THE 48th DIRECTING COUNCIL,

Having studied the document presented by the Director, *Regional Plan of Action for Strengthening Vital and Health Statistics* (Document CD48/9);

Recognizing the need for valid, timely, reliable data with the greatest possible national, subregional, and regional disaggregation for the diagnosis and formulation of health policies and the monitoring of indicators such as those established in international commitments;

Acknowledging the importance of improving the coverage and quality of vital and health statistics as the building blocks of the countries' health information systems (HIS), as recognized and endorsed in Resolution CSP27.R12 of the 27th Pan American Sanitary Conference in October 2007;

Having analyzed the report of the Director on the basic conceptual and operational guidelines for the formulation of a Regional Plan of Action for Strengthening Vital and Health Statistics in the countries of the Region;

Considering that the Plan of Action promotes harmonized action within and among the countries and coordinates activities within the Organization and with other

international technical cooperation and financing agencies to optimize all available resources in the Region; and

Recognizing that the PASB requires this Plan of Action to achieve the goal and objectives of strengthening country capacity to produce vital and health statistics within the framework of the development of their health information systems,

RESOLVES:

1. To urge the Member States to:
 - (a) approve the Regional Plan of Action for Strengthening Vital and Health Statistics in the countries of the Hemisphere (PFEVS), which will enable them to have indicators with sufficient coverage and quality that can contribute to the design, monitoring, and evaluation of health policies;
 - (b) promote the participation and coordination of national and sectoral statistics offices, epidemiology departments of the ministries of health, civil registries, and other public and private actors and users in the situational diagnosis and preparation of national plans of action;
 - (c) consider the mobilization of human, technological, and financial resources for implementing the Plan of Action for Strengthening Vital and Health Statistics in the countries of the Hemisphere;
 - (d) encourage PASB to collaborate with the countries in the implementation and monitoring of the Plan of Action.
2. To request the Director to:
 - (a) work with the Member States to develop their national plans of action and to disseminate and use tools that will facilitate the production and strengthening of vital and health statistics within the framework of strategic plans for the development of health information systems;
 - (b) improve coordination between the Plan of Action and initiatives of the same nature undertaken by other international technical cooperation and financing agencies, as well as global initiatives to strengthen health statistics in the countries;

- (c) report periodically to the Governing Bodies on the progress made and constraints to the implementation of the Plan of Action.

(Sixth meeting, 1 October 2008)

CD48.R7 *Improving Blood Availability and Transfusion Safety in the Americas*

THE 48th DIRECTING COUNCIL,

Having considered the report of the Director on blood transfusion safety (Document CD48/11), which summarizes the difficulties observed in the implementation of the Regional Plan of Action for Transfusion Safety 2006-2010;

Aware of the central role that transfusions play in the appropriate medical care of patients and in the reduction of mortality among mothers, infants, victims of traffic accidents and other traumas, patients suffering from cancer or clotting disorders, and transplant patients;

Concerned that the current levels of availability and safety of blood for transfusion in the Region are unsatisfactory;

Recognizing that the current national organizational systems limit the efficacy of blood transfusions, have negative effects on morbidity and mortality, and result in major financial losses;

Considering that the concepts of Resolutions CD41.R15 (1999) and CD46.R5 (2005) still apply to the Region of the Americas, and that action is required by national authorities to implement the strategies of the Regional Plan of Action 2006-2010, approved by the 46th Directing Council; and

Recognizing that modifications in current national approaches are needed in order to achieve the regional goals set for transfusion safety by 2010,

RESOLVES:

1. To urge Member States to:
 - (a) proactively implement the Regional Plan of Action for Transfusion Safety 2006-2010 by:

- i. defining a specific entity within the normative level of their ministries of health as responsible for the planning, oversight and overall efficient operation of the national blood system;
 - ii. estimating the annual national need for blood components, taking into consideration unforeseen emergencies, expected increases of the general and elderly population, social inclusion of currently excluded populations, road traffic injuries, and local adoption of medical technologies such as transplants and cancer treatment, and the financial resources necessary to cover those needs;
 - iii. establishing a network of volunteers to educate the community and to promote voluntary blood donation and service blood donors, with special attention to youth programs;
 - (b) except in limited circumstances of emergency medical necessity, terminate replacement and paid blood donation by the end of 2010, with a goal of 100% voluntary, altruistic, non-remunerated blood donation, using the information obtained from socio-anthropological surveys conducted in the countries, given that blood collection should not be solely the responsibility of hospital medical teams;
 - (c) terminate mandatory patient replacement of transfused blood by the end of 2010;
 - (d) share best practices in the recruitment and retention of voluntary blood donors.
2. To request the Director to:
- (a) cooperate with the Member States in the implementation of the Regional Plan of Action for Transfusion Safety 2006-2010 using a multidisciplinary and coordinated approach for health promotion, public education, human and patient rights, quality assurance and financial efficiency;
 - (b) work with Member States and international organizations to assess the implementation of the Regional Plan of Action 2006-2010 and to identify country-specific interventions needed to assure sufficiency and acceptable quality and safety of blood for transfusions at the national level;
 - (c) prepare annual reports on the situation of blood transfusion safety in the Region.

(Seventh meeting, 2 October 2008)

CD48.R8 Integrated Vector Management: A Comprehensive Response to Vector-borne Diseases

THE 48th DIRECTING COUNCIL,

Having considered the report of the Director, *Integrated Vector Management: A Comprehensive Response to Vector-borne Diseases* (Document CD48/13), which proposes that Member States implement efforts to address common areas of work to combat vector-borne diseases through strengthening national capacity to make optimal use of resources in order to improve the effectiveness and efficiency of the national vector control programs;

Taking into account the Global Strategic Framework for Integrated Vector Management developed by WHO in 2004 and the resolution adopted by the World Health Assembly to strengthen Member States' capacity to implement effective vector control measures (WHA42.31, 1989); to take steps to reduce reliance on insecticides for control of vector-borne diseases through promotion of integrated vector management in accordance with WHO guidelines (WHA50.13, 1997); to tap the preventive power of vector control, given the serious risks of increasing transmission of vector-borne diseases related to climate change, population movement and environmental degradation; to avail themselves of the major opportunities for financial support (WHO/CDS/NTD/VEM/2007.1); and to implement the WHO Global Plan to combat neglected tropical diseases, 2008-2015, which calls for the strengthening of integrated vector management and capacity building as one of the strategic areas for action (WHO/CDS/NTD/2007.3);

Considering that vector-borne diseases are responsible for a substantial burden of parasitic and infectious diseases in the Americas and result in avoidable ill health and death that disproportionately affect the poor and marginalized populations, causing suffering and further economic hardship, and are a serious impediment to development in many countries; and

