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WORLD HEALTH ORGANIZATION



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PROVISIONAL SUMMARY RECORD OF THE FIRST MEETING
ACTA RESUMIDA PROVISIONAL DE LA PRIMERA REUNIÓN

Monday, 24 September 2001, at 9:00 a.m.
Lunes, 24 de septiembre de 2001, a las 9.00 a.m.

President: Hon. Clarice Modeste-Curwen Grenada/Granada
Presidente:

Later: Dra. Sara Ordóñez Colombia
Después:

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Note: This record is only provisional. The summaries of statements have not yet been approved by the speakers, and the text should not be quoted. Delegates are requested to notify in writing, of any changes they wish to have made in the text, may forward them to the Chief, Conference Services, Pan American Health Organization, 525 - 23rd Street, N.W., Washington, D.C., 20037, USA, fax (1202) 974-3633, by 31 October 2001. The final text will be published in the *Summary Records* of the Council.

Nota: Esta acta es solamente provisional. Las intervenciones resumidas no han sido aún aprobadas por los oradores y el texto no debe citarse. Se ruega a los Delegados tengan a bien comunicar por escrito, las modificaciones que deseen ver introducidas en el texto, a la Jefa del Servicio de Conferencias, Organización Panamericana de la Salud, 525 - 23rd Street, N.W., Washington, D.C., 20037, EUA, fax (1202) 974-3633, antes del 31 de octubre de 2001. El texto definitivo se publicará en las *Actas resumidas* del Consejo

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*The meeting was called to order at 9:00 a.m.
Se abre la reunión a las 9:00 a.m.*

ITEM 1: OPENING OF THE SESSION
PUNTO 1: APERTURA DE LA SESIÓN

- A. *Opening of the session by the Outgoing President, Hon. Clarice Modeste-Curwen (Grenada)*
- A. *Apertura de la sesión por la Presidente saliente, Hon. Clarice Modeste-Curwen (Grenada)*

The PRESIDENT welcomed the representatives and declared the session open.

The SECRETARY said that under the Rules of Procedure of the Council, the presence of at least 20 Members was required for a quorum. Thirty-seven Members were present, and therefore a quorum had been established.

The PRESIDENT noted that the 43rd meeting of the Directing Council marked the end of another year in the quest for health for all in the Americas and, indeed, the entire world. The year had seen both successes and difficulties, but overall, it had been a great learning experience for everyone. Extending special thanks to Sir George Alleyne, the Director of the Pan American Sanitary Bureau, as well as to his entire team, for their guidance and support to her as President in the past year, she said that the sessions of the coming days would be reviewing major health issues and determining the way forward, as well as recognizing good country practices and outstanding individuals in the field of health.

Recalling that the disease of terrorism, a disease instantly diagnosable but of unparalleled destructiveness, had struck at the United States of America two weeks before, killing almost 6,000 people in a few minutes, she asked the meeting to stand for a minute of silence in sympathy for the victims and in empathy with the United States.

*The meeting stood for a minute of silence
in sympathy for the victims of the recent terrorist attacks on the
United States of America.*

The PRESIDENT said that a draft Resolution in support of the United States of America had been prepared, and would be circulated for consideration by the council.

- B. Welcoming Remarks by Sir George Alleyne, Director of the Pan American Sanitary Bureau*
- B. Palabras de bienvenida de Sir George Alleyne, Director de la Oficina Sanitaria Panamericana*

Sir GEORGE ALLEYNE (Director): Thank you very much, Madam President, Secretary Thompson, Dr. Brundtland, Dr. Dotres, President of the Executive Committee, Ministries of Health and Representatives of the countries of the Americas, friends and colleagues, good morning. It is a beautiful fall day in Washington, and I extend a special welcome to you, especially those of you who are attending the Directing Council for the first time. I am delighted to see you all here, and proud and happy that 37 of all 38 Member Countries are present. I know that some of you had legitimate concerns with coming here this week, and I am deeply grateful to those of you who overcame those concerns and decided to be here today. I know the physical difficulties some of you endured; the Minister of Health of Grenada took 36 hours to come here from her home,

but she persisted, and I would like to think that your resolve to come was based in part on your determination that the work of the Pan American Health Organization should go on, and I thank you for that.

But I also wish to think that your presence is a manifestation of solidarity with the Government and people of the United States in this difficult time, and that the Pan-American spirit of which we are so proud means that we stand together in good times and in bad.

Your presence here is in some small degree a tribute to those brave men and women, those rescue workers who gave their lives in the hope that others may live. The President quite aptly referred to terrorism as the new disease, the only treatment for which is eternal vigilance, and against which there is no vaccine or drug except the trust and confidence of men and women of goodwill. I would like to think that these are the kinds of ideals and ideas that will flourish in an organization such as ours, committed as it is to the health and well-being of the people of the Americas. We cannot let those who would bend our spirit divert us from the task that we have ahead, and I was very pleased in discussions with Secretary Thompson that he was insistent that the meeting should go on, that we should not give way to terrorism and cancel what was an important event in the life of this Organization, an important event for the health of the Americas.

I hope you will excuse the state of the building. As you know, this is the most important week in our year, and I would wish that we were as usual dressed in our best, but soon we will finish and hope that you will excuse any inconvenience, and that at the end of it you will be satisfied and pleased with the changes you have made. I will speak at greater length later when I give my report, but once again let me welcome you to your

house of health in the Americas, and I hope that our deliberations in the course of the week will be optimally productive.

The PRESIDENT thanked Sir George Alleyne, congratulated those representatives who had overcome fears and inconveniences in order to travel to the session, and introduced the Hon. Tommy Thompson, Secretary of Health and Human Services of the United States of America.

- C. *Welcome on Behalf of the Host Country by the Honorable Tommy G. Thompson, Secretary of Health and Human Services of the United States of America*
- C. *Bienvenida en nombre del país anfitrión por el Honorable Tommy G. Thompson, Secretario de Salud y Servicios Sociales de los Estados Unidos de América*

Hon. TOMMY THOMPSON, Secretary of Health and Human Services of the United States of America: Madam President, let me start by first thanking you for your fine words, thanking you for being here and for the job you have done as President. Sir George, it goes without saying that you have become a close friend of mine, I appreciate your wisdom and your leadership and your dedication and I thank you. Dr. Brundtland, it is always a privilege and pleasure to have you in the United States and I am very pleased, of course, to welcome you once again, and Dr. Dotres, President of the Executive Committee from Cuba, thank you as well for coming. Thank you, all of you.

Ministers of Health, distinguished Ministers, Members of Delegations, colleagues and friends. This meeting is very important, not only for the World Health Organization, but also for the Americas, and specifically for the United States during these very trying times. On behalf of my President, my friend, George W. Bush, let me take this opportunity to welcome each and every one of you to the 43rd Directing Council meeting,

and to our nation's capital, Washington, D.C. I have had the pleasure of meeting many of you already, and I certainly look forward to getting to know all of you a little better this week, as we come together, discuss, and get a chance hopefully to implement programs that are going to improve the quality of health of all our citizens.

At the beginning, just let me say thank you, for the warm words of support and condolences that so many of you have expressed to me personally, on behalf of your countries, in favor of the United States of America. The recent attacks on the United States are something that nobody, and no country, can accept, and this one, of course, impacts all of us, as this was an attack on freedom, democracy and, I believe, the world. Twenty-nine out of the countries that are here today have lost loved ones, lost one or more citizens as result of the terrorists' attacks on New York and Washington, D.C. But during these attacks, we have appreciated the support that we have received from so many friends and from allies all over the world. This is a critical time for the United States, and knowing that the broad community of nations is standing with us is something that we will never forget. I thank each and every one of you for that. We are specially gratified for the support of our friends in our own hemisphere: from Canada to Chile, old friends have expressed their solidarity with the United States of America as we heal our wounds, as we fight the terrorists who have done such great evil to all of us.

