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FINAL REPORT

Opening of the Session

1. The 150th Session of the Executive Committee of the Pan American Health Organization (PAHO) was held at the Headquarters of the Organization in Washington, D.C., from 18 to 22 June 2012. The Session was attended by delegates of the following nine members of the Executive Committee elected by the Directing Council: Brazil, Chile, Colombia, El Salvador, Grenada, Guatemala, Peru, Saint Vincent and the Grenadines, United States of America, and Venezuela (Bolivarian Republic of). Representatives of the following other Member States, Participating States, and Observer States attended in an observer capacity: Argentina, Bolivia (Plurinational State of), Canada, Cuba, Dominica, France, Guatemala, Mexico, Nicaragua, Puerto Rico, Spain, and Uruguay. In addition, one United Nations agency, three intergovernmental organizations and five nongovernmental organizations were represented. The World Health Organization (WHO) was represented by Dr. Cecilia Rose-Oduyemi, Director of the Department for Governing Bodies and External Relations.

2. Dr. Miriam Morales (Bolivarian Republic of Venezuela, President of the Executive Committee) opened the session and welcomed participants. She noted that PAHO, the oldest international public health organization in the world, was commemorating its 110th anniversary and underlined the importance of the role the Organization had played in advancing public health at both the regional and global levels.

3. Dr. Mirta Roses (Director, Pan American Sanitary Bureau [PASB]) also welcomed participants, extending a special welcome to the observers and representatives from Member States' permanent missions to the Organization of American States (OAS). She acknowledged the presence of Dr. Rose-Oduyemi from WHO and of Dr. Michel Thieren and Dr. Luis Fernando Leanes, PAHO/WHO representatives for Bolivia (Plurinational State of) and Peru, respectively, noting that PAHO/WHO representatives were invited periodically to attend sessions of the Committee in order to give them greater insight into the work of the Governing Bodies and enable them to provide better support to Member State delegations. She noted that the Committee had a very full agenda before it, which would have to be covered in four days instead of the usual five in order to accommodate the forum for candidates to the post of Regional Director scheduled for Friday, 22 June 2012. She was confident that the Committee would complete its work successfully.

Procedural Matters

Officers

4. The following Members elected to office at the Committee's 149th Session continued to serve in their respective capacities at the 150th Session:

President: Bolivarian Republic of Venezuela (Dr. Miriam Morales)

Vice President: Brazil (Mr. Leandro Luiz Viegas)

Rapporteur: Grenada (Dr. George Mitchell)

5. The Director served as Secretary *ex officio*, and Dr. Jon Kim Andrus (Deputy Director, PASB), served as Technical Secretary.

Adoption of the Agenda and Program of Meetings (Documents CE150/1, Rev. 1, and CE150/WP/1)

6. The Committee adopted the provisional agenda contained in Document CE150/1, Rev. 1, without change. It also adopted a program of meetings (CE150/WP/1) (Decision CE150 [D1]).

Representation of the Executive Committee at the 28th Pan American Sanitary Conference of PAHO, 64th Session of the Regional Committee of WHO for the Americas (Document CE150/2)

7. In accordance with Rule 54 of its Rules of Procedure, the Executive Committee appointed the Bolivarian Republic of Venezuela and Brazil, its President and Vice President, respectively, to represent the Committee at the 28th Pan American Sanitary Conference of PAHO, 64th Session of the Regional Committee of WHO for the Americas. El Salvador and Saint Vincent and the Grenadines were elected as alternate representatives (Decision CE150 [D2]).

Provisional Agenda of the 28th Pan American Sanitary Conference of PAHO, 64th Session of the Regional Committee of WHO for the Americas (Document CE150/3)

8. Ms. Piedad Huerta (Senior Advisor, Governing Bodies Office, PASB) presented the provisional agenda of the 28th Pan American Sanitary Conference of PAHO, 64th Session of the Regional Committee of WHO for the Americas. She noted that, pursuant to decisions taken by the Committee during its 149th session, an item relating to the methods of work of the Governing Bodies of the Organization (see paragraph 36 to 38 below) had been added under Constitutional Matters and an item relating to maintaining elimination of measles, rubella, and congenital rubella syndrome had been added under

Program Policy Matters (see paragraphs 197 to 203 below). An item on the International Basic Safety Standards for Radiation Protection and Safety of Radiation Sources had also been added as the Standards, which had been noted by the WHO Executive Board at its most recent session (Decision EB131[D3]), needed to be examined by regional committees. As the Board and the recently concluded Sixty-fifth World Health Assembly had requested regional consultations on WHO reform and other topics, it had been decided not to hold a roundtable discussion on healthy aging so that more time would be available for the discussion of those topics. The roundtable discussion was deleted from the Executive Committee Agenda.

9. It was pointed out that an item on the report of the Consultative Expert Working Group (CEWG) on Research and Development: Financing and Coordination (Documents A65/24 and Corr.1.) would also need to be added as World Health Assembly Resolution WHA65.22 had requested the regional committees to discuss it. The Delegate of the United States of America expressed the hope that those discussions would not focus excessively on the idea of developing a binding international instrument in order to implement the CEWG recommendations. While his Government supported many of those recommendations and recognized that market mechanisms and intellectual property protections were not sufficient to generate the investment needed for research and development on neglected diseases of the poor, it did not support the development of a binding instrument that would mandate an annual allocation of 0.1% of gross domestic product from all States parties and an annual contribution to a pooled funding mechanism that would mostly like be housed outside the Region of the Americas. He noted that meeting that commitment would require a total allocation of \$568 million¹ by the countries of the Region, excluding Canada and the United States, and a combined contribution to the pooled mechanism of \$113–\$283 million. He encouraged delegations to consult their finance ministries and other national authorities in order to determine whether they were prepared to support a commitment of that magnitude.

10. Other delegations acknowledged that the CEWG report contained many valuable recommendations and proposals, of which the development of a binding instrument was only one, and called for an in-depth discussion of the report as a whole. The importance of arriving at a unified regional position was stressed, and it was suggested that a plan of work should be drawn up to guide the process of consultation and analysis.

11. It was agreed that the item would be added to the agenda of the Pan American Sanitary Conference under Program Policy Matters. The Director said that the Bureau would draw up a plan for facilitating discussions within and between countries.

12. The Executive Committee adopted Resolution CE150.R15, approving the provisional agenda of the 28th Pan American Sanitary Conference of PAHO, 64th Session of the Regional Committee of WHO for the Americas.

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

Committee Matters

Report on the Sixth Session of the Subcommittee on Program, Budget, and Administration (Document CE150/4)

13. Ms. Ann Blackwood (United States of America, President of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee on Program, Budget, and Administration (SPBA) had held its Sixth Session from 14 to 16 March 2012 and had discussed a number of important financial, administrative, and other issues, including the end-of-biennium assessment of the 2010–2011 program and budget and the second interim progress report on the PAHO Strategic Plan for 2008–2012, the mid-term evaluation of the Health Agenda for the Americas, and the formulation of a new Regional Program Budget Policy to replace the policy adopted in 2004. The Subcommittee had also considered a proposal concerning possible uses of a surplus resulting from the implementation of the International Public Sector Accounting Standards (IPSAS) in 2010 and had recommended a candidate to replace an outgoing member of the Audit Committee. She noted that all of the matters discussed by the Subcommittee were also on the agenda for the 150th Session of the Executive Committee and said that she would therefore report on the Subcommittee's comments and recommendations on each one as it was taken up by the Committee.

14. The Director expressed gratitude to Ms. Blackwood for her efficient leadership of the Subcommittee's deliberations.

15. The Executive Committee thanked the Subcommittee for its work and took note of the report.

PAHO Award for Administration (2012) (Documents CE150/5, and Add. I)

16. Mr. Peter Mamacos (United States of America) reported that the Award Committee of the PAHO Award for Administration 2012, consisting of the Bolivarian Republic of Venezuela, Saint Vincent and the Grenadines, and the United States of America, had met on 19 June 2012. After reviewing the information on the award candidates nominated by Member States, the Award Committee had decided to confer the PAHO Award for Administration 2012 on Dr. Aron Nowinski, of Uruguay, for his contributions to the promotion of public health and health services administration, his extensive public health teaching career, his work to systematize and disseminate medical information, his contribution to the development of guidelines for the creation of his country's national health information system, his leadership in the development of the Latin American Network for Health Sciences Information and the Program for Selective Dissemination of Information, and his contribution to the production of the Latin American Index Medicus. He stressed that the Award Committee had found all the candidates extraordinarily well qualified and equally deserving of the award.

17. The Delegate of Uruguay expressed appreciation to the Award Committee for selecting Dr. Nowinski and extended congratulations to the other candidates, Dr. Jorge Jiménez De La Jara, of Chile, and Dr. Francisco José Yépes Luján, of Colombia.