Concerned that the potential effects of climate change and increased climate variability may include an increased risk of vector-borne disease epidemics,

RESOLVES:

1. To urge Member States to:
 - (a) strengthen and support national vector-borne disease control programs by establishing evidence-based national policies and operational plans to implement

- integrated vector management initiatives and to improve effectiveness and efficiency of current vector control programs;
- (b) strengthen multi-disease control approaches in the prevention and control of vector-borne diseases, such as epidemiological and entomological surveillance, rational use of pesticides, social mobilization, and treatment of affected persons in order to increase synergies among different vector control programs;
 - (c) consider allocating domestic resources and mobilizing additional resources as appropriate, and effectively utilize them in the implementation of appropriate prevention and control interventions;
 - (d) assess the need for training in integrated vector management and take measures to promote recruitment, training, and retention of health personnel;
 - (e) assess and strengthen national legislative frameworks, regulatory mechanisms, and enforcement of these in relation to the promotion of integrated vector management legislation, where appropriate;
 - (f) improve collaboration within the health sector and with other sectors to take advantage of synergies and to promote a coordinated response to vector-borne diseases;
 - (g) develop cross-border activities to address common vector-borne diseases in the Region through sharing expertise and development of joint action plans and operational research.
2. To request the Director to:
- (a) continue providing technical cooperation and coordinating efforts to reduce the burden of vector-borne diseases;
 - (b) promote integrated vector management as an integral part of vector-borne disease management among Member States;
 - (c) support countries in the planning, implementation, monitoring, and evaluation of integrated vector management activities and appropriate capacity building;
 - (d) provide Member States with the necessary evidence based technical guidance for integrated vector management;

- (e) promote and consolidate research on integrated vector management based upon identified needs and gaps;
- (f) contribute to the strengthening of countries' legislative frameworks and regulatory mechanisms, as appropriate, in relation to the promotion of integrated vector management.

(Seventh meeting, 2 October 2008)

CD48.R9 Population-based and Individual Approaches to the Prevention and Management of Diabetes and Obesity

THE 48th DIRECTING COUNCIL,

Having reviewed the report of the Director, *Population-based and Individual Approaches to the Prevention and Management of Diabetes and Obesity*, (Document CD48/5);

Noting Resolution CD47.R9 (2006), Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases Including Diet, Physical Activity and Health, which called for integrated action to prevent and reduce the burden of chronic diseases and related risk factors in the Americas, and Resolution CSP26.R15 (2002) on the public health response to chronic diseases, which recognizes the heavy economic and social burden of noncommunicable diseases and calls for increased and coordinated technical cooperation from the Pan American Health Organization;

Considering Resolution WHA57.17, Global Strategy on Diet, Physical Activity, and Health (2004), which emphasizes an integrated approach and intersectoral collaboration to improve diet and increase physical activity;

Taking into account United Nations General Assembly Resolution 61/225, World Diabetes Day (2006), which recognizes diabetes as a chronic, debilitating and costly disease associated with major complications that pose severe risks for families, Member States and the entire world and designates 14 November, the current World Diabetes Day, as a United Nations Day to be observed every year beginning in 2007;

Considering Resolution WHA61.14, Prevention and Control of Non-communicable Diseases: Implementation of the Global Strategy (2008), which urges

Member States to strengthen national capacity and increase resources for the prevention and control of chronic diseases;

Noting the Declaration of Port-of-Spain of September 2007, which emanated from the special CARICOM Heads of Government Summit on Chronic Noncommunicable Diseases, and called on Caribbean States to act on the prevention and control of those diseases;

Cognizant that obesity and type 2 diabetes have reached epidemic proportions in the Region and are projected to continue to increase if drastic action is not taken;

Taking note that obesity and diabetes are largely preventable and that scientific evidence and cost-effective interventions are available that combine population-based and individual approaches; and

Recognizing the importance for governments, the private sector, civil society, and the international community of renewing their commitment to the prevention and control of obesity and diabetes,

RESOLVES:

1. To urge Member States to:
 - (a) improve surveillance and monitoring of obesity and diabetes at the population level to develop the evidence base for policies and evaluation outcomes;
 - (b) prioritize the prevention and management of obesity and diabetes and their common risk factors by establishing and/or strengthening policies and programs, integrating them into public and private health systems, and working to ensure adequate allocation of resources to carry out such policies and programs;
 - (c) promote the adoption of public policies that address determinants that affect healthy lifestyle choices;
 - (d) create partnerships and engage with the private sector and civil society so that consumers are better informed, healthy choices are more available, and sustainable workplace wellness and school health programs are implemented;
 - (e) create supportive environments that contribute to the prevention and management of obesity and diabetes through greater opportunities for physical activity and choices for healthier eating, in collaboration with sectors outside the public health sector that take into account the life cycle approach;

- (f) implement the Global Strategy on Diet and Physical Activity and Health and the Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases, Including Diet, Physical Activity and Health, and, where applicable, the Framework Convention on Tobacco Control;
- (g) to collaborate with other sectors to develop policies that favor the production and consumption of fruits and vegetables;
- (h) improve food labeling and public information that facilitate the choice of a healthy diet;
- (i) develop guidelines and policies to promote the responsible marketing of food to children and adolescents;
- (j) use the media (radio, television, print, internet) to implement public educational campaigns and disseminate information on prevention of obesity and diabetes;
- (k) promote health services in the context of primary care to ensure the necessary resources for evidence-based interventions in (1) prevention strategies, including behavioral change, and (2) diagnostics and treatment for early detection of preventable or controllable diabetes complications with attention to foot care, ocular health, renal health, as well as glycemic, cholesterol, and blood pressure control;
- (l) integrate appropriate mental health support services into chronic disease programs, such as those planned to address obesity and diabetes, to provide counseling that will empower persons to take responsibility for their own health, and cope with their mental health needs.

2. To request the Director to:

- (a) support Member States in their efforts to strengthen their health information systems to monitor obesity and diabetes and to evaluate the results of related public health interventions;
- (b) develop integrated and culturally appropriate, evidence-based interventions for the prevention and control of obesity and diabetes, including norms and protocols, focusing on the needs of low-income countries and vulnerable populations, and disseminate them through the CARMEN network or other mechanisms;
- (c) support Member States to strengthen their capacity, including research, to make evidence-based decisions on means of diagnosis and treatment, as well as the

competencies of the health system, for integrated management of obesity and diabetes;

- (d) develop new or strengthen existing partnerships for resource mobilization, advocacy, and collaborative research related to obesity and diabetes prevention.

