

**FIRST MEETING
PRIMERA REUNIÓN**

Monday, 22 September 2003, at 9:00 a.m.
Lunes, 22 de septiembre de 2003, a las 9.00 a.m.

President/ Presidente: Dr. Henri-Claude Voltaire Haiti/Haití

Later/Después: Dr. Merveline Dahl-Regis Bahamas

ITEM 1: OPENING OF THE SESSION

PUNTO 1: APERTURA DE LA SESIÓN

A. *Opening of the Session by the Outgoing Vice-President, Dr. Henri-Claude Voltaire (Haiti)*

A. *Apertura de la sesión por el Vicepresidente saliente, Dr. Henri-Claude Voltaire (Haití)*

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

Le PRÉSIDENT fait savoir qu'Haïti a occupé la vice-présidence, lors du 43^e Conseil directeur et ce pays assure aujourd'hui la présidence jusqu'à l'élection du nouveau président. Il déclare officiellement ouverte la réunion et souhaite la bienvenue à l'Honorable Tommy Thompson, Secrétaire d'État à la Santé et aux Services sociaux des États-Unis d'Amérique et au Dr Kazem Behbehani, Sous-Directeur général aux Relations extérieures et Organes directeurs, représentant du Directeur général de l'OMS. Le Président annonce également que le Dr Lee prononcera une allocution devant le Conseil mercredi et offre ensuite la parole au Dr Mirta Roses, Directeur du Bureau sanitaire panaméricain.

B. *Welcoming Remarks by Dr. Mirta Roses Periago, Director of the Pan American Sanitary Bureau*

B. *Palabras de bienvenida de la Dra. Mirta Roses Periago, Directora de la Oficina Sanitaria Panamericana*

La Dra. ROSES (Directora) da la bienvenida al Secretario de Salud y Servicios Sociales de los Estados Unidos de América, Dr. Tommy G. Thompson, al Subdirector General de la OMS, Dr. Kazem Behbehani, al Presidente saliente del Consejo Directivo,

Dr. Henri-Claude Voltaire, al Ministro de Salud de Jamaica, Sr. John A. Junor, y a los delegados de los demás países. Se congratula asimismo de la asistencia a la presente sesión del Consejo Directivo de 33 delegaciones de los 38 Estados Miembros, de representantes de países y territorios, de instituciones y organismos hermanos y socios en el trabajo por la salud de los pueblos de las Américas. También expresa su solidaridad con el Dr. Thompson por las pérdidas humanas y materiales sufridas por los Estados Unidos como consecuencia de los efectos del huracán Isabel, y con el Secretario de Estado de Salud Pública y Asistencia Social de la República Dominicana, Dr. José Rodríguez Soldevila, por el terremoto que ha afectado a su país esta misma madrugada.

Haciendo referencia al período extraordinario de sesiones de la Asamblea General de las Naciones Unidas sobre el VIH/SIDA que se celebra estos días en Nueva York, la Directora se siente complacida por la importancia que con ello se presta al análisis de los avances y desafíos que aún se debe enfrentar en la lucha contra este flagelo.

Destaca su esperanza de que la presente sesión del Consejo Directivo sirva para forjar nuevos lazos de amistad, fortalecer los existentes y analizar nuevas ideas para la acción cooperativa basada en las mejores experiencias, en las enseñanzas adquiridas y en los éxitos logrados en cada uno de los países de la Región. Por último, saluda a Panamá, que este año celebra su centenario, y a Haití, que en enero de 2004 celebrará su bicentenario.

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

Hon. TOMMY THOMPSON: Thank you very much, Mr. President, for chairing the meeting, for introducing me, and for being here. I would also like to thank the Hon. John Junor of Jamaica, Dr. Guerrero from Panama, who is not yet here, Dr. Joxel García and Dr. Behbehani of the World Health Organization, my very good friend who is always very kind to me when I am in Geneva.

Let me start off by thanking our great leader, Dr. Mirta Roses, for her kind introduction and the fact that she has been doing an excellent job: you have provided us with excellent leadership since your ascent to the Directorship and I congratulate you and wish you well. The United States is truly proud to be able to count you as an ally and a friend. I look forward to continuing to work closely with the new leadership of the Organization, including my friend, the new Deputy Director, Dr. Joxel García, who I think is another outstanding addition. I think the two of you are going to be a dynamic duo. I wish you nothing but the best and I pledge you my support and friendship.

I had the opportunity to address you all shortly after 9/11. It was a situation in which all of us came together and discussed how we could develop better ways of improving the quality of health of all Americans—in South America, in the Caribbean, as well as in the United States. Last year I asked this Organization to consider holding an annual meeting in the Caribbean to look at ways in which we could fight HIV/AIDS and improve the health of all. I believe that we are going to be having a meeting there at the end of the month and we will hopefully continue on with that in the future.

I apologize to you, I am going to have to leave because I will be giving a presentation on HIV/AIDS at the United Nations, where I serve in the role of Chairman of the Board of the Global Fund to Fight AIDS, Tuberculosis, and Malaria. I wanted to come here today to thank all of you for coming and to wish you nothing but the best in your meetings. It is an honor and an absolute pleasure to be in your company today. I also would like to introduce our Surgeon General, who is here as well. Dr. Carmona will be representing me in my absence. He is doing a wonderful job as the Surgeon General of the United States. I wish him well today and thank him so very much.

It is especially an honor for me and a pleasure to welcome you all to the 44th Directing Council of the Pan American Health Organization. The United States has always staunchly supported the work of PAHO ever since representatives of the American republics gathered in Washington, D.C., in 1902, to address the pressing problems of disease and health care in our Hemisphere. I am proud to note that Theodore Roosevelt, the 26th President of the United States, was strongly behind the creation of PAHO's predecessor. Let me assure you today that 101 years later, the 43rd President, George W. Bush, is just as committed and just as enthusiastic about PAHO and the cause of health in the Americas as the original leaders were back in 1901, 1902, and 1903.

We are all citizens of this Hemisphere, our faiths are linked and our values are the same. Every one of us here is committed to adequate health care, safe drinking water, eliminating measles and neonatal tetanus, preventing injuries, and effective public health education for every one of our fellow citizens. We have the same ethic of compassion, the same sense of service, and the same call to action.

As our values are the same, so are our problems similar. Across the Americas children face environmental hazards. Across the Americas, safe drinking water is too often a luxury. Across the Americas, men and women are suffering from preventable and easily treated illnesses. Across the Americas, our families need strengthening and we need more healthy marriages. And across the Americas, health care is too often too expensive and too remote.