18. The Executive Committee congratulated Dr. Nowinski and adopted Resolution CE150.R14, noting the decision of the Award Committee and transmitting its report to the 28th Pan American Sanitary Conference.

Nongovernmental Organizations in Official Relations with PAHO (Document CE150/6)

19. Ms. Ann Blackwood (President of the Subcommittee on Program, Budget, and Administration) reported that in accordance with the procedure outlined in the Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations, the Subcommittee had held a closed meeting during its sixth session to consider the applications of two nongovernmental organizations seeking to enter into official relations with PAHO and review the status of six nongovernmental organizations currently in official relations with the Organization. The Subcommittee had also examined a progress report on the status of ongoing relations between PAHO and 11 other nongovernmental organizations.

20. The Subcommittee had decided to recommend that the Executive Committee admit the Healthy Caribbean Coalition and the Inter-American Society of Cardiology into official relations with PAHO and that it approve the continuation of official relations between PAHO and the Inter-American College of Radiology, the Latin American Association of Pharmaceutical Industries, the Latin American Federation of Hospitals, the Pan American Federation of Associations of Medical Schools, the Pan American Federation of Nursing Professionals, and the Latin American and Caribbean Women's Health Network. The Subcommittee had also recommended that the Bureau contact the Inter-American College of Radiology regarding the need to strengthen communication between that organization and the corresponding PAHO technical entities.

21. A representative of the Latin American Association of Pharmaceutical Industries expressed gratitude to the Subcommittee for recommending the renewal of relations with his organization and described several of its recent activities, notably the formulation of a proposal for automatic licensing system for pharmaceutical patents in developing and least developed countries, which was aimed at enabling such countries to take better advantage of the flexibilities allowed under the Agreement on Trade-related Aspects of Intellectual Property Rights (TRIPS). A representative of the Inter-American Association of Sanitary and Environmental Engineering (AIDIS) drew attention to a report that his organization had produced jointly with PAHO and the Inter-American Development Bank on solid waste management in urban areas in Latin America and the Caribbean and affirmed the commitment of AIDIS to continue working with PAHO to improve water and sanitation conditions in the Region.

22. The Executive Committee adopted Resolution CE150.R9, endorsing the recommendations of the Subcommittee.

Annual Report of the Ethics Office (2011) (Document CE150/7)

23. Mr. Philip MacMillan (Manager, Ethics Office, PASB) highlighting some of the data presented in the report, informed the Committee that in 2011 the Ethics Office had provided 95 consultations to staff on various ethics-related matters—, an increase of 50% with respect to 2010. The Office had investigated 37 reports of behavior that raised ethical concerns, double the number investigated in 2010. In 2011, the Ethics Office had been given responsibility for investigating allegations of harassment. The nature of the cases investigated, their current status and the action taken were summarized in the report. The Office had received 22 reports of fraud, attempted fraud, and theft or loss of PAHO property or resources. Total losses incurred as a result of those cases had amounted to \$28,834. The majority involved theft of laptops or smart phones. There had been only one known case of fraud perpetrated by a staff member.

24. The various offices and entities comprising PAHO's Integrity and Conflict Management System, which was coordinated by the Ethics Office, had continued their review of the internal administration of justice system. Of particular note had been the selection in November 2011 of a chairperson for the PAHO Board of Appeal. The individual selected had professional expertise in conflict resolution. Progress had been made on the development of a revised policy on the prevention and resolution of cases of harassment in the workplace and of an informal process for requesting a review and reconsideration of personnel decisions. Those two initiatives would be implemented in 2012. The report outlined other future plans and challenges, including strengthening the capacity of the Ethics Office to fulfill all the responsibilities falling within its mandate.

25. He concluded by thanking the Director for her stalwart support of the Ethics Office since its establishment in 2006.

26. In the discussion that followed, members of the Committee welcomed the efforts of the Ethics Office to promote integrity and ethical conduct and to foster a culture of accountability among staff. The inclusion of ethics-related instruction in staff training programs was seen as an important step in building such a culture.

27. The Committee took note of the report.

Appointment of One Member to the Audit Committee of PAHO (Document CE150/8)

28. Ms. Ann Blackwood (President of the Subcommittee on Program, Budget, and Administration) reported that the Subcommittee had been informed during its Sixth Session that the term of one of the original members of the Audit Committee would expire in June 2012 and that it would therefore be necessary for the Executive Committee to appoint a new member to the Audit Committee during its 150th Session. The Director had

determined that the member in question, Mr. Peter Maertens, would be willing to serve a second term on the Audit Committee and had recommended that Mr. Maertens be appointed as a member of the Audit Committee for a three-year term, commencing in June 2012. The Subcommittee had endorsed the Director's recommendation and accordingly recommended that the Executive Committee reappoint Mr. Maertens to a second term of office.

29. The Committee adopted Resolution CE150.R6, appointing Mr. Peter Maertens to a second term on the Audit Committee for the period 1 July 2012 to 30 June 2015.

Report of the Audit Committee of PAHO (Document CE150/9)

30. Mr. Peter Maertens (President, PAHO Audit Committee) summarized the content of the Audit Committee's report, which reviewed the Committee's functions and terms of reference and presented its findings and recommendations with respect to the following areas: external audit, internal audit, information systems, internal control, and financial statements. The Committee had found that the external audit function was being performed in accordance with the agreement between PAHO and the current external auditor and with professional standards, and had identified no concerns. It had noted, however, that at the time of its review a contract had not yet been in place with the new external auditor, the Court of Audit of Spain. The Committee would be monitoring the transition to the new external auditor closely.

31. With regard to internal audit, much progress had been made, but further work was required in the areas of impact evaluation and risk management. Progress had also been made in modernizing the PASB Management Information System (PMIS); however, while the project was on a solid footing, there were many red flags, particularly in relation to the work that would be needed to adapt existing work processes to the new enterprise resource planning software. The Audit Committee had found the Bureau's internal controls and financial statements to be satisfactory. In relation to the latter, the Committee had noted the need for a plan for ensuring full funding of after-service health insurance and had asked to be kept apprised of developments in a class action lawsuit mentioned in the financial statements.

32. In the ensuing discussion, information was sought on the reason for the delay in signing a contract with the Court of Audit of Spain and on the cost and current status of the PMIS project. The Audit Committee's recommendations regarding the need for an Organization-wide evaluation policy and a consistent approach to evaluation were welcomed.

33. Mr. Maertens explained that the Audit Committee exercised a very high level of oversight, and therefore he was not in a position to provide details on the cost of the PMIS project.

34. The Director noted that the Committee would receive an update on the PMIS project under a separate agenda item (see paragraphs 180 to 184 below). She reported that the contract with the Court of Audit of Spain had been concluded in late April, and both the Bureau and the current External Auditor were working with the Court to ensure a smooth transition. With regard to the evaluation policy, as an important step towards standardization and development of common methodologies, the Bureau had submitted information on evaluations undertaken to WHO's Office of Internal Oversight Services for inclusion in its database. She expressed gratitude to the Audit Committee for its valuable oversight role.

35. The Executive Committee took note of the report.

Method of Work of the Governing Bodies: Delegation of Functions to the Executive Committee (CE150/10)

36. Mr. Peter Mamacos (Representative of the Subcommittee on Program, Budget, and Administration) reported on the Subcommittee's discussion on this item (paragraphs 110 to 113 of the Subcommittee's final report, Document SPBA6/FR²), noting that the Subcommittee had recommended that the Executive Committee endorse the proposal for streamlining the work of the Governing Bodies (contained in Document CE150/10) by delegating responsibility for certain matters to the Executive Committee and that the following three agenda items be delegated to the Committee, with the change to take effect in 2013: Master Capital Investment Plan, salary of the Director, and updates on the Project for Modernization of the PASB Management Information System.

37. Dr. Heidi Jiménez (Legal Counsel, PASB) noted that an amendment to the PASB Staff Regulations would be needed in order to delegate responsibility to the Executive Committee for setting the salary of the Director.

38. The Committee adopted Resolution CE150.R2, recommending that the Pan American Sanitary Conference adopt a resolution delegating responsibility for determining the Director's salary to the Executive Committee and requesting the Committee to forward technical and administrative progress reports to the Conference or the Directing Council only when deemed necessary. The Committee also adopted a resolution recommending that the Conference approve the necessary amendment to the Staff Regulations (see paragraphs 148 to 152 below).

Program Policy Matters

Mid-term Evaluation of the Health Agenda for the Americas (Document 150/11)

39. Ms. Ann Blackwood (President of the Subcommittee on Program, Budget, and Administration), reporting on the Subcommittee's discussion of an earlier version of the

² http://new.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=17766&Itemid=

document on this item (see paragraphs 7 to 14 of the Subcommittee's final report, Document SPBA6/FR), said that the Subcommittee had reviewed and endorsed the proposed procedure for the evaluation and the proposed terms of reference for the working group of Member States charged with carrying it out. It had been agreed that the process would be led by the Government of Argentina.

