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A PAHO FOR THE 21ST CENTURY

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1. Globalization has altered the nature of health challenges. In addition to meeting domestic needs, national health systems must now confront the international transfer of risks, a situation that demands new forms of international cooperation.
2. The purpose of this document is to stimulate a discussion within the Pan American Health Organization (PAHO) aimed at:
 - i) exploring the nature of the new health challenges stemming from globalization, and
 - ii) identifying the functions that international health organizations in general and PAHO in particular must perform in this new context and the structure that they must consequently adopt to tackle the new challenges and fulfill their objective of improving the health of the peoples of the Americas.
3. The recent changes in administration at PAHO and the World Health Organization (WHO) offer an opportunity to engage in dialogue and explore more freely the possibility of renewing these agencies. PAHO and WHO have engaged in activities in recent years that reflect this will to introduce changes--in particular, the joint exercise to improve the operations of the WHO Executive Board.

Background

4. The countries of the Hemisphere are convinced of the importance of international cooperation in health; hence their support for institutions and activities that have strengthened joint actions in this field. In 1902 the countries participated in the founding of the Pan American Sanitary Bureau (PASB), and in 1946, the creation of WHO.
5. In the mid-20th century, the PASB served as the foundation for the creation of PAHO and became its secretariat. In 1949, PAHO also began to function as the Regional Office of WHO for the Americas.¹
6. PAHO has been an exemplary institution that has given real meaning to the term "international cooperation." Its purpose is "to promote and coordinate the efforts of the countries of the Western Hemisphere to combat disease, lengthen life, and promote the physical and mental health of the people."² To this end, it coordinates its efforts with the

¹ Pan American Health Organization. *Strategic Plan of the Pan American Sanitary Bureau, 2003-2007*. CSP26/10 pg. 3

² Pan American Health Organization. *Constitution of the Pan American Health Organization*. Washington, D.C.: PAHO, 2001: Article 1. Chapter 1.

Ministries and Secretariats of Health of its Member States, other Governments, international agencies, and nongovernmental and other organizations.

7. The PAHO Centennial brought us together to celebrate the important contributions of the Organization to the healthy development of the Region. Significant among them was its key role in the global eradication of smallpox and the recent elimination of poliomyelitis from the Americas. Looking back enabled us, moreover, to consider the context in which the Organization was created: a world of nation-states with a clear definition of the concept of sovereignty, which globalization has changed.

The Opportunity for Change

8. Globalization, characterized by the rapid growth of international trade, increasing movements of individuals across borders, and the communications revolution, has brought intense transition with it on all fronts: economic, political, social, environmental, and scientific.

9. Globalization is also changing the nature of health challenges. In addition to local problems, national health systems must increasingly address the international transfer of health risks. This transfer is associated, among other things, with global environmental change, population movements, ordinary trade and the trade in harmful products, both legal (tobacco, alcohol) and illegal (drugs), and the spread of new medical technologies.

10. Controlling the international transfer of risks and the threats commonly associated with them to protect their peoples is beyond the capacity of national governments. In an influential report, the Institute of Medicine of the United States notes that the distinctions between domestic and international health problems are losing their usefulness and often create confusion.³

11. The changing health challenges have been accompanied by sweeping reforms in the health systems to respond both to domestic challenges and the challenges of globalization.

12. These changes must also be accompanied by a renewal of international health organizations, which must bring their functions and structures into line with the new environment. The advances in democracy in the Americas must also be reflected in international organizations.

13. This renewal must take into account the proliferation and diversification of public and private actors in international health that has taken place over the past quarter century. Multilateral and bilateral agencies, private foundations, an enormous gamut of academic

³ Institute of Medicine. *America's Vital Interest in Global Health: Protecting our People, Enhancing our Economy, and Advancing our International Interests*. Washington: National Academy Press, 1997.

institutions, the medical industry, a widely diverse assortment of NGOs and, prominently, the development banks.

14. It should also be noted that international organizations, especially in the field of health, have tended to promote the interests not of their Member States but of their own bureaucracies.

15. Efforts should be made to promote the member countries' participation in the design, implementation, and evaluation of the policies and programs of these agencies. Transparency and accountability should also become guiding principles of the international organizations. The day-to-day operations of these agencies should reflect the fact that they are institutions of the member countries and that the countries should be the ones to set their course and make the decisions.

16. The recent changes in administration at WHO and PAHO will no doubt facilitate the discussion of these potential renewals and their eventual implementation.

The Engine of Change

17. The Member States are responsible for ensuring that PAHO expresses their collective will to improve health in the Americas. They do so through their involvement in the design of the Organization's agenda and in the implementation of its initiatives. They are responsible, moreover, for suggesting and endorsing the structure and governing bodies required by PAHO to better meet its objectives. This Organization belongs to the Member Governments and not to the Secretariat that manages the Pan American Sanitary Bureau.