(Eighth meeting, 2 October 2008)

CD48.R10 Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control

THE 48th DIRECTING COUNCIL,

Having considered the report of the Director, *Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control* (Document CD48/6);

Noting the World Health Assembly resolution on cancer prevention and control (WHA58.22, 2005), which urges governments to develop comprehensive cancer control programs and recommends the prioritization of cervical cancer prevention and control programs;

Recalling Resolution CD47.R9 (2006) of the 47th Directing Council on the Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases, which includes cancer as one of the priority chronic diseases;

Cognizant that there are an estimated 27,500 deaths in the Americas from cervical cancer, caused mainly by persistent infection with some genotypes of the human papilloma virus (HPV), and recognizing that although cervical cancer can be prevented and controlled through a comprehensive program of health education, screening, diagnosis, treatment, and palliative care, it continues to cause premature mortality and disproportionately affects women in the lower economic strata, revealing the existing health inequities in the Region;

Recognizing that current efforts and investments are not resulting in significant declines in the cervical cancer burden in most countries of Latin America and the Caribbean;

Recognizing that cost-effective HPV vaccines can become a component of a comprehensive cervical cancer prevention and control program;

Recognizing that the Pan American Health Organization, together with the Global Alliance for Cervical Cancer Prevention, has been assessing innovative approaches for cervical cancer screening and treatment of pre-cancer lesions, and has generated new evidence and new knowledge on cost-effective strategies that can greatly improve cervical cancer prevention programs, particularly in low resource settings, and that PAHO has been supporting evidence-based decision-making by countries regarding HPV vaccine introduction;

Aware that the prevention and control of cervical cancer could contribute to the attainment of international development goals; and

Aware that more effort needs to be made to make the HPV vaccine more accessible to the poorest populations,

RESOLVES:

1. To urge Member States to:
 - (a) approve the framework of the Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control, designed to improve capacity for sustained implementation of comprehensive cervical cancer prevention and control programs, with the goal of reducing incidence and mortality;
 - (b) actively support the implementation of the strategy and plan of action, linking them to the national public health agendas for cervical cancer prevention and control, and consider allocating sufficient resources for their implementation;
 - (c) revitalize and upgrade cervical cancer prevention and control programs to effectively utilize new evidence-based technologies and approaches, particularly in settings where access is challenging and resources are constrained;
 - (d) undertake age-appropriate social communications strategies to heighten awareness about risk factors for cervical cancer and its preventability among adolescents and women, and engage communities in cervical cancer prevention efforts, with a special focus on empowering women from disadvantaged and vulnerable groups, including indigenous women;
 - (e) develop and implement the actions recommended in this Regional Strategy and Plan of Action which are appropriate to the circumstances in their respective

- country and that address primary prevention, screening and pre-cancer treatment, diagnosis and treatment of invasive cervical cancer, and palliative care;
- (f) strengthen health systems based on primary health care so that effective cervical cancer prevention and control programs may be delivered in close proximity to communities and with an integrated approach to primary and secondary prevention;
 - (g) consider the future results of studies on factors that, according to the current state of knowledge, would limit the effectiveness of HPV vaccines, and studies on the distribution of the predominant types of HPV in the countries, through local and subregional research, for making evidence-based decisions for the introduction of these vaccines, taking into account the need for sustainability;
 - (h) whenever possible utilize the PAHO Revolving Fund for Vaccine Procurement, since it plays an instrumental role in the introduction of new vaccines in the Americas;
 - (i) establish and foster strategic partnerships with institutions in all appropriate sectors in order to mobilize financial, technical and other resources that will improve the effectiveness of cervical cancer prevention and control programs.
2. To request the Director to:
- (a) provide technical assistance to Member States in an interprogrammatic manner in the revitalization of comprehensive cervical cancer prevention and control programs, incorporating new cost-effective technologies and approaches, and to monitor the advancements and report periodically on achievements;
 - (b) raise awareness among policymakers and health professionals in order to increase political, financial and technical commitments to cervical cancer prevention and control programs;
 - (c) support access and equity in the use of new technologies (HPV screening tests, HPV vaccines) in the Americas;
 - (d) provide support for regional and subregional studies on the distribution of the predominant strains of HPV in the Region and promote broad dissemination of studies on factors related to the effectiveness of HPV vaccines;

- (e) develop new partnerships or strengthen existing ones within the international community for resource mobilization, advocacy, and collaboration to improve cervical cancer prevention and control efforts in the Region.

(Eighth meeting, 2 October 2008)

CD48.R11 Preventing Violence and Injuries and Promoting Safety: A Call for Action in the Region

THE 48th DIRECTING COUNCIL,

Having reviewed the report of the Director, *Preventing Violence and Injuries and Promoting Safety: A Call for Action in the Region* (Document CD48/20), which covers the First Meeting of Ministers of Health of the Americas, convened by the Minister of Health of Mexico and the Pan American Health Organization (Mérida, Yucatán, Mexico, 14 March 2008) to support the health sector's role and intersectoral work for the prevention of intentional and unintentional injuries, defined as externally caused injuries (ECIs);

Recalling that the Directing Council, in its 37th session in 1993, 39th in 1996 and 44th in 2003, has clearly defined and ratified violence as a public health problem, requesting the Director to continue efforts and cooperation with Member States in the search for tools and solutions for these problems;

Noting that the United Nations, the World Health Organization, the Pan American Health Organization, the Inter-American Coalition for the Prevention of Violence, and the Latin American and Caribbean Forum on Road Safety have adopted resolutions and published documents on the subjects of preventing ECIs and promoting safety, clearly addressed, with recommendations for action;

Considering the timely meeting of the Ministers of Health of the Americas and the Ministerial Declaration on Violence and Injury Prevention in the Americas signed at the 14 March 2008 meeting, whose content is relevant for decision-making; and

Recognizing that although the Directing Council of PAHO has adopted resolutions on violence prevention, it is necessary to expand the framework of action to all externally caused injuries, not only because of the high burden of cases but also because of the availability of interventions that can have preventive effects on common risk factors in the occurrence of various forms of externally caused injuries,

RESOLVES:

1. To urge Member States to:
 - (a) define ECI prevention and safety promotion actions and plans and give greater visibility to the programs and plans that are in progress or will be implemented in the near future with budget and predefined mandates by the ministries of health;
 - (b) take into account the recommendations of the Ministerial Declaration on Violence and Injury Prevention in the Americas (Mérida, March 2008) as an opportunity to advance their commitment to prevent all types of externally caused injuries and promote safety;
 - (c) promote responsibilities in the areas of government, civil society, private sector, justice, and the police so that existing laws, standards and regulations on violence, road safety, use of firearms, alcohol, and others that prevent the occurrence of ECIs or deaths, are effectively enforced in their countries;
 - (d) promote and spearhead the necessary processes, and promote partnerships with other sectors to help prevent violence and injuries and promote safety, given the multicausal nature of externally caused injuries.
2. To request the Director to:
 - (a) strengthen PAHO's actions and initiatives in the areas or projects related to the prevention of externally caused injuries, such as human safety, road safety, urban health, and *Faces, Voices and Places*;
 - (b) help countries improve and customize their initiatives in areas such as information systems and observatories on violence, identify best preventive practices, and perform evaluations and cost studies, among others;
 - (c) support actions aimed at strengthening injury prevention programs and safety promotion at the ministries of health, and train key personnel, when necessary;
 - (d) spearhead interagency coordination processes and maintain a PAHO presence in the intersectoral cooperation entities, both national and international, which deal with prevention of externally caused injuries and safety promotion;

- (e) promote studies on the causes and risk factors of externally caused injuries and safety according to the framework of the relevant social determinants in the Region.