40. Ms. Andrea Polach (Argentina), after reviewing the aims and areas of action of the Health Agenda for the Americas and the components of the evaluation (summarized in Document CE150/11), outlined the progress made in the country-led portion of the evaluation process since the March session of the Subcommittee. The working group comprising representatives of Argentina, Brazil, Chile, Costa Rica, El Salvador, Guyana, Panama, Saint Vincent and the Grenadines, United States of America, and Venezuela (Bolivarian Republic of) had held a meeting in Argentina in April and had approved a work plan, methodology, and instruments for the evaluation. Surveys, interviews, and document reviews would be conducted from 22 May to 29 June in countries and among subregional integration organizations and international agencies. The information collected would be compiled and analyzed by 6 July and the first draft of the evaluation report would be prepared by 20 July. The working group would hold a second meeting in late July to review the draft report, which would be submitted to Member States for comment between 3 and 24 August. The report would then be finalized and submitted to the Pan American Sanitary Conference in September.

41. Surveys had been sent to all Member States on 25 May. She emphasized that it was important for all Member States to complete the surveys and return them by the 29 June deadline, as the information gleaned from the surveys would form the main basis for the evaluation.

42. The Executive Committee also underscored the importance of completion of the survey by all Member States and expressed gratitude to Argentina and the other members of the working group for the work undertaken thus far. It was pointed out that the group's intensive work and collaborative approach had made it possible to reach agreement quickly on the terms of reference and methodology for the evaluation. It was suggested that the evaluation procedure and methodology should be systematized so that it could be applied in future evaluations. It was also suggested that more time should be allowed for future evaluations. It was pointed out that no targets or benchmarks had been established in the Agenda's eight areas of action and that the mid-term evaluation process would provide a prime opportunity to develop benchmarks, which would strengthen the final evaluation. Some delegates noted that some of the questions on the survey were formulated in a way that made it difficult for countries with federal systems of government and multi-level decentralized health systems to answer them. One delegate said that her Government would be supplementing its responses to the survey with narratives describing what was being done at the subnational level. She also inquired how the evaluation results would

inform the development of PAHO's next strategic plan and the consultations on WHO's Twelfth General Program of Work.

43. Ms. Polach said that the working group had been cognizant that the organization of national health systems differed and had therefore included in the survey questions on other policies, plans, and initiatives. Narrative information on subnational activities could be added in the responses to those questions.

44. The Director said that the results of the evaluation and the resulting recommendations by the Pan American Sanitary Conference would be available before the extraordinary meeting of the WHO Programme, Budget and Administration Committee in December 2012, at which the draft Twelfth General Program of Work would be discussed.

45. The Committee took note of the report.

Proposed PAHO Budget Policy (Document CE150/12, Rev. 1)

46. Ms. Ann Blackwood (President of the Subcommittee on Program, Budget, and Administration) reported on the Subcommittee's discussion of an earlier version of the document on this item (see paragraphs 15 to 27 of the Subcommittee's final report, Document SPBA6/FR), noting that support had been expressed for the retention of a needs-based mathematical formula for the allocation of resources and for the use of both a floor and a ceiling to limit reductions or increases in allocations. Concern had been expressed about a proposed reduction in regular budget resource allocations to Member States that made national voluntary contributions to the Organization for the implementation of projects within their own countries.

47. Mr. Román Sotela (Senior Advisor, Program and Budget Management, PASB) presented Document CE150/12, Rev. 2, which outlined the work accomplished since the March session of the Subcommittee by the Consultative Working Group on the PAHO Budget Policy, consisting of representatives of Brazil, Chile, Grenada, Peru, United States of America, and Venezuela (Bolivarian Republic of). The working group had held its second meeting and had refined and articulated the final concepts that would guide the policy. A virtual discussion on those concepts had been held in May with the participation of all Member States. The draft policy set out in the document was built on the fundamental principles of the current policy—equity, solidarity, and Pan Americanism—and took into consideration the findings of an evaluation of the current policy undertaken by PAHO's Office of Internal Oversight and Evaluation Services (IES). The proposed new policy reflected adjustments made to the current policy in order to improve fairness, transparency, and equity in the allocation of resources.

48. The new policy would retain the three functional levels of the current policy—regional, subregional, and country—but would add a fourth, the inter-country level, which would comprise mainly regional and subregional advisors working in field offices and

providing direct technical assistance tailored to the needs of specific groups of Member States. The policy would guide the allocation of regular budget resources among programmatic categories, functional levels, and countries; it would not apply to voluntary contribution resources, many of which were earmarked. The proportions allocated to the various levels would remain the same as under the current policy, but adjustments would be made as needed, based on evidence. The proportion allocated to the country level would not be less than 40%. The policy's primary overarching aim would be to maximize results in countries.

49. Country-level allocations would be calculated on the basis of a formula that took account of the IES recommendations for correcting weaknesses in the current policy, particular with respect to the floor allocation, which in some cases had been insufficient to sustain a minimum level of PAHO country presence. The formula would remain needs-based but would incorporate the Gini coefficient and would thus take account of inequalities within countries. It would also incorporate a results-based component aimed at accelerating the achievement of programmatic targets collectively agreed by Member States. Details were provided in Annex B of the document.

50. The Committee voiced strong support for the proposed budget policy and expressed gratitude to the members of the Consultative Working Group for producing a well-organized, technically sound proposal. The Delegate of Argentina noted that his country had also been involved in the group's work. The policy's fair and flexible approach was welcomed and particular support was expressed for its incorporation of the Gini coefficient and its recognition of the need to ensure that country-level allocations were sufficient to maintain a PAHO presence in every country.

51. The results-based component was seen as an important innovation, although it was considered important to clarify how, methodologically, results would influence budget allocations. Delegates applauded the fact that, unlike the funding policies of some other organizations, the policy would reward, not penalize, countries that achieved good results. The policy's continued support for work at the subregional level was also welcomed. The need to continue providing strong support for cooperation among countries was underscored.

52. Mr. Sotela said that it was gratifying to hear the positive response to the proposed policy and also expressed gratitude to the members of the Consultative Working Group. He clarified that the inter-country component of the new policy was not the same as technical cooperation among countries (TCC). Under the new policy, as under the current one, TCC would be funded out of the variable portion of the country allocation. However, under the current policy, the fixed/floor allocation had often been insufficient and it had been necessary to use the variable allocation to cover the operating expenses of country offices. Under the proposed new policy, because the fixed allocation would be sufficient to ensure a minimum country presence, more would be available for TCC activities.

53. The Director said that, in her view, one of the proposed policy's greatest strengths was that it took account not only of inequalities between countries but also of inequalities within countries. While the Americas had made progress in reducing inequality, it remained the most unequal region in the world in terms of both distribution of wealth and key health indicators such as life expectancy at birth. The successes achieved in reducing inequality were due chiefly to the introduction of social protection and resource transfer policies. The proposed budget policy reflected the will of the Governments of the Americas to work towards greater equality and equity in the Region.

54. In the discussion of the proposed resolution on this item, contained in Annex C of Document CE150/12, Rev.2, clarification was requested of the parameters for the transfer of resources among the various functional levels, referred to in subparagraph 3(b). Mr. Sotela explained that the Consultative Working Group had felt that the policy should not be excessively restrictive with regard to the proportions allocated to the various levels. It had been agreed that the country-level allocation should never be less than 40%, but it had also been recognized that changing circumstances might necessitate an increase in that proportion or in the allocation to one of the other functional levels in order to fulfill the policy's ultimate aim: to improve results in countries. The proposed resolution was subsequently revised in order to clarify that idea and was adopted by the Committee as Resolution CE150.R12.

Draft PAHO Program and Budget 2010–2011 End-of-biennium Assessment/Second Interim PAHO Strategic Plan 2008–2012 Progress Report (Document CE150/13, Rev. 1)

55. Ms. Ann Blackwood (President of the Subcommittee on Program, Budget, and Administration) reported on the Subcommittee's discussion of an earlier version of the document on this item (see paragraphs 28 to 42 of the Subcommittee's final report, Document SPBA6/FR), noting that the Subcommittee had expressed concern that some strategic objectives that had been on track at the end of the 2008–2009 biennium had been found to be at risk in the 2010–2011 assessment, notably objectives 1 and 14. Concern had also been expressed about the relatively low level of funding and implementation in respect of some strategic objectives, particularly objectives 10, 11, and 12.