My friends, I don't have the answers to all these challenges. The United States does not have all the answers to these challenges. But working together as friends, as comrades, working through PAHO, we just might begin to find some of those answers

that we and every family in the Americas need. That is why it is so important for this Directing Council to come together on an annual basis and discuss the problems, and yes, the solutions. That's why this Directing Council is so very, very important. It provides each of us with a crucial opportunity to exchange ideas, learn from each other, and develop joint actions to promote health in our Hemisphere. Here, we can learn from one another, we can renew our relationships, forge new partnerships, create new friendships and chart the future of public health in the Americas. I believe that's a very worthwhile project. How wonderful to see acts of policy that are also profound acts of passion and compassion.

As we do our work, we will increase the linkages between North and South America and we will be able to bridge the cultural differences between our Hemisphere's linguistic communities. We are truly blessed in this Hemisphere with our diversity of Spanish-, Portuguese-, English-, French-, and Dutch-speaking populations, not to mention our wealth of native, indigenous, Indian, and aboriginal communities. In this room we have representatives of every one of those communities and descendants of immigrants from every corner of this earth. With Hispanics and Latinos now the largest minority in my country, it's more clear than ever that the concerns of the Americas are the concerns of the United States. Our mutual cooperation, our mutual concern, our mutual compassion is a testament to our good will, as well as good sense. We are all Americans, north, central, and south, and that common identity and common commitment to preserve human life and dignity is what unites us, and unites PAHO, in our great work.

My friends, PAHO achieved so much in its first century. Now, at the beginning of its second century, let us rededicate ourselves to our mission and redouble our efforts to make the Americas a better place for all. Working together as partners, I am confident that we can. I welcome you, on my own behalf and on behalf of the President of the United States. The United States of America welcomes each and every one of you, friends and neighbors, to the 44th Directing Council of the Pan American Health Organization. Now, let's get on with our business and let's be successful. Bienvenidos!

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 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.

Le PRÉSIDENT informe le Conseil directeur que suite à un accord conclu lors de la réunion des chefs de délégation, les trois Membres suivants ont été désignés: Belize, Guatemala et Venezuela. En l'absence d'objection, ces Membres ont été élus et le Président les a invités à se réunir immédiatement dans la salle 207 pour examiner les pouvoirs et soumettre un rapport au Conseil sans délai.

*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

Hon. José COYE (Belize, President of the Committee on Credentials) said that at its first meeting, on 22 September 2003, attended by the Delegates of Belize and Guatemala, Venezuela being absent, the Committee had examined the credentials delivered to the Director in accordance with Rule 5 of the Rules of Procedure of the Pan American Sanitary Conference. The credentials of delegates of the following Members and Associate Members were found to be in good order, and the Committee therefore proposed that the Council recognize their validity: Bahamas, Barbados, Belize, Chile, Dominica, Ecuador, El Salvador, France, Grenada, Guyana, Honduras, Mexico, Panama, Peru, Saint Lucia, Suriname, Trinidad and Tobago, United Kingdom, and United States of America (Members), and Puerto Rico (Associate Member). The Committee would meet again to examine any credentials that might be received.

*The first report of the Committee on Credentials was approved.
Se aprueba el primer informe de la Comisión de Credenciales.*

ITEM 2.2: ELECTION OF THE PRESIDENT, TWO VICE PRESIDENTS, AND
THE RAPPORTEUR
PUNTO 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.

Le PRÉSIDENT annonce que suite à l'accord conclu à la réunion des chefs de délégation, les Bahamas ont été élus à la présidence. En l'absence d'objection, il déclare ce choix unanime et invite le Dr Merceline Dahl-Regis à venir assumer celle-ci.

Decision: Bahamas was unanimously elected to the Presidency.

Decisión: Bahamas es elegida por unanimidad para ocupar la Presidencia.

Dr. Merceline Dahl-Regis took the Chair.

La Dra. Merceline Dahl-Regis pasa a ocupar la Presidencia.

The PRESIDENT expressed gratitude for the distinct honor of presiding over the 44th Directing Council and said that, with the assistance of all the assembled delegates, she hoped to manage the work of the Council efficiently. She announced that, by agreement reached at the meeting of Heads of Delegation, Chile and United States of America had been nominated to the two offices of Vice President.

Decision: Chile and United States of America were elected to the Vice Presidencies.

Decisión: Chile y Estados Unidos de América son elegidos para ocupar las Vicepresidencias.

The PRESIDENT announced that, by agreement reached at the meeting of Heads of Delegation, Panama had been nominated to the Office of Rapporteur.

Decision: Panama was elected to the Office of Rapporteur.

Decisión: Panamá 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
PUNTO 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. If, however, the Conference or the Directing Council was satisfied that the Member State's failure to pay was due to conditions

beyond its control, it could permit it to vote. 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 Article 6.B.

The PRESIDENT announced that at the meeting of Heads of Delegation, it had been agreed that the Delegates of Canada, Nicaragua, and Trinidad and Tobago should be elected to the working party.

Decision: The Delegates of Canada, Nicaragua, and Trinidad and Tabago were appointed members of the working party.

Decisión: Los Delegados de Canadá, Nicaragua y Trinidad y Tobago quedan nombrados miembros del grupo de trabajo.

ITEM 2.4: ESTABLISHMENT OF THE GENERAL COMMITTEE
PUNTO 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.

The PRESIDENT said that it had been agreed at the meeting of Heads of Delegation that the following delegations should join the President, the two Vice Presidents and the Rapporteur in forming the General Committee: Costa Rica, Mexico, and United Kingdom.

Decision: The Delegates of Costa Rica, Mexico, and United Kingdom were elected members of the General Committee.

Decisión: Los Delegados de Costa Rica, México y Reino Unido quedan elegidos miembros de la Comisión General.

ITEM 2.5: ADOPTION OF THE AGENDA
PUNTO 2.5: ADOPCIÓN DEL ORDEN DEL DÍA

The SECRETARY explained that, pursuant to Rule 11 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 (Document CD44/1).

