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WORLD HEALTH ORGANIZATION



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FINAL REPORT

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FINAL REPORT

Opening of the Session

1. The 52nd Directing Council, 65th Session of the Regional Committee of the World Health Organization (WHO) for the Americas, was held at the Headquarters of the Pan American Health Organization (PAHO) in Washington, D.C., from 30 September to 4 October 2013.

2. Dr. Félix Bonilla (Panama, outgoing President) opened the session and welcomed the participants. Dr. Carissa Etienne (Director, Pan American Sanitary Bureau [PASB]) also welcomed the participants. Additional opening remarks were made by Dr. Nils Daulaire (Assistant Secretary, Office of Global Affairs, Department of Health and Human Services, United States of America, host country for the Council), Mr. Héctor Salazar-Sánchez (Manager, Social Sector, Inter-American Development Bank), Mr. José Miguel Insulza (Secretary-General, Organization of American States), and Dr. Margaret Chan (Director-General, WHO). The respective speeches may be found on the website of the 52nd Directing Council.¹

Procedural Matters

Appointment of the Committee on Credentials

3. Pursuant to Rule 31 of the Rules of Procedure of the Directing Council, the Council appointed Belize, Mexico, and Paraguay as members of the Committee on Credentials (Decision CD52[D1]).

Election of Officers

4. Pursuant to Rule 16 of the Rules of Procedure, the Council elected the following officers (Decision CD52[D2]):

<i>President:</i>	Ecuador	(Hon. Carina Vance Mafla)
<i>Vice President:</i>	Bolivia	(Hon. Dr. Juan Carlos Calvimontes)
<i>Vice President:</i>	Jamaica	(Hon. Dr. Fenton Ferguson)
<i>Rapporteur:</i>	Barbados	(Hon. Dr. John David Edward Boyce)

¹ http://www.paho.org/hq/index.php?option=com_content&view=article&id=8833&Itemid=40033&lang=en

5. Dr. Carissa Etienne (Director, PASB) served as Secretary ex officio and Dr. Jon Andrus (Deputy Director, PASB) as Technical Secretary.

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

6. The Directing Council was informed that it would not be necessary to establish a working party, as no Member State was subject to the voting restrictions provided for under Article 6.B of the PAHO Constitution (see Report on the Collection of Assessed Contributions, paragraphs 128 to 132 below).

Establishment of the General Committee

7. Pursuant to Rule 32 of the Rules of Procedure, the Council appointed the Cuba, Saint Kitts and Nevis, and the United States of America as members of the General Committee (Decision CD52[D3]).

Adoption of the Agenda (Documents CD52/1, Rev. 1 and CD52/1, Rev. 2)

8. Dr. Víctor Raúl Cuba Oré (Peru, President of the Executive Committee) announced that he had been informed by the Government of Jamaica that the recipient of the PAHO Award for Administration 2013, Dr. Brendan Courtney Bain, had indicated that he was not in a position to accept the award. Dr. Cuba Oré, as President of the Executive Committee, requested that the item relating to the award therefore be removed from the agenda.

9. The Delegate of the United States of America proposed the addition of an item entitled “Addressing the Causes of Disparities in Health Service Access and Utilization for Lesbian, Gay, Bisexual and Trans (LGBTB) Persons,” noting that such persons were subject to stigma and discrimination and experienced poorer health outcomes than the general population and underscoring the need to ensure that they enjoyed nondiscriminatory access to quality health services. The Delegate of El Salvador proposed the addition of an item entitled “Principles of the Pan American Health Organization’s Revolving Fund for Vaccine Procurement,” noting with concern that the Bureau was under increasing pressure to modify the principles governing the Revolving Fund, notably in relation to vaccine pricing. She pointed out that such changes could hinder the introduction of new vaccines and jeopardize the financial sustainability of national immunization programs.

10. The Council agreed to all the proposed changes and adopted the agenda, thusly amended, as Document CD52/1, Rev. 2 (Decision CD52[D4]). The Council also adopted a program of meetings (Document CD52/WP/1, Rev. 2).

Constitutional Matters

Annual Report of the President of the Executive Committee (Document CD52/2)

11. Dr. Víctor Raúl Cuba Oré (Peru, 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 2012 and September 2013, highlighting the items that had been discussed by the Committee but not sent forward for consideration by the 52nd Directing Council and noting that he would report on other items as they were taken up by the Council. The items not sent forward included the annual reports of the PAHO Ethics Office, Office of Internal Oversight and Evaluation Services, and Audit Committee; an update on the status of projects approved by the 48th Directing Council for funding from the Holding Account, including the project for modernization of the PASB Management Information System; a report on the Master Capital Investment Plan; amendments to the PASB Staff Rules; and applications from eight nongovernmental organizations for admission or renewal of their status as organizations in official relations with PAHO. Details may be found in the report of the President of the Executive Committee (Document CD52/2).

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

Annual Report of the Director of the Pan American Sanitary Bureau (Document CD52/3)

13. The Director presented her annual report, the theme of which was “Building on the Past and Moving into the Future with Confidence,” noting that it covered the period between mid-2012 and mid-2013, a period comprising the final seven months of the term of former Director Dr. Mirta Roses Periago and the first five months of her own tenure. She also noted that in December the Bureau would launch a full analysis of the impact of its technical cooperation over the 2012-2013 biennium, the results of which would be shared with Member States.

14. The annual report highlighted what Member States, with the Bureau’s support, had achieved during the period with regard to strengthening of health systems based on primary health care, improving health throughout the life course, meeting the targets of the Millennium Development Goals, tackling noncommunicable diseases and neglected infectious diseases, reducing the burden of communicable diseases, and building the capacity of countries and the Region as a whole in key areas, including epidemic alert and response and disaster preparedness and risk reduction.

15. Thanks to the leadership of the Region’s health authorities and their efforts to improve social conditions and structural determinants that influenced health, the people

of the Americas were healthier and stronger by almost every measure. Life expectancy continued to rise and mortality continued to drop, despite population aging. The Region had made significant progress towards meeting the health-related Millennium Development Goals (MDGs) and towards reducing, eradicating, or eliminating diseases. In that regard, she was pleased to report that in 2013 Colombia had become the first country in the world to eliminate onchocerciasis.

16. As encouraging as those accomplishments were, however, not everyone was benefiting equally. Women and children living in poverty had been left behind, as had indigenous, Afro-descendant, marginalized, and socially excluded populations and those living in crowded urban centers and remote rural areas. Inequity with respect to health and its social determinants remained the Region's biggest challenge. She believed that achieving universal health coverage would go a long way towards overcoming that challenge and had therefore made that goal the highest priority of her administration.

17. The report detailed a number of recent changes to the Bureau's internal structure and corporate services, which were aimed at making it stronger and enabling it to better serve Member States and be more responsive, flexible, and transparent. The Bureau was prepared and ready to implement the new Strategic Plan 2014-2019 (see paragraphs 24 to 34 below) and to support Member States in their drive to achieve universal health coverage as the first and most necessary step towards the vision of a Region in which every individual lived a long life of dignity, health, and productivity.

18. The Directing Council commended the report and applauded the many achievements highlighted therein. The report was considered both realistic and visionary, and the Director's acknowledgement that PAHO must change in order to remain relevant and responsive to the needs of its Member States was welcomed. The internal reorganization of the Bureau was also welcomed, with one delegate remarking that the more streamlined structure, comprising five technical cooperation departments, would facilitate interaction and communication between staff and Member States. The same delegate praised the reduction from 256 to 106 in the number of indicators under the new Strategic Plan, which would help to alleviate "indicator overload" and facilitate reporting for both the Bureau and Member States.

19. Firm support was expressed for the priorities identified by the Director, in particular the achievement of universal health coverage, reduction of inequities and inequalities, attention to social and environmental determinants of health, and strengthening of health systems based on primary health care. Numerous delegates pointed out that it would not be possible to achieve universal health coverage without strengthening health systems and addressing health determinants. The importance of ensuring adequate supplies of trained health workers and of discouraging emigration of health professionals was underscored, as was the need for intersectoral action in order to address health determinants. It was pointed out that, despite good overall progress in

improving health in the Region, mortality and morbidity remained disproportionately high among the poor and other vulnerable and marginalized groups, and the need to redouble efforts to rectify disparities and inequities and to prevent discrimination in access to and delivery of health services was stressed. In a similar vein, several delegates drew attention to the difficulties faced by countries that were currently classified as middle-income countries, which limited their access to needed development assistance. The importance of South-South cooperation in such contexts was highlighted. Tackling climate change, ensuring full implementation of the International Health Regulations (2005), and reducing obesity and promoting healthy diet and habits among children and young people were also identified as priorities for the six-year period covered by the new Strategic Plan.

20. The Delegate of Colombia thanked the Bureau for its support in his country's onchocerciasis elimination campaign and said that Colombia was also striving to eliminate trachoma. The Delegate of Ecuador announced that his country was awaiting certification from WHO of the elimination of onchocerciasis transmission.

21. The Council expressed gratitude to the Director and took note of report.

Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Grenada, Peru, and the United States of America (Document CD52/4)

22. The Directing Council elected Bahamas, Costa Rica, and Ecuador to membership on the Executive Committee for a period of three years and thanked Grenada, Peru, and the United States of America for their service (Resolution CD52.R7).

23. The Delegates of Bahamas, Costa Rica, and Ecuador expressed gratitude to the Council for electing their countries to membership on the Executive Committee and affirmed their Governments' commitment to the Organization and to working with the Bureau and other Member States to improve the health and well-being of the peoples of the Americas. The Delegate of Ecuador said that her Government attached great importance to the issue of disability and noted that in November 2013 her Government would host the regional consultation on the draft action plan on disability being prepared by the WHO Secretariat pursuant to Resolution WHA66.9 (2013). The Delegate of Guatemala announced his Government's intention to seek election to the Executive Committee in 2014.

Program Policy Matters

PAHO Strategic Plan 2014-2019 (Official Document 345 and Add. I)

24. Dr. Víctor Raúl Cuba Oré (Representative of the Executive Committee) reported on the Committee's consideration of an earlier version of the proposed Strategic Plan

2014-2019 (see Document CE152/FR, paragraphs 40 to 55), noting that the Committee had suggested the addition of several indicators and had recommended that the Countries Consultative Group reexamine the health impact indicators and targets. The Committee had also underscored the importance of attention to social determinants of health under the Plan. The Committee had adopted Resolution CE152.R7, endorsing the proposed Strategic Plan 2014-2019 and recommending that the Directing Council approve it.

25. Mr. Daniel Walter (Director, Department of Planning and Budget, PASB) introduced the Strategic Plan 2014-2019, noting that it set the direction, priorities and programmatic accountability framework that would guide the work of the Organization for the next six years. He reviewed the collaborative process by which the Strategic Plan had been developed, emphasizing that it had been Member State-driven from the outset, and outlined the Plan's main features, including its nine impact indicators, six categories, and 30 program areas. The Strategic Plan's overarching theme was "Championing Health: Sustainable Development and Equity." It put forward a life-course approach with a focus on promoting improved health and well-being, rather than a more traditional disease-centered approach. The Plan was closely aligned with the WHO Twelfth General Program of Work (see paragraphs 168 to 177 below), but was also responsive to issues of particular concern to the Region, such as Chagas disease and dengue, health determinants, and human resources for health. Regional specificity was also reflected in the impact and outcome indicators.

26. As requested by Member States, a standardized, systematic method of priority-setting had been developed in conjunction with the Strategic Plan. The programmatic priority stratification method was described in Annex II of *Official Document 345* and the results of the priority stratification exercise appeared in Table 3.

27. In order to reflect the discussions that had taken place with Member States since the 152nd Session of the Executive Committee in June 2013, the Bureau was proposing some additions to the resolution adopted by the Committee with a view to continuing to refine the baselines and targets, producing a compendium of impact and outcome indicators, and enhancing the priority stratification methodology for application in future program budgets. To that end, it was proposed that the Executive Committee should be asked to establish a working group of representatives of Member States to continue working on definitions and means of measuring impact and outcome indicators and to provide advice on monitoring and evaluation of the Strategic Plan.

28. The Council expressed solid support for the proposed Strategic Plan and applauded the collaborative and participatory manner in which it had been drawn up, expressing thanks to the members of the Countries Consultative Group for their work. It was pointed out that, while the extensive consultations had made the process more complex and time-consuming, they had also ensured that Member States felt a strong sense of ownership of the Plan and were committed to its implementation. Member States

welcomed the Plan's focus on prevention and health promotion and on equity and commended its alignment with both the priorities established under the WHO Twelfth General Program of Work and those identified at the regional level in the Health Agenda for the Americas. The emphasis on noncommunicable diseases and social determinants of health was also commended, as were the inclusion of activities and indicators relating to health governance and financing, human resources for health, dengue, ethnicity, and zoonotic diseases. It was recognized that implementing the Plan in a context of limited resources would be a challenge and that there would be little leeway for addressing any emerging issues that might arise during the period covered by the Plan. The Director was encouraged to seek innovative means of ensuring the Plan's successful implementation. The importance of South-South cooperation and other forms of collaboration among countries was highlighted in that connection.

29. Delegates supported continued Member State involvement in refining targets and indicators and in monitoring and evaluating progress under the Strategic Plan and welcomed the proposal to establish a working group for that purpose. A delegate inquired whether the working group would also review the priority stratification methodology. It was recommended that the working group should look at the entire results chain, including output indicators as well as outcome and impact indicators. It was pointed out that some indicators were rather subjective, and the need to ensure objective indicators in order to facilitate measurement and monitoring was emphasized. It was also stressed that the Plan's indicators and the methods for measuring them must be aligned with those used at the global level so that data from the Americas would be comparable with those from other WHO regions.

30. It was suggested that the Plan should include additional indicators and greater emphasis in various areas. Several delegates favored the inclusion of a specific outcome indicator relating to oral health. Several also highlighted the need for greater effort to address the problem of climate change and its health effects. A delegate proposed that outcome indicator 6.1 should be revised to read "lead strategic collaborative efforts among Member States and other partners to promote equity in health, to combat disease, and improve the quality of, and lengthen, the lives of the peoples of the Americas," consistent with the mission statement of the Pan American Sanitary Bureau. The same delegate suggested that outcome indicators should be added under category 6 (Corporate Services/Enabling Functions) relating to transparency, accountability, and risk management and reflecting Member States' level of satisfaction with the technical support provided by the Bureau.

31. Mr. Walter said that the Bureau would look carefully at the suggestions regarding indicators for category 6. Regarding the subjectivity of some indicators, the Bureau recognized that further refinements were needed and for that reason had proposed the creation of the working group.

32. The Director added that the Bureau would present a proposal to the 153rd Session of the Executive Committee regarding the composition and mandate of the working group. With regard to the suggestions for additional indicators and areas of focus, she pointed out that while all health issues were important, not all could be priorities, particularly in a context of resource constraints. Oral health, for example, might not be a top priority, but it was addressed in the Strategic Plan, under both categories 1 and 2. As for climate change, she noted that Member States had adopted a strategy and plan of action on the issue in 2011.²

33. Implementation of the Strategic Plan would be a joint responsibility of the Bureau and Member States, and the latter would therefore also need to seek innovative approaches in order to ensure success. For its part, the Bureau would, through South-South cooperation and other mechanisms, avail itself of the knowledge and expertise available at the national level to enhance its technical cooperation.

34. The Council adopted Resolution CD52.R8, approving the Strategic Plan 2014-2019 and thanking the members of the Countries Consultative Group for their contribution to the Plan's development.

PAHO Program and Budget 2014-2015 (Official Document 346, Add. I and Add. II)

35. Dr. Víctor Raúl Cuba Oré (Representative of the Executive Committee), reporting on the Executive Committee's consideration of an earlier version of the proposed Program and Budget 2014-2015 (see Document CE152/FR, paragraphs 56 to 68), said that the Committee had acknowledged the difficult budgetary situation caused by the global financial climate, declines in miscellaneous income, reductions in voluntary contributions, and loss of purchasing power of the United States dollar. The Committee had, however, asked the Bureau to prepare a revised proposal reflecting zero nominal growth in Member States' assessed contributions. The Committee had recognized that zero growth in assessments would create challenges for the Bureau and that Member States must therefore exercise discipline in setting priorities under the Strategic Plan 2014-2015. The Committee had adopted Resolution CE152.R16, recommending that the Directing Council approve the program of work for PASB with zero increase in net assessments, as outlined in *Official Document 346*. The resolution also proposed the creation of a special fund to which Member States could make fully flexible voluntary contributions in order to offset the regular budget reduction resulting from zero growth in assessed contributions.

36. Mr. Daniel Walter (Director, Department of Planning and Budget, PASB) outlined the proposed program and budget for 2014-2015, noting that it would be the first operational plan for implementing the new strategic direction articulated in the Strategic

² See Resolution CD51.R15 and Document CD51/6 (2011).

Plan 2014-2019 (see paragraphs 24 to 34 above). The program and budget were organized around six categories and 30 program areas, which largely mirrored those in the WHO program budget, as well as those in the PAHO Strategic Plan. The budget would be allocated among functional levels and among countries in accordance with the PAHO Budget Policy approved by the 28th Pan American Sanitary Conference in 2012.³ Funds would be allocated among program areas in accordance with the programmatic priority stratification framework established under the Strategic Plan 2014-2019 (see paragraph 26 above).

37. The total budget for the biennium would amount to \$563 million,⁴ as compared with over \$600 million in the previous three bienniums. Funding for the budget would come about equally from assessed and voluntary contributions. Assessed contributions would remain the same as in 2012-2013, while voluntary contributions to PAHO were projected to decline by some \$48 million. The Bureau expected to begin the 2014-2015 biennium with a funding gap of slightly more than \$200 million, or about 38% of the total budget. It was hoped that the second WHO financing dialogue in November 2013 (see “WHO Twelfth General Program of Work 2014-2019 and Program Budget 2014-2015,” paragraphs 168 to 177 below), coupled with ongoing global and regional resource mobilization efforts, would help to close that gap. It was also hoped that Member States would contribute non-earmarked voluntary contributions to offset the \$6 million reduction in the regular budget resulting from zero nominal growth in assessed contributions. If the budget was fully financed, the Bureau should be able to deliver about the same level of results as in the 2012-2013 biennium, although it would be necessary to economize in order to absorb cost increases—which the Bureau was already doing, for example by teleconferencing in order to avoid the travel costs associated with face-to-face meetings.

38. In the discussion that followed Mr. Walter’s presentation, Member States expressed appreciation to the Bureau for preparing a responsible budget proposal that recognized the current global and regional financial climate, took into consideration the WHO reform process, and responded to the PAHO Budget Policy, the PAHO Strategic Plan 2014-2019, and the programmatic priority stratification framework. Member States were pleased that the proposal took account of the views expressed during the 152nd Session of the Executive Committee, particularly with respect to zero nominal growth in assessed contributions. Appreciation was expressed for the Bureau’s disciplined approach to cost reduction and absorption. It was acknowledged that the 2014-2015 program and budget would be transitional in nature and that different criteria would apply to the formulation of the program and budget for 2016-2017.

³ See Resolution CSP28.R10 and Document CSP28/7 (2012).

⁴ Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

39. One delegate expressed concern that the allocations for noncommunicable diseases, mental health, and aging and health were insufficient in the light of the Region's epidemiological and demographic profiles. Another delegate suggested that the priority level of the program area "Aging and health" should be raised from 3 to 2 and that the priority level of "Social determinants of health" should be raised from 3 to 1. The same delegate highlighted the need for adequate funding for hepatitis surveillance, leptospirosis prevention and control, food safety and animal health, and implementation of the International Health Regulations (2005). It was noted that the largest share of the budget continued to be allocated to corporate services and enabling functions. In that connection, the importance of addressing the recommendations of the internal and external auditors in order to improve administrative processes was highlighted. It was considered that the budget's results-based approach would help to ensure accountability. A delegate inquired whether there was provision in the budget for support for technical cooperation among countries.

40. Mr. Walter replied that 5% of the allocation for each country was set aside for technical cooperation among countries. Regarding the allocations for the various program areas, he explained that, as part of the priority stratification exercise, the minimum level of funding for all areas had been set at \$1.5 million. That level had, in fact, substantially increased regular budget funding for mental health and for aging and health, areas which previously had been almost entirely reliant on voluntary funding. With regard to the relatively large amount allocated for corporate services and enabling functions, he pointed out that about half of the allocation would be expended on country office operations and leadership functions, not on administrative overhead. As for the suggested changes in the priority level of some program areas, he noted that the priorities would be reconsidered in formulating the 2016-2017 program and budget. If the priorities established for 2014-2015 did not match the needs of individual countries, they could use some of the resources allocated to them for their own priorities. He assured the Council that the recommendations of the internal and external auditors were being implemented.

41. The Director said that it was important for Member States to fully understand the situation of the PAHO budget and the implications of the decision not to allow any increase in assessed contributions. The Organization was facing an overall reduction of more than \$50 million, including the projected \$48 million decline in voluntary contributions and a \$6 million drop in miscellaneous income. Moreover, the figure of \$50 million was based on two assumptions, the first being that PAHO would receive the same level of regular budget funding from WHO as in the current biennium (\$80.7 million) and the second being that it would receive the anticipated level of WHO voluntary contributions (\$84 million, which represented a \$4 million increase with respect to 2012-2013). It was not known whether those allocations would, in fact, be forthcoming, and even if they were, there was no guarantee that the Region would actually receive all the funds budgeted.

42. It was clear that Member States expected the Bureau to do more with less, and the Bureau would continue striving to increase efficiencies and rationalize its staffing and activities. However, it was also clear that it would be necessary to reduce the scope of work on some of the priorities identified by Member States. She hoped that she could rely on Member States not to insist that the Bureau undertake more work than it could realistically accomplish with the resources at its disposal. The Bureau would step up its resource mobilization efforts in order to minimize the impact of the budget reductions, and she hoped that Member States would help in that respect by contributing to the voluntary contribution fund. She also appealed to Member States to ensure timely payment of their assessed contributions, pointing out that if such contributions were received too late in a year to be expended, under the International Public Sector Accounting Standards (IPSAS) the Bureau could not use the funds in the following year.