56. Dr. Amalia Del Riego (Senior Advisor, Planning and Resource Coordination, PASB) introduced the report contained in Document CE150/13, Rev.1, which summarized the results achieved under the 2010–2011 program and budget and assessed the progress made with regard to the strategic objectives and region-wide expected results identified under PAHO's Strategic Plan 2008–2012. The report also contained an analysis of the impact of work undertaken in order to achieve the strategic objectives. The annexes to the report presented a detailed analysis of results with respect to each strategic objective and its associated region-wide expected results, which were classified as being "on track" (no impediments or risks expected to significantly affect progress); "at risk" (progress in jeopardy and action required to overcome delays, impediments, and risks); or "in trouble"

(progress in serious jeopardy, with impediments or risks that could preclude achievement of targets). No strategic objectives were in trouble. Four strategic objectives and eight Region-wide expected results were at risk, and one Region-wide expected result was in trouble.

57. The report set out the major achievements, challenges, and lessons learned overall and under each strategic objective. Information was also provided on implementation of the 2010–2011 budget. The main conclusions and recommendations emerging from the assessment were presented at the end of the report. The lessons learned from each strategic objective, Region-wide expected result, and indicator would be used to improve the new Strategic Plan 2014–2019 and the program and budget 2014–2015. They would also help to inform the Region's contribution to the global process of developing the Twelfth General Program of Work of WHO.

58. The Committee commended the report and noted its usefulness not only as input for future work but also as a results-based management tool. Clarification was sought regarding some apparent discrepancies between results achieved and levels of funding received and about lessons learned from those outcomes. It was pointed out, for example, that Strategic Objective 9 (Nutrition, food safety, and food security) was at risk of not being achieved, yet it had received one of the highest levels of funding, whereas Strategic Objective 10 (Health services) remained on track despite a 40% decrease in funding with respect to the 2008–2009 biennium. It was also asked whether the overall program budget implementation rate of 85% was considered to be a good rate, why a rate of over 90% had not been achieved, and what risk factors had contributed to the relatively low level of implementation (73.9%) reported for Strategic Objective 4 (Maternal, child, adolescent, and elderly health). A delegate noted that the report showed significant growth in voluntary contributions in some areas and inquired whether those contributions had been national voluntary contributions intended for specific projects in the donor country and what the implications of such contributions were for PAHO in terms of overhead costs.

59. Dr. Del Riego replied that the 85% overall implementation rate was indeed considered good, particularly as it encompassed total resources received and implemented, including both regular budget and voluntary funds. Some of the latter funds had not arrived at the start of the biennium and so had not been fully implemented, but would be carried over and implemented in 2013–2014. With regard to national voluntary contributions, she pointed out that they contributed to the implementation of the country cooperation strategies and programs of work in the countries concerned and thereby also contributed to the achievement of regional targets and objectives. In addition, such funds were sometimes used for TCC activities, thus furthering South-South cooperation. The discrepancies between funding levels and results reflected, in some cases, an overestimation of costs and a need for more realistic planning and costing. Regarding Strategic Objective 4, the problems noted with respect to some indicators and expected results were related more to a

need for greater advocacy, political commitment, and multisectoral action than to the level of funding received.

60. Dr. Gina Tambini (Area Manager, Family and Community Health, PASB) added that because the indicators were defined in terms of number of countries that had reached a given target, an expected result could be at risk even if only one country had not reached the target. One problem was that countries were not always using the same indicators. The Bureau was working to address that situation. While the overall implementation rate for Strategic Objective 4 appeared to be relatively low, the implementation rate for regular budget funds was over 95%, and for voluntary funds, excluding funds that would carry over into the 2013–2014 biennium, the rate was near 95%.

61. Dr. Rubén Torres (Acting Area Manager, Health Systems based on Primary Health Care, PASB) said that it had been possible to achieve the results shown under Strategic Objective 10 with a relatively low level of funding partly because of cross-subsidization from other areas having to do with health services—for example training provided for leaders in primary health care under Strategic Objective 13 (Human resources for health). Moreover, increased attention to primary health care in recent years had increased the availability of funding at national level.

62. The Director pointed out that PAHO's financial contribution to national efforts was minimal, even in the poorest countries. Its role was mainly one of technical support. With regard to Strategic Objective 4, she underscored the need for collaboration with the agricultural and environmental sectors, as well as with disaster preparedness and response personnel, since the Region's malnutrition and food insecurity problems were largely related to drought. The Pan American Alliance for Nutrition and Development, a regional initiative involving all of the United Nations agencies operating in the Americas, was working to bring about such collaboration in order to address the determinants that led to both undernutrition and overweight and obesity.

63. With regard to budget implementation, PAHO was still routinely receiving a lower amount than it had been allocated under the WHO budget, which made its budget implementation rate appear lower than it actually was. The situation had improved thanks to the efforts of Canada and other PAHO Member States that had been represented on the WHO Executive Board, but continued vigilance was needed.

64. The Committee took note of the report.

Strategy and Plan of Action for the Prevention and Control of Noncommunicable Diseases (Document CE150/14)

65. The President of the Executive Committee drew attention to the proposed Strategy and Plan of Action on Noncommunicable Diseases set out in Document CE150/14 and opened the floor for discussion.

66. The Executive Committee expressed gratitude to the Bureau for its efforts to prepare a strategy and plan of action on noncommunicable diseases to reflect the outcomes of both the High-level Meeting of the United Nations General Assembly on Noncommunicable Diseases and the discussions on the global action plan and monitoring framework during the recently concluded Sixty-fifth World Health Assembly. The Committee acknowledged the need for a regional strategy and plan of action with targets and indicators that reflected the situation in the Region and the collective aspirations of the Region's Member States.

67. The Bureau's efforts to consult Member States were also acknowledged. However, further consultation was considered essential in order to align the regional strategy and plan of action with the global action plan and the proposed comprehensive global monitoring framework and to reflect the outcomes of ongoing global consultations on the matter and the input provided by Member States in consultations at the regional level. It was pointed out that the strategy and plan of action appeared to have been based on an earlier draft of the global monitoring framework and that the proposed regional indicators were therefore not consistent with the global indicators currently under discussion. In addition, more information was needed on how indicators had been selected, how targets had been established, and how they related to the strategy's objectives. It was emphasized that the strategy should provide a clear roadmap and a framework for action that could be adapted to national contexts and that when targets and indicators were adapted to the regional context, care must be taken to ensure that they were measurable and achievable.

68. One delegate proposed that additional consultations should be held and that the strategy and plan of action, revised in the light of those consultations and the outcome of global discussions, should be submitted to the Executive Committee in 2013. Others were of the view that, in order to maintain the momentum generated by the United Nations High-level Meeting, the Committee should take some action on the matter during its 150th Session. The latter view was strongly endorsed by a representative of a civil society organization.

69. Dr. James Hospedales (Senior Advisor, Prevention and Control of Chronic Disease, PASB), acknowledging that the objectives and indicators in the proposed regional strategy were based on an earlier version of the proposed global monitoring framework and agreeing that further consultation was needed, noted that the proposed strategy and plan of action built on the experience gained in implementing the Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity, and Health, adopted in 2006. The strategy aimed to raise the prominence of noncommunicable diseases on economic and development agendas and promote a whole-of-society approach to the prevention and control of such diseases, among other objectives.

70. The Director suggested that in order to maintain momentum on the issue, a group of Member States might work with the Bureau during the week in order to determine what action should be taken on the matter prior to the Pan American Sanitary Conference.

71. The Committee decided to form a drafting group to revise the proposed resolution contained in Document CE150/14. The resulting resolution, Resolution CE150.R13, requests the Director to hold additional consultations on the matter, including a Region-wide meeting with Member States, prior to the 28th Pan American Sanitary Conference; to present a revised strategy for the prevention and control of noncommunicable diseases for endorsement by the Conference; and to propose a process for further development of the plan of action to be approved by the Directing Council in 2013.

Strategy and Plan of Action for Integrated Child Health (Document CE150/15)

72. The President invited the Committee to comment on the proposed Strategy and Plan of Action for Integrated Child Health presented in Document CE150/15.

73. The Committee expressed strong support for the strategy and plan of action, welcoming in particular the rights-based approach and the focus on social determinants of health and the need for integrated, multisectoral action to address them. Delegates applauded the strategy's recognition of the contribution of neonatal mortality to under-5 child mortality and the need to prioritize action to prevent birth asphyxia, sepsis, and prematurity and low birthweight and the plan of action's emphasis on capacity-building and strengthening of integrated health systems for the management, planning, and implementation of integrated child health strategies through a primary health care approach. Support was also voiced for a South-South approach that built on the experience of the Latin American and Caribbean countries and recognized the importance of involving existing alliances that were working to achieve the Millennium Development Goals and improve child health and development.

74. The need to strengthen the competencies of health personnel, families, and communities with respect to child health was highlighted, as was the need to enhance information systems. It was felt that both the strategy and plan of action and the proposed resolution contained in Document CE150/15 should lay greater stress on the implementation of mass communication campaigns aimed at raising awareness of child health issues and promoting optimum social, emotional, motor, and cognitive development in children. The Bureau and Member States were encouraged to use the accountability framework and indicators proposed by the Commission on Information and Accountability for Women's and Children's Health and the Convention on the Rights of the Child in implementing the plan of action. It was proposed that a paragraph should be added to the proposed resolution requesting the Director to establish benchmarks directly correlated to the strategic areas in the strategy and plan.