The same unity of hearts and mind animates this meeting. While we might differ from time to time, we share a common interest in the well-being of all our citizens. After all, the Americas—North, Central and South—make up our neighborhood, and as neighbors, we need to meet regularly to renew relationships and share our various perspectives on issues of common concern. These Directing Councils provide us with an

opportunity to exchange ideas, to learn from each other and to develop joint actions to promote good health in our hemisphere.

Regardless of variations among countries, we share many public health challenges: the need to improve access to quality care, the increasing incidence of chronic diseases, negative environmental effects upon our health, particularly our children's health, as well as the persistent problems of the old and the new infectious diseases. We have been more successful in some areas than others. Nonetheless, we can be proud that collaboration and mutual cooperation have become central to addressing many public health challenges in our region, thanks in large part to the efforts of PAHO, your organization, and the leadership of your President and the Executive Director who has done such an outstanding job, Sir George Alleyne.

The solidarity of the Americas provides a winning team in tackling our mutual challenges. PAHO continues to play such a very valuable and essential leadership role in the development of strategies and linkages to enable collaborative actions. Such advocacy and joint actions are essential to ensure that our overall accomplishments are greater than the sum of the individual activities.

The Americas have also benefited greatly from the leadership and vision of Dr. Gro Harlem Brundtland. PAHO and WHO are critical change agencies as we move from one century into the next. Given the evolving opportunities in the reality of an uncertain future, we must work together as partners if we really want to make that difference. Many of our challenges are reflected in this meeting's agenda: HIV/AIDS, which is a growing problem as all of us know; water, sanitation, mental health, and the prevention of tobacco use easily come to mind. Other issues can also impact future

health outcomes, including the proposed revision of WHO's International Health Regulations and essential drugs list, as well as its ongoing work on health system performance evaluations. The functions of WHO and PAHO are vitally important and Member States must be actively consulted and involved to ensure that policy actions are embraced and sustained at the country level.

Although each country has a responsibility to meet the health needs of its people, there are some issues which countries working alone cannot fully resolve. The need for bigger organizations and for building partnerships and alliances has never been more compelling than today. PAHO continues to demonstrate its capacity to act as a strong and a positive catalyst for health and for the improvement of that health in our Region. Such efforts also reinforce the value of the Governing Body. The work of the Directing Council is absolutely essential for guiding this organization as it reflects our collective commitment to improving the health of all of our people.

The motto of my home State of Wisconsin is just one word, and that word is "Forward." That motto captures what this meeting is all about, making plans for our common future with sound judgement, good will, and great hope. Please know that the President and the entire administration of the United States value your efforts and look forward to good things from this conference, and we thank you very much for coming to Washington, D.C. in these trying times. I wish you on behalf of my President, and myself, personally, a very valuable and successful meeting, which I know we will have. My delegation welcomes the opportunity to work with each and every one of you and all of you collectively to make our neighborhood, our region, the Americas, a better and

healthier place to live, and to work, and to play. Thank you and God bless every one of you.

D. Address by Dr. Gro Harlem Brundtland, Director-General of the World Health Organization

D. Alocución de la Dra. Gro Harlem Brundtland, Directora General de la Organización Mundial de la Salud

Dr. Gro Harlem BRUNDTLAND. Thank you very much, Madam Chair. Respected Chair, Honorable Secretary for Health, Regional Director, distinguished Ministers, ladies and gentlemen: those who attacked New York and Washington on September 11, have brought unbearable grief. Their behavior shows a contempt for innocent lives, a ruthless use of pain and fear to achieve their ends. They offend against everything for which we—as public health professionals—stand.

We are proud of the thousands of doctors, paramedics, nurses, and psychologists who came together during the past two weeks and are working ceaselessly to ease suffering and heal wounds on the bodies of those injured and inside the minds of many as they cope with the horror. These health workers face an enormous and daunting task, yet their dedication and stamina are an inspiration to us all.

Those who attacked New York and Washington also provoked widespread fear, threatening the basic building blocks of our human security.

Fear, whether as a result of cruelty or violence or of disease, undermines trust among people and between groups and communities that need to function together. It undermines the safety and predictability we all need to grow, develop, and prosper. It undermines our very belief that people are good, not evil, the belief that is essential if we

are to give meaning to what we do. It undermines our freedom to engage with others, to improve our societies.

Within this context of fear our global community is being tested as never before. Can nations continue to work together to tackle the great problems that affect the future of humanity? Can they sustain the impetus for freedom and democracy so that all people can live and grow together? Can their leaders control the forces that provoke terror and promote human values? Can we all maintain the campaign against global poverty so essential for our global future?

Poverty is the most significant determinant of suffering and grief in today's world. We must carry forward the fight against global poverty with all the energy we can muster. We know that poor people are bound to remain poor if they lack physical and human security. This means that freedom from terror, violence, and disease are critical foundations for poverty reduction and a secure future for our world.

Colleagues, we are all part of a vast global community working for a world free of suffering and fear. We know that good health—and accessible health care—are vital for peace and security. We work together for the common good, seeking the best ways to bridge the health divide. As we confront economic hardship and ever-shifting world priorities, we are inspired by the knowledge of what can be achieved. We know of numerous success stories, catalyzed from within civil societies, supported by governments and NGOs, sustained through health systems and backed from within the United Nations. Like the pioneering efforts to promote health or eradicate measles within this region, they often do not get the headlines they deserve.

Many of the world leaders have put health at the center of the development action, because they recognize that investment in health is a critical contribution to the human and economic development of their nations.

Health professionals are responding to this new disability by striving harder. We are doing more to roll back the diseases—like HIV and malaria—that undermine well-being among poor and marginalized populations. We focus particularly on the needs of women and children. We are ruthless in our attack on leading risk factors for ill health, such as tobacco, violence, and unsafe environments. We are reforming health systems, so that they are effective, responsive, and fair for all. And we work hard to ensure that development policies in all sectors contribute optimally to better health.

In all of these ways we make a vital contribution to reductions in poverty and to human security.

Madam Chair, at the end of last week, the Secretary of Health of the United States, Tommy Thompson, our colleague, spoke of the increasing incidence of post-traumatic syndrome following the wounds suffered on September 11th. He said that this would require “increased counseling and mental health services throughout the country” and “a lot more funding.” Indeed, the mental well-being of millions of people is threatened by trauma, fear, stigma, and uncertainty.

This year WHO launched a global campaign, to end the stigma around mental health—a stigma that denies people access to the health care they need, leads to discrimination in job, housing, and other opportunities and—still too often—to the neglect of the whole area by health planners.

We have invited health professionals, voluntary organizations, and governments everywhere, to stop excluding the mentally ill, and to “Dare to Care.”

The response is impressive. The World Health Day this year showed an overwhelming desire and determination in almost every country to strengthen health systems so that they offered better mental care and mental health services and to work through the media to increase awareness and reduce stigma.

The countries of Latin America declared in Caracas in 1990 that they would reform mental health policies. Their principles are right. The current and future burden of mental ill-health has been underestimated. To respond, we need better strategies for mental health. These should include access to effective prevention and treatment and a focus on the family within its community. Strategies are set out in more detail in this year’s World Health Report to be released at the beginning of October.

Madam Chair, the WHO’s Commission on Macroeconomics and Health will report at the end of the year on the need for dramatic and rapid increase in action to improve the health—and prospects—of the world’s poorer people. Commissioners will indicate the levels of new resources needed. At least ten billion dollars a year, perhaps as much as 25 billion.

We have heard commitments to the better health of poor people from world leaders at this year’s World Health Assembly, at the UN General Assembly Special Session on HIV/AIDS, at regional summits and at the G8 Summit in Genoa. Governments, voluntary and private bodies are undertaking to increase resources for health action.