(Eighth meeting, 2 October 2008)

CD48.R12 Towards the Elimination of Onchocerciasis (River Blindness) in the Americas

THE 48th DIRECTING COUNCIL,

Having reviewed the report of the Director, *Towards the Elimination of Onchocerciasis (River Blindness) in the Americas* (Document CD48/10);

Considering the human suffering and social costs associated with the loss of vision and deforming skin lesions attributable to onchocerciasis, which pose a threat to approximately 500,000 at-risk people in the Americas;

Expressing appreciation for donor support to achieve global onchocerciasis control;

Noting that the 23rd Pan American Sanitary Conference, held in September 1990, issued a call to identify diseases that could be eliminated by the end of that century or the beginning of the next and that, in response, PAHO developed a regional strategy (Resolution CD35.R14, 1991) aimed at guaranteeing semiannual treatment to all communities that require it to eliminate onchocerciasis as a public health problem in the Americas by 2007;

Considering that in response to Resolution CD35.R14, an international initiative known as the Onchocerciasis Elimination Program in the Americas (OEPA) was launched in 1992 in cooperation with the governments, PASB, nongovernmental organizations, donors, and other stakeholders;

Recognizing the significant progress made to date by the national authorities and the OEPA in onchocerciasis elimination in the Americas through the promotion and strengthening of programs in the six endemic countries of the Region (Brazil, Colombia, Ecuador, Guatemala, Mexico, and Venezuela); and

Bearing in mind that the representatives of the six countries that attended the 17th Inter-American Conference on Onchocerciasis in 2007 and the OEPA Program Coordinating Committee (PCC) have made a commitment to achieving the interruption of onchocerciasis transmission throughout the Region by the end of 2012, followed immediately by a three-year epidemiological surveillance phase to certify elimination,

RESOLVES:

1. To urge the Member States to:
 - (a) reaffirm their commitment to the goal originally proposed in 1991 by the 35th Directing Council of the Pan American Health Organization in Resolution CD35.R14, which calls for achieving the elimination of morbidity from onchocerciasis in the Americas;
 - (b) complete the elimination of morbidity from onchocerciasis and interrupt transmission of the parasite within their borders by the year 2012, mobilizing all relevant sectors, affected communities, and NGOs through:
 - adequate financial support to ensure that national programs achieve treatment coverage of at least 85% of all eligible individuals;
 - effective utilization of donated treatments;
 - application of the WHO certification guidelines for the suspension of mass treatment.
 - (c) invite other specialized agencies of the United Nations system, bilateral and multilateral development agencies, NGOs, foundations, and other stakeholders to:
 - increase the availability of resources for national onchocerciasis elimination programs and the OEPA to completely eliminate transmission of the disease in the Region;
 - support the activities of the OEPA and its Program Coordinating Committee, made up of representatives from PASB, the CDC, the Carter Center, ministries of health, and onchocerciasis experts;
 - support and attend the Annual Inter-American Conferences on Onchocerciasis (IACO) and endorse the initiatives developed by, or in coordination with, the OEPA Program Coordinating Committee.

2. To request the Director to:
 - (a) support implementation of the WHO criteria for certifying the elimination of morbidity and transmission in the affected countries;
 - (b) strengthen collaboration with the six endemic countries, especially along the Brazil-Venezuela border, where onchocerciasis affects the indigenous Yanomami population and for the program be continued until the total elimination of the disease can be certified;
 - (c) promote closer collaboration among onchocerciasis elimination programs in the Americas, the specialized agencies and organizations of the United Nations system, bilateral development agencies, and NGOs, as well as other stakeholders;
 - (d) periodically report on progress in the implementation of activities.

(Eighth meeting, 2 October 2008)

CD48.R13 15th Inter-American Meeting at the Ministerial Level on Health and Agriculture (RIMSA): “Agriculture and Health: Alliance for Equity and Rural Development in the Americas”

THE 48th DIRECTING COUNCIL

Having considered the report of the Secretariat on the 15th Inter-American Meeting at the Ministerial Level on Health and Agriculture (RIMSA 15) (Document CD48/19, Rev. 1),

RESOLVES:

1. To take note of the report on RIMSA15 and the conclusions and recommendations of the International Meeting on Trans Fat-free Americas; the 11th Meeting of the Hemispheric Committee for the Eradication of Foot-and-Mouth Disease (COHEFA 11); the 5th Meeting of the Pan American Commission for Food Safety (COPAIA 5); and the Agricultural-Health Forum of the Ministers of Agriculture and Health.

2. To urge Member States to establish or strengthen alliances and policies in order to address the determinants of health in the area shared by the health and agriculture sectors identified by RIMSA 15, particularly:

- (a) To adopt the determinants of health approach, and identify and reduce the gaps and disparities between population groups by applying convergent and synergistic strategies;
- (b) To advocate policies that favor improvement of the quality of life and integral development of the most vulnerable groups, with indicators of social development other than the unmet basic needs in rural and urban areas, in order to channel development and reach the MDGs, adhering to regional initiatives such as Faces, Voices, and Places; Healthy and Productive Municipalities and Communities; microcredits for rural women; and agrotourism and ecotourism rural enterprises, preserving and promoting maintenance of biodiversity and the agricultural practices of native peoples, protecting traditional, local, and indigenous knowledge, and combining ancestral knowledge with the potential of new practices;
- (c) To promote actions within countries and between countries that seek to prevent and reduce the presence of endemic, neglected, and emerging diseases with behavior that has been or can be affected by social and environmental determinants linked to climate change, modification of ecosystems, and conversion of production systems;
- (d) To establish or strengthen multisectoral agreements and effective regulations in order to improve the nutritional quality of food, and reduce or eliminate the substances that can have an adverse effect on health through regulatory and voluntary measures to eliminate trans fats from human consumption and replace them with healthy oils, within the framework of public policies that seek to promote healthy lifestyles and reduce associated risks;
- (e) To execute and maintain the actions required to eliminate dog-transmitted human rabies from the hemisphere by 2012;
- (f) To implement cooperation initiatives between countries in order to expedite the elimination of foot-and-mouth disease from the hemisphere;
- (g) To strengthen the national food safety systems;
- (h) To strengthen the mechanisms of regional and global coordination for warning and early response to the health risks associated with zoonoses, foodborne

diseases, and animal diseases, within the framework of the International Health Regulations (2005) linked to the International Food Safety Authorities Network (INFOSAN) for public health and the World Organization for Animal Health (OIE) standards for animal health.