O Dr. BERMUDEZ (Brasil) expressou o apoio do país ao secretariado pelos temas previstos na 44.º Conselho Diretor da OPAS. Ressaltou, porém, que as reuniões da OMS em outras Regiões do mundo incluem assuntos de importância estratégica não discutidos na Região das Américas e que partir 132.ª Sessão do Comitê Executivo, em junho do corrente ano, vários pontos em pauta foram retirados e não estão presentes na presente sessão. Destacou os tópicos sobre globalização e saúde e dieta, nutrição e atividade física, ambos prioritários para a OMS e presentes nas agendas de saúde dos países da Região. Em outras Regiões foram incluídos nas agendas pontos específicos, como o acordo TRIPS da Organização Mundial do Comércio e o acesso a medicamentos. A Delegação brasileira promoveu um intenso debate que acabou gerando na Assembléia Mundial da Saúde a aprovação da Resolução WHA56.27, Direitos e propriedade intelectual, inovação e saúde pública. Manifestou o desejo de que os países da Região discutam esses temas e que a OPAS ajude os Estados Membros a enfrentar os desafios para seus sistemas de saúde.

Le Dr VOLTAIRE (Haïti) félicite le Président du Bureau ainsi que le nouveau Directeur de l'Organisation panaméricaine de la Santé et saisit cette occasion pour souligner les progrès accomplis et l'amélioration de l'état de santé des peuples de la Région, grâce entre autre aux efforts soutenus de l'Organisation panaméricaine de la Santé durant son premier centenaire d'existence. Il rappelle que Haïti fait partie des États Membres fondateurs qui ont initié la construction de cette chaîne sanitaire régionale et qu'aujourd'hui encore, en dépit des incompréhensions politiques générées par la persistance de la crise politique, la santé a été retenue comme une des priorités majeures du programme du Gouvernement. Des efforts importants ont été consentis par le Gouvernement dans un cadre de partenariat secteur public/secteur privé et la coopération intelligente avec certaines institutions internationales, dont l'OPS/OMS, pour arriver à une certaine stabilisation de la situation sanitaire du pays.

Des progrès ont été accomplis dans quatre domaines particuliers, liés aux objectifs de développement de la Déclaration du Millénaire des Nations Unies. Depuis plus de deux ans, Haïti n'a notifié aucun cas de rougeole et en vue de consolider cet acquis et renforcer le programme élargi de vaccination, le Gouvernement, dans le cadre de l'initiative d'indépendance vaccinale, envisage d'assurer l'acquisition de vaccins à partir du budget national.

Le taux de prévalence du VIH/SIDA s'est stabilisé autour de 4,5% avec, entre autre, l'appui du Fonds global de lutte contre le VIH/SIDA, la tuberculose et la malaria. Le Gouvernement, de concert avec ses partenaires nationaux et internationaux, a développé une stratégie qui a permis en moins d'un an de faire passer de 300 à 1.500 le nombre de PV-VIH ayant accès aux anti-rétroviraux et la mise en place progressive d'un traitement de masse durant la première année de mise en œuvre d'élimination de la filariose lymphatique. Ce plan d'élimination de cette pathologie s'inspire des objectifs

régionaux et mondiaux de l'OPS et de l'OMS. Le Dr Voltaire appelle à une mobilisation des ressources et une plus grande solidarité avec les sept pays de la Région affectés par cette pathologie.

La mortalité maternelle est abordée comme une cause nationale et est utilisée comme porte d'entrée à la réorganisation du système de santé. La santé maternelle représente le pivot autour duquel tourne le processus actuel d'élaboration du plan stratégique national pour la réforme du secteur santé qui vise à mettre en place un système décentralisé intégré de santé à travers le modèle des unités communales de santé.

A l'occasion de ce 44^e Conseil directeur, le Dr Voltaire invite l'Organisation, par rapport l'agenda, à adopter une nouvelle vision de la problématique sanitaire dans la Région. Il est important de prendre la santé comme un secteur social, humanitaire, et non politique. Par rapport aux conséquences humanitaires qu'elle est susceptible d'entraîner, il faudrait reconsidérer cette tendance à bloquer les fonds alloués au secteur santé à la faveur de certaines conjonctures politiques. Il en est de même pour cette tendance à les canaliser de manière systématique vers les ONG, alors que les actions de développement, particulièrement, les politiques et les éléments liés à la régulation sont principalement supportés et menés par des institutions gouvernementales.

Dans la perspective des objectifs de développement de la Déclaration du Millénaire, il faudrait éviter d'analyser les problèmes sociaux à partir de l'éclairage uniquement politique. La lutte contre la crise de la pauvreté requière une approche stratégique empreinte de beaucoup plus de cohérence et de cohésion.

Finalement, le Dr Voltaire invite les membres de l'assemblée à participer aux côtés du peuple haïtien à la célébration universelle de la liberté que représente la commémoration du bicentenaire de l'indépendance, le premier janvier prochain. Il appelle à la normalisation de la coopération internationale, en Haïti, en souhaitant que 2004 soit l'année de solidarité avec Haïti.

La DIRECTORA, respondiendo a las inquietudes expresadas por el Delegado del Brasil, señala que los temas abordados ya se habían tratado en el Subcomité de Programación y Planificación, en el Comité Ejecutivo y en la Reunión Interamericana, a Nivel Ministerial, en Salud y Agricultura celebrada en abril. Habida cuenta de la importancia de dichos temas recomienda plantearlos durante la sesión del Comité que tendrá lugar inmediatamente después de concluidas las reuniones del actual Consejo a fin de incorporarlos después en el programa de las sesiones del próximo año.

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
PUNTO 3.2: INFORME ANUAL DE LA DIRECTORA DE LA OFICINA
SANITARIA PANAMERICANA

La DIRECTORA señala que su informe, correspondiente al 2002, contiene reflexiones acerca de la llegada de la Organización a un nuevo siglo de vida. Fundada por 11 repúblicas y actualmente integrada por todos los países y territorios de la Región, la Organización conoce bien el trabajo mancomunado en pro de la salud, que no sólo es el valor más apreciado en todas las culturas, sino un fin en sí misma y un medio para lograr otros fines.

Durante 2002, cuando la Organización cumplió 100 años de vida, los países examinaron y reconocieron los avances logrados y los retos enfrentados a lo largo de ese siglo en materia de salud por las poblaciones de las Américas, los cuales fueron recogidos en numerosas publicaciones. Asimismo, en todos los países se honró a quienes han luchado por mejorar la salud, combatir las enfermedades y prolongar la vida. Entidades de todo tipo pertenecientes a los sectores públicos y privados y a la comunidad de los organismos internacionales, celebraron el Centenario de la Organización y elogiaron públicamente la labor de ésta, apoyados por todos los medios de comunicación en masa así como por artistas y deportistas de fama mundial.