43. The Council adopted Resolution CD52.R3, approving the PAHO Program and Budget 2014-2015 as contained in *Official Document 346*. The Council also adopted Resolution CD52.R4, establishing the assessed contributions of Member States, Participating States, and Associate Members.

Social Protection in Health (Document CD52/5)

44. Dr. Víctor Raúl Cuba Oré (Representative of the Executive Committee) reported that the Executive Committee had examined the concept paper on social protection in health and had welcomed the paper's rights-based approach and its focus on addressing social determinants of health and reducing inequity. The Committee had stressed the importance of sharing best practices, especially with regard to approaches for expanding access to health care and ensuring universal coverage. It had also pointed out that approaches would vary depending on the context, system of government, and other national specificities in each country. The Committee had adopted Resolution CE152.R4, recommending that the Council adopt the proposed resolution contained in Document CD52/5. (For further details of the Committee's deliberations on this item, see Document CE152/FR, paragraphs 69 to 75.)

45. In the discussion that followed Dr. Cuba Oré's report, the Council stressed that access to quality health care was a human right. It was agreed that there were many ways to achieve social protection, that countries should be free to choose the route that best suited their situation, and that a multisectoral approach was needed, involving government departments and services outside the health sector.

46. Welcoming the component of the proposed resolution calling for increased technical cooperation among countries in establishing and enhancing social protection in health, delegates described the steps being taken in their countries to improve social protection. These included identification of the poorest members of the population in order to ensure that they were not left behind as the country forged ahead with improved

health care. It was considered essential that cost not be a barrier to health care, and the contribution of the PAHO Revolving Fund for Vaccine Procurement to containing health care costs was highlighted. It was emphasized that health education and health promotion programs must be designed to reach the entire population in order to empower people to assume responsibility for their own health.

47. There was considerable discussion of the use in the proposed resolution of the phrase “social protection floors”. Some delegates considered that it would imply that people were entitled only to some minimum level of health protection, while others pointed out that the term was used in Document CD52/5 and reflected a concept of the International Labour Organization. It was ultimately agreed to delete it.

48. Mr. James Fitzgerald (Acting Director, Department of Health Systems and Services, PASB) observed that delegations’ comments had confirmed that social protection had to be grounded in principles and values of universality and solidarity. He also welcomed the emphasis placed by speakers on the right to health, which encapsulated the difference between Document CD52/5 and earlier ones on the same topic. The countries of the Region had made significant progress in the development of social protection systems and in the development of mechanisms to fund them. He encouraged Member States to exchange information on lessons learned and best practices in that regard.

49. The Director said that the Region had long been one of the leaders in the establishment of social protection in health. Now the Region was going further, seeing social protection in health in terms of a human right to health, rather than simply as a financial risk protection mechanism. Also new was the focus on social determinants of health. She agreed that addressing their implications would require truly multisectoral cooperation. The Bureau would draw on the novel approaches mentioned by delegations in order to help the Region to move forward in acknowledging the right to health as a fundamental component of the protection of its citizens.

50. The Council adopted Resolution CD52.R11 on this item.

Human Resources for Health (Document CD52/6)

51. Dr. Víctor Raúl Cuba Oré (Representative of the Executive Committee) reported that the Committee had heard a presentation on the preparations for the Third Global Forum on Human Resources for Health, which to be held in the Brazilian city of Recife in November 2013 and had subsequently agreed that an item on human resources for health would be added to the Directing Council’s agenda so that the Council could consider a proposed resolution drafted by the delegation of Brazil with the aim of strengthening attention to human resources for health in the light of the anticipated outcome of the Global Forum and the discussions currently under way concerning health

in the post-2015 development agenda. (For further details of the Committee's deliberations on this item, see Document CE152/FR, paragraphs 202 to 206).

52. Dr. James Fitzgerald (Acting Director, Department of Health Systems and Services, PASB), introducing Document CD52/6, said that its core message was that any significant progress in the development of health systems based on primary health care with the aim of progressing towards universal health coverage would require significant reforms in the planning, management, and distribution of human resources for health. The document noted difficulties encountered by Member States in lessening inequities in access to qualified primary care workers, particularly in communities living in rural or remote areas and in population groups that were vulnerable owing to their age, ethnicity, religion, or other factors. The document and proposed resolution urged countries to identify unmet needs, shortages, and insufficiencies and to develop and strengthen national programs to improve access to qualified health workers, sustain efforts to achieve the Regional Goals for Human Resources for Health 2007-2015, and work towards the formulation of a new human resources agenda post-2015 in support of the achievement of universal health coverage in the Americas.

53. Welcoming the document, some delegates noted that growing prosperity in the Region had brought increasing demand for services, including in health. It was also pointed out that the growth in demand was occurring alongside increasing shortfalls in the number of trained health professionals. Delegates described the measures taken to counter such shortfalls, such as creation of additional training facilities and the provision of government financing, including funding for medical students to allow them to pursue their specialties, subject to the demographic and epidemiological needs of the country. Research into future human resources requirements was considered crucial in order to enable developing countries to plan for their needs and developed countries to prepare to meet their own needs without poaching from developing countries.

54. The Delegate of the United States of America said that his Government continued to support training opportunities for national health care personnel around the world to help increase their pool of well-trained professionals and to assist in sustaining those increases through strong recruitment and retention strategies. He also described the domestic measures being taken to increase availability of health workers with the aim of reducing the pull factor in health worker migration. Over the past few years, such efforts had already contributed to a drop in the entry of foreign physicians and nurses into the country. Other delegates explained that their Governments were attempting to attract foreign doctors in line with the WHO Global Code of Practice on the International Recruitment of Health Personnel and without worsening the shortages in neighboring countries, for example by not accepting medical professionals from countries with a lower proportion of health professionals than their own.

55. It was suggested that the issue of standardization and recognition of medical qualifications should be examined more closely, with a view to facilitating movement of medical personnel between countries. There should also be more attention to the possibilities for South-South cooperation and exchange of experiences in the training of medical personnel. Attention was drawn to the feminization of the medical profession at the regional and global levels and to the need for research on the phenomenon in order to ensure that countries made full use of the possibilities offered by women in the health care field.

56. Several delegates noted that small island developing States in the Caribbean would require ongoing support in developing the desired human resource planning competencies. It was pointed out that such support should include training or guidance on setting up systems to capture the data needed as input to the planning process.

57. Dr. Fitzgerald said that achieving the goal of universal health coverage would require the Region to improve the range, depth, and quality of health services, in addition to expanding access, for all of which qualified human resources would be needed. The issue of standardization and recognition of medical qualifications would be one of the matters central to the discussions in the run-up to the Global Forum in Recife in November. He stressed the importance of a large attendance at the Forum, preferably by ministers of health and other high-level officials, and thanked Brazil for hosting the gathering. He added that the Bureau would certainly work with small island developing States to explore ways of meeting the needs for human resources planning and the development of health teams to meet primary health care needs.

58. The Director said that she had found Member States' comments very inspiring. It was clear that they placed great emphasis on universal health coverage and the centrality of health systems based on primary health care and that they would require support from the Bureau in addressing human resources issues, including ensuring well-trained and motivated workers, properly distributed and with the appropriate orientation for primary health care. In addition, as the Organization advanced in implementing its plans for prevention and control of noncommunicable diseases, there would be a need to ensure a new skills mix and new competencies. Also important was greater coordination between ministries of health and educational establishments for the production of the required health care workers. Those were issues that would have to be tackled head-on if universal health coverage was ever to be achieved within budgets that were manageable.

59. The Council adopted Resolution CD52.R13 on this item.

***Plan of Action for the Prevention and Control of Noncommunicable Diseases
(Document CD52/7, Rev. 1)***

60. Dr. Víctor Raúl Cuba Oré (Representative of the Executive Committee) reported on the Executive Committee's discussion of an earlier version of the proposed regional plan of action (see Document CE152/FR, paragraphs 76 to 86), noting that the Committee had made a number of suggestions aimed at aligning the regional plan more closely with the WHO global action plan and comprehensive global monitoring framework for the prevention and control of noncommunicable diseases (NCDs). At the same time, the Committee had stressed the need to adapt global targets and indicators to regional and national circumstances. The Committee had formed a working group to revise the plan, incorporating the various proposed changes, and had subsequently adopted Resolution CE152.R15, endorsing the proposed plan of action as revised by the working group. It had been agreed that further consultations on the document would be held in the months preceding the 52nd Directing Council.

61. The Council welcomed the proposed regional plan of action, which was seen as a sound framework for reducing noncommunicable diseases in the Americas. Delegates noted with appreciation that the plan was the product of an extensive consultation process among Member States and that it was aligned with the WHO global strategy and action plan but also clearly reflected regional needs and priorities. The Bureau was encouraged to work to ensure that all countries in the Region embraced the voluntary global targets established under the global monitoring framework on noncommunicable diseases. It was suggested that the Region might consider establishing some even more ambitious targets. Several delegates requested support from the Bureau and from fellow Member States in strengthening their information systems and their capacity for monitoring and surveillance of noncommunicable diseases, while other delegates said that their countries stood ready to provide such assistance.

62. The importance of whole-of-government and all-of-society approaches to the issue of noncommunicable diseases was affirmed, and the activities envisaged under the plan's first strategic line of action (Multisectoral policies and partnerships for NCD prevention and control) were welcomed. Coordinated multisectoral action was seen as key to the successful implementation of the plan of action. It was considered particularly important to work with the food industry in order to address diet-related risk factors for noncommunicable disease. It was emphasized, however, that safeguards must be put in place to prevent conflicts of interest and undue influence by private-sector entities and other non-State actors. It was pointed out that the lessons learned from fighting the tobacco industry could be instructive in that regard. The Bureau's role in catalyzing and mobilizing the efforts of a range of sectors and stakeholders was highlighted. The global coordination mechanism for the prevention and control of noncommunicable diseases (see paragraphs 69 to 74 below) was seen as an integral part of a multisectoral approach. The value of regional and subregional mechanisms, such as the CARMEN (Collaborative

Action for Risk Factor Prevention and Effective Management of NCDs) initiative and the Pan American Forum for Action on NCDs, in facilitating multisectoral collaboration was also noted.

63. The importance of a life-course approach to NCD prevention was stressed, with numerous delegates noting the importance of promoting healthy behaviors and discouraging unhealthy habits, particularly among children and young people in order to forestall the development of noncommunicable diseases later in life. It was felt that the plan of action should place more emphasis on public awareness-raising and education aimed at promoting healthy lifestyles. The importance of overweight and obesity as risk factors for noncommunicable diseases was highlighted, and it was suggested that that subject should be discussed by the Governing Bodies in 2014.

64. Several suggestions were made with regard to the proposed indicators for the plan of action, namely that the indicator relating to harmful use of alcohol should be in accord with the WHO global strategy on the issue; that the indicators relating to tobacco use should include the number and percentage of countries that had ratified or acceded to the Framework Convention on Tobacco Control and the Protocol to Eliminate Illicit Trade in Tobacco Products and that had adopted measures called for in the Convention, such as prohibition of smoking in public places and inclusion of warnings and pictures or pictograms in tobacco product labeling; and that the plan should include indicators relating to financial protection from catastrophic expenditure for the treatment of noncommunicable diseases and strengthening of health care infrastructure and training of human resources in prevention and treatment of noncommunicable diseases at the primary care level. It was also suggested that the indicators in the plan should be updated after the WHO Secretariat had published the global interim targets for 2015 and 2020. It was pointed out that the indicators must be sufficiently flexible so that they could be adapted to national contexts, and it was suggested that a glossary should be annexed to the plan of action in order to provide standardized definitions of concepts and terms used in the plan and the indicators.

65. Representatives of three nongovernmental organizations spoke, expressing support for the plan of action, highlighting the importance of sustained effort to strengthen tobacco control, emphasizing the need to ensure attention to noncommunicable diseases in the post-2015 development agenda, and drawing attention to the growing prevalence of Alzheimer disease and other dementia disorders.

66. Dr. Carlos Santos-Burgoa (Acting Director, Department of Noncommunicable Diseases and Mental Health, PASB) affirmed that the plan of action was the result of extensive consultation and thus reflected the views of all Member States, expressed in the course of numerous virtual and face-to-face gatherings over the previous year. He assured the Council that the Bureau would work to ensure that all countries embraced the global voluntary targets. Concerning the suggestions with regard to indicators, he noted that it

was envisaged that countries would use one of the three preferred indicators identified under the global monitoring framework to monitor reductions in harmful use of alcohol. As to the suggestions regarding tobacco-related indicators, he pointed out that, while it would not be feasible to integrate all the indicators associated with the Framework Convention into the plan of action, the indicator that was included was fully aligned with the Convention.

67. The Director said that she had taken note of the various requests for support from the Bureau and the suggestions for enhancement of the plan of action. The Bureau would, of course, endeavor to provide the requested assistance, but would also draw on the expertise available in Member States and rely on South-South cooperation to augment its technical cooperation. She would ensure that the issue of overweight and obesity was included on the agendas of the Governing Bodies in 2014.

68. The Council adopted Resolution CD52.R9, approving the plan of action.

*Consultation on the Global Coordination Mechanism for the Prevention and Control of Noncommunicable Diseases*⁵

69. Dr. Santos-Burgoa recalled that Resolution WHA66.10 had called on the Director-General to prepare draft terms of reference for a global coordination mechanism, as outlined in the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020. The aim of the mechanism was to facilitate engagement among Member States; United Nations agencies, funds, and programs; and non-State actors such as nongovernmental organizations, selected private-sector entities, and academic institutions, while safeguarding WHO and public health from undue influence by any form of real, perceived, or potential conflict of interest. The draft terms of reference were to be developed in consultation with Member States through the regional committees. Accordingly, Member States were asked to provide their views during the 52nd Directing Council. Specifically, they were asked to respond to seven questions included, together with the draft terms of reference, in a discussion paper prepared by the WHO Secretariat and made available on the Directing Council website.⁶

70. To facilitate and encourage a strong regional response, the Bureau had developed an online survey, available through the PAHO/WHO country offices, to which Member States and other stakeholders could respond until 28 October 2013. The Bureau would compile the comments received during the regional consultation process and submit them to WHO as a consolidated regional response. The WHO Secretariat would then prepare a new draft, incorporating the input received from the regions, to be discussed during a

⁵ A more detailed report on the views expressed in the regional consultations on the global coordination mechanism will be prepared by the Pan American Sanitary Bureau and submitted to the WHO Secretariat.

⁶ http://www.who.int/cardiovascular_diseases/GCM_First_WHO_Discussion_Paper_FINAL_CORR2.pdf

formal meeting in Geneva in November 2013. The WHO Secretariat would subsequently finalize the draft terms of reference, which would be submitted through the WHO Executive Board to the Sixty-seventh World Health Assembly in May 2014 for approval.

71. In the Council's discussion, delegates voiced support for the proposed principles, functions, and participants of the global coordination mechanism and for the proposal that WHO should serve as its secretariat. It was emphasized that the mechanism should be flexible, transparent, and action-oriented and should support the achievement of the voluntary global targets, foster innovative multisectoral collaboration and demonstrate and evaluate new ways of working. In order to attract participation from outside the health sector, it was considered important to show how the coordination mechanism could add value and what it could do that other global entities could not.

72. Several additional principles and functions were suggested, including addressing stigma and discrimination in relation to NCDs, ensuring protection of populations that were vulnerable to or at greatest risk for NCDs, and supporting the formulation of policies conducive to the promotion of health and the reduction of risk factors for NCDs. It was suggested that initial working groups should be established to deal with the following topics: healthy eating and promotion of physical activity; alcohol and tobacco control; NCD surveillance, monitoring, evaluation, and research; NCD health promotion, communication, and education; resource mobilization; advocacy, stigma, and discrimination; and social determinants of health and their impact on NCDs. In relation to the latter, it was stressed that efforts to prevent and control noncommunicable diseases could not be successful unless health determinants were addressed through an all-of-society and whole-of-government approach. It was also suggested that a working group for the Region of the Americas should be established with a view to facilitating coordination and synergies between the various mechanisms and initiatives relating to noncommunicable diseases and ensuring that the Region could participate in a decisive manner in the discussions of the global coordinating mechanism.

73. It was stressed that the participation of non-State actors in the global coordination mechanism should be governed by the overarching principles agreed in the framework of WHO reform for engagement with such actors. The need for clear parameters for determining what constituted a real, perceived, or potential conflict of interest was highlighted. Support was expressed for the participation of a broad range of actors, with none to be excluded a priori except the tobacco industry.

74. Dr. Santos-Burgoa encouraged Member States that had not expressed their views during the Council's discussion to respond to the online survey and reiterated that the Bureau would compile all the comments received and submit them to the WHO Secretariat.

Chronic Kidney Disease in Agricultural Communities in Central America (Document CD52/8)

75. Dr. Víctor Raúl Cuba Oré (Representative of the Executive Committee) summarized the Executive Committee's discussion on this topic (see Document CE152/FR, paragraphs 102 to 106), noting that the Committee had welcomed PAHO's attention to tubulo-interstitial chronic kidney disease and emphasized the need for research in order to gain more information about the causes and extent of the disease. The Committee had also stressed the importance of strengthening health systems to enable them to deal effectively with it. The Committee had adopted Resolution CE152.R4, recommending that the Directing Council adopt the proposed resolution contained in Document CD52/8.

76. In the discussion that followed, the Council expressed appreciation for the concept paper's recognition of the need to fill in the gaps in knowledge about the form of chronic kidney disease in question, given that its etiology was not linked to the usual causes of kidney disease and that its occurrence was increasing. It was agreed that chronic kidney disease in agricultural communities in Central America called for strategies aimed at reorganizing service delivery, strengthening human resource capabilities, and reducing treatment costs, including renal replacement therapy. It was acknowledged that chronic kidney disease was a serious public health problem and that it was necessary for the various sectors, ministries, and organizations concerned to work together to address the situation.

77. Delegates from countries where the disease was occurring described studies that had been or were being conducted, often with help from other countries within the Region or even from as far away as Sri Lanka, where a similar form of the disease had been identified. It was agreed that such cooperation between countries should be pursued and strengthened. Delegates from affected countries also described the efforts being made to halt or treat the disease. It was noted that huge amounts were being spent on dialysis, but that was not significantly reducing the problem; meanwhile, demand for and costs of treatment were rising.

78. Noting that the disease disproportionately affected vulnerable populations, delegates welcomed the focus on targeted surveillance and other efforts within at-risk groups. They also endorsed the need to address the public health problem through coordinated multisectoral actions, in consonance with actions outlined in the global and regional plans of action to prevent and control noncommunicable diseases. It was pointed out that ministries of health would have a key part to play, but that ministries of agriculture and environment would also need to be involved.

79. It was considered urgent to pursue intense research into the underlying causes of the disease with a view to creating risk management models and supporting the

development of information systems. Although the disease seemed to be restricted to Central America, delegates recommended that Member States outside that subregion should be encouraged to establish surveillance systems or review local data in order to exclude similar patterns and to identify other potential causes of chronic kidney disease. One delegate asked how much of the estimated \$1.7 million needed to implement the resolution in 2014-2015 could be subsumed under already programmed activities and existing human resources.

80. Dr. James Fitzgerald (Acting Director, Department of Health Systems and Services, PASB) expressed his thanks for the inputs to the document. It had been presented to the Executive Committee at very short notice, and the comments and guidance offered by Member States during the Council's discussion would certainly serve to improve it. Those comments had made very clear the need for intersectoral action and the need to work across government with partners and had highlighted issues relating to coordination, mobilization of resources, and planning, as well as the need for monitoring, evaluation, surveillance, and research.

81. The Director acknowledged the role of the Delegate of El Salvador in calling attention to the issue of chronic kidney disease from non-traditional causes, noting that the full extent of the problem was not yet known, even in Central America. There was some indication of etiological factors, but the full etiology of the disease remained to be identified. Complete knowledge of the social and economic impact of the disease on the population of the Region was also lacking. It was known that the phenomenon of chronic kidney disease was placing an increasing burden on countries' health services, as renal dialysis was a long-term, costly intervention. Moreover, rather than investing in improving primary care, health systems were having to divert funds to deal with chronic kidney disease.

82. In her view, what was needed was a broad coalition of researchers looking into all the epidemiological and toxicological information on the disease and covering the whole subregion of Central America, with participation by countries from within the subregion and beyond it. She acknowledged with gratitude that some countries outside the subregion had already provided assistance. The Council had made it very clear that multisectoral action was needed. The Council of Ministers of Health of Central America and the Dominican Republic (COMISCA) had initiated discussion on the issue and now it needed to be taken to the highest political level in the Central American subregion in order to secure the political leadership needed to enable the health sector to deal with the problem.

83. The Council adopted Resolution CD52.R10, urging Member States, inter alia, to promote the design and implementation of domestic and regional research agendas for chronic kidney disease in order to bridge the knowledge gap and to strengthen

surveillance for chronic kidney disease, with emphasis on at-risk populations and communities.

Evidence-based Policy-making for National Immunization Programs (Document CD52/9)

84. Dr. Víctor Raúl Cuba Oré (Representative of the Executive Committee) summarized the Executive Committee's discussion on this topic (see Document CE152/FR, paragraphs 87 to 93), reporting that the Committee had welcomed the approach proposed in Document CD52/9, expressing particular support for the focus on criteria other than cost-effectiveness and for the establishment and strengthening of National Immunization Technical Advisory Groups to enhance informed, evidence-based decision-making on immunization policy. The Committee had adopted Resolution CE152.R5, recommending that the Directing Council adopt the proposed resolution contained in Document CD52/9.

85. In the ensuing discussion, the Council welcomed the policy proposal put forward in Document CD52/9. It was pointed out that one of the key elements for maintaining the gains made to date in the Region in the prevention and control of vaccine-preventable diseases would be the formulation of evidence-based policies within national immunization programs. Delegates remarked that the resolution adopted on the principles of the Revolving Fund for Vaccine Procurement (see paragraphs 112 to 120 below) would help them in their negotiations with their financial authorities, as it provided assurance that countries of the Region would be able to obtain vaccines at the lowest possible price.

86. Support was expressed for expanded implementation of the ProVac initiative to enhance Member States' capacity to generate economic evidence, since prioritization of resources would be necessary as countries considered the introduction of new and often expensive vaccines. There was agreement that immunization policies should be based on considerations other than technical aspects and cost-effectiveness and that they should also take into account pragmatic operational issues, financial feasibility, and long-term sustainability, as well as social issues such as equity. It was also considered essential that country characteristics, including disease burden, immunization program capacity, cost-benefit and effectiveness analysis, and budgetary tradeoffs should be borne in mind.