18. Despite PAHO's numerous achievements over the last century, the Organization clearly needs to institute an ambitious series of organizational changes. This transformation will enable it to fulfill its mandate more effectively, efficiently, and transparently. The need for organizational change was acknowledged in the document Policy Orientation for the Pan American Health Organization and Reorganization of the Pan American Sanitary Bureau for Implementation of the Strategic Plan, 2003-2007 (SPP37/3), presented to the Subcommittee on Planning and Programming in March 2003. This document mentions a consultation with the Member States, to be initiated as soon as possible.

19. Every organization can improve both its structure and procedures. Thus, proposing an evaluation of PAHO to adapt it to the changes in health challenges at the beginning of the century is not only desirable but healthy from an institutional standpoint. The Member States should conduct this exercise through a constructive and respectful dialogue among themselves and with the Secretariat. This means renewal to anticipate the challenges to come, to change what is not working, and to discard what is obsolete with a view to improving the health of the peoples of the Americas.

20. At times, proposals to renew an organization encounter obstacles created by the very interest groups whose transformation is the goal. Hence, the importance of ensuring that it is Member States themselves, strangers in many senses to vested interests, who assume responsibility for looking to the future in light of past achievements and present challenges.

Course of Action

21. In order to devise potential courses of action it will first be necessary to identify the nature of the new health challenges and, insofar as possible, determine their magnitude. An immediate study of PAHO's recent performance should be conducted to identify its achievements and obstacles as well as its strengths and weaknesses, and to determine what to keep and what to change. This "diagnosis" will be useful in defining PAHO's basic functions in the new regional and global context, so that the structure of the Organization can ultimately be adapted to perform these essential functions.

22. In addition, the Member States should modify the administrative structures and mechanisms of PAHO to reflect the new democratic environment in the Region of the Americas. It is especially important to analyze the mechanisms for governance and accountability.

23. Although there may be minor differences of opinion, there is a relative consensus on the essential functions corresponding to an international health organization:

- surveillance and control of diseases that pose a regional or global health risk;
- the development of regulations, norms, and standards;
- the promotion and exchange of knowledge and information in health, especially on matters of global and regional importance;
- consensus building in areas that could support the design and implementation of national health policies;
- technical cooperation and financing for the development of countries with urgent needs, and
- protecting the health of international refugees and vulnerable populations, especially in countries with governments in crisis and in disaster situations.

24. The study should confirm the validity of these functions and identify new ones.

25. With these functions in mind, it would be a good idea to pose a number of questions to guide the analysis of the new international health challenges and the basic functions and possible structure of PAHO for the new century:

- As the century dawns, what are the main challenges in international health and how great are they? How do they differ from the challenges that the Region faced, say, between 1946, the year WHO was created, and 1980, the year smallpox was eradicated? Do these challenges affect all the countries and all the peoples of the Americas in the same way?
- What are PAHO's functions? How has it performed over the past 25 years?
- Which of the PAHO's current functions are the Member States already performing? What additional responsibilities, in the opinion of the Member States, should the Organization assume?
- Does PAHO have the necessary staff and technical personnel? Is there a geographical, disciplinary, and gender balance within the Organization? What necessary skills and competencies are absent and which ones are present in excess?
- Is the current organizational structure adequate for coping with the new challenges? Does it permit changes in orientation? Is it flexible?
- How involved are the Member States in defining the Organization's agenda? How much do they participate in the implementation and evaluation of its initiatives? Does the Organization have transparent mechanisms for governance and regular procedures for accountability?
- What should the Organization's role be in generating and administering global public goods related to health (information, knowledge, norms and standards, epidemiological surveillance)?
- What role does PAHO play in normative matters? In technical cooperation?
- Should PAHO strengthen partnerships with institutions of excellence to multiply the benefits of technical cooperation in the Region?
- Which is PAHO's role with respect to vulnerable populations and populations in situations of crisis and/or disasters?
- How does the role of PAHO in the field of health differ from that of the development banks?
- How do the PAHO Representative Offices in certain countries of the Hemisphere address local needs for improving health? Should the distribution of these Offices be modified, with some closed and others opened? Do these Offices need a more functional structure? Should their contribution in technical cooperation be analyzed?
- Are the operations of PAHO's current Governing Bodies compatible with the objectives that the Member States wish to promote through the Organization?
- What mechanisms for democratic participation should be adopted to ensure management of the Organization by the Member States?

- What mechanisms for accountability should be created to ensure the satisfactory operation of PAHO?
- Is the Pan American Sanitary Bureau functioning adequately as an intergovernmental technical cooperation agency?

26. It is desirable to promote a process of open dialogue and discussion that articulates a future vision of PAHO, identifies the essential functions of the Organization, and generates a structure that will enable it, in consensus with the Member States, to meet the challenges of the 21st century with strength, flexibility, and imagination.

27. It is therefore proposed to the Member States that a working group be formed to begin to explore the future of the Pan American Health Organization. This process began at the 132nd Session of the Executive Committee of PAHO, which was held from 23 to 27 June 2003 in Washington, D.C.

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