75. Mr. Christopher Drasbek (Advisor, Integrated Management of Childhood Illness, PASB) thanked delegates for their constructive suggestions for improvement of the strategy and plan of action, which the Bureau would incorporate into a revised document to be presented to the 28th Pan American Sanitary Conference. He noted that the strategy and plan reflected input received from Member States and civil society organizations as well as staff in various areas within the Bureau.

76. The Committee subsequently considered a revised version of the proposed resolution incorporating the various amendments proposed by Member States and adopted Resolution CE150.R4, recommending that the Pan American Sanitary Conference endorse the strategy and approve the plan of action.

Health Technologies Assessment and Incorporation into Health Systems (Document CE150/16)

77. The President drew attention to Document CE150/16 and opened the floor for discussion.

78. The Committee welcomed the document and the proposed approach to evidence-based assessment of health technologies and decision-making about their use. The importance of assessment of the cost-effectiveness of health technologies and of transparency in decision-making was underlined. Several delegates noted that the proposed approach was in line with their national approaches and provided information on their respective health technology assessment bodies. The Delegate of Peru said that the proposed approach was also aligned with the Andean Policy on Health Technology Assessment adopted by the six ministers of health of the Andean countries. The same delegate suggested that paragraph 10 of the document should include information on the formation of his country's Sectoral Commission on Assessment of Health Technologies and High-Cost Diseases in 2011. The Delegate of Mexico pointed out that his country's National Center for Health Technology Excellence (CENETEC-SALUD) had been established in 2004, not 2006, and that it had served as a PAHO/WHO Collaborating Center since 2009.

79. Mr. James Fitzgerald (Senior Advisor, Essential Medicines and Biologicals, PASB) said that the Bureau attached great importance to addressing the regulatory and other challenges faced by the Region's health systems in establishing processes and criteria for incorporating health technologies, with due attention to quality of care and patient safety in the use of technologies, including medicines, biologicals, and medical devices.

80. Extensive changes were proposed to the proposed resolution contained in Document CE150/16, raising concerns for delegations that supported the resolution as drafted and found that the proposed changes would remove essential elements from the proposed approach. It was therefore decided to form a drafting group to revise the resolution. The resulting resolution, adopted as Resolution CE150.R17, recommends that

the Pan American Sanitary Conference adopt a resolution urging Member States, inter alia, to encourage the use of health technology assessment to inform public health policies and decision-making processes for the incorporation of health technologies and requesting the Director to report to the Governing Bodies in 2014 on implementation of the resolution and consider the development of a regional strategy and plan of action at that time.

Strategy and Plan of Action on Knowledge Management and Communications (Document CE150/17)

81. The President invited the Committee to comment on the proposed Strategy and Plan of Action on Knowledge Management and Communications set out in Document CE150/17.

82. Members of the Committee welcomed the proposed strategy and plan of action and expressed support for PAHO's efforts to expand and improve the exchange of knowledge and information throughout the Region via new technologies. It was considered that the strategy and plan of action would provide a framework for addressing the challenges of sharing information and knowledge and for recognizing new paradigms for knowledge management and communication. It was suggested that the strategy and plan could be improved by more clearly distinguishing between knowledge management and communication and between the two kinds of communication identified: communication between agencies as part of information-sharing and communication with the public as a means of supporting decision-making about health. It was considered important to separate the two forms of communication in order to link the strategy and plan of action clearly to specific actors and functions relevant to each. In addition, it was suggested that there should be greater focus on how to narrow gaps and overcome barriers in access to information and communication technologies in the Region and how to encourage the development of tools and resources tailored to the technologies most widely available in the Region, notably mobile devices. The development of standalone applications for such devices was considered especially important.

83. It was also suggested that language acknowledging the Region's heterogeneity with respect to progress in knowledge management should be added to the proposed resolution contained in Document CE150/17. With regard to paragraph 3(b) of the proposed resolution, which called on the Director to promote the preparation and implementation of national digital literacy programs, it was pointed out that such programs fell within the remit of the United Nations Educational, Scientific and Cultural Organization (UNESCO), not of PAHO, and clarification of PAHO's roles and responsibilities in that regard was requested. Clarification was also sought on how the proposed strategy and plan of action would expand upon or integrate with the Strategy and Plan of Action on *eHealth* adopted in 2011.³

³ See Resolution CD51.R5.

84. It was pointed out that Objective 1.2 of the English version of the strategy and plan should read “Help define policy priorities...”, not “Help define political priorities...”. Several suggestions for further refinement and clarification of some indicators were submitted in writing.

85. Mr. Marcelino D’Agostino (Area Manager, Knowledge Management and Communication, PASB) said that the various suggestions would be incorporated into an improved version of the document to be submitted to the Pan American Sanitary Conference. Regarding gaps in access to technologies, as part of a cross-cutting multisectoral approach under both the proposed strategy and the *eHealth* strategy, the Bureau was promoting collaboration with telecommunications institutions and other actors in order to enhance access to information and technologies. At the same time, it was striving to ensure that the two strategies complemented each other, but did not overlap. Hence, matters relating to information technology per se, including the development of mobile phone applications, would be addressed under the *eHealth* strategy. Regarding digital literacy, he said that PAHO was working with UNESCO and that its digital literacy initiative was based on that of UNESCO. The aim was to identify a set of skills that people needed to function effectively in an information society.

86. The Executive Committee adopted Resolution CE150.R5, recommending that the Pan American Sanitary Conference endorse the strategy and approve the plan of action.

Coordination of International Humanitarian Assistance in Health in Case of Disasters (Document CE150/18)

87. The President drew attention to Document CE150/18 and opened the floor for discussion.

88. The Committee commended PAHO’s work in the area of emergency preparedness and disaster response and welcomed its efforts and those of WHO to strengthen mechanisms for the provision of international humanitarian assistance. It was emphasized that any new coordination mechanism created through the proposed resolution contained in Document CE150/18 should complement and coordinate with the wider international system, including other clusters, regional humanitarian response bodies and mechanisms, and the Red Cross Movement. A delegate highlighted the need for a means of coordinating the work of small nongovernmental organizations in the post-emergency phase of disaster response in order to avoid duplication of effort and enhance the effectiveness of their response. Another called on the Organization to support Member States in training national response teams in order to equip them with the necessary skills for assisting other countries in the wake of a disaster.

89. Several delegates pointed out that in some countries it was a national disaster response agency, not the ministry of health, that coordinated the international response to a disaster, and they therefore suggested that the language of paragraph *I(a)* of the proposed

resolution should be made more flexible. A delegate suggested that paragraph 2(c) should be removed from the resolution, as he was not sure that participation by governments in the Global Health Cluster would be appropriate. Clarification was requested of how the registration and accreditation mechanism referred to in paragraph 2(e) would work. It was noted that significant external funding would be required to implement the resolution, and information was sought on how the Bureau intended to mobilize that funding.

90. Dr. Jean-Luc Poncelet (Area Manager, Emergency Preparedness and Disaster Relief, PASB), referring to paragraph 1(a) of the proposed resolution, explained that experience had shown that ministries of health tended to relinquish responsibility for coordinating international assistance to ministries of foreign affairs or to a national agency responsible for coordinating emergency response, and the Bureau believed that health ministries should have greater involvement in coordinating the health-sector response. As to paragraph 2(c), the idea was to foster better communication between Health Cluster members and Member States and to ensure that governments were involved in planning international humanitarian assistance. Regarding paragraph 2(e), he explained that the aim was to put in place a system for registering medical teams that could be called upon to respond to a disaster.

91. The proposed resolution was revised to incorporate the various modifications discussed and adopted as Resolution CE150.R10.

Bioethics: Towards the Integration of Ethics in Health (Document CE150/19)

92. The President invited the Committee to comment on the concept paper and proposed resolution on bioethics contained in Document CE150/19.

93. Strong support was expressed for the proposed resolution, but it was suggested that greater emphasis should be placed in both the resolution and the concept paper on the development of academic programs for the training of bioethics professionals, especially in the area of public health ethics, as such professionals were still in short supply in the Region. The Organization was urged to work with universities to develop training programs.

94. Dr. Carla Sáenz (Bioethics Advisor, PASB) said that the document and proposed resolution would be modified to give more emphasis to training of bioethics professionals. She was pleased to report that PAHO had recently signed an agreement with a Brazilian university for the design of software to assist bioethics committees in reviewing research involving human subjects, including clinical trials, and enhance the efficiency and transparency of review processes. Pilot testing of the software was expected to begin soon.