No government agency, voluntary body or pressure group can make a big difference to health through working alone. So we link action and advocacy, through working both with civil societies and the political leadership. We encourage productive exchange between Ministers of Health and Finance. We seek regular dialogue between governments and providers of external resources within donor agencies, foundations, development banks and voluntary organizations. We increase effectiveness through joint efforts of groups within an outside government and alliances with the private sector that are based on shared goals and shared values.

We know that the resources available for health will never be enough. So we must use what we have as effectively as possible. That explains our emphasis on coordinated action by governments, research institutions, private sector companies and international organizations. We seek that elusive mix of shared goals and strategies, respect for each others' mandates and priorities and the need to reflect "comparative advantage" in all that each of us does.

The power of shared goals and synergy in health action is remarkable. On the other hand, consequences of poor coordination are measured in human suffering and that—for all of us—is a clear sign of failure.

Madam Chair, we must all do more to reduce the impact of HIV on human security. When Heads of State met together in New York in June, there was powerful political commitment to a much stronger response. We agreed on priority strategies to halt the spread of HIV. We made commitments to help individuals better protect themselves from infection and to increase the number of people who can access care for HIV-related illnesses.

Within this Region, there are examples of strong responses to HIV infections that offer care for people with HIV using well-tested and effective treatments. They take advantage of the increasing availability of low-cost anti-retroviral medicines—made possible through the combined effort of national governments, pharmaceutical companies, NGOs, and the manufacturers of generic medicines.

As a result, the regional response to HIV is firmly anchored within the health system, involves the full range of health professionals, and reflects a comprehensive approach. Increased access to care is reported to improve the impact of preventive actions—particularly among those most at risk—and reduce the proportion of hospital beds occupied by persons with HIV.

HIV infection and AIDS still pose extraordinary challenges for the Americas and the Caribbean. We must intensify efforts to reach those in need, particularly in poorer communities. We must always confront stigma and discrimination, two adversaries of an effective health system response. We must remember that special efforts are needed to reach women, especially adolescent women, and help them avoid the twin threats of HIV infection and reproductive ill health.

WHO is scaling up its contribution to the struggle. Our goal is to help identify more effective responses and support their implementation in ways that take account of people's culture, traditions and social realities.

Now we know that TB is spreading globally, in the wake of HIV. I expect to meet with many of you next month here in Washington, at the first Stop-TB Partners' Forum. We will find a way forward for the global partnership. We should also agree

strategies for better implementing country actions to stop TB in pursuit of national and global TB control targets.

The omens are good. Prices of key TB drugs, including some needed to fight multi-drug-resistant strains, are falling. Observed treatment regimens are working. We know better now how to reach everyone who needs affordable treatment. And, national TB action plans have been developed, though they do need financial resources.

The Global AIDS and Health Fund will help national health systems respond better to HIV, TB and malaria. In helping with the design and operation of the Fund, WHO will seek to ensure that it has a global reach, uses resources effectively and builds capacity for sustained and effective action within countries. It is vital that the Fund's efforts be successful and that it be in a position to attract the kinds of resources it needs for years to come. It can't just be a flash in the pan.

Madam Chair, health systems within this Region are being reformed. System goals are being defined and a diversity of private, voluntary and public channels is being used to deliver essential care to those in need.

In many countries, health financing questions dominate the agenda. The challenge is to extend financial risk protection while ensuring that services provided are of good quality. WHO is developing model health financing policies for use by countries as they address such issues. Much is being learned from the quality of care initiatives now under way within the Region.

As stewards for health, governments are accountable for the extent to which the health system's outcomes match up to the goals they have set and for getting the best

from their health systems with the funds available. This explains the increasing importance given to effective health system stewardship within the Region.

Health stewardship involves difficult decisions. WHO offers decision-makers technical guidance based on global or regional analyses of health issues. For example, we are now pulling together benchmark information about the contribution of different risk factors to people's health and the cost-effectiveness of different population-based health interventions.

Health stewards are also dependent on reliable intelligence from within their countries. This has to cover both the burden of disease experienced by different population groups, and ways in which the health system responds.

Decisions about when to respond to specific threats to health are best based on reliable population-based information. Within this Region countries are working together on national disease surveillance and response systems.

These national systems are networked together as a global system backed by WHO with expertise, pre-positioned resources and support from more than 250 laboratories. The global system is linked to the International Health Regulations—the legally binding instrument, which governs the reporting of epidemic-prone diseases and the application of measures to prevent their spread. The global system also has the capacity to work with countries in investigating dangerous pathogens and confirming case diagnoses.

Scientists and laboratories from this Western Hemisphere are critical to the global disease surveillance system. They have also joined the international response to many

outbreaks—including containment of the largest recorded outbreak of Ebola, which began in Uganda in October of last year.

Surveillance is critical, within this Region, as we respond to the threat of dengue and dengue hemorrhagic fevers. Responding is not easy. There is no simple effective intervention for preventing and controlling dengue and, again, the key is joint action through organizations working in partnership.

As with malaria, the nature and combination of these actions may vary from country to country. But what is universal is the need to mobilize political commitment for doing what is necessary to control the spread of dengue, and the suffering it causes.

Surveillance becomes all the more vital as we must prepare for the possibility that people are deliberately harmed with biological or chemical agents. The right response is important. Protocols for containing the resulting disease outbreaks—whether caused by anthrax, hemorrhagic viruses, other pathogens, biological toxins or noxious chemicals—are available to the medical profession through the WHO website. During the last week, we have upgraded our procedures for helping countries respond to suspected incidents of deliberate infection.

Madam Chair, within this Region PAHO's program of supporting national health information systems has contributed to the range of indicators available for monitoring health system performance.

At the same time, many countries have indicated the need for internationally standardized methods for data collection. WHO is responding with support for regular national health surveys through helping countries adapt different elements of the protocol for the World Health Survey developed during the last year.

Another kind of information may be needed to help a head of State, or a Health Minister, answer the question “How well is our health system working?” and to permit the comparison of health system performance between different provinces or states within a country. To this end, WHO has been working on composite indices of health system performance which take account of the extent to which a health system produces health, responds to people’s expectations, is fairly financed and contributes to equity.

Preliminary results, as you know, were published within the World Health Report 2000. Many Members States valued this new approach, though some also have had questions about methodology, about data sources, ranking procedures and utility. Concerns were expressed in this regional meeting last fall.

At the Executive Board in January of this year, I proposed a series of consultations on approaches to assessments of health systems performance, a peer review of the methodology used by WHO, and the provision of expert advice on how best to take this work forward. This is now underway, and many of you are involved.

I also note the recent wish by some countries that this review be expanded to cover measures like “Disability-Adjusted life expectancy,” which has been in use for some years and was recently renamed “Healthy life expectancy.”

I am taking a personal interest in the consultations and the peer review and will be submitting a report based on the findings to the Executive Board in January 2002. I anticipate that we will then be able to decide on a well-accepted approach for the assessment of the overall performance of national health systems to be published by WHO in 2002.

Madam Chair, tobacco continues to be a tremendous threat to the health of people throughout this Region. Yet I must commend the Region, and Dr. Alleyne in particular, for the expanded emphasis on activities to reduce tobacco use over the past few months.

I am pleased to see the number of countries taking action to reduce the number of young people who begin smoking or to help those who wish to quit to do so. You will agree that much more needs to be done given the increased effort by tobacco companies to circumvent these efforts. That is why governments must remain fully engaged in negotiation of WHO's Framework Convention on Tobacco Control until the Convention has been finalized, hopefully in 2003.

I am particularly encouraged by the efforts of Brazil's Health Minister, José Serra, to find a common approach among a group of Latin American countries in Rio during November.