La celebración del Centenario redundó en una mayor conciencia general acerca de la vulnerabilidad e interdependencia de todos los vecinos de la “aldea global” y un fortalecimiento de la solidaridad y la cooperación entre los países. Se constató que en la Región han mejorado los indicadores básicos de salud, habiéndose producido descensos de 9% y de 9,5% en la mortalidad infantil y la mortalidad en la niñez, respectivamente. Se ha acabado con la poliomielitis y el sarampión autóctono, y algunos países están por lograr la eliminación de la rubéola y del síndrome de rubéola congénita. También se han reducido notablemente la enfermedad de Chagas y la lepra y no se han registrado casos de cólera desde 2002.

Las reformas sanitarias en marcha en muchos países se encaminan a proteger a todos los habitantes y a fortalecer la infraestructura sanitaria mediante acciones intersectoriales y políticas consensuadas. Hay, además, una mayor comprensión del valor intrínseco de la salud y de su relación con el progreso social. No obstante, a 25 años de la Conferencia de Atención Primaria de Alma-Ata, falta mucho para que dicha atención redunde en un sistema de salud transformado y más cercano a la población. En efecto, pese a que el gasto para la salud ha aumentado mucho en estos 25 años, de 50 a 80% de los presupuestos sanitarios todavía se destinan a hospitales, particularmente los de atención compleja.

Los sistemas de salud actuales, como los de 1978, deberán transformarse, con la diferencia de que ahora se comprenden mejor los macro y microsistemas y sus relaciones. Ahora se sabe además, lo que se puede lograr con la atención primaria, especialmente si se aprovechan los adelantos tecnológicos del momento. Además, las nuevas reformas constitucionales y la legislación sanitaria recién aprobada en muchos países, al haber garantizado el goce de la salud dentro de los derechos básicos de la ciudadanía, han contribuido al desarrollo humano sostenible y equitativo.

Para salud, los objetivos del milenio consisten en conseguir que para el 2015 los países más necesitados y los grupos de población más rezagados alcancen indicadores de salud equivalentes al promedio de todos los países de la Región en su conjunto. Se deberá luchar contra la infección por el VIH, el dengue, el abuso del tabaco y otras sustancias, las enfermedades transmisibles, las enfermedades mentales, la inequidad y la exclusión, y muchos otros problemas. El bioterrorismo y las enfermedades víricas que penetran por los aeropuertos, que son las nuevas fronteras de este siglo, son indicio del reto que supone para los países trabajar juntos en defensa de la salud global.

Todos ganan cuando comparten información y recursos, cuando se incluyen los nuevos actores sociales en la defensa de la salud de los pueblos y cuando se ponen las tecnologías propias de la globalización al servicio de todos. La fuerza radica en conformar un solo equipo con una misma meta: la salud de los pueblos de América.

Para concluir la Directora presenta un video con imágenes representativas de los destinatarios de la labor de la Organización.

Le Dr GREEN (Canada) souligne qu'en en dépit des énormes succès enregistrés cette année, le SRAS a obligé le Gouvernement à faire face à son plus important défi en matière de santé publique. Le Canada connaît de première main les répercussions dévastatrices de maladies comme le SRAS et il faut tirer des leçons de cette éclosion. Les pays ne peuvent arriver de façon isolée à intervenir comme il se doit face à des problèmes comme le SRAS. Cette situation de crise a mis en relief la nécessité de prévoir une surveillance adéquate, l'adoption de mesures de mise en évidence et d'endiguement reposant sur le dépistage précoce des éclosions; le besoin pour les gouvernements et les organisations internationales d'œuvrer de concert, de prévoir des communications efficaces et, enfin, d'assurer qu'une infrastructure de santé publique soit en place.

Le Canada estime que l'OPS est dans une position idéale pour travailler avec les pays afin d'assurer que la Région des Amériques ait la capacité d'intervenir en cas de menace potentielle à l'échelle de la nation, y compris la poursuite d'efforts visant à endiguer et à atténuer la prochaine pandémie de grippe.

Les initiatives visant à renforcer les systèmes de santé et à améliorer les soins de santé primaire dans l'ensemble de la Région doivent être poursuivies. Le vingt-cinquième anniversaire d'Alma Ata constitue une excellente occasion pour tous les États Membres de s'engager à renouveler leurs investissements dans le renforcement des soins de santé primaire dans la Région. Pour ce faire, il aurait lieu d'accorder une plus grande importance à la promotion de la santé, la prévention des maladies et, enfin, à l'accès équitable aux services de santé essentielles.

One of Canada's goals was to ensure the long-term sustainability of its universally accessible, high-quality, publicly administered health care system. Noting that Mr. Roy Romanow, later in the day, was going to receive PAHO's 2003 Award for Administration for his work leading the Commission on the Future of Health Care in Canada, he said that the Commission's results were providing valuable insights into Canada's ongoing deliberations on making the necessary changes to its health care system.

He also said that addressing the HIV/AIDS epidemic required a strengthened health care system, in light of the devastating impact the disease was causing throughout the world and the Region. Canada intended to contribute to the extent of its financial and technical abilities, and he urged PAHO also to direct the needed attention and resources to that important health crisis. He said that the issue of health and the environment continued to be a priority, and that Canada remained fully committed to ensuring that that important agenda moved forward in the Region. PAHO with its expertise and experience was extremely well positioned to assist in the follow-up activities of the Health and Environment Ministers of the Americas (HEMA).

Finally, he noted the success from negotiations of the Framework Convention of Tobacco Control. Canada had signed the convention, and he urged other Member States in the Americas to sign also. Much work remained to be done to develop policies and programs, and PAHO continued to have an important role to play in moving forward towards the implementation of the convention.

El Dr. HECHEVARRÍA (Cuba) felicita a la nueva Directora y, tras saludar a los presentes, elogia el informe presentado por ella, donde se examinan los principales acontecimientos del bienio 2002-2003 y del cuatrienio 1999-2002, así como los hechos más sobresalientes del programa de cooperación técnica. Afirmas que el mensaje de la Directora destaca los retos del futuro inmediato, marcados por la complejidad y la incertidumbre, y que las transformaciones que se están viviendo son las más rápidas y profundas de la historia de la humanidad. Considera que el análisis de los logros alcanzados permite hacer proyecciones futuras que sirven de base para dar prioridad a determinados aspectos, pero que el mejoramiento de los indicadores de salud promedio no puede tomarse como expresión de equidad, ya que puede ocultar importantes diferencias entre países. Habrá que perfeccionar el sistema de recopilación, elaboración

y análisis de la información a fin de evitar el uso exclusivo de promedios nacionales, procurando realizar también análisis subnacionales y locales reveladores de los grupos de población más vulnerables.