3. To request the Director, within the framework of the 2008-2012 Strategic Plan of the Pan American Sanitary Bureau and in association with the IICA and other international cooperation agencies, to undertake actions that favor integration and collaboration between the health and agriculture sectors in order to ensure and follow up, as appropriate, on the recommendations and conclusions of the meetings held within the framework of RIMSA 15.

(Eighth meeting, 2 October 2008)

CD48.R14 Salary of the Director of the Pan American Sanitary Bureau and Amendment to Staff Regulation 4.3

THE 48th DIRECTING COUNCIL,

Considering the revision to the base/floor salary scale for the professional and higher-graded categories of staff, effective 1 January 2008 (Document CD48/23); and

Taking into account the decision of the Executive Committee at its 142nd Session to adjust the salaries of the Deputy Director and Assistant Director of the Pan American Sanitary Bureau,

RESOLVES:

1. To establish the annual salary of the Director of the Pan American Sanitary Bureau as from 1 January 2008 at US\$ 189,929 before staff assessment, resulting in a modified net salary of \$136,454 (dependency rate) or \$122,802 (single rate).
2. To approve the amendment to Staff Regulation 4.3 with respect to the appointment and promotion of staff.

(Eighth meeting, 2 October 2008)

CD48.R15 Public Health, Innovation and Intellectual Property: A Regional Perspective

THE 48th DIRECTING COUNCIL,

Having considered the report *Public Health, Innovation, and Intellectual Property: A Regional Perspective* (Document CD48/18);

Noting the Region's high level of participation in the negotiations leading to the World Health Assembly's approval of Resolution WHA61.21 (2008) "Global Strategy and Plan of Action on Public Health, Innovation, and Intellectual Property";

Recalling the Global Strategy on Public Health, Innovation and Intellectual Property, paragraph 15 of which states: "The WHO Constitution states that *the objective of WHO shall be the attainment by all peoples of the highest possible level of health*. Accordingly, the WHO shall play a strategic and central role in the relationship between public health and innovation and intellectual property within its mandates (including those contained in relevant WHA resolutions), capacities and constitutional objectives, bearing in mind those of other relevant intergovernmental organizations. In this context, the WHO, including the regional and, when appropriate, country offices, needs to strengthen its institutional competencies and relevant programs in order to play its role in implementing this global strategy with its plan of action";

Recalling PAHO Directing Council resolutions CD45.R7 (2004), on access to medicines; CD45.R10 (2004), on the scaling-up of treatment within a comprehensive response to HIV/AIDS; CD46.R15 (2005), on the Regional Strategic Plan for HIV/AIDS/STIs 2006-2015 of the Pan American Health Organization, and CD47.R7 (2006), on public health, health research, production and access to essential medicines, as well as World Health Assembly Resolutions WHA59.24, Public Health, Innovation, Essential Health Research and Intellectual Property Rights: Towards a Global Strategy and Plan of Action, and WHA60.30, Public Health, Innovation and Intellectual Property;

Recalling likewise the Strategic Plan 2008-2012 for PASB, the Health Agenda for the Americas 2009-2017; and

Committing itself to an implementation at the national level of the global strategy and the agreed parts of the plan of action,

RESOLVES:

1. To urge Member States to:
 - (a) promote research and technological innovation in the pharmaceutical, scientific, and manufacturing sectors;
 - (b) strengthen relations and collaboration among key stakeholders from different sectors (public, private, academic, industrial, and scientific) that can play a role in the implementation of the global strategy in accordance with the agreed parts of the plan of action;
 - (c) consider translating the political will expressed during the discussions of the global strategy into budgetary proposals consistent with the national health priorities;
 - (d) improve cooperation among countries and, where applicable, within subregional integration organizations, in order to promote technology transfer and foster research and technological innovation among countries.

2. Request the Director to:
 - (a) disseminate to society's relevant stakeholders the global strategy and agreed parts of the plan of action;
 - (b) collaborate constructively with other international organizations working in the Region with responsibility for regional, subregional, and national implementation of the strategy;
 - (c) support the effective promotion and implementation of the global strategy and agreed parts of the plan of action;
 - (d) report periodically to the Directing Council, through the Executive Committee, on the implementation of the global strategy and the agreed parts of the plan of action.

(Ninth meeting, 3 October 2008)

CD48.R16 Health and International Relations: Linkages with National Health Development

THE 48th DIRECTING COUNCIL,

Having considered the document submitted by the Director, Health and International Relations: Linkages with National Health Development (Document CD48/15);

Recognizing the importance accorded to health in diverse international forums, owing to its growing linkage with dimensions of foreign policy;

Considering the recommendations of the Working Group on PAHO in the 21st Century;

Bearing in mind the many actors with different functions and responsibilities that impact on global health governance;

Considering the impact of these phenomena on the health authorities' exercise of their leadership function and on national health development; and

Considering that in light of the foregoing, the international agenda of the health authorities is becoming increasingly important and intense,

RESOLVES:

1. To urge Member States to:
 - (a) strengthen coordination and exchange between the health authorities and the authorities responsible for the governments' foreign policy and international cooperation;
 - (b) promote institutional mechanisms for consultation between the health and foreign affairs sectors to promote dialogue and negotiation on relevant global and regional health issues that are discussed in international forums;
 - (c) strengthen the health authorities' governance function to respond to the growing demands arising from international agreements and regulations linked to national health development;

- (d) strengthen the institutional capacity of governments for managing cooperation and international relations in health, providing the necessary resources for better performance of those functions, including an appropriate position within the organizational structure;
 - (e) promote the inclusion of international health issues in the professional training of diplomats, and international relations issues in the professional training of public health specialists and leaders.
2. To request the Director to:
- (a) encourage dialogue and the sharing of experiences among the Member States on new international health dimensions and their importance for national health development;
 - (b) collaborate with governments and academia in the development of specific training programs in international health including, in particular, the national professionals responsible for international relations and cooperation;
 - (c) maintain the Organization's presence in relevant political forums, advocating for the health of the Hemisphere and its positioning in the international scene;
 - (d) periodically update information on the experiences of the Pan American Health Organization and the countries in this field and disseminate it to the Member States;
 - (e) cooperate in strengthening the governments' institutional capacities to address matters linked to international relations and cooperation in the field of health;
 - (f) continue and expand the Leaders' Training Program in International Health and promote synergies and complementarity with the initiatives that the countries may develop to train specialists in the fields of health and international relations;
 - (g) facilitate the analysis of the health dimension when considering, adopting, and implementing policies at the international level that may or do have an impact on public health in the Member States;
 - (h) in consultation with the Member States, revisit the recommendations of the Working Group on PAHO in the 21st Century that can support implementation of this initiative;

- (i) continue and intensify action for the mobilization of resources, in order to support the policies, programs, and initiatives of the developing countries that pursue the objectives of universal access and comprehensive health care.