We face other controversies as well as those associated with tobacco. Public-private research partnerships, regimens for disease management, the revision of lists of medicines essential to tackle priority health problems, strategies for procuring quality medicines at low cost, and recommendations on nutritional or environmental health issues are all the subject of intense debate. Member States want increased interaction with the Secretariat on these issues—both directly and through the Executive Board and the World Health Assembly. The challenge is to insure that WHO's normative work always reflects the best available evidence, while enabling Member States to debate ways in which this normative work is taken forward.

Further controversies surround the difficult choices made by health professionals about how to allocate resources for health. These are complex, and frequently have

ethical dimensions.

Human genome studies show that not only are we all of one race with one shared humanity and gene pool: despite our diverse builds, colors, shades and shapes we are more alike than we ever thought. Our common nature needs protection and nurturing. That is why I would like to upgrade WHO's work on ethics and—in the words of the USA Surgeon General, David Satcher, make sure that “our ethics are as good as our science.”

So we will gear up to support Member States more on health and ethics—to help with Ethics in Public Health and Health Research. We will also address ethical aspects of biomedical science, including work on the human genome, stem cell research and cloning. The initiative will link up with other UN system agencies, particularly UNESCO. Initially it will report directly to me. I look forward to discussing plans with the Executive Board and the Health Assembly next year.

Madame Chair, all our work is for countries but only a part of it is in countries. Country work, though, is critical and our Country Representatives are at the center of all we seek to do.

We are committed to improving the capacity of the WHO teams in countries who need us most, so that they are better equipped to contribute to better and more equitable health outcomes. Country representatives and Regional Offices will play a central role in making this happen. They will built on our recent experiences with establishing strategies for cooperation with individual countries, and link effectively with the global initiatives established in support of country action.

The work of WHO's Regional Offices and departments in Headquarters is summarized within the corporate strategy for WHO's Secretariat that was agreed by Member States during 1999. This is the basis of the General Programme of Work for 2002 –2005.

During 2000, the Secretariat established a Strategic Programme Budget, identifying 35 areas of work across the Organization. This formed the basis for the expected results, milestones, activities and allocation of regular and extrabudgetary resources for the 2002-2003 biennium.

I will now be working with the Regional Directors over the coming months to develop a proposed set of global priorities for the next period, 2004-2005. We will draw on your deliberations at this Regional Committee. My proposals will then be presented to the Executive Board when it meets in Geneva in January 2002.

Finally, Madam Chair, as health professionals, the challenges we face today are greater than ever. We are united in our struggle against poverty and inequity, and we are intensifying our response. We know that the actions to tackle terror, hunger and disease will require careful decisions and sensitive responses. Demands for humanitarian action are already on the rise, and we can expect them to increase further.

The WHO Secretariat will respond as best it can to the legitimate expectations of all—wherever they live, whatever their beliefs, whether wealthy or poor, woman, child or man—in ways that reflect our underlying respect for the dignity and potential of all people everywhere. This is what all people expect of our Organization, and the professions that we represent.

I wish you well as you take forward the important agenda of this week and of the coming year. Thank you very much.

ITEM 2.1 APPOINTMENT OF THE COMMITTEE ON CREDENTIALS
PUNTO 2.1 NOMBRAMIENTO DE LA COMISIÓN DE CREDENCIALES

The SECRETARY stated that under Rule 31 of the Rules of Procedure, the Committee on Credentials consisted of three delegates of Members or Associate Members. The Committee was to be appointed by the Council at the beginning of the first meeting to examine the credentials of the delegates of Members and Associate Members and representatives of Observer States and report to the Council thereon without delay. The Committee on Credentials would meet as soon as the Members had been appointed and the Council would suspend its meeting until the Committee was ready to report back.

The PRESIDENT said that at the meeting of Heads of Delegations earlier in the morning, Brazil, Nicaragua and St. Vincent and the Grenadines had been proposed to form the Committee on Credentials. If there were no objections, Brazil, Nicaragua and St. Vincent and the Grenadines would be nominated to the Committee on Credentials.

*It was so decided.
Así se acuerda.*

*The meeting was suspended while the Committee on Credentials met.
Se suspende la reunión mientras se reúne la Comisión de Credenciales.*

FIRST REPORT OF THE COMMITTEE ON CREDENTIALS
PRIMER INFORME DE LA COMISIÓN DE CREDENCIALES

El representante de la COMISIÓN DE CREDENCIALES dice que, de acuerdo con el artículo 31 del Reglamento Interno del Consejo Directivo, la Comisión de Credenciales, integrada por los delegados de Brasil, Nicaragua y San Vicente y las Granadinas, llevó a cabo su primera reunión el 24 de septiembre de 2001 a las 10:00 a.m. La Comisión examinó las credenciales entregadas al Director de la Oficina de conformidad con el artículo 4 del Reglamento Interno del Consejo, y encontró que las credenciales de los delegados de los Estados Miembros, Miembro Asociado y Representante del Estado Observador que se citan a continuación se presentaron en buena y debida forma, razón por la cual la Comisión propone que el Consejo reconozca su validez, con algunas observaciones. Los Estados Miembros que presentaron sus credenciales son: Antigua y Barbuda, Argentina, Bahamas, Barbados, Bolivia, Brasil, Canadá, Colombia, Costa Rica, Cuba, Dominica, Ecuador, El Salvador, Estados Unidos de América, Francia, Grenada, Guatemala, Guyana, Haití, Honduras, Jamaica, Perú, Reino Unido, República Dominicana, San Kitts y Nevis, Santa Lucía, San Vicente y las Granadinas, Suriname, Trinidad y Tobago, Uruguay y Venezuela. Estado Asociado: Puerto Rico. Estado Observador: España.

Decision: The first report of the Committee on Credentials was approved
Decisión: Se aprueba el primer informe de la Comisión de Credenciales

ITEM 2.2: ELECTION OF THE PRESIDENT, TWO VICE PRESIDENTS, AND THE
RAPPORTEUR
TEMA 2.2: ELECCIÓN DEL PRESIDENTE, LOS DOS VICEPRESIDENTES Y EL
RELATOR

The SECRETARY stated that, under Rule 16 of the Rules of Procedure, the Directing Council was to elect Members or Associate Members to the Presidency, the two Vice Presidencies, and the office of Rapporteur, respectively, who would hold office until their successors were elected. Each elected member or associate member should designate a person on its delegation to serve in that office for the duration of the session.

The Delegate of the United States nominated Colombia.

Decision: Colombia was unanimously elected to the Presidency

Decisión: Colombia es elegida por unanimidad para ocupar la Presidencia

La PRESIDENTA agradece el honor que le hacen a Colombia, al designarla Presidenta de la Sesión. Está convencida de que los temas que serán tratados a lo largo de la semana son de enorme interés para los Estados Miembros de la OPS y espera que las deliberaciones, así como las decisiones que se tomen, reflejen la unidad de los ideales panamericanos en torno a la salud y el fortalecimiento de la Organización.

Lamenta que la presente Sesión haya sido procedida del repudiable ataque terrorista que ha afectado no solamente a los Estados Unidos sino al mundo entero y especialmente a países como el suyo que han conocido por años ese flagelo. Sin embargo, la presencia de los delegados en esta ocasión ratifica que nada les impedirá seguir adelante para tratar de alcanzar la meta de todas las gentes de bien: tener un mundo en paz, equitativo y saludable.

Seguidamente dice que corresponde elegir a los dos Vicepresidentes.

The Delegation of CANADA nominated Haiti.

El Delegado de ARGENTINA propone a Costa Rica.

Decision: Haiti and Costa Rica were elected to the Vice Presidencies

Decisión: Haití y Costa Rica son elegidos para ocupar las Vicepresidencias

La PRESIDENTA pide que se nominen candidatos para Relator.