95. The Director said that the aim of the paper was to present a conceptual framework to guide work in the area of bioethics, drawing on the very fruitful work carried out within the Organization over the past decade. That work had received special support from the

Government of Chile, which had played a leading role in the founding of the Regional Program on Bioethics, originally based in Chile. That support had led to the development of several master's degree programs in bioethics in the Americas, as a result of which the Region now had a strong cadre of bioethics professionals. However, as the concept paper noted, work remained to be done in that area, and she therefore welcomed the suggestion for greater emphasis on training in the paper and proposed resolution.

96. The proposed resolution contained in Document CE150/19 was revised to incorporate the suggested amendments and was adopted by the Committee as Resolution CE150.R7.

Expanded Textbook and Instructional Materials Program (PALTEX) (Document CE150/20, Rev. 1)

97. Dr. Juan Manuel Sotelo (Area Manager, External Relations, Resource Mobilization, and Partnerships, PASB) introduced Document CE150/20, Rev. 1, which reviewed the history of the Expanded Textbook and Instructional Materials Program (PALTEX) and its contributions to the Organization's technical cooperation, outlined its current situation, highlighted certain problems that had arisen in connection with PAHO's joint administration of the Program with the Pan American Health and Education Foundation (PAHEF), and described the steps already taken and proposed for the future in order to address those problems and strengthen and renew PALTEX. The Director had decided that the Bureau should resume responsibility for the overall management of the Program and a dialogue had therefore been established with the PAHEF Board of Directors, a road map had been drawn up, and a task force had been established to implement the transfer. At the same time, the Bureau and the PAHEF Board of Directors had agreed to develop a new legal framework pursuant to which PAHEF might better support PAHO. That agreement was still being negotiated.

98. The Executive Committee was invited to consider adopting the proposed resolution contained in the document, which requested the Director to finalize the actions needed to consolidate the Bureau's overall management and administration of all aspects of PALTEX.

99. Committee members expressed appreciation for PALTEX's contribution to the education of health professionals and, consequently, to the strengthening of health systems. Delegates also expressed support for the proposed resolution and the plan for transfer of the Program's management to the Bureau. Particular support was expressed for the idea of creating e-PALTEX, which would broaden access to information. The Bureau was encouraged also to make use of communication technologies and social media to disseminate information about the Program and its resources. A delegate inquired whether PALTEX might be extended to cover the offshore private medical and nursing schools that were becoming increasingly numerous and popular in the Caribbean subregion and that were serving increasing numbers of local students. Another delegate sought additional

information on the actions needed to complete the transfer; the new legal framework, structure, and operations of the Program; the Bureau's plan for expanding and improving PALTEX, including financial and human resources implications; and the future role of and relations with PAHEF.

100. Dr. Sotelo said that the main step remaining in order to complete the transfer was concluding an agreement with PAHEF for the transfer of all the Program's assets and liabilities. As to the future roles of and relations with PAHEF, the Director and key staff of the Bureau would be holding a retreat with the Board of Directors of PAHEF in late August, which would afford an opportunity to discuss what form the collaboration between the two organizations should take and how the relationship could best serve Member States and the Organization as a whole.

101. Dr. Silvina Malvárez (Advisor, Nursing and Allied Health Personnel Development, PASB) said that the Bureau was very interested in expanding PALTEX into the Caribbean and to that end had taken several steps, including holding meetings with nursing professionals and conducting a survey of schools of health sciences in the subregion. Services could be provided to private universities if governments so indicated in the agreements they signed with the Organization allowing PALTEX to operate in their countries.

102. The Director recalled that the Program had originated in order to provide Spanish translations of medical textbooks that were available only in English. As governments and educational institutions had identified needed instructional materials over the years, the Program had begun also to produce original materials and had been an important resource for keeping health personnel up to date on rapidly evolving knowledge in the health sciences.

103. An agreement had been reached with the Inter-American Development Bank for a loan to provide the Program's initial capitalization. A condition of the loan had been that the Program's work would be oriented towards students with limited resources, and it had therefore mainly worked with public universities. Both the initial loan and a second loan to fund expansion of the Program had been repaid by PAHEF. Until about a decade earlier, management of PALTEX had been entirely in the Bureau's hands, but in the face of growing demands for technical cooperation and thus greater demands on staff, it had been decided to transfer some functions to PAHEF. However, an evaluation had revealed that for various institutional, administrative, and legal reasons, it would be best for the Bureau to resume full responsibility for the Program's management and for PAHEF to focus more on resource mobilization. The change would have no financial implications for PAHO because the Program was financed from its own resources and was self-sufficient.

104. The Committee adopted Resolution CE150.R3, recommending that the Pan American Sanitary Conference adopt a resolution taking note of the actions taken thus far

and requesting the Director to finalize the transfer and further expand and improve the Program in accordance with the plan laid out in Document CE150/20, Rev. 1.

Administrative and Financial Matters

Report on the Collection of Quota Contributions (Document CE150/21, and Add. I)

105. Ms. Linda Kintzios (Treasurer and Senior Advisor, Financial Services and Systems, PASB), noting that Document CE150/21, Add. I, provided information on quota contributions as of 11 June 2012, reported that since that date the Bureau had received further payments of \$176,046 from Cuba and \$151,996 from Panama. As result of the Director's strategy for increasing the rate of quota collections and the demonstrated commitment of Member States to the work of the Organization, 99% of arrears had been paid, leaving an unpaid balance of only \$289,065. Collection of current-year assessments amounted to \$23.3 million, 27% of the amount due for 2012. Sixteen Member States had paid their 2012 quota commitments in full. No Member States were currently subject to the voting restrictions envisaged under Article 6.B of the PAHO Constitution.

106. The Director observed that total arrears had fallen from over \$40 million in 2003 to less than \$300,000, a remarkable achievement which attested to the effectiveness of the measures taken to facilitate payment of quota contributions, including deferred payment plans and acceptance of payment in national currency. She expressed gratitude to Member States for honoring their obligations to the Organization, despite budget constraints at the national level.

107. The Executive Committee adopted Resolution CE150.R1, thanking the Member States that had already made payments for 2012 and urging other Member States to pay their outstanding contributions as soon as possible.

Financial Report of the Director and Report of the External Auditor for 2011 (Official Document 342)

108. Ms. Ann Blackwood (President of the Subcommittee on Program, Budget, and Administration) reported on the Subcommittee's examination of a preliminary, unaudited version of the Financial Report (see paragraphs 49–59 of the Subcommittee's final report, Document SPBA6/FR).

109. Ms. Sharon Frahler (Area Manager, Financial Resources Management, PASB) presented the highlights of the Financial Report of the Director, which revealed that the Organization's total financial resources had grown by \$400 million over the 2010–2011 biennium, reaching \$1.8 billion. Total accrued resources for 2011 had amounted to \$835.5 million, including \$98.1 million in regular budget funds, \$40.8 million in WHO funds for the Region of the Americas, and \$694.4 million in funds from other sources. Accrued quota contributions for 2011 had totaled \$98.3 million. Accrued miscellaneous income had totaled \$4.3 million, which was far less than the approximate \$10 million budgeted for the

year. Extremely low global interest rates had significantly reduced the interest earned on the Organization's investment portfolio, resulting in a total shortfall in miscellaneous income of \$10.5 million for the biennium. However, thanks to cost-saving measures implemented by the Director, that deficit had been reduced to \$4.6 million. The deficit had been funded from the Working Capital Fund, reducing the amount in the Fund to \$15.4 million. The Fund would be replenished from surpluses accrued in future bienniums.

110. Consolidated expenses, including expenses for the two Pan American centers in the Caribbean, had reached \$836.3 million in 2011: \$162.9 million (19.5%) in staff and other personnel costs; \$468.7 million (56.0%) for supplies, commodities, and materials, including the procurement activities; \$106.6 million (12.7%) for contractual services; \$53.4 million (6.4%) for travel; \$33.2 million (4%) for transfers and grants to counterparts; \$11.9 million (1.4%) for general operating and other direct costs; and an adjustment of approximately \$400,000 for the depreciation and amortization of equipment, vehicles, furniture, and intangible assets.

111. Mr. Steve Townley (Representative of the External Auditor, Comptroller, and Auditor General of the National Audit Office of the United Kingdom of Great Britain and Northern Ireland) summarized the report of the External Auditor, noting that the audit had revealed no material weaknesses or errors, and the External Auditor had therefore issued an unqualified audit opinion on all accounts. The report contained in *Official Document 342* highlighted the matters that the External Auditor wished to bring to the attention of Member States with regard to the Organization's financial position, internal controls and governance matters, country office visits, and the PASB Management Information System (PMIS) project.

112. He drew attention in particular to the External Auditor's recommendations concerning the need to determine how to fund long-term employee benefit liabilities; strengthen understanding of IPSAS accrual concepts and ensure compliance with procurement regulations in country offices; improve the implementation of recommendations of the Office of Internal Oversight and Evaluation Services (IES); review the IES staffing profile and develop indicators to measure IES performance; complete key PMIS project documents and adopt a comprehensive risk management approach for the project; and reappraise PMIS project costs to ensure that the \$20.3 million budget remained adequate. The External Auditor was satisfied with the action taken on previous recommendations, although there was room for further progress. Detailed comments on previous recommendations appeared in Annex B of the audit report.