(Ninth meeting, 3 October 2008)

Decisions

Decision CD48(D1) Appointment of the Committee on Credentials

Pursuant to Rule 31 of the Rules of Procedure of the Directing Council, the Council appointed Honduras, Peru, and Saint Kitts and Nevis as members of the Committee on Credentials.

(First meeting, 29 September 2008)

Decision CD48(D2) Election of Officers

Pursuant to Rule 16 of the Rules of Procedure, the Directing Council elected Brazil as President, Panama and Saint Vincent and the Grenadines as Vice Presidents, and Mexico as Rapporteur for the 48th Directing Council.

(First meeting, 29 September 2008)

Decision CD48(D3) Adoption of the Agenda

Pursuant to Rule 10 of the Rules of Procedure of the Directing Council, the Council adopted, without modification, the agenda submitted by the Director (Document CD48/1, Rev. 2).

(First meeting, 29 September 2008)

Decision CD48(D4)

Establishment of the General Committee

Pursuant to Rule 32 of its Rules of Procedure, the Directing Council appointed Chile, Colombia, and the United States of America as members of the General Committee.

(First meeting, 29 September 2008)

IN WITNESS WHEREOF, the President of the 48th Directing Council, Delegate of Brazil, and the Secretary *ex officio*, Director of the Pan American Sanitary Bureau, sign the Final Report in the Portuguese language.

DONE in Washington D.C., United States of America, this third day of October in the year two thousand and eight. The Secretary shall deposit the original signed document in the Archives of the Pan American Sanitary Bureau.

José Gomes Temporão
President of the 48th Directing Council
Delegate of Brazil

Mirta Roses Periago
Secretary *ex officio* of the 48th Directing Council
Director of the Pan American Sanitary

AGENDA

1. OPENING OF THE SESSION

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- 2.1 Appointment of the Committee on Credentials
- 2.2 Election of the President, Two Vice Presidents, and the Rapporteur
- 2.3 Adoption of the Agenda
- 2.4 Establishment of the General Committee

3. CONSTITUTIONAL MATTERS

- 3.1 Annual Report of the President of the Executive Committee
- 3.2 Annual Report of the Director of the Pan American Sanitary Bureau
- 3.3 Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Antigua and Barbuda, Chile, and Panama

4. PROGRAM POLICY MATTERS

- 4.1 Population-based and Individual Approaches to the Prevention and Management of Diabetes and Obesity
- 4.2 Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control
- 4.3 Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care

4. PROGRAM POLICY MATTERS (*cont.*)

- 4.4 Regional Strategy for Improving Adolescent and Youth Health
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- 4.6 Toward the Elimination of Onchocerciasis (River Blindness) in the Americas
- 4.7 Improving Blood Availability and Transfusion Safety in the Americas
- 4.8 WHO Framework Convention on Tobacco Control: Opportunities and Challenges for its Implementation in the Americas
- 4.9 Integrated Vector Management: A Comprehensive Response to Vector-borne Diseases
- 4.10 Panel on Primary Health Care: Addressing Health Determinants and Strengthening Health Systems
- 4.11 Health and International Relations: Linkages with National Health Development
- 4.12 Roundtable on Climate Change and its Impact on Public Health: A Regional Perspective
- 4.13 Regional Contribution to the Global Ministerial Forum on Research for Health
- 4.14 Public Health, Innovation and Intellectual Property: A Regional Perspective
- 4.15 15th Inter-American Meeting at the Ministerial Level on Health and Agriculture (RIMSA): “Agriculture and Health: Alliance for Equity and Rural Development in the Americas”
- 4.16 Preventing Violence and Injuries and Promoting Safety: A Call for Action in the Region

5. ADMINISTRATIVE AND FINANCIAL MATTERS

- 5.1 Report on the Collection of Quota Contributions
- 5.2 Financial Report of the Director and Report of the External Auditor for 2006-2007
- 5.3 Use of Program Budget Income Exceeding the Authorized Effective Working Regular Budget 2006-2007
- 5.4 Salary of the Director of the Pan American Sanitary Bureau and Amendment to Staff Regulation 4.3

6. AWARDS

- 6.1 PAHO Award for Administration 2008
- 6.2 Abraham Horwitz Award for Leadership in Inter-American Health 2008

7. MATTERS FOR INFORMATION

- 7.1 Biennial Program Budget 2006-2007 of the Pan American Health Organization: Performance Assessment Report
- 7.2 Fifth Summit of the Americas: Report on the Preparations
- 7.3 Avian Influenza and Influenza Pandemic Preparedness
- 7.4 Report of the Advisory Committee on Health Research
- 7.5 Revised Strategic Plan 2008-2012
- 7.6 Status Update on the Institutional Revision of the Latin American and Caribbean Center on Health Sciences Information (BIREME)
- 7.7 Status Update on the Institutional Revision of the Institute of Nutrition of Central America and Panama (INCAP)

7. MATTERS FOR INFORMATION (*cont.*)

7.8 Draft Proposed Programme Budget 2010-2011 of the
World Health Organization

7.9 World Health Organization Programme Budget 2006-2007:
Performance Assessment Report and Report by the Secretariat

7.10 PAHO Procurement Mechanisms for Strategic Supplies,
including Vaccines

8. Other Matters

9. Closure of the Session

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Official Documents

Official Document 328	Strategic Plan 2008-2012
Official Document 331	Financial Report of the Director and Report of the External Auditor 2006-2007

Working Documents

CD48/1, Rev. 2	Agenda
CD48/2	Annual Report of the President of the Executive Committee
CD48/3, Rev. 1	Annual Report of the Director of the Pan American Sanitary Bureau
CD48/4	Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Antigua and Barbuda, Chile, and Panama
CD48/5	Population-based and Individual Approaches to the Prevention and Management of Diabetes and Obesity
CD48/6	Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control
CD48/7	Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care
CD48/7, Corrig.	Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care
CD48/8	Regional Strategy for Improving Adolescent and Youth Health

Working Documents (*cont.*)