The Delegation of BAHAMAS nominated the United States.

Decision: The United States was elected to the office of rapporteur

Decisión: Estados Unidos es elegido para ocupar la relatoría

ITEM 2.3: ESTABLISHMENT OF A WORKING PARTY TO STUDY THE APPLICATION OF ARTICLE 6.B OF THE PAHO CONSTITUTION

TEMA 2.3: ESTABLECIMIENTO DE UN GRUPO DE TRABAJO PARA ESTUDIAR LA APLICACIÓN DEL ARTÍCULO 6.B DE LA CONSTITUCIÓN DE LA OPS

The SECRETARY referred to the provisions of Article 6.B of the PAHO Constitution, pertaining to the suspension of voting privileges of any Member State in arrears in an amount exceeding the sum of two full years' annual payments at the opening of a session of the Directing Council. In keeping with past practice, the Directing Council was asked to appoint a Working Party consisting of the delegates of three Member States to study the application of that article.

La PRESIDENTA informa que los jefes de delegación se reunieron temprano en la mañana y decidieron proponer a Bahamas, Canadá y Chile para constituir el grupo de trabajo. De no haber objeción a esta propuesta, los delegados de esos países formarán parte del Grupo de Trabajo, que recibirá el apoyo del señor Mark Matthews, Jefe del Departamento de Presupuesto y Finanzas.

Decision: The delegates of Bahamas, Canada, and Chile were appointed members of the working party

Decisión: Los delegados de Bahamas, Canadá y Chile quedan nombrados miembros del grupo de trabajo

ITEM 2.4: ESTABLISHMENT OF THE GENERAL COMMITTEE

TEMA 2.4: ESTABLECIMIENTO DE LA COMISIÓN GENERAL

The SECRETARY indicated that, according to Rule 32 of the Rules of Procedure, the Directing Council was to establish a General Committee consisting of the President of the Council, the two Vice Presidents, the Rapporteur, and three delegates to be elected by the Council. The President of the Council would serve as President of the General Committee.

La PRESIDENTA dice que, en el marco de conversaciones habidas en la mañana, los jefes de delegación han convenido en que Cuba, México y la República Dominicana integren la Comisión General.

Decision: The delegates of Cuba, Mexico, and the Dominican Republic were elected member of the General Committee.

Decisión: Los Delegados de Cuba, México y República Dominicana quedan elegidos miembros de la Comisión General.

ITEM 2.5: ADOPTION OF THE AGENDA

TEMA 2.5: ADOPCIÓN DEL ORDEN DEL DÍA

The SECRETARY explained that, pursuant to rule 10 of the Rules of Procedure, it was incumbent on the Council to adopt its own agenda, and that in so doing it might

make modifications or additions to the provisional agenda prepared by the Executive Committee and distributed in advance (CD43/1, Rev.2).

La PRESIDENTA pregunta si alguien desea hacer alguna observación sobre el orden del día.

El delegado de COSTA RICA señala que en el temario figura un análisis sobre el VIH/SIDA y solicita que en el momento oportuno, la delegación del Brasil informe al Consejo sobre los tratamientos exitosos que hayan aplicado a los enfermos de VIH/SIDA en su país.

Decision: The agenda was adopted

Decisión: Se aprueba el orden del día

ITEM 3.2: ANNUAL REPORT OF THE DIRECTOR OF THE PAN AMERICAN
SANITARY BUREAU
TEMA 3.2: INFORME ANUAL DEL DIRECTOR DE LA OFICINA SANITARIA
PANAMERICANA

The DIRECTOR noted that in its overview of the performance of the countries of the Region during the year 2000, the Inter-American Development Bank had stated that the international environment in 2000 had generally been favorable to Latin America and the Caribbean. That was due mainly to growth in the United States, higher international prices for oil and other major commodities, and the continued access of all countries to international capital markets. The governments of the Region had held firmly

in the year 2000 to their commitment to macroeconomic stability and to structural reform; thus, the availability of external financial resources for the countries had improved, especially considering the difficult conditions that had prevailed during the series of crises in South East Asia. It was a positive sign that the net inflows of private capital into Latin America and the Caribbean had risen from around \$51 billion in 1999 to approximately \$67 billion in 2000. Economic growth in the Region had exceeded 4% in year 2000, indicating a significant recovery with respect to the previous year. Moreover, all the countries that had experienced some decline in GDP in the previous year had posted positive growth rates. The year 2000 had seen a strong and encouraging recovery of Latin American trade flows, and after a steep decline in the mid-1980s and 1990s, there was a lot of optimism in the Region of the Americas in the year 2000. The integration movements in the Region were moving forward and, in some cases, expanding their membership or seeking closer links with other groups in the Region.

The President of the Inter-American Development Bank had pointed out that had the countries of the Americas not put in place their basic infrastructure and had they not been so diligent in applying macroeconomic stabilization programs, the problems that had beset the Region in the first part of 2001 would have been an absolute disaster. On the political front, the Region had been very stable; elections had been held in nine countries, leading in some cases to changes of government. A measure of that internal stability had been the relative permanence of ministers of health. Health issues had been a major plank in the Summits of the Americas, and he was pleased with the support that the highest levels of government had given to health in their deliberations. PAHO continued to support subregional initiatives in the year 2000. It had continued to serve as Secretariat

for the Meeting of the Health Sector of Central America and the Dominican Republic (RESSCAD). He was particularly pleased that the heads of government of the Caribbean region had adopted the slogan that “The health of our region is the wealth of our region”.

In spite of the positive economic growth, however, some 220 million persons were still living in poverty. Although recent studies had demonstrated that the level of poverty had not actually increased, the situation of inequality between countries continues to be a matter of concern. The question of how to stimulate economic growth and at the same time to diminish poverty remained a conundrum. He remained convinced that health was going to be instrumental in the fight against poverty. The progress that had been made had not been reflected in a reduction of the inequality for which the Region had a dubious reputation. The principles of equity and the spirit of Pan Americanism remained valid.

It had been a saying of his father's that there was nothing new under the sun, and indeed, the current concern for health promotion was not really new. The great medical historian, Henry Siegreest, had been the first person to speak of health promotion and to point out what needed to be done to promote health. There had been numerous attempts to define the kind of health that Siegreest had wanted to promote and the kind of health that was enshrined in the WHO constitution. Almost all such attempts had been rooted in the concept of the wholeness or integrity that constituted health. They had sometimes been criticized because they did not give quantifiable measures, but one of the great challenges for people was to be able to grasp those things that they knew intuitively to be real and vital for wholeness, but could not be seen or touched or measured. Perhaps the most important advance in health promotion had come from Canada with the landmark

publication of the Lalonde report. Thus, the world, at least the Western world, had moved from an aristocratic approach of the promotion of health of the few through the prevention of disease for the many, to a stage in which the emphasis was on the complementarity between the prevention for the disease of the many and the promotion of the health of the many. There was speculation as to whether the growth of interest in applying health promotion to the many would ever have taken place if there had not already existed a sizable portion of the world's population that could afford to be less preoccupied with the prevention of the diseases of the many. Perhaps it was not so accidental that the imperative for the focus on health promotion of the many should have arisen in Canada, which was often credited with maintaining a more egalitarian approach in many health matters.

On the issue of health promotion, various strategies had been set out very clearly in the Ottawa Charter, but it was important not to lose sight of the responsibility of the State to elaborate public health policies that would make a fundamental contribution to health promotion. He understood public policy to mean the guiding framework for State action and healthy public policy to mean those guidelines that sought to promote or restore health.