87. While applauding the emphasis placed on National Immunization Technical Advisory Groups (NITAGs) to enhance evidence-based decision-making for immunization policy, delegates observed that, particularly in small countries where a national-level committee lacked critical mass, significant assistance could be provided by regional groupings. Some delegates expressed their Governments' willingness to provide technical support to national technical assistance groups in the Region. The Bureau was urged to continue providing technical support to Member States—in particular through

the ProVac initiative—as they sought to make evidence-based decisions on the introduction of new and underutilized vaccines.

88. Delegates described the decision-making processes of their Governments in the field of immunization, including the establishment of technical advisory committees and consideration of the costs and benefits of introducing new vaccines. Some referred to major challenges that remained to be resolved—such as enhancing the cold chain and increasing the availability of operational personnel—if the objective of universal vaccination coverage was to be achieved. Some also mentioned that their countries recognized that the acquiring of evidence could sometimes be a slow process and that institutional memory could be lost through mobility of staff. In consequence, they supported the creation of advisory committees to ensure continuity of policy recommendations.

89. Dr. Gina Tambini (Director, Department of Family, Gender, and Life Course, PASB) observed that the proposed policy was related to PAHO's policy on research for health and constituted a practical and effective step towards an approach based on health technology assessment. She noted that good progress had been made in that area in a number of countries in the Region.

90. The Council adopted Resolution CD52.R14 on this item.

Implementation of the International Health Regulations (Document CD52/10)⁷

91. Dr. Víctor Raúl Cuba Oré (Representative of the Executive Committee) reported that the Executive Committee had examined a progress report on the implementation of the International Health Regulations (IHR) and had been informed that the WHO Secretariat had requested all the regional committees to discuss the proposed criteria for extension of the deadline for meeting the core capacity requirements under the Regulations. The item had therefore been placed on the agenda of the 52nd Directing Council.

92. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Health Analysis, PASB), noting that 29 of the 35 States Parties to the IHR in this Region had requested an extension of the original June 2012 deadline to June 2014, said that the reports submitted by States Parties of the Region between 2011 and 2013 indicated that, while overall progress had been made towards establishing the core capacities, the capacities required with regard to chemical and radiation events were still not in place in most countries. It was anticipated that a number of States Parties would seek an additional two-year extension for establishing the core capacities.

⁷ A more detailed report on the views expressed during the regional consultation on the proposed criteria for obtaining an extension for establishing IHR core capacities will be prepared by the Pan American Sanitary Bureau and submitted to the WHO Secretariat.

93. The WHO Secretariat had proposed criteria for granting an additional two year extension. The criteria had previously been examined by the 132nd session of the WHO Executive Board, which had had no objections to the proposed criteria, but had felt that they would benefit from further consideration by States Parties during the regional committee sessions. The proposed criteria appeared in Document CD52/10. States Parties were also invited to present their suggestions regarding the procedures, methods, and tools to be used to monitor and report on the status of implementation of the Regulations, in particular after June 2016.

94. The Bureau would compile the views expressed during the Council's discussion, which would be submitted to the 134th session of the WHO Executive Board.

95. In the ensuing discussion, delegates affirmed their Governments' commitment to full implementation of the International Health Regulations and made a number of detailed suggestions for ensuring that all States Parties could establish and maintain the required core capacities. In particular, it was suggested that a mechanism should be developed to identify the obstacles, needs, and resource gaps that countries faced and to develop strategies for addressing them through strengthening of the capacities of individual countries and the formation of alliances among countries. It was also suggested that a tool should be developed to monitor the maintenance of the core capacities and to identify any reversals of the gains made in order to take corrective action. In that connection, it was further suggested that an oversight or monitoring body should perhaps be established. Additionally, it was suggested that the Bureau should put in place a database of expertise and best practices in relation to the Regulations and strengthen cooperation among countries for their implementation.

96. The Delegate of Argentina, speaking also on behalf of Chile, Colombia, Ecuador, Paraguay, Peru, Uruguay, and Venezuela (Bolivarian Republic of), put forward a proposed resolution recommending that the criteria for the granting of extensions to 15 June 2016 should be the same as those applied for the granting of extensions from the original June 2012 deadline to June 2014. The proposed resolution further suggested that the IHR Review Committee should analyze the possible reasons for the level of progress achieved to date in implementing the Regulations and propose alternatives for institutionalizing the required core capacities.

97. Responding to the views expressed, Dr. Espinal and Dr. Isabelle Nuttall (Director, Global Capacities, Alert, and Response, Department of Health Security and Environment, WHO) both emphasized the importance of monitoring of the core capacities and of continued work to maintain them once they were in place. Dr. Nuttall suggested that States Parties' IHR implementation plans should include provisions for ensuring the sustainability of the core capacities. She affirmed that the WHO Secretariat remained committed to supporting all States Parties in implementing the Regulations. The Director said that she had taken note of the various suggestions regarding how PASB could better

support the States Parties in the Region and assured the Council that the Bureau would act on those suggestions.

98. The resolution proposed by Argentina was subsequently reformulated as a proposed decision co-sponsored by the member countries of the Union of South American Nations (UNASUR), the Bahamas, and Barbados. The Council adopted the reformulated text as Decision CD52(D5), supporting the inclusion in the new implementation plans proposed by the WHO Secretariat of elements (i) and (iii) of the proposed criteria appearing in Document CD52/10; encouraging the inclusion of elements (ii) and (iv), but noting that their inclusion would be optional for States Parties; and requesting the Director to identify resources to hold a regional meeting of the authorities responsible for implementation of the Regulations in order to continue discussion on the procedures, methods, and tools for monitoring and reporting on IHR implementation after 2016. The Delegate of Argentina said that his Government would be pleased to host the regional meeting in Argentina in March 2014.

Cooperation for Health Development in the Americas (Document CD52/11)

99. Dr. Víctor Raúl Cuba Oré (Representative of the Executive Committee) reported on the Executive Committee's discussion of an earlier version of the document on this item (see Document CE152/FR, paragraphs 94 to 101), noting that the document had originally been titled "Cooperation among Countries for Health Development in the Americas" and that the Committee had recommended that the title be changed to "Cooperation for Health Development in the Americas" in order to better reflect the broad scope of the cooperation proposed. The Committee had welcomed the proposed policy and expressed particular support for the sharing of knowledge and best practices. The importance of building the capacity of national institutions and taking advantage of the expertise already available in the countries of the Region had been stressed. The Committee had adopted Resolution CE152.R13, recommending that the Directing Council approve the policy on cooperation for health development in the Americas as contained in Document CD52/11.

100. In the ensuing discussion, the Council welcomed the proposal, observing that cooperation as described would not only make it possible to strengthen health policies and outcomes but also lead to closer relationships between countries, exchanges of knowledge, and enhanced cultural understanding. It was felt that through creative application of new forms of cooperation, countries would be able to contribute more effectively to development and raise the levels of health of their peoples. Delegates stressed the importance of the principles underlying the forms of cooperation proposed in the document: solidarity, mutual benefit, respect for national sovereignty and diversity, and, above all, non-conditionality. It was pointed out that it was especially important to explore the possibilities for South-South cooperation in the current context in which

many donor organizations were reducing their activities in the Region because a number of countries had been classified as middle-income countries.

101. It was also considered important that PAHO should maintain its role in the facilitation of cooperation among its Member States, including utilization of technical tools, promotion of partnerships, and mobilization of resources to promote the exchange of best practices and strengthen national capacities. The latter was viewed as particularly necessary in a Region with such high disparities between countries in resources and health outcomes. Resource mobilization was seen as an essential task in establishing South-South and triangular cooperation, and delegates urged the Organization to do its utmost to link Member States with donors. It was pointed out that the Bureau also had an important role in coordinating cooperation where multiple actors were involved. Delegates described projects in which they were engaged in or with other countries, including the provision of medical services and medical training.

102. Several delegates highlighted the need to enhance the methods and guidelines for evaluating forms of technical and scientific cooperation among countries, using indicators and/or mechanisms that enable tracking and analysis of the impact of projects. Others suggested ways to fund cooperation between countries, including utilization of innovative financing mechanisms such as taxes on air travel, financial transactions, or harmful products.

103. One delegate observed that while PAHO's modality of technical cooperation between countries had benefited many Member States over the years, such projects were hampered by slow bureaucratic procedures and sometimes took years to materialize. He suggested that an evaluation of current processes and identification of bottlenecks to be addressed was needed if the proposed policy was to have a significant impact.

104. Dr. Mariela Licha-Salomón (Senior Advisor, Office of Country Focus Support, PASB) said that the Bureau had always had as a guiding principle the promotion of cooperation among countries regardless of their level of development, and all of the Organization's Member States had participated at one time or another in cooperation projects with other countries, often with the Bureau assisting and thereby creating triangular cooperation. The various forms of cooperation, with or without Bureau participation, were complementary to one another.

105. With a view to strengthening analysis and enhancing the identification of synergies, the Bureau worked in close coordination with the United Nations Office for South-South Cooperation. Acknowledging the request for improvements in impact evaluation for cooperation projects, she noted that the Bureau had set up an Internet portal through which country representatives were invited to submit comments. There was a growing plurality of actors in cooperative projects, including from academic and other nongovernmental sectors, whose participation was encouraged by the Bureau as a

means of enhancing the richness and diversity of projects. However, the Bureau always secured project endorsement from some government body. That was part of the reason for the delays that sometimes occurred in project startup.

106. The Director said that the Region had clearly demonstrated over time that it was committed to South-South and triangular cooperation in a spirit of solidarity and pan-Americanism. It was evident from the Council's comments that Member States wished to see this modality of delivering technical cooperation scaled up and systematized. The resource constraints that the Organization currently face created a real opportunity for the Bureau to assess its past experience of involvement in South-South and triangular collaboration with a view to making that a significant component of PAHO's technical cooperation function, building on and using both the know-how available at the national level and the expertise, resources, and relationships that had been developed through subregional integration processes. She looked forward to working with Member States to strengthen the role of South-South and triangular cooperation in assisting countries to reach their public health goals.

107. The Council adopted Resolution CD52.R15, approving the policy on cooperation for health development in the Americas.

Panel Discussion: Health in the post-2015 Development Agenda (Document CD52/12)⁸

108. The panel discussion on health in the post-2015 development agenda was held pursuant to Resolution WHA66.11 (2013) of the World Health Assembly, which requested all regional committees to discuss the matter and present a report on their discussions to the Sixty-seventh World Health Assembly through the Executive Board.

109. Dr. Luiz Augusto Galvão (Chief, Special Program on Sustainable Development and Health Equity, PASB) introduced the panelists: Dr. Margaret Chan, Director-General of WHO; Dr. Joy St. John, Chief Medical Officer, Ministry of Health, Barbados; Dr. Juan Ignacio Carreño, President of the Integral Health Coordination Program [*Programa de Coordinación en Salud Integral*] of Bolivia; and Dr. Carissa Etienne, Director of PASB.

110. Dr. Chan highlighted the conclusions of a global thematic consultation on health in the post-2015 development agenda held in Botswana from 4 to 6 March 2013 and outlined the key points contained in a report prepared by the United Nations Secretary-General's High-level Panel of Eminent Persons on the Post-2015 Development Agenda. Dr. St. John shared her perceptions of the progress made towards the Millennium Development Goals in the Americas and suggested some "talking points" to guide discussions of the post-2015 development agenda in the Region. Dr. Carreño

⁸ A more detailed report on the views expressed during the panel discussion on health in the post-2015 development agenda will be prepared by the Pan American Sanitary Bureau and submitted to the WHO Secretariat.

summarized the outcomes of a civil society consultation held in Bolivia on the Millennium Development Goals, which had also been presented at the thematic consultations held in Botswana and Guatemala. Dr. Etienne emphasized the need for strong advocacy on the part of the Region's health ministers and the Bureau to secure a prominent place for health on the post-2015 development agenda and highlighted various issues that Member States of the Americas wished to see addressed within an overall health goal to be included on the post-2015 agenda. The texts of the panelists' remarks may be found on the website of the 52nd Directing Council.

111. In the Council's discussion, it was pointed out that while good overall headway had been made towards the achievement of the Millennium Development Goals in the Region, progress had been uneven across countries and across population groups within countries. The importance of continuing to pursue the Goals until they had been fully achieved was stressed, as was the need to continue efforts to rectify inequalities and inequities and to eradicate poverty. The importance of universal health coverage in order to ensure access to health services for vulnerable populations was also underscored, as was the need to address social, cultural, economic, and environmental determinants of health. The importance of a focus on youth in the post-2015 period was also emphasized. It was stressed that in order to ensure a central place for health on the post-2015 development agenda, it would be essential to ensure that policy-makers understood that health was both a crucial means of achieving sustainable development and an indicator of success, and also that human development formed the basis for the achievement of sustainable development and that health, in turn, formed the basis for the achievement of human development.

Principles of the Pan American Health Organization Revolving Fund for Vaccine Procurement (Document CD52/17)

112. Dr. María Isabel Rodríguez (El Salvador), introducing the item, praised the Region's success in eliminating or eradicating some diseases and controlling others. She noted that, like other countries, El Salvador had declared immunization to be a public good and paid for its vaccines without subsidies or donations. It would be very difficult for it to do so, however, without the existence of the Revolving Fund, the success of which resulted from adherence to its principles of solidarity, pan-Americanism, and equity in access. It was those principles that enabled small countries of the Region, such as El Salvador, to obtain vaccines at the same price as the large countries. It was therefore a matter for concern that international partners such as the GAVI Alliance and the Gates Foundation, together with the pharmaceutical industry, were increasingly demanding exceptions to the principles of equity, particularly those referring to lowest price and single price. Any deviation from those principles could jeopardize the achievements so far, retard progress in introducing new vaccines, threaten immunization programs, and endanger some countries' participation in the Fund. She thus called on Member States to

support a proposed resolution reconfirming the principles, in particular equity and pan-Americanism, governing the operation of the Revolving Fund.

113. Dr. Gina Tambini (Director, Department of Family, Gender, and Life Course, PASB), responding to an inquiry from the Delegate of El Salvador, gave an overview of the context in which the Revolving Fund operated. In particular, under the principle of equal access, the Fund offered vaccines to participating Member States at a single price and also drew up its contracts with suppliers such that the price charged to the Fund was the lowest anywhere in the world. She confirmed that with the advent of new funding mechanisms such as the GAVI Alliance, PASB was under pressure in certain cases to abandon those two provisions. Since GAVI assisted only the poorer countries, the manufacturers were offering to supply vaccines to GAVI at less than the Revolving Fund price, but were unwilling to do so if they were then compelled, under their contractual arrangements with the Fund, to offer that same low price worldwide. In the interests of supporting poor countries, the Fund had granted exceptions to those two provisions for the vaccines against pneumococcus, rotavirus, and human papillomavirus. The Bureau had calculated that over the previous three years, the total paid by Member States for those vaccines had been \$250 million higher than the price at which those vaccines had been provided to GAVI.

114. The Fund was also being urged to institute a system of differentiated prices, under which the cost of vaccines to a country would vary with its GDP. However, it was feared that such a differentiated arrangement might cause some countries to stop purchasing certain vaccines, leading to a resurgence of diseases currently under control.

115. While a large majority of the Council supported the draft resolution, the Delegates of Canada, France, Haiti, and the United States of America said that their delegations could not join the consensus on the resolution. They warned that its main thrust, namely that funders and the industry must contract with PAHO in accordance with the Revolving Fund's principles or else not at all, entailed a high risk of raising vaccine prices everywhere, since the price agreed by PASB would become the de facto lowest price worldwide, and the prices charged to other countries would rise to match it. That would jeopardize efforts to reduce the price of vaccines for the poorest countries, notably in Africa. While they agreed that pan-Americanism was important and voiced strong support for the Revolving Fund, they also emphasized the importance of solidarity with vulnerable peoples in the rest of the world. One delegate pointed out that insistence on the lowest price principle might result in some pharmaceutical companies refusing to sell to the Revolving Fund at all, which would have disastrous effects on the health goals of the countries of the Americas.

116. These four delegates also considered it regrettable that an issue of such importance should be thrust upon the Council at short notice, giving Member States insufficient time to consider its implications. They appealed to the Council to defer action

on the resolution until a thorough analysis of the issues involved had been undertaken. The Delegate of Canada proposed that the Council should adopt a decision placing the matter on the agenda of the 154th Session of the Executive Committee and requesting the Director to enter into dialogue with the representatives of international financing mechanisms and initiatives in order to identify options for promoting sufficient supply of vaccines to meet the global needs of target populations and to report on the results of that dialogue to the 154th Session of the Executive Committee.

117. The great majority of delegations, however, stressed that the principles of pan-Americanism and solidarity must be maintained, as called for in the proposed resolution, and that the Revolving Fund must insist on buying vaccines only at the lowest price available anywhere and at a consistent price for every country. They argued that any agreement to demands for exceptions to the lowest price principle would have the effect of raising vaccine prices in the Americas, which would have a deleterious effect on the health gains made in the Region. The view was expressed that those achievements should not be jeopardized simply in order to avoid some possible negative impact on the peoples of other regions. It was also pointed out that the introduction of a differentiated pricing scale would infringe the principle of pan-Americanism.

118. It was felt that the existence of a Directing Council resolution forbidding the Revolving Fund to operate in any way that was inconsistent with its rules would provide a way for PASB to resist the pressure for exemptions. Some delegates suggested that negotiations should be pursued with the pharmaceutical industry and vaccine-funders on the issues, expressing confidence in PASB management's ability to reach pricing agreements that would respect the principles of pan-Americanism and solidarity. Others suggested that mechanisms should be explored for manifesting solidarity with the peoples of other regions.

119. At the request of the Delegate of El Salvador, seconded by the Delegate of the United States of America, a vote was taken by show of hands on the proposed resolution. A total of 36 votes were cast, with 33 Members voting in favor of the resolution and 3 voting against; in accordance with Rule 46 of the Rules of Procedure of the Directing Council, Members who abstained from voting were regarded as not having voted. Resolution CD52.R5 was therefore adopted.

120. The Director said that she respected the sentiment of the Directing Council, assuring Member States that the Bureau would discuss with the GAVI Alliance how the benefits of the Revolving Fund could be extended to GAVI and, through it, to countries beyond the Region of the Americas.

Addressing the Causes of Disparities in Health Service Access and Utilization for Lesbian, Gay, Bisexual and Trans (LGBT) Persons (Document CD52/18)

121. Dr. Nils Daulaire (United States of America), introducing the item, said that it was known that the LGBT population faced barriers in accessing quality care owing to widespread stigmatization both in society at large and in health systems. Those barriers could range from disrespectful behavior or verbal abuse in health care settings to outright denial of care. However, while it was known that in every country in the world those barriers resulted in poorer health outcomes for LGBT persons than for the general population, a lack of data meant that the drivers of that health inequity were not yet understood, impeding the needed targeting of efforts and resources. The proposed resolution contained in Document CD52/18 therefore called on Member States to collect data about access to health care and health facilities for LGBT persons with a view to gaining a better understanding of, inter alia, why such persons had higher rates of depression and alcohol abuse, why lesbians and bisexual women used preventive health services less frequently than heterosexual women, and why trans persons were less likely to have access to health insurance than heterosexual or LGB persons. He pointed out that PAHO was committed to addressing the health needs of all populations, including those forced to the margins of societies and that ignoring the fact that sexual status was a social determinant of health meant accepting that discrimination against some was acceptable. If PAHO excluded the LGBT population from its work, a portion of universal health coverage would become an illusion.

122. The Council welcomed all the provisions of the proposed resolution, agreeing that it was necessary to address inequities in health services for LGBT persons, which were generally rooted in stigmatization and discrimination. Equality of access to quality medical services for all was considered a question of basic human rights. Support was expressed for the collection of data, subject to appropriate privacy safeguards, to ascertain the scale of the problem.

123. Several delegates described the legal and regulatory or constitutional provisions in their countries to prevent stigmatization of and discrimination against the country's LGBT population and to bring about equal access to health services in particular, considering that a Council resolution on the subject would aid enforcement of those preventive provisions. Some delegates noted that LGBT persons were likely to be suffering a relatively high prevalence of sexually transmitted infections. Others called on Member States to devote greater domestic resources to combating stigmatization and discrimination, preventing gender-based violence, and strengthening health services accordingly.

124. The Delegate of Saint Vincent and the Grenadines, supported by a small number of other delegations, said that while being prepared to join consensus on the proposed resolution, his Government was of the view that the term "gender expression" should not

be used in the resolution because an internationally accepted definition of the term had not yet been agreed. With the issue of the human rights of LGBT persons still being under consideration at the United Nations, he believed that PAHO should use only terminology recognized or approved by the United Nations. The Delegate of the United States of America pointed out, however, that the term was used in the PAHO Strategic Plan 2014-2019, under category 3.

125. Mr. Javier Vásquez (Human Rights Advisor, Office of the Legal Counsel, PASB) confirmed that “gender expression” was a term recognized in international law.

126. The Director said that in light of the Region’s very strong position on universal access to health care and health as a human right, the denial of quality care to any group of individuals was a matter that PAHO should address. She welcomed the prospect of a resolution on the item, adding that the Bureau would work with Member States to address the issues of data collection and analysis.

127. The Council adopted Resolution CD52.R6 on this item.

Administrative and Financial Matters

Report on the Collection of Assessed Contributions (Documents CD52/13, and Add. I)

128. Dr. Víctor Raúl Cuba Oré (Representative of the Executive Committee) reported that, as of the opening of the 152nd Session of the Executive Committee on 17 June 2013, collection of assessed contributions for 2013 had amounted to \$14.8 million, which was only 13.9% of the total due for the year. As a result, the Bureau had been obliged to utilize approximately \$6 million in funds from the Working Capital Fund and other internal cash resources to finance the implementation of the regular budget. The Committee had also been informed that in June no Member States were subject to the voting restrictions envisaged under Article 6.B of the PAHO Constitution. The Committee had adopted Resolution CE152.R1, thanking Member States that had made payments for 2013 and urging other Member States to pay their outstanding contributions as soon as possible.