CD48/9	Regional Plan of Action for Strengthening Vital and Health Statistics
CD48/10	Toward the Elimination of Onchocerciasis (River Blindness) in the Americas
CD48/11	Improving Blood Availability and Transfusion Safety in the Americas
CD48/12	WHO Framework Convention on Tobacco Control: Opportunities and Challenges for its Implementation in the Americas
CD48/13	Integrated Vector Management: A Comprehensive Response to Vector-borne Diseases
CD48/14, Rev. 1	Panel on Primary Health Care: Addressing Health Determinants and Strengthening Health Systems
CD48/14, Add. I	Panel on Primary Health Care: Addressing Health Determinants and Strengthening Health Systems (Information document)
CD48/14, Add. I, Corrig.	Panel on Primary Health Care: Addressing Health Determinants and Strengthening Health Systems
CD48/14, Add. II	Summary of the Panel on Primary Health Care: Addressing Health Determinants and Strengthening Health Systems
CD48/14, Add. II, Corrig.	Summary of the Panel on Primary Health Care: Addressing Health Determinants and Strengthening Health Systems
CD48/15	Health and International Relations: Linkages with National Health Development
CD48/16	Roundtable on Climate Change and its Impact on Public Health: A Regional Perspective

Working Documents (*cont.*)

CD48/16, Add. I, Rev. 2	Roundtable on Climate Change and its Impact on Public Health: A Regional Perspective (Provisional Agenda)
CD48/16, Add. II	Final Report of the Roundtable on Climate Change and its Impact on Public Health: A Regional Perspective (Provisional Agenda)
CD48/17	Regional Contribution to the Global Ministerial Forum on Research for Health
CD48/17, Add. I	Regional Contribution to the Global Ministerial Forum on Research for Health
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Information Documents

CD48/INF/1	Biennial Program Budget 2006-2007 of the Pan American Health Organization: Performance Assessment Report
CD48/INF/2	Fifth Summit of the Americas: Report on the Preparations
CD48/INF/3	Avian Influenza and Influenza Pandemic Preparedness
CD48/INF/4	Report of the Advisory Committee on Health Research
CD48/INF/5, Rev. 1	Revised Strategic Plan 2008-2012
CD48/INF/6	Status Update on the Institutional Revision of the Latin American and Caribbean Center on Health Sciences Information (BIREME)
CD48/INF/7	Status Update on the Institutional Revision of the Institute of Nutrition of Central America and Panama (INCAP)
CD48/INF/8	PAHO Procurement Mechanisms for Strategic Supplies, including Vaccines
*	Draft Proposed Programme Budget 2010-2011 of the World Health Organization
*	World Health Organization Programme Budget 2006-2007: Performance Assessment Report and Report by the Secretariat

* Document distributed separately.

**LIST OF PARTICIPANTS
LISTA DE PARTICIPANTES**

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Stagiaire
Observateur permanent de la France
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MEMBER STATES/ESTADOS MIEMBROS (*cont.*)

GRENADA/GRANADA

Chief Delegate – Jefe de Delegación

Hon. Karl Hood
Minister of Health
Ministry of Health
St. George's

Delegate – Delegado

His Excellence Mr. Denis Antoine
Ambassador, Permanent Mission of Grenada
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GUATEMALA

Chief Delegate – Jefe de Delegación

Sr. Dr. Celso Cerezo Mulet
Ministro de Salud Pública
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Ministerio de Salud Pública
y Asistencia Social
Ciudad de Guatemala

Delegates – Delegados

Excelentísimo Sr. Jorge Skinner-Klee
Embajador, Representante Permanente de Guatemala
ante la Organización de los Estados Americanos
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MEMBER STATES/ESTADOS MIEMBROS (*cont.*)

GUATEMALA

Alternate – Alterno

Sra. Alexandra Brady Villagran
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GUYANA

Chief Delegate – Jefe de Delegación

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HAITI/HAÏTÍ

Chief Delegate – Jefe de Delegación

Dr Alex Larsen
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Ministère de la Santé publique
et de la Population
Port-au-Prince

Delegates – Delegados

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Ministère de la Santé publique
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Port-au-Prince

MEMBER STATES/ESTADOS MIEMBROS (*cont.*)

HAITI/HAÏTÍ

Delegates-Delegados (*cont.*)

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HONDURAS

Chief Delegate – Jefe de Delegación

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Delegates – Delegados

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MEMBER STATES/ESTADOS MIEMBROS (*cont.*)

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Alternate – Alterno

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MEXICO/MÉXICO

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MEMBER STATES/ESTADOS MIEMBROS (cont.)

MEXICO/MÉXICO

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MEMBER STATES/ESTADOS MIEMBROS *(cont.)*

MEXICO/MÉXICO *(cont.)*

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NICARAGUA

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MEMBER STATES/ESTADOS MIEMBROS (*cont.*)

NICARAGUA (*cont.*)

Delegate – Delegado

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PANAMA/PANAMÁ

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MEMBER STATES/ESTADOS MIEMBROS (*cont.*)

PANAMA/PANAMÁ

Alternates – Alternos (*cont.*)

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PARAGUAY

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Delegates – Delegados

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MEMBER STATES/ESTADOS MIEMBROS (cont.)

PERU/PERÚ

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Delegates – Delegados

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Alternate – Alterno

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SAINT KITTS AND NEVIS/ SAINT KITTS Y NEVIS

Chief Delegate – Jefe de Delegación

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MEMBER STATES/ESTADOS MIEMBROS (*cont.*)

SAINT KITTS AND NEVIS/ SAINT KITTS Y NEVIS

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SAINT LUCIA/SANTA LUCÍA

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**SAINT VINCENT AND THE GRENADINES/
SAN VICENTE Y LAS GRANADINAS**

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MEMBER STATES/ESTADOS MIEMBROS (*cont.*)

**SAINT VINCENT AND THE GRENADINES/
SAN VICENTE Y LAS GRANADINAS**

Delegate – Delegado

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MEMBER STATES/ESTADOS MIEMBROS (*cont.*)

TRINIDAD AND TOBAGO/TRINIDAD Y TABAGO

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UNITED KINGDOM/REINO UNIDO

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MEMBER STATES/ESTADOS MIEMBROS (*cont.*)

UNITED KINGDOM/REINO UNIDO

Delegates – Delegados

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Ministry of Social Development
Anguilla

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UNITED STATES OF AMERICA/ESTADOS UNIDOS DE AMÉRICA

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MEMBER STATES/ESTADOS MIEMBROS (*cont.*)

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Ministerio de Salud Pública
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MEMBER STATES/ESTADOS MIEMBROS (*cont.*)

VENEZUELA

Chief Delegate – Jefe de Delegación

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Delegates – Delegados

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Misión Permanente de la República Bolivariana de Venezuela
ante la Organización de los Estados Americanos
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Ministerio del Poder Popular para la Salud
Caracas

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T.S.U. Aura Yesire Sequera
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de Redes de Salud Colectiva
Ministerio del Poder Popular para la Salud
Caracas

Lic. Maribi Loreto
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Ministerio del Poder Popular para la Salud
Caracas

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PUERTO RICO

Dr. Johnny Rullán
Secretario de Salud
Departamento de Salud
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Dr. Raúl G. Castellanos Bran
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Departamento de Salud
San Juan

OBSERVER STATES/ESTADOS OBSERVADORES

SPAIN/ESPAÑA

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ante la Organización de los Estados Americanos
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Sr. José M. de la Torre
Observador Permanente Alterno de España
ante la Organización de los Estados Americanos
Washington, D.C.