From the perspective of an organization such as PAHO, one of the most important decisions it could make was to advance and advocate specificity in addressing healthy public policy. The principal strategy of health promotion could be applied in almost all the work of an organization like PAHO, and health promotion was applicable to the actions taken to prevent and control communicable diseases as well as non-communicable diseases, although the early focus had been on the non-communicable

diseases. Health promotion could also be applied in the area of environmental health. He had decided when the Bureau was restructured to have a division of health promotion and protection, not because health promotion and protection did not have a place in other areas, but because he wanted to be able to demonstrate that in at least three programs, one could find clear application of the essential strategies of health promotion.

He would try to examine some of the work carried out in 2000 under that heading, and try to show how all of PAHO's programs could apply some if not all of the essential strategies of health promotion. The focus on equity was not being neglected, because the focus on health promotion was in fact conducive to or contributed to reducing inequity in the Americas. Perhaps the most outstanding event of the year 2000 had been the Fifth Global Conference for Health Promotion—"Health Promotion: Bridging the Equity Gap"—held in June 2000 in Mexico City. He was grateful to the Government of Mexico, both for the physical and logistic arrangements and for its intellectual contribution to the Conference, which had brought together over a hundred countries to review the lessons learned since the first conference, held in Ottawa, and to renew the commitment to promote the health of the world's people. The participating delegations had signed the "Ministerial Statement for the Promotion of Health: From Ideas to Action", also known as the Mexico Declaration. The Organization had made every effort to support the preparation of nationwide health promotion plans of action which were tailored to each country's circumstances. It did so also because it was required to inform the Director General of the World Health Organization of the progress made in the performance of the above actions.

Although he could not refer to all the activities related to healthy public policy that had been carried out in all of the countries, he wished to mention the experience of Chile, where health promotion had been established as a State policy. The Ministry of Health was working with some 24 national agencies through the National Council for Health Promotion known as VIDA CHILE.

The Organization's technical cooperation in adolescent health was firmly planted within the context of health promotion. Technical cooperation was a key to the incorporation of adolescent health issues on the agenda of the Fifth Ministerial Meeting on Children and Social Policies of the Americas held in Jamaica in October 2000 and the Kingston Consensus on Children and Social Policy in the Americas that had resulted from that meeting and was an important document of which everyone should take cognizance.

One of the most significant public policy developments in health promotion had been the beginning of negotiations on the Framework Convention on Tobacco Control, which would be the first international health treaty of its kind. Approximately 25 countries in the Region had participated in the process, and in the year 2000 significant tobacco policy developments had taken place in the countries, including Brazil's passage of a wide range of restrictions on tobacco advertising which were now the most comprehensive in Latin America. Canada had introduced new health messages that covered half the surface area of any tobacco packaging and provided advice to smokers. The enthusiasm with which the issue had been taken up by all the countries of the Americas was gratifying.

Although a lot of attention had been focused on the young, it was important not to forget that the elderly continued to be a rapidly growing segment of the population and that the strategies of health promotion applied equally to the elderly. Canada and Mexico had been working together to advance the development of a model of healthy public policy for aging. In the Caribbean, the Charter on Health and Aging had gained significant support and attention. PAHO and the Governments had made a special effort to enlist the media in the area of health promotion; in the Caribbean, the annual media awards were seen as an opportunity for the media to showcase their work in the area of health.

Much of the traditional foundation of public health had been in the area of maternal and child health. A significant event in the year 2000 had been the consolidation of the regional inter-agency task force on maternal mortality reduction. One of the early applications of the findings of that task force would be in Haiti, where the Minister of Health had drawn attention to the situation existing in his country, where five of every thousand women who gave birth died. It was a collective responsibility of all members of the Organization to see what could be done within the context of a strategic plan to reduce maternal mortality in Haiti.

In the area of health systems and services, attention must be paid to mental health. The Director General had mentioned the Declaration of Caracas, and the Government of Venezuela had continued to be enthusiastic and interested in putting in place the kinds of programs that would strengthen their mental health services. During the year 2000, PAHO had also focused not only on the psychiatric care that was an essential part of the Declaration of Caracas, but had paid much more attention to the issue of depression.

Some 24 million persons in the countries of the Americas suffered from depression and were not being adequately treated. He was very grateful to the Government of Panama for the effort that they had made to introduce innovative measures for dealing with depression, including looking for new actors in the fight against depression. They were convinced that the problem of depression could not be overcome if it was left only to the psychiatrists; consequently, an effort was being made to involve other actors, including priests and hairdressers, in identifying persons with symptoms of depression and encouraging them to seek appropriate therapy. It was to be hoped that such programs would be extended to other countries of the Americas, given that a disease such as depression could not be treated only at the therapy level, but needed to be treated at the primary level as well.

One of the divisions of the Organization has been that of health and development. Many of the efforts of that division had been in the identification/clarification of the meaning of equity and what needed to be done to identify the inequities that arose in the determinants of health outcomes. As a result of the publications, meetings, and technical cooperation in that field, the issue of equity had become an area in which concrete work was being done at the level of the member countries. He was very pleased to see that during the course of 2000, Brazil, Canada, Ecuador, El Salvador, Mexico, and the United States had worked together to provide training to measure and analyze inequities in health, as well as to develop and analyze policies designed to reduce those inequities. In collaboration with WHO, PAHO had initiated a study on health and poverty reduction in 19 low-income countries of the Region, given the instrumental role played by health in the reduction of poverty.

He had been pleased to hear the Director General mention the issue of bioethics. The Organization's regional program, situated in Chile, had made major advances in the course of 2000 and was expanding its reach to other countries. A training course had recently been completed in the Dominican Republic with a view to ensuring that more and more people in the Americas were aware of the importance of ethics, not only to research, but also in terms of resource allocation. He wished to thank the Government of Chile for the support it had given to the maintenance of the Center on Bioethics.

There was a need for adequate dissemination of information about health and human development. The Virtual Health Library provided an excellent means for disseminating such information. The Latin American and Caribbean Center on Health Sciences Information (BIREME) had put together all the documentary resources of the Region so as to make them available to everyone. He wished to thank the Government of Brazil for their participation in BIREME. He was fully confident that the day would come when the Virtual Health Library would be the "Yahoo.com" of health information in the Region.

Environmental protection and development was a key issue that ministers of health must not neglect. Within the framework of the Regional Plan of Workers' Health, PAHO had sought to work with the countries on standardizing legislation on workers' health, beginning with the Central American region. That effort would be presented to the International Labour Organization, the Commission for Labor Cooperation of the North American Free Trade Agreement, and the Ministers of Labor in order to sensitize the ministers of labor once again, if they needed sensitization, to the fact that workers' health

constituted a point of convergence between themselves and their fellow ministers of health.

Progress in water sanitation and solid waste would be discussed under a separate agenda item. Although much remained to be done, some advances had been made. PAHO had tried to look at many other areas, including communicable and non-communicable diseases and health promotion. The promotion of healthy communities and the promotion of primary environmental care was essential for the control of dengue.

On his visit to Paraguay in May 2000, he had visited the delightful community of Atyrá, a city that had the nomenclature of being a healthy city, to the extent that there was no dengue reported in that particular little community. It was important not only to think of things that could be done internally in the area of environmental health; external noxious agents also created difficulties within the environment. He had been pleased to see during 2000 the Central American countries taking firm measures to prevent pesticide poisoning. At the tenth meeting of RESSCA, the Ministers of Health of Central America had agreed to restrict the use of 12 pesticides that caused most of the pesticide-related illnesses and deaths in that region. They had subsequently moved very aggressively to reduce the use of pesticides and try to identify more clearly some of the noxious health effects of pesticides.

A fast-growing movement in the Americas was that of the Ecoclubs, which had started in Argentina. There was nothing more gratifying than to see those young people, their fresh faces full of enthusiasm, believing that they could play a role in preserving the environment, not only for their own use but for generations to come as well.