113. The External Auditor welcomed the Bureau's implementation of an enterprise risk management system and had confirmed that it contained the key elements required to effectively manage and mitigate risks; however, as the system was still in the early stages of implementation, it had not been possible to assess how successfully it would meet the Organization's risk management needs in practice. In conclusion, he assured the

Committee that the National Audit Office was working closely with the Court of Audit of Spain to ensure a smooth transition.

114. The Executive Committee welcomed the unqualified audit opinion and the information on the Organization's strong financial position. The Bureau was encouraged to implement the External Auditor's recommendations fully. The recommendations concerning the PMIS project, in particular, were welcomed. It was recognized that after-service health insurance for staff represented a significant liability that had to be funded, but the situation was not considered critical at the present time. It was suggested that part of the surplus from the implementation of the IPSAS (see paragraphs 125 to 129 below) should be used to replenish the Working Capital Fund.

115. It was pointed out that quota contributions from Member States accounted for only 13% of the Organization's total income, with the rest coming from other sources, a situation that left its finances at the mercy of market fluctuations. Member States were urged to ensure timely payment of their assessed contributions. A delegate inquired to what extent funding from other sources was flexible. It was emphasized that project support fees should be adequate to cover the cost of carrying out activities funded with voluntary contributions in order to avoid subsidizing that cost out of the regular budget.

116. Ms. Frahler agreed that income from quota contributions was crucial. It was those resources that enabled the Bureau to provide Member States with technical cooperation services and carry out procurement activities on their behalf.

117. Mr. Román Sotela (Senior Advisor, Program Budget Management, PASB) pointed out that while Member State contributions had accounted for a relatively small share of the Organization's total income of \$1.8 billion in 2011, they had accounted for almost half (approximately 46%) of resources received for technical cooperation programs. The figure of \$1.8 billion reflected a large amount of money received for procurement activities, and those funds were not used for technical cooperation activities.

118. With regard to the flexibility of funds from other sources, he explained that some voluntary contributions were fully flexible, while others were earmarked to some extent. Some were earmarked at the strategic objective level, meaning that certain percentages had to be allocated to specific strategic objectives under the Strategic Plan 2008–2012; others were earmarked for specific projects. In addition, PAHO had agreements with some countries for the provision of program-based funding; there was some flexibility in how those funds were used, but they were not totally flexible. Approximately 10% of voluntary contributions received from WHO were earmarked at the strategic objective level and were therefore highly flexible. He estimated that about the same percentage of voluntary contributions to PAHO were either highly or fully flexible.

119. The Director said that PAHO's situation with respect to voluntary contributions differed from that of WHO in several respects. As noted by Mr. Sotelo, PAHO received

program-based funding from several countries, which enabled it to fill funding gaps, although the number of countries providing such funding was very small. In addition, PAHO received national voluntary contributions for projects and programs to be carried out in the donor country. Again, the number of countries providing such funding was relatively small, but it was growing. Those funds were earmarked in the sense that they could only be used in the donor country, but they served to increase the Organization's technical cooperation response capacity and did not represent a burden on its budget. Moreover, they contributed to the development of national expertise and institutions and enhanced other cooperation modalities, such as South-South cooperation.

120. It was critical to maintain an appropriate balance between regular budget funds and voluntary contributions, as it was regular budget resources that sustained the Organization's core functions and enabled it to mobilize other funding and to utilize that funding effectively. She therefore encouraged Member States to continue approving periodic increases in assessed contributions.

121. She recalled that in 2010 Member States had approved a 0.5% increase in the administrative support fee charged for procurement activities⁴ and had asked the Bureau to undertake a study in order to determine whether an additional increase was needed. The Bureau would present the results of that study at the 151st Session of the Executive Committee in September.

122. With regard to the suggestion concerning replenishment of the Working Capital Fund, she noted that, as shown in the Financial Report, \$10 million had been transferred from the PAHO regular budget to the Revolving Fund for Vaccine Procurement in 2010 in order to expedite Member States' procurement of pandemic (H1N1) 2009 vaccine; that money could be returned to the regular budget at any time. She would therefore suggest that those funds, not a portion of the surplus from implementation of the IPSAS, be used to replenish the Working Capital Fund.

123. She paid tribute to Ms. Frahler, who would be retiring at the end of June after a distinguished 20-year career with the Organization.

124. The Committee expressed gratitude to Ms. Frahler for her service and took note of the reports.

Surplus from the Implementation of IPSAS in 2010 (Document CE150/22)

125. Ms. Ann Blackwood (President of the Subcommittee on Program, Budget, and Administration), summarizing the Subcommittee's deliberations on this item (see paragraphs 60 to 68 of the Subcommittee's final report, Document SPBA6/FR), said that the Subcommittee had been informed that the adjustments made in the Organization's accounts as part of the transition from the United Nations System Accounting Standards to

⁴ See Resolution CD50.R1.

the IPSAS had yielded a surplus of almost \$33.9 million, resulting from unexpended budgetary appropriations. It had been proposed that the surplus be used to invest in the modernization of the PASB Management Information System (see paragraphs 180 to 184 below), after-service health insurance for retirees, creation of a reserve for the Master Capital Investment Fund, replenishment of the PAHO Special Fund for Health Promotion, creation of an Epidemic Emergency Fund, and investment in a five-year food safety plan, with the balance of the surplus remaining after funding had been allocated to the foregoing initiatives to be put into a reserve fund to be used for additional investment in those initiatives or for future strategic and/or administrative purposes.

126. In the discussion that followed, the Bureau was commended for its timely implementation of the IPSAS and support was expressed for the proposed uses of the funds, in particular the proposals relating to the PASB Management Information System project and after-service health insurance. With regard to the proposal concerning the Master Capital Investment Fund, support was voiced for the transfer of \$6 million to the Information Technology Subfund, but further information was requested on the proposed uses of the \$2 million to be transferred to the Real Estate and Equipment Subfund and it was suggested that the transfer of those funds should be deferred until the Project Infrastructure Investment Committee had completed its review of the proposed projects (see paragraphs 142 to 147 below). It was pointed out that the surplus balance of \$4.4 million would be sufficient to bring the Working Capital Fund almost back up to its \$20 million maximum level (see paragraphs 108 to 124 above), and it was suggested that the balance should be used for that purpose rather than putting it into a reserve fund. It was also pointed out, however, that maintaining a contingency fund was a sound budgeting practice and would be particularly desirable in the current uncertain financial climate.

127. Mr. Román Sotela (Senior Advisor, Program Budget Management, PASB) clarified that the proposal with regard to the Master Capital Investment Fund was not to make a direct transfer of \$8 million into the Fund, but rather to create a reserve from which it could draw when needed. Regarding the unallocated surplus funds, as a budget officer, he felt that it was prudent to hold those funds in reserve in order to address contingencies that were bound to arise in the future.

128. The Director pointed out that as long as Member States paid their assessed contributions in a timely manner, there would be no need to use funds from the Working Capital Fund, which had been established to cover shortfalls or delays in the receipt of quota contributions. She assured the Committee that the Bureau monitored the Organization's financial situation, including the level of the Working Capital Fund, constantly and, if needed, would restore to the regular budget the \$10 million that had been transferred to the Revolving Fund for Vaccine Procurement in 2010 (see paragraph 122 above). The Organization was facing a period of great financial uncertainty owing to low interest rates and unstable global exchange rates. Consequently, its miscellaneous income could be substantially lower than expected and it might lose as much as \$3 million over the

biennium through unfavorable currency conversions. In such circumstances, it was important to maintain as much flexibility as possible. If the unallocated surplus was put into the Working Capital Fund it could not be taken back out to cover contingencies, and she therefore recommended that the unallocated portion be put into a contingency fund.

129. After hearing the Director's explanations and the presentation on the Master Capital Investment Plan, the Committee adopted Resolution CE150.R11, recommending that the Pan American Sanitary Conference approve the proposed uses of the surplus, including the creation of a contingency reserve, and that it delegate to the Executive Committee the authority for monitoring and approval of all future proposals for the use of IPSAS surplus funds.