129. Mr. Michael Lowen (Director, Department of Financial Resources Management, PASB) explained that Document CD53/13 reflected receipts as of 31 July 2013, and that its Addendum I contained updated information on payments received up to 23 September 2013. Since that date, the Bureau had received additional payments of \$18,683 from Costa Rica, \$176,046 from Cuba, \$16,354 from Sint Maarten, and \$1,142 from the United Kingdom.

130. As of 17 September 2013, contributions collected for current-year assessments amounted to \$51.9 million, which represented only 49% of the \$106.2 million total due for 2013; \$54.4 million remained outstanding for 2013. A total of 22 Member States had

paid their 2013 assessments in full, 10 had made partial payments, and 10 Member States had not made any payments towards their current year assessments. Of the 20 that had not paid their 2013 assessments in full, five Member States accounted for 97.5% of the outstanding balance. He stressed that timely receipt of assessed contributions ensured a predictable cash flow to the Organization, noting that as a result of the delay in receipt of 2013 assessed contributions, the Organization had a regular budget net cash deficit of \$16.6 million, which had fully depleted the Working Capital Fund.

131. The Director appealed to Member States to ensure that the Bureau was able to discharge the responsibilities that they had assigned to it. She thanked those Member States that had supported the Bureau in its efforts to meet those responsibilities, adding that the Bureau looked forward to working with Member States to do more with less.

132. The Council adopted Resolution CD52.R1, expressing appreciation to those Member States that had already made payments for 2013 and urging all Member States to meet their financial obligations to the Organization in an expeditious manner.

Financial Report of the Director and Report of the External Auditor for 2012 (Official Document 344)

133. Dr. Víctor Raúl Cuba Oré (Representative of the Executive Committee) summarized the Executive Committee's discussions on the reports of the Director and the External Auditor (see Document CE152/FR, paragraphs 111 to 126), noting that the Committee had been informed that the External Auditor had found no weaknesses or errors that were considered material to the accuracy or completeness of the Organization's accounts and had therefore issued an unqualified audit opinion. The Committee had endorsed the External Auditor's recommendations and had encouraged the Bureau to implement them and to view them as an opportunity to achieve greater efficiencies and effectiveness in PAHO's operations; improve its systems, processes, and procedures; and enhance its management, internal controls, and transparency. Delegates had drawn attention, in particular, to the recommendations on exchange rate risk, staff training on the International Public Sector Accounting Standards, letters of agreement, courses and seminars, sole-source contracts, and the PASB Management Information System and enterprise risk management framework.

134. In the Council's discussion, delegates endorsed the External Auditor's recommendation regarding timely implementation of the PASB Management Information System (PMIS) and sought confirmation that the risks identified were being addressed. They encouraged the Director to act on the External Auditor's recommendations regarding enterprise risk management, particularly in regard to increasing the number of individuals within the Bureau with the necessary expertise and responsibility for successful implementation of the system. One delegate drew attention to potential risks on the human resources front, particularly as a result of the impending retirement of a

large number of staff, and suggested that the Organization should have a more comprehensive staffing plan for the future. He also suggested that the present format of end-of-service reports was not sufficient to transmit institutional knowledge to new staff. Seeking further information on the review of the Expanded Textbook and Instructional Materials Program (PALTEX), he wondered if it could be rendered more cost-effective through the use of modern communications technologies. He urged that the major recommendations of the External Auditor should be incorporated in the Strategic Plan 2014-2019, especially in the areas of human resources, updating of administrative processes, and accountability.

135. Mr. Michael Lowen (Director, Department of Financial Resources Management, PASB) confirmed that the Bureau was looking into the enterprise risk management framework, with a view to designing a truly robust system. He also confirmed that the end-of-service report was under examination and that the PALTEX program was being thoroughly reviewed from a financial and a technical perspective.

136. The Director stressed that the Bureau had been very proactive in responding to the recommendations of both the External Auditor and the Organization's internal auditors. Meetings had been held with senior managers and a plan of action had been drawn up for addressing each of the recommendations. With regard to the PMIS, information gathered indicated that the implementation of an enterprise resource planning system was a very risky business, with most attempts to do so not being very successful. Consequently, the Bureau had invested considerable time in planning and in the requisite background work. She and the rest of executive management were in constant touch with the personnel responsible for implementation, and an appropriate project team was in place.

137. The Bureau had informed the Executive Committee of its intention to embark on a comprehensive human resources plan in support of the Strategic Plan 2014-2019. The planning process would take into consideration the ongoing needs of the Organization, the need for reorientation of its technical competencies, and the necessary succession planning. The first step had been to map all of the Organization's human resources, whether temporary or permanent. Some Governments had already offered to assist with the exercise. An audit of the PALTEX program had been completed, and there were indeed some concerns to be rectified in the area of cost-effectiveness. Further findings would be communicated to future Governing Bodies meetings.

138. The Council took note of the financial report of the Director and the report of the External Auditor.

Amendments to the Financial Regulations of PAHO (Document CD52/14)

139. Dr. Víctor Raúl Cuba Oré (Representative of the Executive Committee) reported that the Executive Committee had examined several proposed changes to the Financial

Regulations which would permit funds to be drawn from a biennial budget up to three months after the end of the biennium in order to pay for work contracted for in that biennium, the aim being to solve an accounting problem that arises when services or activities begun in one biennium were not completed until the following one. The Committee had adopted Resolution CE152.R8, recommending that the Directing Council approve the proposed amendments to the Financial Regulations.

140. The Council adopted Resolution CD52.R2, approving the proposed amendments to the Financial Regulations.

Review of the Charge Assessed on the Procurement of Public Health Supplies for Member States (Document CD52/15)

141. Dr. Víctor Raúl Cuba Oré (Representative of the Executive Committee) reported that the Executive Committee had examined a proposal to increase the charge levied by the Bureau for its procurement activities on behalf of Member States from the current level of 3.5% percent to 4.25%, the purpose of the increase being to avoid subsidization of procurement activities from the Organization's regular budget. The Committee had welcomed the proposed increase, but had expressed concern that it might not be sufficient. It had adopted Resolution CE152.R3, recommending that the Directing Council approve the proposed increase and that the charge be reexamined at the end of each biennium. (For further details of the Committee's discussion on this item, see Document CE152/FR, paragraphs 136 to 141.)

142. In the ensuing discussion, several delegations spoke firmly in favor of the proposed increase, as a step towards ending subsidization of procurement activities from the Organization's regular budget. However, one delegate observed that if a middle-income country such as his was a major purchaser of vaccines and was reliant on the economies of scale afforded by the PAHO procurement mechanisms, the proposed increase would represent a significant hardship, one which might reduce the quantity of vaccines the country was able to purchase. Another delegate suggested that given the important role played by the Revolving Fund, its level should actually be increased, but that ways should also be found to assist those countries that were encountering difficulty in affording supplies. He pointed out that with such a step, PAHO would be acting as a model for other WHO regions.

143. Ms. Florence Petizon (Director, Department of Procurement and Supply Management, PASB), observing that the procurement mechanisms were the pillars of technical cooperation in immunization and in improving access to essential medicines, said that at the present time the Bureau was cross-subsidizing its procurement activities not only from the regular budget but also from extra-budgetary funds. The Bureau believed that achieving self-sustainability of the procurement mechanisms was critical to

ensuring a continuous supply of high-quality and effective essential public health supplies.

144. The Director pointed out that even with the proposed increase, the purchase of vaccines and strategic supplies would continue to be subsidized out of the Organization's budget. That was the reason for the request by the Executive Committee that the issue should be reviewed again in 2015, particularly in light of the reduction in both the regular budget and voluntary contributions.

145. The Council adopted Resolution CD52.R12, approving the proposed increase and requesting that the charge be reviewed again at the end of each biennium.

Awards

Sérgio Arouca Award for Excellence in Universal Health Care

146. Ms. Elly Brtva (Interim President and Chief Executive Officer, Pan American Health and Education Foundation [PAHEF]) recalled that for 45 years the Foundation had partnered with PAHO to advance the common goal of protecting life and improving health in the Americas. As part of that partnership, several awards for excellence in inter-American public health were presented each year.

147. Ms. Brtva explained that the Sérgio Arouca Award for Excellence in Universal Health care was being presented posthumously to Dr. Santiago Renjifo Salcedo, of Colombia, and Dr. José Lima Pedreira de Freitas, of Brazil.

148. The legal representatives of Drs. Renjifo Salcedo and Lima Pedreira de Freitas accepted the award on their behalf.

Abraham Horwitz Award for Excellence in Leadership in Inter-American Health

149. Ms. Brtva recalled that the Abraham Horwitz Award for Leadership in Inter-American Health had been established to honor Dr. Abraham Horwitz, former Director of PAHO and later President of PAHEF. The award recognized leadership that had changed lives and improved the health of the peoples of the Americas.

150. The Abraham Horwitz Award for 2013 was presented to Dr. Julio Frenk, currently Dean of the Faculty, Harvard School of Public Health and T & G Angelopoulos Professor of Public Health and International Development, Harvard School of Public Health and Harvard Kennedy School of Government, and formerly Minister of Health of Mexico.

151. Dr. Frenk's acceptance speech may be found on the Council website.

Other Awards

152. Ms. Brtva also introduced the winners of two other PAHEF awards, to be presented at an evening awards ceremony. The Pedro N. Acha Award for Excellence in Veterinary Health would be presented to Dr. Verónica Merino of Peru and the Fred L. Soper Award for Excellence in Public Health Literature to Dr. Alok Kumar for an article entitled “Epidemiological Trends and Clinical Manifestations of Dengue among Children.”

153. The Manuel Velasco Suárez Award for Excellence in Bioethics was not presented in 2013.

Matters for Information

Update on WHO Reform (Document CD52/INF/1)

154. Dr. Víctor Raúl Cuba Oré (Representative of the Executive Committee), reporting on the Executive Committee’s discussion of WHO reform (see Document CE152/FR, paragraphs 170 to 180), noted that the Sixty-sixth World Health Assembly had called on the Director-General of WHO to develop a strategic resource allocation methodology that would ensure transparent and fair allocation of funds across the major offices and organizational levels of WHO and that that action had come largely in response to the strong stance taken by the Region of the Americas on the issue, including the adoption of a resolution by the Executive Committee during a special meeting held a few weeks before the opening of the Sixty-sixth World Health Assembly in May (Resolution CE152.SS.R1 [2013]).⁹ That resolution had contained a statement by the Member States of the Americas regarding WHO budgetary allocations to the Region. It had stressed the need for fair and transparent allocation of WHO resources and called on the WHO Secretariat to work with Member States to develop a new strategic allocation model.

155. Dr. Mohamed Abdi Jama (Assistant Director-General for General Management, WHO) presented an update on the progress in the WHO reform process and highlighted the issues still requiring further discussion and decision-making by Member States. He recalled that the reform comprised three areas—programmatic reform, governance reform, and managerial reform—which were subdivided into a total of 12 work streams. WHO reform was a stepwise process and while progress was being made in all areas, reform was advancing more rapidly in some areas than in others. The greatest strides had been made in the programmatic area. Progress in that area included the formulation and approval of the Twelfth General Program of Work, which would provide the strategic vision for WHO for the coming six years, and the approval of the program budget for

⁹ Available from:
http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=21329&Itemid=270&lang=en

2014-2015. For the first time, Member States had approved the budget in its entirety, including both the amount to be derived from assessed contributions and the amount to be mobilized in the form of voluntary contributions.

156. Significant progress had also been made in the area of managerial reform, including the launching of the financing dialogue in June 2013. Work was under way on the resource allocation method mentioned by the representative of the Executive Committee, and a draft document was expected to be ready for presentation to the WHO Executive Board in January 2014. Progress had also been made in increasing accountability and transparency. The WHO Secretariat was finalizing an internal management control framework, which it also hoped to submit to the Executive Board for approval in January 2014, and had recently introduced a management dashboard, which was designed to provide managers across WHO with a tool to measure and enhance performance.

157. Reform in the area of governance had been slower than in the other two areas, partly because progress was dependent on decisions by Member States. Nevertheless, headway had been made in increasing the strategic, executive, and oversight role of the Governing Bodies and in harmonizing and aligning internal governance. A policy on engagement with non-State actors was being developed and would be presented to the Governing Bodies in 2014.

158. Current challenges in the reform process included maintaining the pace of reform and managing change and risks, overcoming bottlenecks, and meeting reform targets. The second-stage evaluation of the reform¹⁰ currently under way would help to address those challenges. Member States' next opportunity to discuss and make decisions about reform would be in January 2014 during the 134th session of the Executive Board. In the meantime, Member States could track the progress of reform on the WHO website.¹¹

159. In the ensuing discussion, Member States expressed strong support for the ongoing WHO reform process and welcomed the improvements already made with regard to governance, accountability, and transparency. Numerous delegates underscored the importance of human resources reform. The development of a policy on engagement with non-State actors was also considered to be of crucial importance in order to guard against conflicts of interest and protect the integrity and reputation of WHO. It was emphasized that any interaction with non-State entities must be in accord with the priorities and strategic agenda approved by Member States. Support was expressed for a proposal put forward by the delegation of Argentina during the 133rd session of the

¹⁰ See WHO Document EB132/5 Add.7 (2013), available from:
http://apps.who.int/gb/ebwha/pdf_files/EB132/B132_5Add7-en.pdf

¹¹ www.who.int/about/who_reform

WHO Executive Board¹² (2013) for the creation of a standing ethics committee composed of representatives of Member States, which would be responsible for examining and managing conflicts of interest. More information was requested regarding governance matters as they related to hosted partnerships.

160. Delegates welcomed the financing dialogue, which was seen as a learning process in which a better balance could be achieved between the priorities of donor countries and the priorities agreed by all Member States in the framework of the WHO Governing Bodies. The importance of clear criteria and a fair and transparent methodology for the allocation of WHO resources to the regions was stressed. Delegates drew attention to the statement made on behalf of the Member States of the Americas during the Sixty-sixth World Health Assembly and underscored the need for equitable treatment of the Region in the allocation of resources.

161. Dr. Jama thanked Member States for their support of the reform process and requested their patience, noting that transforming an organization comprising a headquarters, six regional offices, and almost 150 country offices was a complex process that would take considerable time. Steady progress was being made, however, and the Director-General and her staff would continue working to implement the reforms that Member States had called for.

162. Transparency and accountability would be enhanced through many of the reforms planned or already introduced. The results chain in the program budget 2014-2015, for example, clearly showed the outcomes and outputs to be achieved, and a web portal to be put in place shortly would enable Member States to monitor how resources were being used, who was providing those resources, and what results were being achieved. The resource allocation methodology currently being developed would also contribute to greater transparency. The financing dialogue was a ground-breaking reform which, it was hoped, would broaden WHO's contributor base and make it less reliant on a handful of donor countries.

163. Regarding hosted partnerships, a main issue that had to be addressed was that of dual governance—i.e., the fact that such partnerships were hosted within WHO, but they had their own governance mechanisms and were not subject to the authority of the WHO Governing Bodies. Another issue was liability: when such partnerships underwent a financial crisis, it fell to the Director-General to deal with the situation, although she had had no hand in creating it. Moreover, it often took a great deal of WHO staff time to collect the monies that hosted groups owed to WHO.

¹² See Provisional Summary Record of the Second Meeting of the 133rd Session of the Executive Board EB133/PSR/2 (2013), available from:
<http://apps.who.int/gb/or/>

164. Dr. Margaret Chan (Director-General, WHO) added that, for the reasons cited by Dr. Jama, she had not agreed to any new hosted partnerships during her term of office. An additional concern was that the positions taken and decisions approved by Member States that sat on the boards of directors of hosted partnerships were sometimes at odds with the actions they had taken within the Governing Bodies of WHO. Indeed, such partnerships could be used by the countries that supported them as a means of bypassing WHO governance. She urged Member States to support her efforts to address those issues and to harmonize and manage the relationship between WHO and its hosted partnerships.

165. She agreed that the financing dialogue represented a learning process—for both Member States and the WHO Secretariat. She hoped that Member States would view it as an opportunity for government and non-government actors to come together and reach an agreement about how to fund WHO's budget, thereby enabling the WHO staff to focus less on mobilizing resources and more on providing support and services to Member States. She also hoped that Member States would be willing to show flexibility in channeling funds to areas where there were funding gaps.

166. There were several governance issues that could not be resolved without the assistance of Member States. One was a lack of policy coherence between the regional and global levels of WHO. She appealed to Member States to ensure that the policies they approved at the regional level—for example, regarding the acceptance of funding from the private sector—were consistent with those that they adopted within the Governing Bodies of WHO. Another matter requiring Member States' attention was the large number of items on the agendas of the Governing Bodies. In the previous 10 years, not a single agenda item had ever been deleted, but many had been added, often at the last minute, which made it very difficult for the Secretariat to produce the required documentation within the expected timeframe and also made it difficult for the Governing Bodies to function efficiently.

167. The Council took note of the information provided.

WHO Twelfth General Program of Work 2014-2019 and WHO Program Budget 2014-2015 (Document CD52/INF/2)

168. Dr. Víctor Raúl Cuba Oré (Representative of the Executive Committee) reported that the Executive Committee had been informed that the World Health Assembly had approved a total budget of \$3.98 billion, which was a small increase overall with respect to 2012-2013, but with no increase in assessed contributions. It had also been informed that, for the first time, the Health Assembly had approved the entire budget, not just the portion funded from assessed contributions as had been the case in the past. Also for the first time, the Health Assembly had not approved fixed appropriations of assessed contributions to the regions. The amounts of those appropriations would be decided in November 2013 during the second financial dialogue on the WHO budget. In the

Committee's discussion of the item, it had been pointed out that addressing the social, economic, and environmental determinants of health was one of the leadership priorities identified for the WHO Secretariat, and the need for concrete programmatic action for tackling health determinants had been underscored. The need for a clear strategy with targets and progress indicators had also been highlighted.

169. Dr. Mohamed Abdi Jama (Assistant Director-General for General Management, WHO) outlined the main features of the WHO Twelfth General Program of Work 2014-2019 and the WHO program budget for 2014-2015 and of the planning and programming process that had preceded their formulation and approval, noting that the key difference in that process with respect to earlier periods had been that priority-setting had been led by Member States. Member States had established a set of criteria for priority-setting and had agreed on five categories of programmatic work, plus a sixth category comprising corporate services and enabling functions. Both the Twelfth General Program of Work and the 2014-2015 program budget were structured on the basis of those categories.

170. The amount of the program budget was based on a realistic assessment of income and expenditure patterns. The budget provided for no increase in assessed contributions, which were expected to account for 23% of the total amount of \$3.98 billion. As had been noted by the representative of the Executive Committee, for the first time the budget had not included fixed allocations to the regions. The amounts of those allocations would be announced by the Director-General in November 2013, following consultations with the regional directors.

171. The remaining 77% of funding for the budget would have to be mobilized in the form of voluntary contributions. It was therefore critically important that all Member States, not just the wealthiest ones, participate in the financing dialogue and contribute toward the funding needed to implement the program and to achieve the various outputs and outcomes. Member State participation was important not just in order to mobilize the necessary resources, but also in order to ensure that those resources were aligned with the approved program priorities. The financing dialogue would thus contribute to transparency and accountability.

172. The first meeting of the financing dialogue had been held in June 2013 and the second would take place on 23 and 24 November 2013. The objectives of the second meeting would be to enable contributors to express financing commitments or intentions, to identify areas of underfunding, and to find solutions for addressing funding gaps.

173. In the discussion that followed Dr. Jama's presentation, Member States again underscored the need for a fair and transparent method for allocating the WHO budget to the regions and had emphasized that the share allocated to the Region of the Americas should be commensurate with its needs and equitable vis-à-vis the allocations to other

regions. It was pointed out that in accordance with the strategic resource allocation validation mechanism approved by the WHO Executive Board in 2006,¹³ the Region should receive between 6.3% and 7.7% of the WHO budget, but it was currently receiving only 5.4%. The need to improve the predictability of financing for the Region was also emphasized.

174. A delegate observed that multilateral organizations such as WHO and PAHO had been seen in a rather negative light in recent years, yet the demand for their services continued to grow. She stressed the importance of finding a way to increase the budgets of both organizations so that they could meet growing needs, for example with regard to prevention and control of noncommunicable diseases. To that end, both organizations should mount communication and dissemination campaigns aimed at raising awareness of the importance of their work and mobilizing funding to support it.

175. Dr. Jama acknowledged the comments regarding the allocation of resources to the regions and reiterated that a resource allocation methodology was being developed. The WHO Secretariat intended to present a first draft to the Executive Board in January 2014. The methodology would then be submitted to the World Health Assembly for approval in May 2014 and would be applied in the allocation of the 2016-2017 budget. He noted that in order for the Region of the Americas to receive its full allocation, the budget must be fully funded. It would therefore be essential for the financing dialogue to succeed. He strongly encouraged the Member States of the Region to take part in the financing dialogue and in the ongoing discussions on the resource allocation methodology.

176. The Director thanked Member States for their insistence on a fair share of the WHO budget for the Americas. She pointed out that, though an allocation methodology was being developed, it would not be implemented until the 2016-2017 biennium. It remained to be seen how the 2014-2015 budget would be allocated and what portion the Region would receive.

177. The Council took note of the information provided.

Report on the 16th Inter-American Meeting, at the Ministerial Level, on Health and Agriculture (RIMSA 16) (Document CD52/INF/3)

178. Dr. Víctor Raúl Cuba Oré (Representative of the Executive Committee) reported on the Executive Committee's examination of the report on RIMSA 16 (see Document CE152/FR, paragraphs 197 to 201), noting that the meeting had addressed the growing demand for affordable, high-quality food and the challenges of producing environmentally friendly food while protecting the health of consumers and individuals in the agri-food chain. RIMSA 16 had adopted the Consensus of Santiago, urging

¹³ See WHO Documents EB118/7 and EBSS-EB118/2006/REC/1.

countries to set up early warning systems and mechanisms for intersectoral coordination as part of their efforts to eliminate human rabies transmitted by dogs and eradicate foot-and-mouth disease and to collaborate in efforts to guarantee the production of safe and healthy food. The Committee had welcomed the Consensus of Santiago and had emphasized the need for strong regulatory controls, health surveillance systems, and consumer education in order to ensure food safety. The Committee had also welcomed the meeting's focus on "one health" approaches and on the environment and on the human-animal-environment interface.

179. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Health Analysis, PASB) expressed the Bureau's gratitude to the Government of Chile for hosting RIMSA 16.

180. The Council took note of the report.

Progress Reports on Technical Matters (Documents CD52/INF/4, A-I)

A. Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care (2008-2015): Mid-term Evaluation

181. Dr. Víctor Raúl Cuba Oré (Representative of the Executive Committee) reported that during the Executive Committee's consideration of the progress report it had been pointed out that the countries of the Region had made significant progress in reducing neonatal mortality, but that challenges remained, particularly with respect to training of health professionals and enhancement of the quality of care.

182. While generally considering the progress made to be satisfactory, the Directing Council stressed that there was no room for complacency, as there was still a wide variation in neonatal mortality, with rates ranging from 2.8 to 27.3 per 1,000 live births in the Region. Delegates stressed the need to adopt a multisectoral approach and to strengthen health information services at local level. The need for capacity-building for health personnel and promotion of community participation with a focus on prevention of adolescent pregnancies was also highlighted. It was suggested that the strategy should urge countries to take account of the findings of the report of the United Nations Commission on Life-saving Commodities for Women and Children, notably the recommendation to increase accessibility, availability, affordability, and rational use of 13 quality essential commodities needed to save women's and children's lives.

183. Delegates described the efforts being made in their countries in the area of neonatal health. These included testing mothers for syphilis, gonorrhoea, chlamydia, and HIV, with the administration of antiretroviral therapy for those who tested positive for the latter; vaccination services; monitoring of nutrition and promotion of breastfeeding;

preventive measures and policies on quality of care; and education and participatory classes on child care.

184. Dr. Gina Tambini (Director, Department of Family, Gender, and Life Course, PASB) commended Member States for their efforts in the area of neonatal health. As several delegates had mentioned, it was important to have accurate data in order to give a reliable picture of the situation and identify areas in which greater effort was needed. As had been pointed out, major areas of focus were quality of care and capacity-building for human resources. The Bureau would continue to work with in-country teams in order to be able to make real progress in reducing cases of preventable neonatal mortality.

185. The Council took note of the report.

B. Strategy and Plan of Action for the Elimination of Mother-to-child Transmission of HIV and Congenital Syphilis: Mid-term Evaluation

186. Dr. Víctor Raúl Cuba Oré (Representative of the Executive Committee) reported that the Executive Committee had been informed in June that five Member States had met the target established under the Plan of Action with regard to reduction of mother-to-child transmission of HIV and another 10 were very close to doing so. Fourteen Member States had met the target for reduction of congenital syphilis, and three others were close to doing so. The Committee had also been informed that the results achieved thus far indicated that it would be possible to eliminate congenital syphilis in the Americas.

187. In the Council's consideration of the report, the progress towards elimination of congenital syphilis was applauded. Two particular areas were highlighted that might benefit from closer attention. One was the slow progress in the follow-up of HIV-exposed infants and the other an insufficiency of data on the treatment of syphilis infection in pregnant woman. The Bureau was urged to pursue vigorous action in those areas. Attention was drawn to the important role of civil society in strengthening programs and in awareness-raising within at-risk populations with regard to the efficient and effective use of health services. It was also felt that the issue of mother-to-child transmission of HIV and congenital syphilis should be integrated into the area of maternal and child health in general.

188. One delegate pointed out that if countries had not made significant progress by 2013—the mid-point of the period covered by the plan of action—they would be unlikely to reach the 2015 targets. Another delegate said that the major challenge in several countries was that of repeat pregnancies, currently accounting for 30% to 40% of total pregnancies, of HIV-positive women. Analysis had shown that previous teenage pregnancy, drug use, unfinished education, unemployment, and housing problems were

characteristic features of these women. Those were serious social economic problems that needed to be addressed by multidisciplinary teams, spearheaded by the health sector.

189. Delegates described the efforts being made in their countries toward the elimination of mother-to-child transmission of HIV and congenital syphilis, including promotion of use of female condoms, early diagnosis, universality of treatment and follow-up of pregnant women and their children. Some delegates reported that their countries had adopted treatment option B+ for HIV-positive pregnant women and urged other countries to follow suit.

190. The hope was expressed that PAHO would continue assisting countries in addressing challenges in reaching the goals of halting mother-to-child transmission. They included the implementation of option B+; scaling-up of availability of laboratory diagnostics, especially for newborns; and multidisciplinary care and support of high-risk women. As application of the various tools developed for data quality monitoring and verification required significant staff training, it was suggested that it would be useful if the remainder of the plan of action included a schedule for the application of those tools. It was also suggested that, in addition to coverage data, actual concrete numbers should be cited in future reports. That would give a clearer picture of the situation, particularly in smaller countries.

191. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Health Analysis, PASB) said that his department would be paying specific attention to the challenges mentioned and to strengthening health information systems in general. He assured the Council that PASB was fully committed to assisting Member States in eliminating mother-to-child transmission. He noted that the Bureau had already pioneered a method for verification of achievement of the elimination targets, adding that WHO was investigating global application of the method. It had already been tested in a small number of countries. Validation required the establishment of global and regional committees, which were being formed, and the method would then be applied as each country achieved the target. He agreed with the suggestion about a schedule on the use of applications and tools and said that the remaining part of the regional plan of action would be amended accordingly.

192. The Director complimented Member States on their efforts towards the elimination of mother-to-child transmission of HIV and congenital syphilis, at the same time thanking all of the partners who were engaged with PASB in that work in Latin America and the Caribbean. She acknowledged the comment about the need for an integrated approach to maternal and child health, noting that the same thing could be said of numerous other areas of PAHO's work.

193. The Council took note of the report.

C. Millennium Development Goals and Health Targets in the Region of the Americas

194. It was emphasized that, while planning for the post-2015 agenda was important, it the Millennium Development Goals (MDGs) must not be forgotten and efforts to ensure their achievement must not stop. It was pointed out progress towards the maternal mortality target under MDG 5 (Improve maternal health) had clearly lagged behind progress in other areas, and there was a risk that it would not be reached by 2015. It was considered essential to maintain a holistic view, in which providers of health services, both public and private, industry, and society as a whole shared the responsibility of reaching a common goal. It was suggested that it might be beneficial to establish of database of successful experiences so that countries that were lagging behind in certain areas could utilize the lessons learned by other countries. It was also suggested that working groups should be set up to study the obstacles impeding the achievement of the MDGs in the Region.

195. A representative of the Independent Expert Review Group on Information and Accountability for Women's and Children's Health noted that only 9 out of the 75 countries targeted by the Global Strategy for Women's and Children's Health were expected to achieve MDG 5 and only 13 of the 75 would reach MDG 4 (Reduce child mortality). It appeared that a lack of commitment was resulting in large funding gaps and other barriers. She urged Member States to focus on establishing national accountability mechanisms and ensuring greater global accountability for women and children.

196. Dr. Luiz Augusto Galvão (Chief, Special Program on Sustainable Development and Health Equity, PASB) said that the idea of a database of experiences was one that the Director had already proposed with a view to building on the successes achieved in the pursuit of the MDGs to form a basis for work in the post-2015 period.

197. The Director thanked Member States for the efforts they were all making to advance towards achievement of the MDGs by 2015 and to address MDGs 4 and 5 in particular. Noting the increased effort to meet the goal of reduced maternal mortality and also to address inequities within countries, she offered the Bureau's redoubled support as time moved on towards 2015.

198. The Council took note of the report.

D. Implementation of the WHO Framework Convention on Tobacco Control

199. Dr. Víctor Raúl Cuba Oré (Representative of the Executive Committee) reported that during the Executive Committee's consideration of the progress report, it had been emphasized that States Parties must stand in solidarity with one another in order to counter efforts by the tobacco industry to thwart effective tobacco control.

200. In the Council's discussion of the report, delegates described the steps being taken in their countries to implement the Framework Convention. Such measures included increased taxation on tobacco; restrictions on tobacco advertising, promotion and sponsorship; legislation banning smoking in public places and the sale of tobacco products to minors; removal of duty-free concessions at ports of entry; creation of smoking cessation manuals; training of relevant personnel in the public and private health sectors; inclusion of tobacco control in countries' chronic non-communicable diseases minimum dataset; telephone surveys and inclusion of small smoking questionnaires in ongoing surveys and polls; and the creation of interinstitutional committees in light of the multisectoral nature of tobacco control.

201. Some delegates expressed concern about the demands that would be placed on small developing countries with limited resources by compliance with all the requirements of the Convention. Some requested PASB to provide more technical support to assist such countries to gain a better understanding of the complex issues associated with the interactions between the FCTC and several other sectors, including trade, so that more informed negotiations and decisions would ensue. The Bureau was also requested to support intra-Regional collaboration, so that countries with less experience could learn from others.

202. It was pointed out that the tobacco industry continued to use unacceptable tactics to undermine lawful action to protect the health of populations. Delegates from signatory countries called on others to adhere to the FCTC. It was also emphasized that tobacco control efforts should not be derailed by trade agreements, and the need to make the highest political levels aware of the costs of the tobacco epidemic in the world as a whole was highlighted.

203. Dr. Carlos Santos-Burgoa (Acting Director, Department of Noncommunicable Diseases and Mental Health, PASB) said that there was no contradiction between free trade agreements or the World Trade Organization and the provisions of the Framework Convention. That understanding was shared with the World Trade Organization, and PASB would try to make it more widely known in order to support the future work of the Member States. He noted that there was a growing trend of aiming advertising and promotions at children and adolescents and that the health sector had to consider how to counter that threat.

204. The Director agreed that the health sector needed to push back against the tobacco industry. That would require inter-country collaboration, with sharing experiences, joining hands across sectors and across countries, and inviting new partners to join the fight. It was also important to obtain ratification of the Convention across all of the Region and to engage the WHO Secretariat in helping Member States draw on the experiences of countries in other regions.

205. The Council took note of the report.

E. Plan of Action on Psychoactive Substance Use and Public Health

206. Dr. Víctor Raúl Cuba Oré (Representative of the Executive Committee) reported that a progress report on the Plan of Action on Psychoactive Substance Use and Public Health had been included on the agenda of the Directing Council in response to a request from the Delegate of Guatemala, who had drawn attention to the Declaration of Antigua Guatemala, which had been adopted during the forty-third regular session of the General Assembly of the Organization of American States in June 2013. The Declaration, entitled “For a Comprehensive Policy Against the World Drug Problem in the Americas,” mandated a process of consultation on the issue of illicit drugs in preparation for a special session of the OAS General Assembly to be held in 2014. The Delegate of Guatemala had therefore requested that an item on the drug problem in the Americas be added to the Council’s agenda. At the suggestion of the Director, the Committee had agreed that the matter could be discussed in the context of a progress report on the Strategy and the Plan of Action on Psychoactive Substance Use and Public Health,¹⁴ adopted in 2010 and 2011, respectively, as well as in the context of the report on Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO (see paragraphs 230 to 236 below).

207. Dr. Carlos Santos-Burgoa (Acting Director, Department of Noncommunicable Diseases and Mental Health) emphasized that while there had undoubtedly been progress in the recognition of the impact of the use of psychoactive substances on the health of the population, that had not always translated into a widening and improvement of the relevant health services. Primary care still played a very limited role in the approach to the problem and the specialized services were scattered and sometimes outdated.

208. Noting that PASB had signed a memorandum of understanding with the OAS Inter-American Drug Abuse Control Commission (CICAD) and that the Bureau considered it vital to consolidate that strategic alliance and translate it into joint actions, he listed some of the steps that the Bureau was taking to assist Member States in their drug-control activities. Those activities included the development of national capacities so as to give an integrated response to users of psychoactive substances; the allocation of resources in line with identified needs, with special attention to vulnerable populations; and an intensification of research, monitoring, and evaluation.

209. The Delegate of Guatemala reemphasized the importance that his Government attached to the problem of drugs in the Region and suggested that the Council should invite the Director to draw up two reports that would serve as the Organization’s input to the OAS special session in 2014: one on the situation of national health systems in

¹⁴ See Resolution CD50.R2 and Document CD50/18, Rev. 1 (2010) and Resolution CD51.R7 and Document CD51/9 (2011).

confronting the global drugs problem and the second on the complementarity between the strategies of PAHO and those of CICAD.

210. In the ensuing discussion, delegates agreed that drug abuse was a multidimensional problem that must be addressed by governments and societies at the local, regional, and international levels. There was general support for the production of the two reports proposed by Guatemala, although some delegates cautioned that, in view of existing reporting commitments to CICAD and the United Nations Office on Drugs and Crime, further reporting obligations at national level might be excessively burdensome.

211. Delegates described the actions being taken by their Governments to combat the scourge of drugs. Such actions included the creation of national councils on substance abuse, with prevention and care programs; capacity-building for human resources and interinstitutional coordination; strengthening information systems for epidemiological surveillance; development of rehabilitation centers; and establishment of recovery-oriented systems of care.

212. Dr. Santos-Burgoa said that the Bureau could produce the two requested reports, but pointed out that the report on the complementarity between PAHO and CICAD would appear to call for an organizational analysis of how joint work should be pursued in light of the Declaration of Antigua Guatemala. With regard to the other report, he suggested that the focus should be on information that enhanced the information already available from a public health perspective.

213. The Director said she had taken note of the enthusiasm of Member States for addressing the public health aspects of the drug problem and that the Bureau would provide the two reports requested, along the lines that Dr. Santos Burgoa had just stated. Addiction was a health problem whose cause and effect were multidimensional and PAHO's response must therefore be similarly multifaceted, which would entail interinstitutional coordination, with a balanced approach to both supply and demand. The work that the Bureau had done to date had been pursued at a high level in terms of defining a strategy in conjunction with CICAD, but less so in terms of technical cooperation approaches to Member States. The situation was now at the point where priorities needed to be defined, not only in respect of the range of schematic issues that had to be confronted, but also the depth of technical cooperation on any one of the thematic issues.

214. The Council took note of the report.

F. Regional Plan on Workers' Health

215. Dr. Víctor Raúl Cuba Oré (Representative of the Executive Committee) reported that during the Executive Committee's discussion of the progress report, delegates had expressed gratitude to the Bureau for its work in implementing the Regional Plan and had highlighted the impact of occupational illnesses and noncommunicable diseases in terms of health statistics and the cost of health care.

216. The Council supported the proposal in the progress report to draw up a new plan for the period 2014-2019. It was suggested that the new plan should take an intersectoral approach, creating a working relationship between ministries of health and ministries of labor and promoting participation by employers' and workers' organizations. It was also suggested that the new plan should cover the same four programmatic areas as the existing plan, but should add a fifth: improvement in the detection, diagnosis, and recording of occupational accidents and diseases. It was noted that much useful work had been done under the Global Plan of Action on Workers' Health, and it was suggested that a new PAHO plan should adapt the global plan to the regional context, drawing on the existing document and tools and adapting them as necessary to help countries in the Region with planning and implementation. The importance of exchanges of experience and best practices was also highlighted.

217. Dr. Luiz Augusto Galvão (Chief, Special Program on Sustainable Development and Health Equity, PASB) thanked the Council for its support for a new plan. The new plan would be drawn up with a participatory approach, incorporating input from Member States. He pointed out that the existing regional plan predated the global plan, and there were thus certain differences between the two. The development of a new plan would represent an opportunity to increase the alignment and complementarity between work at the global and regional levels.

218. The Council took note of the report.

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

219. Dr. Víctor Raúl Cuba Oré (Representative of the Executive Committee) reported that during the Executive Committee's discussion of the progress report, it had been noted that no new cases of onchocerciasis had been reported in the Region since 1995. Member States had been encouraged to mobilize the political will and resources needed to overcome remaining barriers to the elimination of the disease among at-risk populations. To that end, dialogue and coordination at the highest level had been considered essential. It had been recommended that the lessons learned from the onchocerciasis elimination effort should be applied to the control and elimination of other neglected tropical diseases.

220. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Health Analysis, PASB) stressed that the Region was within a few years of eliminating onchocerciasis and with continuing vigilance that remarkable success could be achieved.

221. The Director called on Member States, together with external partners, to band together for the final push towards elimination.

222. The Council took note of the report.

H. Regional Plan of Action for Strengthening Vital and Health Statistics

223. Dr. Víctor Raúl Cuba Oré (Representative of the Executive Committee) reported that in the Executive Committee's discussion of the progress report, it had been recommended that the scope of PAHO's efforts to strengthen vital and health statistics should be expanded to encompass the generation and monitoring of data from health information systems more broadly, including projection of human resource and health care financing needs, generation of data to measure the quality and efficiency of health care delivery, and monitoring of progress towards disease prevention and control goals. It had also been recommended that the Plan of Action should incorporate activities aimed at establishing and strengthening collaborating and reference centers to provide technical cooperation with regard to international health-related classifications and coding. The Bureau had been encouraged to foster technical cooperation among countries in that area and to promote mortality auditing as a means of enhancing statistical information.

224. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Health Analysis, PASB) said that the Bureau would continue to assist countries in improving the collection of vital and health statistics.

225. The Director recalled that in the discussion of the Strategic Plan 2014-2019 (see paragraphs 24 to 34 above, countries had urged PASB to enhance data collection and analysis, particularly with regard to the monitoring and follow-up of the indicators identified in the Plan and assured the Council that the Bureau would pay due attention to that request.

226. The Council took note of the report.

I. Status of the Pan American Centers

227. Dr. Víctor Raúl Cuba Oré (Representative of the Executive Committee) reported that when the Executive Committee had examined the progress report, it had been noted that the Caribbean Epidemiology Center and the Caribbean Food and Nutrition Institute had recently been disestablished and that some of their functions had been subsumed within the new Caribbean Public Health Agency (CARPHA). The Director had pointed

out that it might well prove necessary to revisit the work done by other centers in the light of ongoing budget constraints.

228. The Director said that the Pan American centers were a mechanism that had been established at a time when Member States had lacked certain capacities at national level. Over time, as Member States had developed those capacities, it had proved possible for them to be supported by subregional bodies instead. Although PAHO had reduced the number of Pan American centers, that did not mean that it had stopped providing some level of technical cooperation to the subregional institutions. For example, PAHO was actively working with and supporting CARPHA and the Institute of Nutrition of Central America and Panama (INCAP). There was a need for ongoing review of the relevance of the Pan American centers and of whether countries had the capacity to take over their work at either national or subregional level.

229. The Council took note of the report.

Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO: (A) Sixty-sixth World Assembly; (B) Subregional Organizations; and (C) Forty-third Regular Session of the General Assembly of the Organization of American States (Documents CD52/INF/5, A-C)

230. Dr. Víctor Raúl Cuba Oré (Representative of the Executive Committee) reported that the Executive Committee had received a report on the resolutions and other actions of the Sixty-sixth World Health Assembly and of various subregional bodies considered to be of particular interest to the PAHO Governing Bodies (see Document CE152/FR, paragraphs 234 to 239). It had been noted that the Sixty-sixth World Health Assembly had adopted a resolution and a decision on follow-up of the report of the Consultative Expert Working Group on Research and Development, which called for regional consultations to be held in preparation for a technical consultative meeting to be convened by the Director-General of WHO before the end of 2013. PASB's role in coordinating the consultation process had been highlighted, and it had been emphasized that consultations should begin as soon as possible.

231. The President added that the report on the Forty-third regular session of the General Assembly of the Organization of American States had not been examined by the Executive Committee and requested Dr. Irene Klinger (Director, Department of External Relations, Partnerships, and Governing Bodies, PASB) to provide some information on the topic.

232. Dr. Klinger said that Document CD52/INF/5 listed the resolutions adopted by the General Assembly of the Organization of American States during its forty-third regular session, held in Antigua (Guatemala) in June 2013. The main focus of that General Assembly had been a comprehensive policy against the world drug problem in the

Americas. The Secretary-General of the OAS had presented a report entitled “The Drug Problem in the Americas,” which had been prepared in response to a mandate from the Sixth Summit of the Americas, held in Cartagena, Colombia, in April 2012. The General Assembly had adopted the Declaration of Antigua Guatemala, which was linked with the Strategy and the Plan of Action on Psychoactive Substance Use and Public Health adopted, respectively, by PAHO’s 50th Directing Council in 2010 and 51st Directing Council in 2011 (see paragraphs 206 to 214 above). In the Declaration of Antigua Guatemala, the ministers of foreign affairs of the Americas had declared, inter alia, that “it is essential that the Hemisphere continue to advance in a coordinated manner in the search for effective solutions to the world drug problem with a comprehensive integrated, strengthened, balanced and multidisciplinary approach with full respect for human rights and fundamental freedoms that fully incorporates public health, education, and social inclusion, together with preventive actions to address transnational organized crime, and the strengthening of democratic institutions, as well as the promotion of local and national development.”

233. She noted that during the 52nd Directing Council the Secretary-General of the OAS had organized an information session to brief ministers of health on the current drugs situation and aspects of the topic that would be discussed at a special session of the OAS General Assembly in 2014. She added that other OAS resolutions considered to be of interest to PAHO included those on rights of vulnerable groups, particularly indigenous populations; persons with disabilities; afro-descendant peoples; older persons; and equality for women. The General Assembly had also adopted a resolution on the elimination of neglected diseases, which reinforced the resolution adopted on the subject by the Directing Council in 2009.¹⁵

234. The Delegate of Guatemala provided some background on the discussions held during the forty-third regular session of the OAS General Assembly, explaining that his Government had raised the topic of drugs for consideration during the session out of profound concern about the world drugs problem and its manifestations in the Americas. He noted that the Declaration of Antigua Guatemala advocated a comprehensive, preventive approach that recognized drug use as a public health problem and focused on the promotion of well-being and the prevention and treatment of drug addiction. It called on States to strengthen their health systems, particularly in the areas of prevention, treatment, and rehabilitation, in order to provide a better response to the drug problem in the Americas. While the Declaration did not suggest that the health sector should take the lead in addressing the problem, it did recognize the sector’s important role in demand reduction and in mitigating the harm caused by drugs. It also emphasized the need for bilateral and multilateral cooperation on the issue. Obviously, PAHO had a key role to play in that regard.