**REPRESENTATIVES OF THE EXECUTIVE COMMITTEE
REPRESENTANTES DEL COMITÉ EJECUTIVO**

Ms. Rhonda Sealey-Thomas
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Ministry of Health, Sports, and Youth Affairs
St. John's, Antigua and Barbuda

REPRESENTATIVES OF THE EXECUTIVE COMMITTEE (cont.)
REPRESENTANTES DEL COMITÉ EJECUTIVO (cont.)

Dra. María Julia Muñoz
Ministra de Salud Pública
Ministerio de Salud Pública
Montevideo, Uruguay

AWARD WINNERS
GANADORES DE LOS PREMIOS

PAHO Award for Administration 2008
Premio OPS en Administración 2008

Dr. Hugo Villar Teijeiro
Uruguay

Abraham Horwitz Award for Leadership in Inter-American Health 2007
Premio Abraham Horwitz al Liderazgo en la Salud Interamericana 2007

Dr. César Vitoria
Brazil

UNITED NATIONS AND SPECIALIZED AGENCIES
NACIONES UNIDAS Y AGENCIAS ESPECIALIZADAS

Caribbean Community
Comunidad del Caribe

Dr. Rudolph O. Cummings
Dr. Edward Greene
Dr. Jerome Walcott

UNITED NATIONS AND SPECIALIZED AGENCIES (*cont.*)
NACIONES UNIDAS Y AGENCIAS ESPECIALIZADAS (*cont.*)

United Nations Children's Fund
Fondo de las Naciones Unidas para la Infancia

Ms. Jean Gough
Dr. Enrique Paz

United Nations High Commissioner for Refugees
Agencia de Naciones Unidas para los Refugiados

Ms. Jana Mason
Ms. Tessa Valk

REPRESENTATIVES OF INTERGOVERNMENTAL ORGANIZATIONS
REPRESENTANTES DE ORGANIZACIONES INTERGUBERNAMENTALES

Organization of American States
Organización de Estados Americanos

Dr. José Miguel Insulza

Inter-American Development Bank
Banco Interamericano de Desarrollo

Mrs. Kei Kawabata

**REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS
REPRESENTANTES DE ORGANIZACIONES NO GUBERNAMENTALES**

Alzheimer's Society of Canada

Mr. Scott Dudgeon
Mr. Mike Splaine

**American Society for Microbiology
Sociedad Interamericana de Microbiología**

Ms. Lily Schuermann

**International Association for Dental Research
Asociación Internacional para la Investigación Dental**

Dr. Christopher Fox

**International Council for Control of Iodine Deficiency Disorders
Consejo Internacional para la Lucha contra los Trastornos por Carencia de Yodo**

Dr. Eduardo Pretell

**International Pediatric Association
Asociación Internacional de Pediatría**

Dr. Sergio Augusto Cabral

**International Special Dietary Foods Industries
Federación Internacional de Industrias de Alimentos Dietéticos**

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REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS (cont.)
REPRESENTANTES DE ORGANIZACIONES NO GUBERNAMENTALES (cont.)

International Federation of Medical Student's Associations
Federación Internacional de Asociaciones de Estudiantes de Medicina

Ms. Stéphanie Forté
Mr. Diego Lim

International Federation of Pharmaceutical Manufacturers Associations
Federación Internacional de la Industria del Medicamento

Ms. Cinthya Ramirez
Mr. Richard Kjeldgaard
Ms. Karen Hauda
Ms. Corry Jacobs
Ms. Maria C. García
Mr. Michael Rush
Ms. Jennifer Young
Ms. Laura Efros
Mr. Thomas Bombelles

International Planned Parenthood Federation
Federación Internacional de Planificación de la Familia

Dr. Ilka Maria Rondinelli

Latin American Association of Pharmaceutical Industries
Asociación Latinoamericana de Industrias Farmacéuticas

Dr. Rubén Abete

Latin American Federation of Hospitals
Federación Latinoamericana de Hospitales

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REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS (cont.)
REPRESENTANTES DE ORGANIZACIONES NO GUBERNAMENTALES (cont.)

National Alliance for Hispanic Health
Alianza Nacional para la Salud Hispana

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US Pharmacopeia

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World Federation of Hemophilia
Federación Mundial de Hemofilia

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World Self-Medication Industry
Industria Mundial de la Automedicación Responsable

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OTHER INVITED ORGANIZATIONS/OTRAS ORGANIZACIONES
INVITADAS

Association of American Veterinary Medical Colleges

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**OTHER INVITED ORGANIZATIONS/OTRAS ORGANIZACIONES
INVITADAS (cont.)**

Programa para la Eliminación de la Oncocercosis en las Américas

Dr. Mauricio Sauerbrey

Rotary International in the Safe Blood of the Americas Program

Dr. Elena Tscherny

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Ing. Maureen Ballesteros
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Sir Michael Marmot
Chair, Commission on Social Determinants of Health

**WORLD HEALTH ORGANIZATION
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Mr. Ian Smith
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WORLD HEALTH ORGANIZATION (cont.)
ORGANIZACIÓN MUNDIAL DE LA SALUD (cont.)

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Dr. Jorge Bermudez
Executive Secretary UNITAID

Dr. Kazuyo Ichimori
HTM/NTD

Dr. Janis Lazdins-Helds
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Head of the Convention Secretariat
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Dr. Win Van Lerberghe
Cluster of Health Systems and Services

PAN AMERICAN HEALTH ORGANIZATION
ORGANIZACIÓN PANAMERICANA DE LA SALUD

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

Dr. Mirta Roses Periago

PAN AMERICAN HEALTH ORGANIZATION (*cont.*)
ORGANIZACIÓN PANAMERICANA DE LA SALUD (*cont.*)

Advisers to the Director
Asesores de la Directora

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Deputy Director
Directora Adjunta

Dr. Socorro Gross
Assistant Director
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Mr. Michael A. Boorstein
Director of Administration
Director de Administración

- - -