In the area of health systems and services, one of the major challenges that the Americas had faced in the year 2000 was the Public Health in the Americas Initiative, given that in much of the enthusiasm for reform, many of the essential functions of public health had been left aside. PAHO had engaged all countries of the Americas in an exercise to look at the extent to which essential public health functions were being carried out. The Director Emeritus, Dr. Carlyle Guerra de Macedo had helped in that effort, in collaboration with many of the countries, especially the United States Centers for Disease Control and Prevention and the Center for Latin American Health Systems in Chile. PAHO had developed an instrument for measuring the extent to which essential public health functions were being carried out. That was one of the major challenges facing the Organization.

Another major challenge was that of human resources in health sector reform. Although everyone agreed that human resources were important, very little attention had been given to human resources management. Much attention had been given to training and less attention to policy issues, while very little attention had been given to the management of the health of human resources once they are in the services. One of the great challenges that PAHO had embarked on in the year 2000 was the establishment of the “Observatory of Human Resources in Health Sector Reform”, a regional initiative for the production and dissemination of information on human resources. The aim was to improve the management of human resources once they have been trained.

In the more traditional areas of disease prevention and control, the project on cervical cancer, which was supported partly by the Gates Foundation, had made considerable progress. He was deeply chagrined at the appearance of foot-and-mouth

disease in the Southern Cone; however, it was encouraging that at the recent Meeting of Ministers of Health and Agriculture, very firm decisions had been taken about the role that PAHO could play in order to put an end to that disease, which affected not only animal health, but human health as well.

He wished to draw attention especially to the integrated management of childhood illness, where significant progress had been made in the year 2000. It was expected that by the year 2002, 100,000 children's deaths would have been prevented.

He would not discuss the issues of dengue and HIV/AIDS because they would come up for discussion later in the session, as would the area of immunization. He wished to point out, however, that in the year 2000 there had been only around 1,760 cases of measles in the whole of the Americas. That achievement was due to the dedication of the health workers of the Americas and the support of the Ministers of Health.

Turning to the area of external strategic approaches, he said that he was pleased to report that in the year 2000, he, the President of the Inter-American Development Bank, and the Vice-President for Latin America of the World Bank had signed an agreement which they had called a Shared Agenda. The Pan American Health Organization was as much a development agency as were the Inter-American Development Bank and the World Bank. They should be able to put their heads and their hands together so as to ensure that a more coordinated approach was taken to health development in the countries of the Americas. Indeed, progress had been made in several areas. In the area of national health accounts, of pharmaceutical policies, of HIV/AIDS, the three agencies

had been working together in the countries, both at the regional level and hopefully, more and more at the country level.

In terms of external approaches, he had already mentioned the summits, specifically the 1994 Summit of the Americas, the 2001 Summit of the Americas, and the Ibero-American Summit held in Panama. PAHO took the mandates of those Summits seriously and would continue to work with the Member Countries so as to ensure that the mandates originating in those summits were reflected in the work of the Organization.

He was also enthusiastic about the issue of information, i.e., promoting health through public information and through the various health days, such as World Health Day, AIDS Day, and others. In Manila, he had seen an advertisement on CNN about health in the Americas. The Organization did not pay for it; it was provided voluntarily by CNN.

During the course of 2000, work had begun more in earnest on the streamlining of the Organization's programming processes, even though the National Accounting Office of Great Britain had given it very high marks in that area. Work was proceeding on a strategic plan for the Secretariat which would be submitted to the Governing Bodies in 2002. That effort involved a complete revision of the Organization's vision, its mission and the essential strategies to be followed. The underpinning for organizations like PAHO was not only political, it is often legal, and he was proud to report that thanks to the skill and hard work of PAHO's Legal Office, no judgments had gone against the Organization in the past 7 years.

Improvements had continued in the PAHO building, and in the year 2000, several resources had been dedicated to the training of the staff. In 2000, the Administration and

the Staff Association had launched a joint initiative to promote a healthy work environment within the Organization. One of the aspects of that healthy environment had been the hiring of women: 44% - 45% of the professionals hired had been women.

He now wished to refer to some of the traditional areas of administration, including the Organization's Conference and General Services. The remodeling and maintenance of the main building had been a heroic task which had been undertaken by the administrative services with great skill. The areas of Budget and Finance had performed efficiently as well. When the Head of Budget and Finance and the Head of Treasury had gone to New York to discuss PAHO's portfolio with Citibank, the delegates from Citibank had stated that the Organization was doing such a good job they had nothing to offer. Fiscal prudence is the Organization's watch word.

Considerable progress had been made in the area of information technology, in spite of the problems of costs. The Administration had made every effort to keep reasonably up to date.

Finally, he wished to express his appreciation to all the staff, not only in Washington but throughout the countries of the Americas. He was really very proud of them, because they had done a good job, and he hoped that Member States were equally proud of them.

The Delegate of CANADA, alluding to the earlier remarks of Secretary Thompson, affirmed his Government's support for the United States in the wake of the terrorist attack of 11 September 2001.

Continuant en français le Délégué du CANADA a dit être bien conscient du travail que nécessite la production du rapport et être particulièrement heureux que le Directeur ait choisi la promotion de la santé comme thème central. La promotion de la santé est un domaine en plein essor ou l'on continue d'innover. La cinquième Conférence Mondiale sur la promotion de la santé tenue à Mexico et la récente conférence à Paris de l'Union Internationale de la promotion de la santé et d'éducation pour la santé ont bien illustré les changements apportés à la théorie et à l'application des principes de promotion de la santé afin de répondre aux nouveaux défis en santé.

La tendance vers l'analyse et la documentation des données probantes liées à la promotion de la santé présentent un intérêt particulier pour le Canada afin de pouvoir améliorer efficacement la santé et le bien-être de sa population. Il faut examiner les mesures qui ont donné de bons résultats et celles qui n'ont pas été fructueuses. Le Canada serait heureux de collaborer avec l'Organisation afin de fournir des exemples d'activités de promotion de la santé menées aux échelons national, provincial, territorial et communautaire.

Continuing in English, he said that Canada was pleased to see that health promotion was being integrated into the work of all divisions of the Organization. In his delegation's view, health promotion would play an important role in the future work of PAHO in three key areas. The first was tobacco control. Canada urged the Organization to continue its efforts to promote tobacco control in the Region and congratulated Brazil on its proposal to host a meeting in the fall prior to the negotiating session for the international Framework Convention on Tobacco Control. The convention process was not a process involving only governments; it was a process that should result in real change and affect

the lives of real people. The engagement of civil society was crucial therefore to the success of the convention and other health promotion interventions.

The second important area for health promotion was environmental health. At the Third Summit of the Americas, held in Quebec City, Canada, in April 2001, it had been proposed that a joint meeting of ministers of health and environment be held to address the impact of unsustainable environmental activities on health. His delegation was pleased that PAHO was playing an active role in organizing that meeting, which would probably take place in Canada in the spring of 2001, and urged colleagues in the health sector to attend the meeting and solicit the support of counterparts in the ministries of the environment. The final area of importance was bioethics. Issues such as assisted human reproduction and other issues associated with bioethics were of great interest not only to the Government of Canada, but to a growing number of governments of both developed and developing countries throughout the world.

The Director's report made it clear that much remained to be done to achieve better health in the Americas. Canada was privileged to have worked closely with a number of the other countries and with the staff of the Organization on its technical cooperation efforts, and it looked forward to renewing and strengthening those relationships in the future.

The Delegate of the UNITED STATES OF AMERICA thanked the Delegate of Canada for his words of support and expressed his Government's gratitude to all the delegations for their expressions of sympathy and solidarity. His delegation congratulated the Director on his Annual Report, which thoughtfully emphasized a theme that was an

integral part of the mission of PAHO, namely, health promotion. The report highlighted the importance of public policy and its impact on health. It also reflected the strong partnership and shared vision of health in the Americas, which would enable collective action for the development of healthy public policies to benefit all citizens of the Region. His delegation appreciated the efforts of the Director to help provide the Member States with an evidence base that would enable them to better assess how health promotion could influence health outcomes and how good policies could have a positive impact on health.