¹⁵ Resolution CD49.R18 (2009).

235. Dr. Klinger said that the thoughts of the Delegate of Guatemala were highly relevant to the ongoing work under PAHO's Plan of Action on Psychoactive Substance Use and Public Health.

236. The Council took note of the report.

Other Matters

237. The Council paid tribute to Dr. María Isabel Rodríguez, Minister of Health of El Salvador, for her long and distinguished career in public health and for her contribution, as former coordinator of PAHO's Training Program in International Health, in shaping future generations of public health professionals.

238. During the week of the 52nd Directing Council, side events were held on Middle East Respiratory Syndrome Coronavirus (MERS-CoV) and influenza A(H7N9), steps taken to address social determinants of health, universal health coverage, and the Global Fund to Fight AIDS, Tuberculosis and Malaria. In addition, medical student and artist Shelly Xie demonstrated her use of sand art to communicate public health messages as part of PAHO's Art for Research initiative. Likewise, a photographic exhibit featured the work of artists Theo Chalmers and Jane Dempster.

Closure of the Session

239. Following the customary exchange of courtesies, the Vice-President, in the absence of the President, declared the 52nd Directing Council closed.

Resolutions and Decisions

240. The following are the resolutions and decisions adopted by the 52nd Directing Council.

Resolutions

CD52.R1: Collection of Assessed Contributions

THE 52nd DIRECTING COUNCIL,

Having considered the report of the Director on the collection of assessed contributions (Documents CD52/13 and Add. I), and the concern expressed by the 152nd Session of the Executive Committee with respect to the status of the collection of assessed contributions;

Noting that no Member State is in arrears such that it would be subject to Article 6.B of the Constitution of the Pan American Health Organization,

RESOLVES:

1. To take note of the report of the Director on the collection of assessed contributions.
2. To express appreciation to those Member States which have already made payments in 2013, and to urge all Member States in arrears to meet their financial obligations in an expeditious manner.
3. To congratulate those Member States which have fully met their assessed obligations through 2013.
4. To compliment those Member States which have made significant payment efforts to reduce assessed contribution arrearages for prior years.
5. To request the Director to:
 - (a) continue to explore mechanisms that will increase the rate of collection of assessed contributions;
 - (b) advise the Executive Committee of Member States' compliance with their payment of assessed contribution commitments;
 - (c) report to the 53rd Directing Council on the status of the collection of assessed contributions for 2014 and prior years.

(Second meeting, 30 September 2013)

CD52.R2: Amendments to the Financial Regulations of the Pan American Health Organization

THE 52nd DIRECTING COUNCIL,

Having considered the proposed amendments to the Financial Regulations of the Pan American Health Organization presented in Document CD52/14;

Taking into consideration that the amendments to the Financial Regulations reflect modern best practices of management which increase the efficiency and effectiveness of the implementation of the Program and Budget, as well as of the administrative operations that support PAHO's technical programs,

RESOLVES:

To approve the amendments to Financial Regulations III and IV pertaining to the Program and Budget and to Regular Budget appropriations, as set forth in the Annex, and to make these amendments effective as of 1 January 2014.

Annex

**AMENDMENTS TO THE FINANCIAL REGULATIONS OF THE
PAN AMERICAN HEALTH ORGANIZATION**

New Text	
<i>Regulation III – The Program and Budget</i>	
3.8	The Program and Budget shall consist of the Program and Budget as originally approved by the Conference or Directing Council and any supplemental proposals as well as Regular Budget appropriations which have been carried over from the previous budgetary period in accordance with Regulation IV.
<i>Regulation IV – Regular Budget Appropriations</i>	
4.2	Regular Budget appropriations shall be available for making commitments in the budgetary period to which they relate for delivery of programmed goods and services in that same budgetary period. Exceptionally, Regular Budget appropriations may be made available in the first year of the subsequent budgetary period in order to support operational effectiveness for non-severable contractual agreements due to be delivered in the first quarter of the subsequent year. Exceptions may also be considered by the Director to carry over Regular Budget appropriations into a subsequent budgetary period for the delayed delivery of programmed goods and services due to unforeseen circumstances.
4.4	Any balance of the funded Regular Budget appropriations not committed by the end of the current budgetary period, or not authorized to be carried over into the subsequent budgetary period, shall be used to replenish the Working Capital Fund to its authorized level. Thereafter any balance will be transferred to surplus and made available for subsequent use in accordance with the resolutions adopted by the Conference or Directing Council.

(Second meeting, 30 September 2013)

CD52.R3: *Program and Budget of the Pan American Health Organization 2014-2015*

THE 52nd DIRECTING COUNCIL,

Having examined the *Program and Budget of the Pan American Health Organization 2014-2015* (Official Document 346);

Having considered the report of the Executive Committee (*Document CE152/FR*);

Noting the efforts of the Pan American Sanitary Bureau (PASB) to propose a program and budget that takes into account both the global and regional financial climate and its implications for Member States and the achievement of the Member States' and the Organization's public health commitments;

Bearing in mind Article 14.C of the Constitution of the Pan American Health Organization and Article III, paragraphs 3.5 and 3.6 of the PAHO Financial Regulations,

RESOLVES:

1. To approve the program of work for PASB with a zero increase in net assessments, as outlined in the PAHO Program and Budget 2014-2015.
2. To encourage all Member States, Participating States, and Associate Members to make fully flexible voluntary contributions, to be managed in a special fund, which will offset the reduction in the Regular Budget (US\$ 6 million¹) resulting from zero nominal growth, to be used to address priorities identified in the Program and Budget 2014-2015.
3. To encourage Member States to continue advocating for an equitable share of WHO resources and specifically for WHO to maintain the allocation of assessed contributions at least at the same level as the current biennium (\$80.7 million).
4. To encourage Member States to make payments of their 2013 assessments and arrears for 2011 and 2012 and to commit to making timely payments for 2014-2015.
5. To appropriate, for the financial period 2014-2015, the sum of \$297,339,996 in the following manner: (a) \$279,100,000 for the effective working budget (categories 1-6), which represents zero nominal growth in the assessments of PAHO Member States, Participating States, and Associate Members against the 2012-2013 assessed contributions; and (b) \$18,239,996 as a transfer to the Tax Equalization Fund (section 17), as indicated in the table that follows:

Category and Program Area		Base programs
		Regular Budget
1. Communicable Diseases		
1.1	HIV/AIDS and STIs	6,061,000
1.2	Tuberculosis	1,500,000
1.3	Malaria and other vector-borne diseases (including dengue and Chagas)	1,500,000
1.4	Neglected, tropical, and zoonotic diseases	6,983,000
1.5	Vaccine-preventable diseases (including maintenance of polio eradication)	5,100,000
Category 1 Subtotal		21,144,000
2. Noncommunicable Diseases and Risk Factors		
2.1	Noncommunicable diseases and risk factors	12,320,000

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

Category and Program Area		Base programs
		Regular Budget
2.2	Mental health and psychoactive substance use disorders	2,344,000
2.3	Violence and injuries	1,500,000
2.4	Disabilities and rehabilitation	1,500,000
2.5	Nutrition	6,200,000
Category 2 Subtotal		23,864,000
3. Determinants of health and promoting health throughout the life course		
3.1	Women, maternal, newborn, child, adolescent, and adult health, and sexual and reproductive health	13,680,000
3.2	Aging and health	1,500,000
3.3	Gender, equity, human rights, and ethnicity	4,759,000
3.4	Social determinants of health	9,352,000
3.5	Health and the environment	9,137,000
Category 3 Subtotal		38,428,000
4. Health Systems		
4.1	Health governance and financing; national health policies, strategies, and plans	7,700,000
4.2	People-centered, integrated, quality health services	5,711,000
4.3	Access to medical products and strengthening of regulatory capacity	8,305,000
4.4	Health systems information and evidence	17,418,000
4.5	Human resources for health	9,900,000
Category 4 Subtotal		49,034,000
5. Preparedness, surveillance and response		
5.1	Alert and response capacities (for IHR)	5,520,000
5.2	Epidemic- and pandemic-prone diseases	3,720,000
5.3	Emergency risk and crisis management	6,050,000
5.4	Food safety	2,680,000
5.5	Outbreak and crisis response	--
Category 5 Subtotal		17,970,000
Subtotal (Categories 1 through 5)		150,440,000
6. Corporate services/Enabling functions		
6.1	Leadership and governance	54,235,000
6.2	Transparency, accountability, and risk management	2,790,000
6.3	Strategic planning, resource coordination, and reporting	21,960,000

Category and Program Area		Base programs
		Regular Budget
6.4	Management and administration	39,602,000
	Special project - (PMIS)	--
6.5	Strategic communications	10,073,000
Category 6 Subtotal		128,660,000
Effective Working Budget for 2014-2015 (Categories 1 through 6)		279,100,000
Staff Assessment (Transfer to Tax Equalization Fund)		18,239,996
Total: All Sections		297,339,996

6. That the appropriation shall be financed from:
- (a) Assessed contributions in respect to:
- Member States, Participating States, and Associate
Members assessed under the scale adopted210,639,996
- (b) Miscellaneous Income6,000,000
- (c) AMRO share (estimate based on 2012-2013 allocations)80,700,000
- TOTAL297,339,996

7. That, in establishing the assessed contributions of Member States, Participating States, and Associate Members, assessments shall be reduced by the amount standing to their credit in the Tax Equalization Fund, except that credits of those States that levy taxes on the emoluments received from PASB by their nationals and residents shall be reduced by the amounts of such tax reimbursements by PASB.

8. That, in accordance with the Financial Regulations of PAHO, amounts not exceeding the appropriations noted under paragraph 5 shall be available for the payment of obligations incurred from 1 January 2014 to 31 December 2015; notwithstanding the provision of this paragraph, obligations during the financial period 2014-2015 shall be limited to the effective working budget, i.e., Categories 1-6 of the appropriations table in paragraph 5.

9. That the Director shall be authorized to make transfers between the appropriation sections of the effective working budget up to an amount not exceeding 10% of the amount appropriated for the program area from which the transfer is made; transfers in excess of 10% between program areas may be made with the concurrence of the

Executive Committee, with all transfers to be reported to the Directing Council or the Pan American Sanitary Conference.

10. That up to 5% of the budget assigned to the country level will be set aside as the “country variable allocation,” as stipulated in the PAHO Budget Policy. Expenditures in the country variable allocation will be authorized by the Director in accordance with the criteria approved by the 2nd Session of the Subcommittee on Program, Budget, and Administration, as presented to the 142nd Session of the Executive Committee in Document CE142/8. Expenditures made from the country variable allocation will be reflected in the corresponding appropriation categories 1-6 at the time of reporting.

11. That an additional 5% of the budget assigned to the country level will be set aside as the “results-based component” as stipulated in the PAHO Budget Policy. Allocation in the results-based component will be authorized by the Director in accordance with the criteria set forth in the PAHO Budget Policy.

12. To estimate the amount of expenditure in the Program and Budget 2014-2015 to be financed by other sources at \$284,000,000, as reflected in *Official Document 346*.

(Fourth meeting, 1 October 2013)

CD52.R4: Assessed Contributions of the Member States, Participating States, and Associate Members of the Pan American Health Organization for 2014-2015

THE 52nd DIRECTING COUNCIL,

Whereas in Resolution CD52.R3 the Directing Council approved the PAHO Program and Budget 2014-2015 (*Official Document 346*);

Bearing in mind that the Pan American Sanitary Code establishes that the scale of assessed contributions to be applied to Member States of the Pan American Health Organization will be based on the assessment scale adopted by the Organization of American States for its membership and which extends until 2014, and that in Resolution CD51.R11 (2011) the Directing Council adopted that scale of assessments for the PAHO membership,

RESOLVES:

To establish the assessed contributions of the Member States, Participating States, and Associate Members of the Pan American Health Organization for the financial period 2014-2015 in accordance with the scale of assessments shown below and in the corresponding amounts, which represent no change with respect to the biennium 2012-2013.

**ASSESSMENTS OF THE MEMBER STATES, PARTICIPATING STATES, AND ASSOCIATE MEMBERS
OF THE PAN AMERICAN HEALTH ORGANIZATION FOR 2014-2015**

Membership	Scale Adjusted to PAHO Membership		Gross Assessment		Credit from Tax Equalization Fund		Adjustments for taxed imposed by Member States on Emoluments of PASB Staff		Net Assessment	
	2014 %	2015 %	2014 US\$	2015 US\$	2014 US\$	2015 US\$	2014 US\$	2015 US\$	2014 US\$	2015 US\$
Member States										
Antigua and Barbuda	0.022	0.022	23,170	23,170	2,006	2,006			21,164	21,164
Argentina	2.408	2.408	2,536,106	2,536,106	219,610	219,610			2,316,496	2,316,496
Bahamas	0.062	0.062	65,298	65,298	5,654	5,654			59,644	59,644
Barbados	0.045	0.045	47,394	47,394	4,104	4,104			43,290	43,290
Belize	0.022	0.022	23,170	23,170	2,006	2,006			21,164	21,164
Bolivia	0.049	0.049	51,607	51,607	4,469	4,469			47,138	47,138
Brazil	9.941	9.941	10,469,861	10,469,861	906,619	906,619			9,563,242	9,563,242
Canada	11.972	11.972	12,608,910	12,608,910	1,091,846	1,091,846	90,000	90,000	11,607,064	11,607,064
Chile	1.189	1.189	1,252,255	1,252,255	108,437	108,437			1,143,818	1,143,818
Colombia	1.049	1.049	1,104,807	1,104,807	95,669	95,669			1,009,138	1,009,138
Costa Rica	0.221	0.221	232,757	232,757	20,155	20,155			212,602	212,602
Cuba	0.183	0.183	192,736	192,736	16,690	16,690			176,046	176,046
Dominica	0.022	0.022	23,170	23,170	2,006	2,006			21,164	21,164
Dominican Republic	0.257	0.257	270,672	270,672	23,438	23,438			247,234	247,234
Ecuador	0.258	0.258	271,726	271,726	23,530	23,530			248,196	248,196
El Salvador	0.114	0.114	120,065	120,065	10,397	10,397			109,668	109,668
Grenada	0.022	0.022	23,170	23,170	2,006	2,006			21,164	21,164
Guatemala	0.168	0.168	176,938	176,938	15,322	15,322			161,616	161,616
Guyana	0.022	0.022	23,170	23,170	2,006	2,006			21,164	21,164
Haiti	0.034	0.034	35,809	35,809	3,101	3,101			32,708	32,708
Honduras	0.051	0.051	53,713	53,713	4,651	4,651			49,062	49,062
Jamaica	0.093	0.093	97,948	97,948	8,482	8,482			89,466	89,466
Mexico	8.281	8.281	8,721,549	8,721,549	755,227	755,227			7,966,322	7,966,322
Nicaragua	0.034	0.034	35,809	35,809	3,101	3,101			32,708	32,708
Panama	0.158	0.158	166,406	166,406	14,410	14,410			151,996	151,996

Membership	Scale Adjusted to PAHO Membership		Gross Assessment		Credit from Tax Equalization Fund		Adjustments for taxed imposed by Member States on Emoluments of PASB Staff		Net Assessment	
	2014 %	2015 %	2014 US\$	2015 US\$	2014 US\$	2015 US\$	2014 US\$	2015 US\$	2014 US\$	2015 US\$
Paraguay	0.093	0.093	97,948	97,948	8,482	8,482			89,466	89,466
Peru	0.688	0.688	724,602	724,602	62,746	62,746			661,856	661,856
Saint Kitts and Nevis	0.022	0.022	23,170	23,170	2,006	2,006			21,164	21,164
Saint Lucia	0.022	0.022	23,170	23,170	2,006	2,006			21,164	21,164
Saint Vincent and the Grenadines	0.022	0.022	23,170	23,170	2,006	2,006			21,164	21,164
Suriname	0.034	0.034	35,809	35,809	3,101	3,101			32,708	32,708
Trinidad and Tobago	0.18	0.18	189,576	189,576	16,416	16,416			173,160	173,160
United States	59.445	59.445	62,607,474	62,607,474	5,421,384	5,421,384	9,300,000	9,300,000	66,486,090	66,486,090
Uruguay	0.214	0.214	225,385	225,385	19,517	19,517			205,868	205,868
Venezuela	2.186	2.186	2,302,295	2,302,295	199,363	199,363	30,000	30,000	2,132,932	2,132,932
Subtotal	99.583	99.583	104,880,815	104,880,815	9,081,969	9,081,969	9,420,000	9,420,000	105,218,846	105,218,846
Participating States										
France	0.219	0.219	230,651	230,651	19,973	19,973			210,678	210,678
the Netherlands	0.017	0.017	17,904	17,904	1,550	1,550			16,354	16,354
United Kingdom	0.046	0.046	48,447	48,447	4,195	4,195			44,252	44,252
Subtotal	0.282	0.282	297,002	297,002	25,718	25,718			271,284	271,284
Associate Members										
Aruba	0.017	0.017	17,904	17,904	1,550	1,550			16,354	16,354
Curaçao	0.017	0.017	17,904	17,904	1,550	1,550			16,354	16,354
Puerto Rico	0.084	0.084	88,469	88,469	7,661	7,661			80,808	80,808
Sint Maarten	0.017	0.017	17,904	17,904	1,550	1,550			16,354	16,354
Subtotal	0.135	0.135	142,181	142,181	12,311	12,311			129,870	129,870
TOTAL	100	100	105,319,998	105,319,998	9,119,998	9,119,998	9,420,000	9,420,000	105,620,000	105,620,000

(Fourth meeting, 1 October 2013)

CD52.R5: Principles of the Pan American Health Organization Revolving Fund for Vaccine Procurement

THE 52nd DIRECTING COUNCIL,

Having reviewed the concept paper *Principles of the Pan American Health Organization Revolving Fund for Vaccine Procurement* (Document CD52/17) and considering the important contributions made by the PAHO Revolving Fund for Vaccine Procurement of the Member States in the field of immunization;

Taking into account that most Member States have determined immunization to be a public good that has contributed considerably to the reduction of infant mortality and that has achieved polio eradication, and the elimination of measles, rubella, and congenital rubella syndrome, as well as advances in the epidemiological control of other vaccine-preventable diseases in the Region;

Considering that the Revolving Fund has been essential for timely and equitable access to quality vaccines for Member States, financial sustainability of immunization programs, and the introduction of new vaccines;

Recognizing the importance of maintaining the active participation of Member States pursuant to the principles of solidarity and Pan-Americanism in order to increase economies of scale and the resulting benefits;

Taking into account the impact of the current prices of the vaccines on financial sustainability and on advances in the introduction of new vaccines;

Considering the global context that poses challenges for the Fund, including different international financing mechanisms and new vaccines,

RESOLVES:

1. To urge the Member States to:
 - (a) support the Revolving Fund as the strategic technical cooperation mechanism that facilitates timely and equitable access to vaccines and related supplies for national immunization programs in the Region of the Americas;
 - (b) ratify the principles, terms and conditions, and procedures of the Revolving Fund for the benefit of public health in the Americas;
 - (c) promote solidarity and Pan-Americanism by participating in the Revolving Fund and acquiring vaccines through this technical cooperation mechanism.

2. To request the Director to:
 - (a) ensure that the Revolving Fund is administered, without exception, in a manner that respects and complies with its principles, objectives, and terms and conditions, as these have contributed to the success and progress of the national immunization programs in the Region;
 - (b) maintain dialogue with the representatives of international financing mechanisms and initiatives in order to ensure a sufficient supply of vaccines that meets the global needs of the target populations, while safeguarding PAHO Member States' access to the lowest prices;
 - (c) review the previously conceded exceptions to the principles, terms and conditions, and procedures of the Fund in order to determine the continued status of these exceptions, as applicable.

(Fourth meeting, 1 October 2013)

CD52.R6: Addressing the Causes of Disparities in Health Services Access and Utilization for Lesbian, Gay, Bisexual, and Trans (LGBT) Persons

THE 52nd DIRECTING COUNCIL,

Having considered the concept paper *Addressing the Causes of Disparities in Health Services Access and Utilization for Lesbian, Gay, Bisexual, and Trans (LGBT) Persons* (Document CD52/18), and accepting that working towards universal access requires addressing political, sociocultural, and historic barriers to care for members of stigmatized, discriminated against, and marginalized populations, including LGBT persons;

Recalling World Health Assembly Resolutions WHA62.12 and WHA62.14 as examples of the commitment of the international community to support the values and principles of primary health care, including equity, solidarity, social justice, universal access to services, multisectoral action, decentralization and community participation as the basis for strengthening health systems;

Mindful of the Pan American Sanitary Conference Resolution CSP27.R10 (2007), *Regional Policy and Strategy for Ensuring Quality of Health Care, including Patient Safety*, and the Directing Council Resolutions CD45.R10 (2004) *Scaling-up of Treatment within a Comprehensive Response to HIV/AIDS*; CD49.R12 (2009) *Plan of Action for*

Implementing the Gender Equality Policy; CD49.R14 (2009) Plan of Action on Adolescent and Youth Health; and CD50.R8 (2010) Health and Human Rights;

Aware that the Pan American Sanitary Conference has identified that quality of care in health services is also measured in limited access, marked by administrative, geographic, economic, cultural, and social barriers and indifference on integrating a gender perspective in health service delivery in the context of the *Regional Policy and Strategy for Ensuring Quality of Health Care, including Patient Safety* (Document CSP27/16 [2007]);

Alarmed at trends in violence toward and persecution of LGBT persons, and noting that violence against LGBT persons, in particular sexual violence, is a critical indicator of marginalization, inequality, exclusion, and discrimination;

Recognizing that the stigma and discrimination LGBT persons face often prevents them from accessing needed health care services, including mental health and a wide array of services, and that this and other factors of social and cultural exclusion result in health inequity, inequality, and increased vulnerability to adverse health outcomes;

Attaching utmost importance to the elimination of health inequalities, including those associated with gender expression and gender identity;

Concerned that a failure to target and provide accessible health services to the populations that need them weakens the effectiveness of health systems;

Reaffirming that universal access to care is a key component of strong national health systems, and that universal care should advance the efficiency and equality of access for all to health care services and social and financial protection in a non-discriminatory manner;

Acknowledging the critical role of civil society, including faith-based organizations, in promoting access to health care services for all,

RESOLVES:

1. To urge Member States to:
 - (a) work to promote the delivery of health services to all people with full respect for human dignity and health rights within the scope of each Member States' legal framework, taking into account the diversity of gender expression and gender identity;
 - (b) give priority to promoting equal access to health services in policies, plans, and legislation and to consider developing and strengthening universal comprehensive

- social protection policies, including health promotion, disease prevention, and health care, and promoting availability of and access to goods and services essential to health and well-being, taking into account the stigma, discrimination and persecution experienced by those in the LGBT community;
- (c) collect data about access to health care and health facilities for LGBT populations, taking into account privacy rights regarding all personal health-related information with the purpose of strengthening the planning, delivery, and monitoring of health care and services, and health-related policies, programs, laws, and interventions for LGBT persons.
2. To request the Director to prepare, within existing resources, a report on the health situation and access to care of LGBT persons, the barriers they can face in accessing health care services, and the impact of reduced access for this population, in consultation with Member States and relevant stakeholders.