Añade que Cuba considera adecuado reevaluar la estrategia de la atención primaria y la meta de salud para todos y responder al llamado de la Directora referente a los recursos y medios que se han de poner en función de la atención primaria de salud. El capítulo sobre las Orientaciones Estratégicas y Programáticas para el cuatrienio 1999-2002 hace una revisión de la acción de la Organización y sus Estados Miembros en la lucha por alcanzar la mejor salud posible. Destaca los logros y analiza las dificultades enfrentadas, de las cuales se desprenden los futuros desafíos, entre los que se destacan la eliminación de la exclusión social y el acceso universal a servicios de salud eficaces.

El Delegado señala el estrecho vínculo entre la atención primaria y la promoción de la salud y añade que no se podrá lograr un desarrollo sostenible sin combatir la pobreza y mejorar la educación y la cultura. A continuación apunta que el Centenario sirvió para hacer recuentos y proyecciones hacia el futuro y que el cambio de la administración de la Organización y las bases de una nueva gestión quedaron exhaustivamente reflejados en el Informe Anual de la Directora, lo que permite que en el futuro se hagan revisiones sistemáticas cuando lo planificado no coincida con lo alcanzado.

Por último, se suma a la Directora en afirmar que la fuerza radica en conformar un solo equipo encaminado hacia una misma meta: la salud de los pueblos de América.

La Dra. LEMUS (Guatemala) también felicita a la Directora y expresa su agrado de que ésta en su informe haya destacado los avances logrados en lo que respecta a los indicadores de salud y la contribución de los países a impulsar las reformas de salud, reducir las inequidades y extender la protección social. En su país hace aproximadamente un año se aprobaron tres leyes de gran importancia: la Ley General para la Descentralización, la Ley de los Consejos de Desarrollo y el Nuevo Código Municipal. Ello ha permitido fomentar la salud en el nivel municipal, el más cercano a la población, de una forma más participativa y mejor. Destaca, asimismo, que los países de Centroamérica han tomado acciones importantes en pro de la salud y que en la última reunión del Consejo de Ministros de Centroamérica, celebrada en Belice, se aprobaron estrategias enfocadas en el nivel local, entre ellas la llamada Estrategia de Municipios por el Desarrollo.

O Dr. BERMUDEZ (Brasil) retomou o tema referente à globalização em saúde pública, ressaltando que o mandato da OPAS, como parte da OMS, para lidar não com os aspectos comerciais mas com o seu impacto em saúde, está claramente explicitado na resolução aprovada em maio na Assembléia Mundial da Saúde, onde no parágrafo relacional n. 3 solicita a cooperação, a seu pedido, com Estados Membros e com

organizações internacionais, para monitorização e análise das implicações farmacêuticas e de saúde pública dos acordos internacionais relevantes, incluindo acordos comerciais. Desta forma os Estados Membros poderão efetivamente avaliar e desenvolver políticas farmacêuticas e sanitárias e medidas regulatórias que reflitam suas preocupações e prioridades e sejam capazes de maximizar o impacto positivo e mitigar o impacto negativo desses acordos. Como exemplo concreto, em agosto último o Brasil alterou a legislação de propriedade intelectual para possibilitar, caso necessário, a emissão de licença compulsória para medicamentos. A discussão envolveu vários ministérios e a própria Presidência da República, mas foi fortemente impulsionada pelo Ministério da Saúde. O Delegado solicitou o apoio da OPAS para o cumprimento do mandato conferido aos Estados Membros na mesma resolução antes mencionada.

Ao final de sua intervenção, o Delegado informou que os relatórios da Diretora e do Comitê Executivo realmente são satisfatórios.

Mr. WALLING (United States of America) complimented the Director on her first annual report at the beginning of a new centennial and millennium. The United States applauded the new leadership at PAHO for encouraging Member State dialogue and participation in shaping and directing the Organization. The constructive ongoing dialogue between the Secretariat and Member States was critical for maintaining and furthering PAHO as a leader in health in the Americas. He said that the Director's report had highlighted the value of equity and the need not only to continue to pursue decreases in average health risk, but also to support the definition and implementation of health strategies that reduced those inequities.

The United States had been struggling to reduce health disparities among its most vulnerable populations, and continued to look for solutions to these challenges. The United States joined the Director in stressing the importance of countries working together and learning from each other. The summary of PAHO's programmatic strategies helped to keep in focus the complexities of health issues that the Region faced and the responsibility that PAHO would have in meeting these challenges. A critical part of PAHO's technical cooperation was in defining ways of working with countries to delineate and define the necessary policies and standards to enable the occurrence of each change.

El Dr. VIZZOTTI (Argentina) dice estar de acuerdo con lo expresado por la Directora en cuanto al futuro de la Organización y explica que Argentina está en proceso de elaborar su plan de salud, en el que figuran en lugar prioritario una mayor equidad, un mayor acceso a los servicios de salud, la disminución de la inequidad y la obtención de resultados concretos. El Presidente de Argentina ha indicado que el plan, trazado para el

mediano y largo plazo, deberá ser objeto de amplias discusiones y constituirse en un instrumento de Estado.

Por último el Delegado agradece la labor de la Organización, que le brindó apoyo a su país durante la emergencia sanitaria reciente y que está introduciendo en él un esquema de cooperación, en coordinación con el Ministerio de Salud, dirigido a las provincias donde hay menos equidad.

El Dr. GUTIÉRREZ (Ecuador) felicita a la Directora por su informe y reitera la voluntad de su país de fortalecer su programa de atención primaria y de promoción de la salud. Añade que el Presidente de Ecuador, quien se encuentra de visita en Nueva York, firmará la adhesión de Ecuador al Tratado contra el Uso del Tabaco. Asimismo, Ecuador aprobó en 2002 la Ley Orgánica al Sistema Nacional de Salud, actualmente en proceso de enmiendas que serán aprobadas en las próximas semanas junto con un nuevo Código Sanitario que agilizará las actividades en pro de la salud.

El Dr. VELÁZQUEZ (Paraguay) explica que su país está reimpulsando su sistema nacional de salud a fin de lograr la participación de todos los sectores, sean sociales o políticos, en la lucha contra la exclusión. Agrega que Paraguay está trabajando intensa-mente con el nuevo Presidente de la nación para eliminar la exclusión social y explica que la Ley de Vacunas, que cuenta con la sanción del Congreso nacional, permitirá al país destinar recursos económicos a fin de que todos los niños tengan acceso a la vacunación.