He was pleased to report that the United States was launching a major initiative on health promotion and preventive health care. The campaign would be conducted bilingually, in Spanish and English, with a view to reaching as many segments of the population as possible. In addition, Secretary Thompson would be visiting both Canada and Mexico in the fall and would emphasize health promotion during those visits.

El Delegado de ARGENTINA aprovecha la oportunidad para dejar constancia de la solidaridad de su país con el pueblo estadounidense a raíz de los ataques terroristas del 11 de septiembre y propone que se redacte un proyecto de resolución como manifestación de repudio al terrorismo y de condolencia a los Estados Unidos de América por la situación que está padeciendo. El documento debe condenar abiertamente el terrorismo y brindar apoyo, solidaridad y consuelo a sus víctimas.

A continuación el orador afirma que en la figura del Director y sus colaboradores su país ha encontrado una fuente permanente de apoyo a medidas de prevención con las que se pretende mejorar la salud con una visión nueva y diferente, sin limitarse a

responder a casos de enfermedad. Cita como ejemplo el caso de la vacunación, y expresa su fe en que, mediante acciones preventivas, se puede mejorar las condiciones sociales y erradicar algunos problemas que son endémicos en esta Región.

Recuerda que, para hacer frente a la escasez de vacunas, en otra oportunidad se destacó la importancia de contar en el futuro con tres fuentes de producción en las Américas, siendo una de ellas un instituto argentino de producción de vacunas que podría concentrarse en la lucha contra las enfermedades prevenibles.

Señala entonces los aspectos éticos que habrá que afrontar en el futuro en relación con la inseminación artificial, el desarrollo del embarazo y de la vida y, la medida en que habrá que invertir en estas tecnologías que plantean tan gran desafío en el futuro. La OPS deberá determinar cómo deben invertirse los recursos tecnológicos de un modo racional para poder ofrecer a todos la mejor protección de la salud mediante un enfoque preventivo y medidas de promoción de la salud. Ello conlleva la necesidad de modificar la formación de los recursos humanos en el campo de la salud en conjunto con las universidades, según la estrategia de atención primaria adoptada en Alma-Ata.

Reitera que es posible alcanzar la meta de salud para todos mediante acciones de prevención y menciona el ejemplo de Argentina, en donde tras muchos años de padecer una enfermedad endémica como la de Chagas, que afectaba a 19 provincias, ya hay cuatro provincias libres de la enfermedad y una quinta que ha registrado solamente un caso. En este tipo de iniciativas se debe contar con la participación activa no sólo de los sectores que guardan relación con la salud, sino de toda la comunidad. La salud debe ser una política del Estado y hay que luchar por protegerla más allá de los procesos

electorales y de cambios de gobierno, favoreciendo procesos transformadores que tengan continuidad.

Para terminar agradece al Director y a la OPS su apoyo a las iniciativas orientadas a lograr que la salud para todos sea pronto una realidad.

El Delegado de BOLIVIA también expresa la solidaridad de su país con los Estados Unidos de América tras los recientes actos terroristas.

Dice que el Presidente Jorge Quiroga ha encomendado mejorar la agenda política institucional de Bolivia mediante el fortalecimiento del sistema electoral, una reforma constitucional y reformas institucionales y judiciales conducentes a la institucionalización del sector de la salud. Simultáneamente se estará trabajando en una agenda económica globalizada y una agenda social orientada a lograr mayor equidad.

Asimismo, explica que los recursos de alivio a la deuda externa se usarán para contratar una gran cantidad de personal para satisfacer las necesidades de personal de salud en los próximos años y que la reforma del sector de la salud se lleva adelante, por primera vez, con un enfoque general orientado a la salud ambiental y a la promoción de la salud.

Señala la importancia de prestar atención a la salud en las zonas fronterizas. Bolivia, por su parte, tiene estrecho contacto con sus países vecinos. El Delegado insta a todos los delegados a aprovechar su presencia en esta sesión para intercambiar ideas sobre los planes, proyectos o actividades de cada país en este campo.

El Delegado de PERU comenta que es vital considerar a la salud como un componente esencial de desarrollo humano para el fortalecimiento del nuevo equilibrio

de poder que se quiere construir en el mundo. Por eso desea unirse al dolor del pueblo estadounidense, si bien lamenta que sea el dolor y no la paz lo que empuje a una visión hemisférica compartida y a una acción conjunta contra las fuerzas terroristas. El gobierno de Perú, dice que está absolutamente comprometido con la política del Presidente George W. Bush.

Es importante recuperar la visión integral de lo que es el proceso de la salud. Sin duda el decenio anterior fue uno de debilitamiento hemisférico, multiplicación de la pobreza, acumulación de la población laboral en el sector terciario de servicios y comercio, e incremento del sector laboral informal. Esa situación ha tenido un impacto terrible en la salud y es preciso resolverlo combatiendo sus causas. Es necesario adoptar de nuevo la visión integral de la salud, que se ha perdido bajo una visión sectorialista.

En efecto, el fortalecimiento hemisférico significa que debe haber una política compartida y también una integración de las acciones. Los procesos de descentralización que han fallado en muchos de los países tienen que ser vistos desde una nueva perspectiva, estableciendo claramente los factores que buscan el Banco Interamericano de Desarrollo y el Banco Mundial y que todavía no han sido definidos y van a tener un impacto vital en la salud.

Desea resaltar la importancia de los recursos humanos. En su país, el gobierno del Presidente Alejandro Toledo está diseñando una política de recursos humanos en el sector salud, que incluye la capacitación permanente del personal, un régimen de incentivos y la protección de la carrera profesional. El país está dispuesto a compartir sus experiencias con otros países y a nutrirse de las de ellos. En este sentido, se acaba

de formar un vínculo importante con Cuba a fin de mejorar los sistemas de administración en el sector de la salud.

Otro problema que se nota en la América Latina es la desintegración de los sistemas y la necesidad de coordinación para recuperar el tema fundamental de la cobertura total de la atención de salud. En Perú, el 25% de la población ha sido excluida de la atención de salud durante los últimos 10 años. Urge alcanzar el seguro universal para los pobres, para los excluidos de la seguridad social, para los que han sido llevados al sector laboral informal por exclusión del trabajo estable y para los que sufren la inseguridad alimentaria que es el fruto de la inequidad. Estos problemas tienen que ser atendidos a principios del siglo pues son fundamentales para el fortalecimiento hemisférico y si no se resuelven en los siguientes 15 años, el balance de poder en el mundo cambiará totalmente y ya no se podrá decir que su centro reside en las Américas.

Para terminar, felicita al Director por su informe y pide a los Estados Unidos y al Canadá, los vecinos del norte, que inviertan en los países de América Latina, lo cual es fundamental para que todos tengan acceso a los bienes. Pueden generarse magníficos servicios, pero si no se produce ese acceso a los bienes, no habrá fortalecimiento hemisférico ni justicia social, ni democracia.

O Delegado do BRASIL manifestou solidariedade ao povo e ao Governo Americano pelos acontecimentos recentes. Felicitou o Diretor pela apresentação do seu relatório relativo ao ano 2001 e agradeceu as referências ao Ministro José Serra feitas pela Diretora-Geral da OMS e pelo Diretor da OPAS. A Delegação Brasileira, esperava

muito desse encontro e veio preparada com seus melhores quadros técnicos para tratar de assuntos como o Programa Brasileiro de Controle da AIDS, lista de medicamentos essenciais e avaliação dos sistemas de saúde—temas de suma importância para o futuro de saúde nas Américas.

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