(Fourth meeting, 1 October 2013)

CD52.R7: Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Grenada, Peru, and the United States of America

THE 52nd DIRECTING COUNCIL,

Bearing in mind the provisions of Articles 9.B and 15.A of the Constitution of the Pan American Health Organization;

Considering that Bahamas, Costa Rica, and Ecuador were elected to serve on the Executive Committee upon the expiration of the periods of office of Grenada, Peru, and the United States of America,

RESOLVES:

1. To declare Bahamas, Costa Rica, and Ecuador elected to membership on the Executive Committee for a period of three years.
2. To thank Grenada, Peru, and the United States of America for the services rendered to the Organization during the past three years by their delegates on the Executive Committee.

(Fifth meeting, 2 October 2013)

CD52.R8: Strategic Plan of the Pan American Health Organization 2014-2019

THE 52nd DIRECTING COUNCIL,

Having considered the *Strategic Plan of the Pan American Health Organization 2014-2019* presented by the Director (*Official Document 345*);

Noting that the Strategic Plan provides a flexible multi-biennial framework to guide and ensure continuity in the preparation of programs and budgets and operational plans over three biennia, and that the Strategic Plan responds to the Health Agenda for the Americas, the regional mandates, and collective priorities of Member States, as well as the Twelfth General Programme of Work of the World Health Organization;

Welcoming the strategic vision of the Plan, under the theme “Championing Health: Sustainable Development and Equity,” which focuses on reducing inequities in health in the Region within and among countries and territories by addressing the social determinants of health and the progressive realization of universal health coverage;

Acknowledging the participatory process for the formulation of the Strategic Plan through the Countries Consultative Group (CCG) and the national consultations carried out by Member States, in collaboration with the Pan American Sanitary Bureau (PASB);

Acknowledging that the Strategic Plan represents a comprehensive and collective set of results that the Pan American Health Organization (Member States and PASB) aims to achieve, and that future performance reporting on the implementation of the Strategic Plan will constitute the principal means of programmatic accountability of PASB and Member States;

Applauding the advance in transparency and results-based planning that the Strategic Plan represents;

Recognizing the need of PASB to channel its efforts and resources towards collective regional health priorities in order to help ensure that all the peoples of the Region enjoy optimal health;

Recognizing the challenges in defining comprehensive and standard metrics for appropriate monitoring and evaluation of the implementation of the Strategic Plan, with the input of all Member States, and opportunities for further improvements;

Acknowledging the progress made in defining a standard and systematic approach to programmatic priority stratification, while recognizing the limitations of existing methodologies to respond to the context of the Organization and its Strategic Plan,

RESOLVES:

1. To approve the Strategic Plan of the Pan American Health Organization 2014-2019.
2. To thank the members of the CCG for their commitment and technical and strategic input to the development of the Strategic Plan and express its appreciation to the Director for ensuring the effective support of all levels of PASB to the CCG and the participatory approach utilized for this important process.
3. Taking into account country priorities and context, encourage Member States to identify the actions to be taken and resources needed in order to achieve the targets of the Strategic Plan.
4. To invite concerned organizations of the United Nations and Inter-American systems, international development partners, international financial institutions, nongovernmental organizations, and private sector and other entities to consider their support for the attainment of the results contained in the Strategic Plan.
5. To review the mid-term evaluation of the Strategic Plan with a view to revising the Plan, including its indicators and targets, as may be necessary.
6. To request the Executive Committee to establish a working group of representatives of Member States that will continue to work on the final definitions and measurements of impact and outcome indicators, give advice on an effective monitoring and evaluation system for the Strategic Plan, and present the results of the indicator validation process to the Executive Committee and the Directing Council in 2014 for approval of the revised baselines and targets.
7. To request the Director to:
 - (a) use the Strategic Plan to provide strategic direction to the Organization during the period 2014-2019 in order to advance the Health Agenda for the Americas and the global health agenda contained in the Twelfth General Programme of Work of the World Health Organization;
 - (b) use the Strategic Plan as the main framework for resource coordination and mobilization;
 - (c) establish a comprehensive and accountable monitoring and assessment system, with the input of Member States, to report on implementation of the Strategic Plan utilizing and expanding, where necessary, the existing information systems of the Organization;

- (d) complete the Compendium of Indicators, which includes standard definitions and measurement criteria for all indicators, as recommended by the CCG, and conduct a validation process for the baselines and targets of the Strategic Plan, in consultation with Member States, during the operational planning for the 2014-2015 biennium;
- (e) revisit the programmatic priorities stratification methodology with Member States in order to improve the methodology and apply any revised results to future programs and budgets;
- (f) report on implementation of the Strategic Plan through biennial performance assessment reports;
- (g) conduct a mid-term evaluation and an evaluation at the end of the Strategic Plan;
- (h) recommend to the Directing Council, through the Executive Committee, with the proposed biennial programs and budgets 2016-2017 and 2018-2019, such revisions of the Strategic Plan as may be necessary.

(Sixth meeting, 2 October 2013)

CD52.R9: Plan of Action for the Prevention and Control of Noncommunicable Diseases

THE 52nd DIRECTING COUNCIL,

Having reviewed the *Plan of Action for the Prevention and Control of Noncommunicable Diseases* (Document CD52/7, Rev. 1);

Recalling the Political declaration of the UN High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases (NCDs), which acknowledges that the global burden and threat of NCDs constitute one of the major challenges for development in the twenty-first century;

Considering the PAHO Strategy for the Prevention and Control of Noncommunicable Diseases (Document CSP28/9, Rev. 1 [2012]), which provides an overall framework for action on NCDs in the Region for the period 2012-2025; the consensus on the World Health Organization NCD Global Monitoring Framework, which comprises nine voluntary global targets and 25 indicators, including a global target of 25% reduction in premature mortality from NCDs by 2025; as well as the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020, which sets forth actions for the Secretariat, Member States, and partners;

Recognizing that NCD morbidity and mortality impose substantial social and economic burdens, especially because more than one third of NCD deaths are premature deaths, and that these burdens pose a threat to regional and national development;

Recognizing that the social determinants of health are major drivers of the NCD epidemic and lead to the disproportionate burden of NCDs on socially and economically vulnerable populations, which calls for urgent multisectoral¹ actions for the prevention and control of NCDs;

Recognizing that effective, evidence-based, and cost-effective interventions are available for NCD prevention and control, including public policy interventions as well as health service strengthening based on primary care, and interventions for the provision of essential medicines and technologies;

Recognizing that there are large inequities in access to NCD prevention and treatment services within and among countries in the Region and that these inequities have implications for development;

Recognizing the need for regional coordination and leadership in promoting and monitoring regional action against NCDs and engaging all sectors, as appropriate, both at the governmental level and at the level of a wide range of non-State actors, in support of national efforts to reduce the burden of NCDs and exposure to risk factors,

RESOLVES:

1. To approve the *Plan of Action for the Prevention and Control of Noncommunicable Diseases* for 2013-2019.
2. To urge Member States, as appropriate within their contexts, to:
 - (a) give priority to NCDs in national health and subregional development agendas and advocate at the highest levels for sustainable implementation of effective, evidence-based, and cost-effective interventions to prevent and control NCDs;

¹ Multisectoral approaches to health include “whole-of-government” and “whole-of-society” approaches. At the government level, it includes, as appropriate, health in all policies and whole-of-government approaches across such sectors as health, education, energy, agriculture, sports, transport, communication, urban planning, environment, labor, employment, industry and trade, finance and social and economic development. Whole-of-society approaches include all relevant stakeholders, including individuals, families, and communities, intergovernmental organizations and religious institutions, civil society, academia, media, voluntary associations, and, where and as appropriate, the private sector and industry.

- (b) implement national and subregional NCD policies, programs, and services aligned with the regional Plan of Action on NCDs and appropriate to the context and circumstances in each Member State and subregion;
 - (c) promote dialogue and coordination between ministries and other public and academic institutions and United Nations offices in the countries, and with the public and private sectors and civil society, with a view to integrated implementation of effective NCD prevention interventions that take into account the social determinants of health;
 - (d) develop and promote multisector policies, frameworks, and actions; and national health plans that protect and promote the health of whole populations by reducing exposure to NCD risk factors and increasing exposure to protective factors, particularly among people living in vulnerable situations;
 - (e) build and sustain the public health capacity for effective planning, implementation, and management of programs, recognizing that effective NCD prevention and control requires a mix of population-wide policies and individual interventions, with equitable access throughout the life course to prevention, treatment, and end-of-life quality care, through social protection in health, with an emphasis on the primary health care approach;
 - (f) support research and the sustainable implementation of surveillance systems to collect NCD and risk factor data as well as information on socioeconomic determinants of health to build the knowledge base on cost-effective and equitable policies and interventions to prevent and control NCDs.
3. To request the Director to:
- (a) lead a regional response to NCDs by convening Member States, other United Nations agencies, scientific and technical institutions, nongovernmental organizations, organized civil society, the private sector, and others towards advancing multisectoral action and collaborative partnerships for the purpose of implementing the Plan of Action for the Prevention and Control of Noncommunicable Diseases, while safeguarding PAHO and public health policies from undue influence from any form of real, perceived, or potential conflicts of interest in a way that complements the WHO global coordination mechanism;
 - (b) support existing regional networks such as CARMEN, strategic alliances such as the Pan American Forum for Action on NCDs, subregional NCD bodies, and Member States to promote and strengthen the whole-of-society and whole-of-government response, and facilitate intercountry dialogue and the

- sharing of experiences and lessons on innovative and successful experiences in NCD policies, programs, and services;
- (c) support Member States in their efforts to strengthen health information systems to monitor NCDs and their risk factors, relevant socioeconomic indicators, and the impact of public health interventions;
 - (d) support continuation of the regional strategies for control of specific NCDs and their risk factors, which are informing the regional Strategy and Plan of Action for NCDs, including the development or adaptation of technical guidelines and tools on specific NCDs and risk factors to facilitate implementation of the Plan of Action;
 - (e) monitor and provide a progress report to the PAHO Directing Council on the implementation of the *Plan of Action for the Prevention and Control of Noncommunicable Diseases* for 2013-2019, at the mid-term and end of the implementation period.

(Seventh meeting, 3 October 2013)

CD52.R10: Chronic Kidney Disease in Agricultural Communities in Central America

THE 52nd DIRECTING COUNCIL,

Having considered the concept paper *Chronic Kidney Disease in Agricultural Communities in Central America* (Document CD52/8);

Recalling the importance that the Member States place on the objective of achieving universal health coverage and equitable access to health services;

Aware of the Political Declaration of the High-level Meeting of the General Assembly of the United Nations on the Prevention and Control of Noncommunicable Diseases (A/66/L.1);

Recognizing the inordinate burden of chronic kidney disease in agricultural communities in Central America and that additional research is urgently needed to inform an evidence-based response;

Taking into account the Declaration of San Salvador, which recognizes this chronic kidney disease as a serious public health problem that requires urgent action;

Aware of the obligation of the Member States to provide a comprehensive, integrated, and solidarity-based response to the health problems of its populations,

RESOLVES:

1. To take note of the concept paper *Chronic Kidney Disease in Agricultural Communities in Central America*.
2. To urge the Member States, as appropriate, to:
 - (a) support the Declaration of San Salvador, which recognizes chronic kidney disease from nontraditional causes in Central America as a serious public health problem;
 - (b) promote the design and implementation of domestic and regional research agendas for chronic kidney disease in order to bridge the knowledge gap;
 - (c) promote partnerships with other sectors of government, development agencies, civil society, affected communities, academia, private enterprise, and other interested parties, to coordinate efforts, mobilize resources, establish plans at the regional, national, and subnational levels, and promote sustainable, evidence-based public policies, programs and actions to mitigate, on an urgent basis, the health, social, and economic consequences of this disease;
 - (d) strengthen surveillance for chronic kidney disease, with emphasis on at-risk populations and communities;
 - (e) strengthen their capacities in environmental and occupational health and preventive interventions, including health education, taking into account the regulatory frameworks and international commitments and standards;
 - (f) strengthen health services to enhance quality of care and patient safety, the availability of human resources, medicines, and health technologies, and the financing of evidence-based services.
3. To request the Director to:
 - (a) continue to advocate for effective resource mobilization and to encourage Member States to play an active role in the implementation of this resolution;
 - (b) lend technical support to Member States to strengthen surveillance systems and facilitate advancement of research priorities for chronic kidney disease;

- (c) promote the strengthening of countries' capabilities in regard to environmental and occupational health and preventive interventions, taking into account the regulatory frameworks and international commitments and standards;
- (d) support country efforts to take a comprehensive evidence-based approach to address chronic kidney disease, including human resource management and procurement mechanisms for medicines and other critical public health supplies, such as the PAHO Strategic Fund, in order to increase coverage, access, and quality of care;
- (e) continue to alert countries to the increased risk of chronic kidney disease in at-risk populations and communities;
- (f) submit a biennial progress report to the Governing Bodies on the implementation of this resolution.

(Eighth meeting, 3 October 2013)

CD52.R11: Social Protection in Health

THE 52nd DIRECTING COUNCIL,

Having reviewed the concept paper *Social Protection in Health* (Document CD52/5);

Considering Resolution CSP26.R19 (2002), which supports the extension of social protection as a line of work in PAHO's technical cooperation activities;

Taking into account that the United Nations General Assembly, at its 67th session, recognized that improving social protection towards universal coverage is an investment in people that empowers them to adjust to changes in the economy and the labor market;

Aware of the framework of the Inter-American Social Protection Network (IASPN) committed to by leaders and heads of state at the Fifth Summit of the Americas to alleviate poverty and reduce inequality by sharing social protection good practices and facilitating technical assistance cooperation, and of the Joint Summit Working Group, of which PAHO is a member, and which supports the implementation of the IASPN, as well as of the United Nations Social Protection Floor Initiative adopted in 2009 by the United Nations Chief Executives Board, and Recommendation 202 on Social Protection Floors adopted by the International Labour Organization in 2012;

Recognizing that the countries of the Region have made significant progress in reforming their health systems (despite the persistence of major challenges, such as continuing to improve the quality of health services for all) and in addressing segmentation and fragmentation that creates inequity;

Aware of the need to continue to develop policies and programs focused on the construction of more integrated, equitable, and solidarity-based health systems that support the right to the enjoyment of the highest attainable standard of health;

Considering that, from a strategic standpoint, social protection in health is implemented through primary health care, based on its three core values, namely equity, solidarity, and the right to the enjoyment of the highest attainable standard of health, and in accordance with its principles,

RESOLVES:

1. To take note of the concept paper *Social Protection in Health*.
2. To urge the Member States, as appropriate within their particular contexts, to:
 - (a) recognize the need for strengthening health initiatives and social protection to reduce the impact of poverty on health outcomes in the Region;
 - (b) incorporate, as appropriate, the concept of social protection in health as a cornerstone of health system governance and reform processes, including the creation or strengthening of institutions responsible for advancing social protection in health;
 - (c) establish legal frameworks, as appropriate, that set out measures related to social protection in health, in the framework of the right to the enjoyment of the highest attainable standard of health, and of solidarity and equity, as elements to reduce poverty in the Region;
 - (d) strengthen the health components of social protection programs (especially focusing on primary health care and social determinants of health), including conditional cash transfers, comprehensive health benefit plans, and other social programs, as appropriate;
 - (e) promote social participation, intersectoral work, and awareness of the rights and duties associated with the individual, the family, and the community, both in society as a whole and among all workers in the health system;

- (f) utilize established mechanisms, such as the Inter-American Social Protection Network and other subregional and regional initiatives, to share good practices in health-related antipoverty programs implemented by governments and institutions throughout the Region;
 - (g) establish financial sustainability mechanisms, as appropriate, to finance the system for social protection in health;
 - (h) develop and strengthen, as appropriate, national and sub-national capacities for data generation for informed decision-making in order to implement and strengthen the system for social protection in health.
3. To request the Director to:
- (a) strengthen technical cooperation for social protection in health as a priority work area on the path toward universal coverage;
 - (b) promote the systematic production of information and evidence on the gaps and progress in social protection in health observed in the countries of the Region, including evidence and best practice around conditional cash transfers;
 - (c) disseminate and promote good practices for social protection in health and also promote the communication and linkage of progress made in the Region in social protection with discussions in the World Health Organization on universal health coverage, leveraging existing mechanisms;
 - (d) strengthen inter-institutional efforts in relation to social protection;
 - (e) develop a strategy based on this concept paper that sets a course for addressing social protection in health in the Region, which recognizes the particular contexts of Member States in the Region, taking into account that there are many ways to achieve social protection in health.

(Eighth meeting, 3 October 2013)

CD52.R12: Review of the Charge Assessed on the Procurement of Public Health Supplies for Member States

THE 52nd DIRECTING COUNCIL,

Having considered the document *Review of the Charge Assessed on the Procurement of Public Health Supplies for Member States* (Document CD52/15);

Recognizing the significant contribution of the PAHO procurement mechanisms to promote access to and ensure a continuous supply of high-quality, safe, and effective essential public health supplies, in order to address regional priorities and reduce morbidity and mortality in the Americas;

Considering that the PAHO procurement mechanisms facilitate the development of country capacity to scale up access to critical public health supplies, in order to prevent, control, and treat priority diseases in the Region;

Noting the increase in procurement activity and the critical gap in the budget needed to fund overall costs—administrative, operating, and staffing—associated with its management,

RESOLVES:

1. To increase the current three and one half percent (3.5%) charge assessed on the procurement of all public health supplies for PAHO Member States by the Pan American Sanitary Bureau by three quarters of one percent (0.75%) to a total of four and one quarter percent (4.25%), effective 1 January 2014.
2. To credit the additional charge assessed (0.75%) to the Special Fund for Program Support Costs to defray the costs of procurement activities throughout the Organization for the following three procurement mechanisms:
 - (a) reimbursable procurement on behalf of Member States,
 - (b) Revolving Fund for Vaccine Procurement,
 - (c) Regional Revolving Fund for Strategic Public Health Supplies.
3. To review the charge assessed by the Pan American Sanitary Bureau on the procurement of all public health supplies for Member States at the end of each biennium.
4. To request the Director to present a report on this issue to the Governing Bodies at the end of each biennium.

(Eighth meeting, 3 October 2013)

CD52.R13: Human Resources for Health: Increasing Access to Qualified Health Workers in Primary Health Care-based Health Systems

THE 52nd DIRECTING COUNCIL,

Having reviewed the policy document *Human Resources for Health: Increasing Access to Qualified Health Workers in Primary Health Care-based Health Systems* (Document CD52/6);

Acknowledging the strategic importance of human resources for health (HRH) for the achievement of the goal of universal health coverage (UHC) grounded in the development of health systems based on primary health care (PHC), and the improvement of the health and well-being of individuals, families, and communities;

Concerned by the persistent inequalities in access to quality and comprehensive health care services attributable to health personnel shortages in remote and rural areas and among underserved or vulnerable population groups and communities;

Considering the adoption by the 63rd World Health Assembly of the WHO *Global Code of Practice on the International Recruitment of Health Personnel* (Resolution WHA63.16 [2010]), which addresses challenges posed by the mobility of health professionals between and within countries;

Taking into account the progress made in the Region with regard to the *Regional Goals for Human Resources for Health 2007-2015* (Document CSP27/10 [2007]) and the *Strategy for Health Personnel Competency Development in Primary Health Care-Based Health Systems* (Resolution CD50.R7 [2010]),

RESOLVES:

1. To urge Member States, as appropriate within their particular context and taking into consideration their priorities, to:
 - (a) reiterate their commitment to achieving the regional goals for human resources for health for 2007-2015;
 - (b) develop national human resources plans and policies, focusing on equity and equality, in concert with the relevant social sectors and key stakeholders, to increase access to qualified health workers for PHC and to move toward the achievement of UHC;
 - (c) establish and strengthen a strategic planning and management unit for human resources for health with the capacity to lead, engage, and generate consensus

- among education authorities, academic health centers, professional associations, state and local health authorities, health centers, and community organizations on current and future HRH needs, in particular for PHC-based health systems;
- (d) empower and support PHC collaborative multi-professional teams based on established models of care, enhance the scope of practice of each profession to its fullest potential according to its competencies, including non-physician clinicians and community health workers, and encourage and monitor innovation in improving the performance and management of PHC teams;
 - (e) identify, monitor, and report on specific health professional shortages, particularly in vulnerable populations and at the first level of care, as a basis for the implementation of special programs and interventions to address such shortages;
 - (f) invest in the production, availability, utilization, and analysis of core data on human resources for health, improve the quality of human resources information systems for planning and decision making, and support research capacity on priority HRH issues, such as the Regional Observatory of Human Resources in Health;
 - (g) promote the social mission and accountability of health sciences education and accreditation centers and their commitment to PHC and UHC, and enable and expand the network of community health centers and hospitals with teaching responsibilities and capacities in underserved communities;
 - (h) promote reforms in health professions education to support PHC-based health systems and increase the number of seats in training programs in the health professions relevant to PHC, including family doctors, advanced practice nurses, and non-physician clinicians, according to priorities and public policies in PHC;
 - (i) put in place and evaluate on a regular basis specific regulations, benefits, and incentives, both financial and nonfinancial, to recruit, retain, and stabilize personnel for PHC-based health systems, particularly in remote and underserved areas;
 - (j) reiterate their commitment to the WHO Global Code of Practice on the International Recruitment of Health Personnel, and encourage all Member States to designate their national authority for the Code, and complete the required reporting to support the successful implementation of the Code.