ITEM 3.1: ANNUAL REPORT OF THE PRESIDENT OF THE EXECUTIVE COMMITTEE

PUNTO 3.1: INFORME ANUAL DEL PRESIDENTE DEL COMITÉ EJECUTIVO

Hon. John JUNOR (Jamaica, Vice President of the Executive Committee), supporting his presentation with slides, said that it was his pleasure to present the report on the activities carried out by the Committee and its various subcommittees between September 2002 and September 2003. During that period, the 131st and 132nd Sessions of the Executive Committee had been held. In addition, the Subcommittee on Planning and Programming had held its 37th Session and the Subcommittee on Women, Health, and Development had held its 20th Session. He said that he would report at the present time only on those items examined by the Committee that were not also on the agenda of the current Directing Council, and on the other items at the time they were to be considered by the Council.

He informed the audience that during the period in question, the members of the Committee had been Dominica, Dominican Republic, El Salvador, Honduras, Jamaica, Paraguay, Peru, United States of America, and Uruguay.

The Executive Committee had held its 131st Session at PAHO Headquarters on 27 September 2002, immediately following the 26th Pan American Sanitary Conference. The single meeting had been attended by all Members. Observers for Barbados, Canada, Cuba, and Mexico had also attended.

At that time, Peru had been elected to serve as President of the Executive Committee for the 131st and 132nd Sessions, while Jamaica had been elected Vice President, and the Dominican Republic had been elected Rapporteur.

During the 131st Session, the Committee had elected Members to its various subcommittees to replace members whose term of office on the Executive Committee had expired. Peru and Uruguay had been elected to serve on the Subcommittee on Planning and Programming; Dominica, Paraguay, and United States of America had been elected to serve on the Subcommittee on Women, Health, and Development; and the United States of America had been elected to serve on the Standing Committee on Nongovernmental Organizations.

The Committee had also set the dates for the 37th Session of the Subcommittee on Planning and Programming; the 20th Session of the Subcommittee on Women, Health, and Development; the 132nd Session of the Executive Committee; and the 44th Directing Council. In addition, the Committee had approved revisions to the PAHO Financial Rules, which had been modified to ensure consistency with the revised Financial Regulations, approved by the 26th Pan American Sanitary Conference.

During the 131st Session, one resolution and eight decisions had been adopted, which appear in the Final Report of that Session, Document CE131/FR.

The 132nd Session of the Executive Committee had been held at the Headquarters of the Organization in Washington, D.C., from 23 to 26 June 2003. The session had been attended by Delegates of Dominica, Dominican Republic, Honduras, Jamaica, Paraguay, Peru, United States of America, and Uruguay. El Salvador, the ninth Member, had not been represented. Taking part in an observer capacity had been representatives of Argentina, Canada, Cuba, France, Grenada, Mexico, and Puerto Rico. In addition, two intergovernmental organizations and eight nongovernmental organizations had been represented.

The Committee had heard the report on the 37th Session of the Subcommittee on Planning and Programming, which had been held at PAHO Headquarters in March 2003. That report had been presented by Hon. Herbert Sabaroche, in representation of Dominica, which had been elected President of the Subcommittee.

The Subcommittee had discussed the following items which had been on the agenda of the Executive Committee at the 132nd Session and were also on the agenda of the current Directing Council: Policy Orientation for the Pan American Health Organization and Reorganization of Pan American Sanitary Bureau for Implementation of the Strategic Plan, 2003-2007; Proposed Program Budget for the Pan American Health Organization for the Financial Period 2004-2005; Family and Health; and Influenza Pandemic: Preparation in the Western Hemisphere.

The Subcommittee had also discussed the topics of Globalization and Health; Ethnicity and Health; Monitoring the Reduction of Maternal Morbidity and Mortality; and Obesity, Diet, and Physical Activity, Summaries of which may be found in the final report of the Subcommittee's 37th Session, Document SPP37/FR.

The report of the Subcommittee on Women, Health, and Development was presented by Ms. Patricia Hoes, in representation of the Government of Canada, which was elected Rapporteur at the Subcommittee's 20th Session. The Subcommittee had met in March 2003 and discussed several items relating to application of the gender perspective and implementation of gender-based analysis within the Secretariat and in Member States. The Subcommittee had adopted nine recommendations aimed at strengthening gender-based analysis, monitoring, intersectoral approaches, involvement of civil society, and accountability. Those recommendations appear in Document MSD20/FR.

The Executive Committee had also heard the report of the Standing Committee on Nongovernmental Organizations. Based on the Standing Committee's recommendations, the Executive Committee had agreed to continue official relations between PAHO and the Latin American Union against Sexually Transmitted Diseases, and the International Organization of Consumers Unions, for one year, with the understanding that progress in addressing concerns raised would be reviewed at the next meeting of the Standing Committee on NGOs in June of 2004. The Committee had also asked the Director to prepare an evaluation protocol to provide more precise criteria for the reviews of PAHO's collaboration with NGOs. That protocol would be reviewed by the Standing Committee on NGOs and submitted to the Executive Committee at its following session, which would be held immediately following the current Directing Council.

At the 132nd Session, the Executive Committee had discussed several program policy matters that were not on the agenda of the present Directing Council. One had been the subject of diet, nutrition, and physical activity. Dr. Enrique Jacoby, Regional Advisor to PAHO's Nutrition Unit, had presented a document which explored the magnitude and nature of the problem of obesity and overweight in the Region and described the approach to it espoused by PAHO. That approach was an integrated one which sought both to bring about personal behavior change and to create an environment that would foster healthy dietary and lifestyle choices. Dr. Jacoby had also informed the

Committee that PAHO had held a regional consultation in San José, Costa Rica, in April 2003, as part of the global consultation process that would culminate in the launch of the WHO Global Strategy on Diet, Physical Activity, and Health at the World Health Assembly the following year.

The Executive Committee had welcomed the population-based public health approach laid out in the document. Delegates had felt that the activities proposed therein offered governments a range of viable options for sustained action to promote healthier eating and exercise habits. The Committee had pointed out, however, that the document did not provide much guidance on how to implement the proposed actions, and had asked the Secretariat to develop a regional framework for action to assist countries in formulating strategies and plans at the national level.

The Committee had commended PAHO for organizing the regional consultation in Costa Rica and had encouraged the Secretariat to disseminate the results of the consultation widely among Member States in order to promote broader dialogue on the Global Strategy on Diet, Physical Activity, and Health. Noting that PAHO had played a valuable role in the formulation of other global strategies, the Committee had also encouraged the Secretariat to continue contributing its expertise to the development of the strategy on diet, physical activity, and health.