2. To request the Director to:
 - (a) intensify the technical cooperation of the Organization with and between Member States to develop human resources policies and plans guided by the overarching objective of universal health coverage and the strategy of primary health care;
 - (b) provide technical cooperation to strengthen the HRH planning capacity of national health authorities, enabling them to address inequities in access of underserved and vulnerable communities to health personnel and to determine the existing gaps in human resources, particularly with regard to primary care professionals, with special emphasis on availability, distribution, competency, and motivation;
 - (c) identify, document, analyze, and disseminate experiences, methods, and innovations taking place in the countries of the Region with regard to the availability of and access to health personnel;
 - (d) facilitate the dialogue between education authorities, higher health education institutions, and national health authorities on the strengthening of PHC and PHC collaborative teams;
 - (e) sustain and expand the main regional knowledge-sharing networks in HRH, namely the Regional Observatory of Human Resources in Health, the Virtual Campus for Public Health, and the Educational Virtual Clinic;
 - (f) complete the assessment of the 20 Regional Goals for Human Resources for Health 2007-2015 and initiate the regional consultation on HRH in the post-2015 development agenda;
 - (g) urge compliance with the WHO Global Code of Practice on the International Recruitment of Health Personnel and provide technical cooperation to support compliance with the Code, including the designation of a national authority and submission of required reporting instruments.

(Ninth meeting, 4 October 2013)

CD52.R14: Evidence-based Policy-making for National Immunization Programs

THE 52nd DIRECTING COUNCIL,

Having considered the document *Evidence-based Policy-making for National Immunization Programs* (Document CD52/9);

Recognizing the increasing need for governments to have strong evidence bases for their resource allocation decisions in order to ensure positive, equitable, and sustainable health results;

Recalling the commitment of all Member States and stakeholders to bolster national capacities for evidence-based immunization decision-making documented in the Global Vaccine Action Plan endorsed by the Sixty-fifth World Health Assembly;

Aware of ongoing efforts to institutionalize evidence-based decision-making in public health, as stated in Resolution CSP28.R9, and acknowledging the existing capacity in several countries to foster a broader scale-up of these efforts;

Noting the need for Member States to prepare and plan for evaluating the adoption of vaccines in the pipeline that may come at a substantially higher cost than traditional vaccines, while maintaining other achievements in immunization,

RESOLVES:

4. To urge Member States, as appropriate within their particular context, to:
 - (a) take note of the policy approaches described in *Evidence-based Policy-making for National Immunization Programs*, in order to, in collaboration with the Pan American Sanitary Bureau and other relevant stakeholders, consider:
 - i. promoting the formal establishment of and strengthening existing National Immunization Technical Advisory Groups or regional policy bodies that serve the same purpose, as is the case of the Caribbean Advisory Committee, which provides recommendations for the whole subregion;
 - ii. grounding immunization policy-making in a broad national evidence base comprising the technical, programmatic, financial, and social criteria necessary to make informed decisions;
 - iii. developing technical working groups, where a need is identified, to synthesize and/or generate locally derived evidence to inform the decision-making process;
 - iv. promoting the implementation of activities to harmonize the planning and costing processes of the national immunization programs, forging strong links between the use of cost information in budgeting, in planning, and in decision-making;

- v. sharing these experiences to evaluate other health interventions within the health technology assessment framework;
- (b) seek measures to formalize these policy approaches by:
- i. enacting legal or administrative frameworks to formalize national or subregional technical advisory committees on immunization;
 - ii. promoting the availability of sufficient resources to support data collection and synthesis and use of evidence in the decision-making process for immunization.
5. To urge the Director to:
- (a) continue providing institutional support to Member States to strengthen capacities for the generation and use of evidence in their national immunization decision-making processes through the regional immunization program's ProVac Initiative;
 - (b) foster the participation of Member States in the ProVac Network of Centers of Excellence;
 - (c) promote among Member States the harmonization of national program planning and costing processes, taking into consideration the specific aspects of each country;
 - (d) support resource mobilization efforts to allow the regional immunization program to continue the efforts of the ProVac Initiative;
 - (e) provide regional policy advice and facilitate dialogue to strengthen governance and policy coherence and prevent undue influence from real or potential conflicts of interest.

(Ninth meeting, 4 October 2013)

CD52.R15: Cooperation among Countries for Health Development in the Americas

THE 52nd DIRECTING COUNCIL,

Having reviewed the document *Cooperation among Countries for Health Development in the Americas* (Document CD52/11);

Taking into account United Nations Resolution 33/134, which endorses the Buenos Aires Plan of Action regarding Technical Cooperation among Developing Countries (1978); United Nations Resolution A/RES/64/222, which endorses the outcome document of the High-level United Nations Conference on South-South Cooperation, held in Nairobi (2009); and the Busan Partnership for Effective Development Cooperation statement (2011) as a follow-up to the Paris Declaration (2005);

Recalling Resolution EB60.R4 of the WHO Executive Board, which recommends that programs and activities promote and stimulate cooperation among countries, and Resolution CD25.R28 (1977) of the PAHO Directing Council, which recommends that technical cooperation programs be conducted jointly by countries both inside and outside subregional groupings;

Taking into account the reports provided by the PASB in 1980 (27th Directing Council), 1984 (30th Directing Council), 1985 (31st Directing Council), 1986 (22nd Pan American Sanitary Conference), 1998 (25th Pan American Sanitary Conference), and 2005 (46th Directing Council) on progress in the implementation of technical cooperation among countries initiatives;

Aware that both international health cooperation and the concept of technical cooperation among developing countries have evolved over time towards a broader concept of cooperation among countries and horizontal partnerships that can include a wide range of health development actors, including governmental entities, multilateral organizations, private sector, civil society, and academic institutions, among others;

Noting that traditional development assistance for health is declining among middle-income countries, including most of those in the Region of the Americas, and that complementary health development and cooperation mechanisms must be fostered and strengthened in order to continue advancement of the regional and global health agendas;

Recognizing that many countries and partners in the Region have made important health development advances and have acquired development expertise that may be beneficial to others in the Region and in other regions, and appreciating that many countries in the Region actively participate in South-South, triangular, and other forms of cooperation among countries, particularly in health development issues,

RESOLVES:

1. To approve the renewed policy for cooperation for health development in the Americas, as contained in Document CD52/11.

2. To urge Member States to:
 - (a) continue their advocacy in international forums and dialogue for the mobilization of political will and resources to support and further strengthen cooperation among countries and other donors, and solidify its role as a complementary approach to international cooperation;
 - (b) to initiate, lead and manage cooperation initiatives for health development and continue ongoing efforts to strengthen national capacity to participate in international health cooperation both within and across regions, in coordination with PAHO, as Member States may deem appropriate;
 - (c) promote and intensify ongoing initiatives to share good practices and experiences that then form the basis for exchanges and collective learning among countries, including the sharing of methodologies for the assessment of cooperation among countries activities;
 - (d) support the mobilization of resources for strengthening cooperation for health development within the Region and across regions;
 - (e) identify national institutions associated with PAHO/WHO that could potentially take part in technical cooperation initiatives with countries in the Region on specific issues;
 - (f) promote the harmonization, alignment and complementarity of the health agendas between subregional agencies and PAHO in order to strengthen cooperation among countries, agencies, and other agents of change to effectively address common health issues.
3. To request the Director to:
 - (a) promote and collaborate with Member States and other donors for South-South cooperation, triangular cooperation, and resource mobilization efforts aimed at strengthening cooperation among countries and subregions as a viable and sustainable modality of cooperation for health development;
 - (b) mainstream the policy on cooperation for health development modalities into the Organization's technical cooperation programs and the new Strategic Plan, avoiding duplication of efforts in the Region;
 - (c) promote the Organization's brokering role and facilitate the linking of supply and demand for health expertise, experience, and technology at the national, regional,

- and global levels in coordination with other WHO offices, other United Nations system and Inter-American system agencies, and other partners, in particular entities that support health development and humanitarian health assistance, including the development of the appropriate mechanisms for interregional exchanges;
- (d) strengthen relations with subregional organizations by signing agreements, as appropriate, that designate the Organization as their specialized health agency in order to facilitate compliance with PAHO's strategic role in the coordination and optimization of cooperation among countries;
 - (e) facilitate the development of methodologies and guidelines for the assessment and evaluation of cooperation modalities and their impact on health development in order to strengthen evidence-based approaches and identify how best to use these modalities to strengthen and accelerate health progress in the Region;
 - (f) continue the development and enhancement of the regional knowledge-sharing platform in order to facilitate the exchange and sharing of good practices and methodologies based on the countries' experiences;
 - (g) promote the forging of strategic, sustainable, and flexible partnerships and networks among national and subregional institutions, regional centers of excellence, collaborating centers, and nongovernmental actors that can be called upon to address shared health issues both within and across regions;
 - (h) strengthen the mechanisms for technical cooperation among countries, promoting their strategic use to address targeted health priorities and health problems that are most effectively addressed through collective action within and across regions;
 - (i) present the Directing Council or the Pan American Sanitary Conference with periodic evaluations of the implementation and impact of the policy on cooperation for health development in the Americas, especially cooperation which, for the Organization, involves resource mobilization in order to highlight the possible challenges and success factors that could help to further improve the policy, beginning with the 29th Pan American Sanitary Conference;
 - (j) continue promoting the equitable and timely distribution of cooperation initiatives for health development in the framework of the principles of solidarity, sovereignty, dignity, equity, capacity development, and sustainability, aligned with the sectoral health policy of each country, in order to address health issues in the most efficient manner;

- (k) promote the harmonization of agendas between the Organization and subregional integration blocs that develop health initiatives, in order to take advantage of opportunities for synergy and complementarity, and avoid possible duplications.

(Ninth meeting, 4 October 2013)

Decisions

CD52(D1): Appointment of the Committee on Credentials

Pursuant to Rule 31 of the Rules of Procedure of the Directing Council, the Council appointed Belize, Mexico, and Paraguay as members of the Committee on Credentials.

(First meeting, 30 September 2013)

CD52(D2): Election of Officers

Pursuant to Rule 16 of the Rules of Procedure, the Council elected Ecuador as President, Bolivia (Plurinational State of) and Jamaica as Vice Presidents, and Barbados as Rapporteur for the 52nd Directing Council.

(First meeting, 30 September 2013)

CD52(D3): Establishment of the General Committee

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

(First meeting, 30 September 2013)

CD52(D4): Adoption of the Agenda

The Council agreed to the addition to the provisional agenda contained in Document CD52/1, Rev. 1 of two items proposed by Member States: “Principles of the Pan American Health Organization’s Revolving Fund for Vaccine Procurement” and “Addressing the Causes of Disparities in Health Service Access and Utilization for Lesbian, Gay, Bisexual and Trans (LGBTB) Persons.” The Council adopted the amended agenda as Document CD52/1, Rev. 2. The Council also adopted a program of meetings (Document CD52/WP/1, Rev. 2).

(First meeting, 30 September 2013)

CD52(D5): Implementation of the International Health Regulations

The 52nd Directing Council, having taken note of the document *Implementation of the International Health Regulations* (Document CD52/10) and recalling documents EB132/15 Add.1 (2013) and A66/16 (2013), in which it is emphasized that the criteria proposed by the WHO Secretariat seek to ensure that obstacles to States' full participation in the Regulations will not be created and, at the same time, to provide a concrete incentive to ensure that the national capacities required by the International Health Regulations (2005) are indeed present throughout the world,

1. Decided to recommend, with respect to the criteria proposed by the WHO Secretariat for granting the 2014-2016 extension for establishing and maintaining the core capacities detailed in Annex 1 of the IHR:

- (a) that the deadline for the presentation of the official written request for extension will be at least two months before 15 June 2014;
- (b) to support the inclusion of elements *i* and *iii* in the new plan of action proposed by the WHO Secretariat;¹
- (c) to encourage the inclusion of elements *ii* and *iv*, proposed by the WHO Secretariat,² in the new plans of action, noting that their inclusion is optional for States parties;
- (d) to add another criterion that reflects that the advice of the IHR Review Committee should be taken into account in the process of granting the extensions.

2. Decided to suggest that the States Parties be consulted with regard to the scope of the recognized advisory functions of the IHR Review Committee, and that consideration be given to carrying out an analysis at the global level of the core capacities achieved to date by the requesting countries.

3. Decided to recognize the importance of continuing the debate on the procedures, methods, and tools to monitor and report on IHR implementation status after 2016.

¹ These two elements are: (*i*) a clear and specific identification of those capacity elements that are missing or inadequate; and (*iii*) a set of proposed actions that will be undertaken and a specified time frame to ensure the capacities are present; (paragraph 4(b), Document CD52/10).

² These two elements are: (*ii*) a description of the activities and progress made in establishing those capacities up until that date; and (*iv*) an estimation of the technical support and financial resources required to implement these activities; the proportion of these resources that will be invested from national budgets; and the extent of any external support required (paragraph 4(b), Document CD52/10).

4. Decided to establish and systematize sustainable mechanisms that promote the exchange of good practices among countries.
5. Decided to request the Director to:
 - (a) identify resources to hold a regional meeting of the authorities responsible for IHR implementation and operations as soon as possible, in order to continue the debate on the procedures, methods, and tools to monitor and report on IHR implementation status after 2016;
 - (b) identify resources to establish sustainable mechanisms that promote the exchange of good practices among countries;
 - (c) communicate this Decision to the WHO Secretariat, together with the report on this session of the Directing Council, in order for the WHO Executive Board in its 134th session is duly and comprehensively informed.

(Ninth meeting, 4 October 2013)

IN WITNESS WHEREOF, the President of the 52nd Directing Council, Delegate of Ecuador, and the Secretary ex officio, Director of the Pan American Sanitary Bureau, sign the present Final Report in the Spanish language.

DONE in Washington, D.C., United States of America, on this fourth day of October in the year two thousand thirteen. The Secretary shall deposit the original signed document in the archives of the Pan American Sanitary Bureau.

Carina Vance Mafla
President of the 52nd Directing Council
Delegate of Ecuador

Carissa F. Etienne
Secretary ex officio of the 52nd Directing Council
Director of the
Pan American Sanitary Bureau

AGENDA

1. OPENING OF THE SESSION

2. PROCEDURAL MATTERS

- 2.1 Appointment of the Committee on Credentials
- 2.2 Election of the President, Two Vice Presidents, and the Rapporteur
- 2.3 Establishment of a Working Party to Study the Application of Article 6.B of the PAHO Constitution
- 2.4 Establishment of the General Committee
- 2.5 Adoption of the Agenda

3. CONSTITUTIONAL MATTERS

- 3.1 Annual Report of the President of the Executive Committee
- 3.2 Annual Report of the Director of the Pan American Sanitary Bureau
- 3.3 Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Grenada, Peru, and the United States of America

4. PROGRAM POLICY MATTERS

- 4.1 PAHO Strategic Plan 2014-2019
- 4.2 PAHO Program and Budget 2014-2015
- 4.3 Social Protection in Health
- 4.4 Human Resources for Health
- 4.5 Plan of Action for the Prevention and Control of Noncommunicable Diseases
- 4.6 Chronic Kidney Disease in Agricultural Communities in Central America

4. PROGRAM POLICY MATTERS (*cont.*)

- 4.7 Evidence-based Policy-making for National Immunization Programs
- 4.8 Implementation of the International Health Regulations
- 4.9 Cooperation for Health Development in the Americas
- 4.10 Panel Discussion: Health in the post-2015 Development Agenda
- 4.11 Principles of the Pan American Health Organization Revolving Fund for Vaccine Procurement
- 4.12 Addressing the Causes of Disparities in Health Service Access and Utilization for Lesbian, Gay, Bisexual and Trans (LGTB) Persons

5. ADMINISTRATIVE AND FINANCIAL MATTERS

- 5.1 Report on the Collection of Assessed Contributions
- 5.2 Financial Report of the Director and Report of the External Auditor for 2012
- 5.3 Amendments to the Financial Regulations of PAHO
- 5.4 Review of the Charge Assessed on the Procurement of Public Health Supplies for Member States

6. AWARDS

- 6.1 [Item deleted]

7. MATTERS FOR INFORMATION

- 7.1 Update on WHO Reform
- 7.2 WHO Twelfth General Program of Work 2014-2019 and WHO Program Budget 2014-2015
- 7.3 Report on the 16th Inter-American Meeting at the Ministerial Level on Health and Agriculture (RIMSA 16)

7. MATTERS FOR INFORMATION (*cont.*)

7.4 Progress Reports on Technical Matters:

- A. Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care (2008-2015): Mid-term Evaluation
- B. Strategy and Plan of Action for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis: Mid-term Evaluation
- C. Millennium Development Goals and Health Targets in the Region of the Americas
- D. Implementation of the WHO Framework Convention on Tobacco Control
- E. Plan of Action on Psychoactive Substance Use and Public Health
- F. Regional Plan on Workers' Health
- G. Towards the Elimination of Onchocerciasis (River Blindness) in the Americas
- H. Regional Plan of Action for Strengthening Vital and Health Statistics
- I. Status of the Pan American Centers

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

- A. Sixty-sixth World Health Assembly
- B. Subregional Organizations
- C. Forty-third Regular Session of the General Assembly of the Organization of American States

8. OTHER MATTERS

9. CLOSURE OF THE SESSION

LIST OF DOCUMENTS

Official Documents

- Off. Doc. 344* Financial Report of the Director and Report of the External Auditor for 2012
- Off. Doc. 345* and Add. I PAHO Strategic Plan 2014-2019
- Off. Doc. 346*, Add. I and Add. II PAHO Program and Budget 2014-2015

Working Documents

- CD52/1, Rev. 2 Agenda
- CD52/2 Annual Report of the President of the Executive Committee
- CD52/3 Annual Report of the Director of the Pan American Sanitary Bureau
- CD52/4 Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Grenada, Peru, and the United States of America
- CD52/5 Social Protection in Health
- CD52/6 Human Resources for Health
- CD52/7, Rev. 1 Plan of Action for the Prevention and Control of Noncommunicable Diseases
- CD52/8 Chronic Kidney Disease in Agricultural Communities in Central America
- CD52/9 Evidence-based Policy-making for National Immunization Programs
- CD52/10 Implementation of the International Health Regulations
- CD52/11 Cooperation for Health Development in the Americas

Working Documents (*cont.*)

CD52/12	Panel Discussion: Health in the post-2015 Development Agenda
CD52/13 and Add. I	Report on the Collection of Assessed Contributions
CD52/14	Amendments to the Financial Regulations of PAHO
CD52/15	Review of the Charge Assessed on the Procurement of Public Health Supplies for Member States
CD52/16	[DELETED]
CD52/17	Principles of the Pan American Health Organization Revolving Fund for Vaccine Procurement
CD52/18	Addressing the Causes of Disparities in Health Service Access and Utilization for Lesbian, Gay, Bisexual and Trans (LGTB) Persons

Information Documents

CD52/INF/1	Update on WHO Reform
CD52/INF/2	WHO Twelfth General Program of Work 2014-2019 and WHO Program Budget 2014-2015
CD52/INF/3	Report on the 16th Inter-American Meeting at the Ministerial Level on Health and Agriculture (RIMSA 16)
CD52/INF/4	Progress Reports on Technical Matters: <ul style="list-style-type: none">A. Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care (2008-2015): Mid-term EvaluationB. Strategy and Plan of Action for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis: Mid-term EvaluationC. Millennium Development Goals and Health Targets in the Region of the Americas

Information Documents (*cont.*)

- CD52/INF/4 Progress Reports on Technical Matters: (*cont.*)
- D. Implementation of the WHO Framework Convention on Tobacco Control
 - E. Plan of Action on Psychoactive Substance Use and Public Health
 - F. Regional Plan on Workers' Health
 - G. Towards the Elimination of Onchocerciasis (River Blindness) in the Americas
 - H. Regional Plan of Action for Strengthening Vital and Health Statistics
 - I. Status of the Pan American Centers
- CD52/INF/5 Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO:
- A. Sixty-sixth World Health Assembly
 - B. Subregional Organizations
 - C. Forty-third Regular Session of the General Assembly of the Organization of American States

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San Salvador

AWARD WINNERS/ GANADORES DE LOS PREMIOS

**Abraham Horwitz Award for Leadership
in Inter-American Health, 2012/Premio
Abraham Horwitz al Liderazgo en la Salud
Interamericana, 2012**

Dr. Julio Frenk
México

**Pedro N. Acha Award for Excellence
in Veterinary Public Health/Premio
Pedro N. Acha a la excelencia en la salud
pública veterinaria**

Dr. Veronika Haydee Merino Osorio
Perú

**Fred L. Soper Award for Excellence
in Public Health Literature/Premio
Fred L. Soper a la excelencia en la
bibliografía de salud pública**

Dr. Alok Kumal, et.al
"Epidemiological trends and clinical
manifestations of Dengue among children in
one of the English-speaking Caribbean
countries"
Barbados

**Sérgio Arouca Award for Excellence
in Universal Health Care/Premio
Sérgio Arouca a la excelencia en la atención
sanitaria Universal**

Dr. Santiago Renjifo Salcedo (In Memoriam)
Colombia

Dr. José Lima Pedreira de Freitas
(In Memoriam)
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**UNITED NATIONS AND SPECIALIZED AGENCIES/
NACIONES UNIDAS Y AGENCIAS ESPECIALIZADAS**

**Economic Commission for Latin America
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Mr. Fernando Flores

**Food and Agriculture Organization/
Organización para la Alimentación y la
Agricultura**

Mr. Nicholas Nelson

**International Atomic Energy Agency/
Organismo Internacional de Energía Atómica**

Ms. Maria Villanueva

**UNAIDS, Joint United Nations Programme
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de las Naciones Unidas sobre el VIH/sida**

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**REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS IN OFFICIAL
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GUBERNAMENTALES EN RELACIONES OFICIALES CON LA OPS**

**Inter-American Association of Sanitary
and Environmental Engineering/
Asociación Interamericana de Ingeniería
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**International Eye Foundation/Fundación
Internacional del Ojo**

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**Interamerican Society of Cardiology/
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**Alzheimer's Disease International/
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