The Executive Committee had also discussed the subject of globalization and health during the 132nd Session. Dr. César Vieira, Manager ad interim of the Area of Governance and Policy, had presented a document prepared by the Secretariat, which examined some of the positive and negative impacts of globalization on population health and suggested several lines of action for PAHO's technical cooperation in the area of globalization and health.

The proposed areas for technical cooperation included impact assessment studies to identify the potential public health implications of trade decisions; facilitating collaboration between the health and trade sectors for the development of trade regulations from a health perspective, and for the establishment of health-sensitive tariffs and prices; development of a database on trade in health goods and services; and support for the incorporation of health perspectives in trade negotiations and development strategies. Dr. Vieira had emphasized that the aim of the Organization's technical cooperation has to help countries maximize the positive effects and minimize the potentially negative effects of globalization and international trade agreements on the health of their populations.

In the Executive Committee's discussion of the item, some delegates had expressed satisfaction with the document and with the proposed lines of action, although

it had been felt that a plan for operationalizing them was needed, together with a clearer definition of the specific elements of globalization on which the Organization would focus from the standpoint of impact on health and health systems. The Delegate of the United States, however, had said that his Delegation felt that the document failed to acknowledge many of the positive impacts of globalization, lacked evidence to support some of the assertions made about negative impacts, and made recommendations for PAHO action that fell outside the Organization's mandate and competence. He had emphasized that PAHO had no mandate with respect to trade issues and encouraged the Organization to focus on helping governments to deal with nontrade public health aspects of globalization, such as movement of health professionals between countries, harmonization of scientific and technical standards, and acquisition and distribution of drugs. He had also suggested that PAHO might wish to convene a small group of government representatives from various sectors to explore the issue of globalization and health further, and to provide guidance on the Organization's technical cooperation.

The Executive Committee, noting that the World Health Assembly in May 2003 had adopted a resolution that set out the scope of work for WHO and its Regional Offices in that area, emphasized that PAHO's work should be in consonance with the mandate that the Member States had established for the Organization as a whole on trade questions. The Committee had also underscored the need to avoid functional overlap and duplication of the activities of WHO.

Another topic discussed by the Executive Committee had been ethnicity and health. Dr. Cristina Torres, Chief ad interim of PAHO's Policy and Governance Unit, had explained that the item arose out of the Strategic Plan for the Work of PASB in the Period 2003-2007, which called on the Secretariat to "work with countries to identify those groups for whom inequalities in health outcome or in related access to services can be addressed with available, cost-effective interventions." In 2001, a further mandate had emerged from the World Conference against Racism, the final document of which encouraged "WHO and other relevant international organizations to promote and develop activities for the recognition of the impact of racism, racial discrimination, xenophobia, and related intolerance as significant social determinants of physical and mental health status." Additionally, the Millennium Declaration called for strengthening of respect for human rights, including minority rights, and for measures to be taken against acts of racism and xenophobia.

Dr. Torres had presented a document prepared by the Secretariat, which described some of PAHO's activities in relation to health and ethnicity and set out key areas for action in the Region, including: the development of ethnically sensitive indicators to monitor progress towards meeting the Millennium Development Goals; introduction of the ethnicity variable into national statistics; and reformulation of health policies, plans, and programs to make them more ethnically sensitive.

The Executive Committee had felt that the document clearly outlined the key health challenges facing vulnerable populations in the Americas. The Committee had concurred with the document's emphasis on the importance of disaggregating national statistics by ethnicity and culture, although it had noted that in order to fully meet the monitoring needs of the Millennium Development Goals, the data should also be disaggregated by gender. Several delegates had expressed the view that, of the key areas for action, development of ethnically sensitive indicators to monitor progress towards meeting the Millennium Development Goals and introduction of the ethnicity variable into national statistics were clearly the most important. The Committee had emphasized that indicators were needed, as well, to assess the impact of PAHO's activities in this area.

Delegates had also noted that PAHO had, for years, had a focus specifically on indigenous groups. While the increased attention to other vulnerable ethnic populations had been welcomed, PAHO had been urged not to dilute the special focus on indigenous populations, as they were among the poorest and most disadvantaged groups in the Americas.

The last program policy matter discussed by the Executive Committee which did not appear on the agenda for the current Directing Council had been Monitoring the Reduction of Maternal Morbidity and Mortality. Dr. Virginia Camacho, Regional Advisor to PAHO's Maternal Mortality Reduction Initiative, had updated the Committee on the Secretariat's progress in strengthening information and surveillance systems for monitoring progress in the reduction of maternal mortality and morbidity, pursuant to a request from the 26th Pan American Sanitary Conference in 2002. The document prepared by the Secretariat on this item had set out guidelines for monitoring maternal morbidity and mortality, based on best practices and lessons learned from the experiences of several countries in the Region. The conceptual framework for the document had been the commitment undertaken by Member States at the Pan American Sanitary Conference in 2002 to meet the Millennium Development Goal of reducing maternal mortality by 75% of 1990 levels.

The Executive Committee had expressed strong support for PAHO's efforts to reduce maternal mortality and morbidity in the Region and had highlighted the close linkages between this area and the areas of family health and child health. The Committee had agreed that monitoring was essential in order to track progress towards achievement of the goal set by the Millennium Summit in relation to safe motherhood and reduction of maternal deaths.

The Committee had felt that the document did an excellent job of analyzing monitoring systems and delineating priority areas for action, and had believed that it would help countries to implement the Regional Strategy for Maternal Mortality and

Morbidity Reduction, adopted by the Member States in 2002. The Committee had pointed out, however, that one item missing from the document was evaluation of any plans and programs that were implemented.

The Executive Committee had considered it important for Member States to establish national strategies for reducing maternal morbidity and mortality and to ensure that any local plans were consistent with them. It had emphasized that national strategies and plans should be based on PAHO's proposed framework. Delegates had suggested that PAHO should produce clear, practical, and universal definitions for use in the area of maternal morbidity and mortality monitoring. Helping countries to strengthen their surveillance systems, particularly for monitoring of maternal morbidity, was seen as another important technical cooperation role for the Organization, as was facilitating technical cooperation and sharing of expertise between countries.

In addition to the foregoing program policy matters, the Executive Committee had considered several administrative and financial policy matters, including a report on PAHO Buildings and Facilities. Mr. Edward Harkness, Manager of General Services and Procurement, had reported on repairs being made to the concrete floors in the basement and subbasement of the Headquarters building, necessitated by water damage and severe wear and tear. The previous year, the Committee had approved the use of US\$ 220,000 from the PAHO Building Fund for these repairs. An engineering firm had conducted tests and the Secretariat was awaiting a report detailing the extent of the problem and setting out options and costs for the repair work.

Under personnel matters, the Executive Committee had confirmed several amendments to the Staff Rules and Regulations of the PASB, which had been made pursuant to decisions of the United Nations General Assembly and the WHO Executive Board. The Committee had also approved the resulting salary changes for the posts of Assistant Director and Deputy Director, and had made a recommendation to the 44th Directing Council concerning the applicable revision to the Director's salary. The matter of the Director's salary would be taken up by the Council later in the week.

As was customary, the Executive Committee had also heard a statement by a representative of the PAHO/WHO Staff Association. The President of the Association, Mrs. Brenda Simons Gilliam, had related several Staff Association concerns with respect to staff security, erosion of salaries for field-office staff stationed in countries that were experiencing high rates of inflation and severe devaluation of the local currency, proposed changes in the International Civil Service Commission methodology for conducting salary surveys, and career development opportunities for staff. She had also expressed appreciation to the Director for her receptiveness to the Staff Association's concerns and her efforts to build a stronger partnership between staff and management.

A

more detailed summary of the Staff Association presentation and the Director's comments in response appeared in the final report of the Committee's 132nd Session.

The Committee had adopted a total of 10 resolutions and 3 decisions, which appeared, together with a full account of the Committee's deliberations, in the final report of the 132nd Session, Document CE132/FR.

The Delegate from Canada said that Canada shared the concern that more would have to be done to improve maternal health, and that his country would continue making the effort needed to ensure that sexual and reproductive health services were considered integral components of comprehensive health care planning, which would have to include services for Canada's youth. Adolescent pregnancy was a critical issue for safe motherhood, as teenage pregnancies accounted for a disproportionate share of maternal deaths and disabilities. The other key priority in Canada was healthy living strategies, which emphasized healthy eating, physical activity, and their relation to healthy weights. The previous year, Canada had announced an integrated pan-Canadian healthy living strategy. The strategy would also link to tobacco use and control, diabetes, and chronic disease prevention.

El Dr. ARRIAGA (México) felicita a la Dra. Roses y al Dr. García por sus respectivos nombramientos como Directora y Director Adjunto de la Organización. De inmediato les recuerda a los presentes un documento circulado por México en la 132.^a Sesión del Comité Ejecutivo. Explica que ese documento, relacionado con el informe anual del Presidente del Comité Ejecutivo, será objeto de planteamientos y propuestas por parte del Secretario de Salud de su país bajo el punto 4.2 (Una OPS para el Siglo XXI) durante la reunión del jueves 24 del presente. La discusión se verá enriquecida por las reuniones subregionales sugeridas por el Presidente del Comité Ejecutivo y por otros foros que los Estados Miembros consideren idóneos.

El Dr. RODRÍGUEZ (República Dominicana) indica que, siendo Miembro del Comité Ejecutivo, no le corresponde comentar acerca de él, pero que aprovecha la oportunidad para solicitar a la Organización que ocasionalmente se celebre la reunión del Consejo Directivo en alguna ciudad que no sea Washington, D.C., quizá en un país latinoamericano o del Caribe, comenzando por lo menos con los organismos menores. Ofrece a su país como posible anfitrión de la próxima reunión del Comité Ejecutivo.

El Dr. VELÁZQUEZ (Paraguay) está de acuerdo en que se celebren futuras reuniones fuera de Washington, D.C., a manera de conseguir que los delegados se familiaricen con las realidades de todos los países de la Región.

La DIRECTORA manifiesta su satisfacción por los comentarios positivos que se han vertido en la sesión. En relación con la inquietud planteada por las delegaciones de la

República Dominicana y del Paraguay sobre la posibilidad de celebrar las reuniones de los Cuerpos Directivos menores en distintos países de la Región de las Américas, aclara que los reglamentos de la Organización prevén esta posibilidad. Desde luego, ha de mediar la invitación de un país para que la Secretaría proceda a estudiar la viabilidad del ofrecimiento, en función, entre otras cosas, de los costos para la Organización. La reunión del Comité Ejecutivo que se celebrará inmediatamente después del presente Consejo abordará esta cuestión y estudiará fecha y lugares propuestos para las próximas reuniones.

Con respecto a la intervención de Brasil, la Directora dice que la OPS está tomando muy en cuenta no solamente el mandato de la Asamblea Mundial sino los trabajos que se vienen realizando en esta Región en materia de control de las repercusiones de la globalización en la salud y, en particular, de las consecuencias de los acuerdos y los tratados comerciales sobre la disponibilidad de suministros esenciales para la salud de la población. En el programa y presupuesto para el período 2004-2005 se prevé que la Organización adoptará medidas en este sentido y fortalecerá la unidad dedicada a tecnologías, medicamentos esenciales y vacunas.

Al agradecer las aportaciones de los delegados, señala que ha tomado debida nota de todas las inquietudes formuladas.

El Dr. CASTELLANOS (Puerto Rico) dice que el título del informe de la Directora, “La transición hacia un nuevo siglo de salud en las Américas”, refleja el reconocimiento explícito de lo dinámico y cambiante que es el campo de la salud pública, hoy más que nunca. Es necesario continuar los procesos de reforma del sector de la salud, sobre todo con énfasis en la atención primaria, el acceso adecuado y continuo a dicha atención y la promoción de la salud y la prevención de enfermedades. Asimismo, es de vital importancia reforzar los sistemas de vigilancia, en particular en lo referente a las enfermedades emergentes y reemergentes.

El orador agradece la oportunidad que se le ha dado a Puerto Rico de ampliar su participación en la OPS como Miembro Asociado, con la presentación de dos iniciativas de gran importancia para la salud pública, como la basada en el control de factores de riesgo y la alimentación adecuada. Asimismo, señala que su país se siente extremadamente honrado con el nombramiento del Dr. Joxel García como Director Adjunto de la Organización.

Finalmente menciona la celebración por primera vez del Día Mundial de la Prevención del Suicidio, declarado por la OMS, y exhorta a que la OPS se una a los esfuerzos de declarar la prevención del suicidio como uno de los temas más importantes en salud pública.

The meeting rose at 12:30 p.m.
Se levanta la reunión a las 12.30 p.m.