Report of the Office of Internal Oversight and Evaluation Services (Document CE150/23)

130. Mr. David O'Regan (Auditor General, Office of Internal Oversight and Evaluation Services, PASB), highlighting the main points in the report, said that paragraphs 1 to 9 covered general matters, including the Office's resources, approach, and planning and its independence; paragraph 10 outlined the ways in which the Office coordinated its work with the External Auditor and WHO's Office of Internal Oversight Services; paragraphs 11 to 19 summarized the findings of thematic internal audits—i.e., audits of specific aspects of the Organization's operations; paragraphs 20 to 27 summarized the findings of internal audits of country offices and Pan American centers; paragraphs 28 to 31 dealt with internal evaluations of aspects of PAHO's work; paragraph 33 and Annex B reviewed the action taken to implement IES recommendations; and paragraphs 34 and 35 provided the Office's overall opinion on the internal control environment. He noted that since the report had been issued, the third of the three recommendations mentioned in Annex B had been implemented

131. He emphasized that the Office was fully independent and provided advisory services only. It was not involved in management activities or decision-making. It had been free to express its advice without any obstacles, had been given full access to the personnel and documents it needed in order to carry out its work, and had received unfailing support from the Director. He expressed the hope that her successors would continue to provide similar support and to safeguard the Office's independence, which was the ultimate guarantor of the quality of its work and of its value to the Organization.

132. The Committee expressed appreciation for the work of IES and support for the Office's recommendations, particularly those aimed at continuing to modernize the internal control environment and improve the Bureau's oversight of programming and administration, enhance results-based management, improve travel planning and cultivate a culture of personal accountability among both staff and management in order to reduce travel-related costs, and ensure that no contracts were awarded without evidence of a competitive selection process. The Bureau was urged to implement the remaining two

recommendations in Annex B without delay and also to implement those relating to the Latin American and Caribbean Center on Health Information Sciences (BIREME). Information was sought on how BIREME had been permitted to act so autonomously and without the necessary oversight. A delegate noted that other United Nations organizations had recently announced that they would release the results of their internal audits to the public and inquired whether PAHO intended to do so.

133. Mr. O'Regan, responding to the comments, said that improvements in travel planning would be dependent to some degree on improvements in information systems, as the current systems were not conducive to travel planning across the Bureau. The Bureau had implemented the IES recommendations on consultant contracts and was currently refusing to process contracts where no satisfactory evidence of competitive selection had been submitted, although exceptions might occasionally be made in emergency situations or where highly specialized skills were required. As to the reasons for the problems noted at BIREME, for some historical reasons, it might have received less attention in the past than had been warranted from the Bureau, and the predecessor to IES—a one-person internal audit unit—had also failed to detect and communicate the problems. He was pleased to report that the Bureau was currently implementing an action plan to address all the IES recommendations with respect to BIREME. While further improvement was needed, the PAHO had made great progress in implementing results-based management. Indeed, there were few organizations in which anticipated organizational results were so explicitly stated and visible.

134. He would prefer not to follow the trend in the United Nations system towards public disclosure of internal audit reports because there was a risk that IES reports would become less frank and candid. Moreover, he understood from colleagues in other organizations that had decided to release their internal audit reports to external audiences that serious issues were sometimes not being reported and addressed openly; rather, they tended to be dealt with through informal channels, weakening the effectiveness of internal oversight.

135. The Director observed that travel planning was a challenge for technical cooperation organizations because travel often had to be undertaken on short notice. In the case of PAHO, a high degree of decentralization further complicated planning. The Bureau was currently compiling data on past travel patterns and costs with a view to introducing improvements. It was also encouraging the use of teleconferencing and other technologies in order to reduce the need for travel. Nevertheless, travel was a part of the Organization's technical cooperation and its support for Member States, and it would never be possible to eliminate it altogether.

136. Regarding BIREME, she recalled that several years earlier, owing to financial constraints, Member States had decided that the Pan American centers should be encouraged to become more self-sufficient (Resolutions CSP20.R31 [1978], CD49.R5 [2009] and CD50.R14 [2010]) Increased authority had therefore been delegated to the

centers and in some cases responsibility for supervision and oversight had been transferred from a technical cooperation program at Headquarters to the center manager. The Bureau had seen that that situation was creating risks and had begun to take back some functions, aligning the work of the centers more closely with programmatic areas and increasing the supervisory role of country representatives.

137. She shared the Auditor General's views regarding public disclosure of internal audit reports. It was very important to be able to have a frank internal discussion of audit findings. The PAHO Audit Committee was looking at best practices of other organizations, and the Bureau would follow its advice on the matter, but for the present internal audit reports would not be released to the public. They were, however, always available to Member States on request.

138. The Committee took note of the report.

Status of Projects Funded from the PAHO Holding Account (Document CE150/24)

139. Ms. Ann Blackwood (President of the Subcommittee on Program, Budget, and Administration) reported on the Subcommittee's examination of this item (see paragraphs 75–82 of the Subcommittee's final report, Document SPBA6/FR), noting that Subcommittee members had welcomed the Organization's efforts to modernize information systems, improve connectivity in country offices, maintain and upgrade physical infrastructure, and assist countries in implementing the International Health Regulations. The latter had been considered particularly important as 2012 was a crucial deadline for implementation of the Regulations. The importance of coordinating the Organization's efforts to strengthen public health information systems under Project 2.A with similar efforts under way at the subregional level had been highlighted.

140. The Director observed that the holding account projects, financed from surplus funds from the 2006–2007 biennial program budget, had afforded a welcome opportunity to make needed investments in physical infrastructure such as the new Emergency Operations Center and to strengthen information systems. The lessons learned from that experience could be useful to Member States in deciding how to use the IPSAS surplus (see paragraphs 125 to 129 above).

141. The Committee took note of the report.

Master Capital Investment Plan (Document CE150/25)

142. Ms. Ann Blackwood (President of the Subcommittee on Program, Budget, and Administration) reported on the Subcommittee's examination of this item (see paragraphs 48–56 of the Subcommittee's final report, Document SPBA6/FR), noting that the Subcommittee had welcomed the Bureau's efforts to ensure regular maintenance and upgrading of the Organization's buildings and information technology infrastructure and had expressed strong support for the plan to rebuild the country office in Haiti.

143. Mr. Guillermo Birmingham (Director of Administration, PASB) said that since the March session of the Subcommittee, the Bureau had drawn up a proposal to amend the structure of the Master Capital Investment Fund and establish a revolving strategic real estate fund and a vehicle replacement subfund. The proposed strategic real estate fund, which would be created with a \$1 million infusion of capital from the IPSAS surplus (see paragraphs 125 to 129 above), would enable the Organization to manage and improve its real estate portfolio in a more long range and strategic manner, while the vehicle replacement subfund would allow funds from sales of PAHO-owned vehicles to be used to help defray the cost of replacement vehicles. It was also proposed to change the name of the current Real Estate and Equipment Subfund to “Real Estate Maintenance and Improvement Subfund” in order to more accurately reflect the types of activities carried out under that subfund. The proposal, which took into account lessons learned from the experience of implementing the Master Capital Investment Plan, was laid out in Document CE150/25.

144. In the discussion that followed, clarification was sought as to the source of funding for the proposed revolving strategic real estate subfund and as to future funding for information technology projects. In addition, the Bureau was asked to provide an update on the status of PAHO’s efforts to mobilize funding from WHO for the reconstruction of the Haiti country office.

145. Mr. Birmingham reported that PAHO had received \$850,000 from the WHO Capital Master Plan and was currently working with the United Nations Office for Project Services on a design and plan for the Haiti reconstruction project. As to funding for the proposed strategic real estate subfund, the Bureau recommended that the initial capitalization of \$1 million come from the \$8 million reserve for the Master Capital Investment Fund to be created with funds from the IPSAS surplus. The Information Technology Subfund would continue to be funded out of any budget surplus (i.e., excess of income over expenditure) remaining at the end of each biennium.

146. The Director added that the Bureau continued to explore other sources of financing for information technology investments in order to reduce reliance on budget surpluses. One possibility was an extension of the post-occupancy charge currently being levied on each of the Organization’s posts. Regarding the proposed revolving strategic real estate subfund, she explained that the Organization did not currently have a mechanism that allowed it the degree of flexibility needed to deal with situations such as the purchase and sale of property or the cancellation of a lease in the event that an office suddenly needed to be moved for security or other reasons. The revolving fund would provide that flexibility and would also contribute to better business continuity and risk management.

147. The Executive Committee adopted Resolution CE150.R8, recommending that the Pan American Sanitary Conference adopt a resolution authorizing the various proposed changes to the Master Capital Investment Fund.

Personnel Matters

Amendments to the PASB Staff Rules and Regulations (Document CE150/26 and Corr.)

148. Ms. Ann Blackwood (President of the Subcommittee on Program, Budget, and Administration) summarized the Subcommittee's deliberations on this item (see paragraphs 83–87 of the Subcommittee's final report, Document SPBA6/FR) and reported that the Subcommittee had recommended that the Executive Committee confirm the amendments to the PASB Staff Rules set out in Document CE150/26.

149. Ms. Nancy Machado (Human Resources Advisor, PASB) outlined the Staff Rule amendments, noting that they fell into two categories: amendments introduced pursuant to decisions taken by the United Nations General Assembly on the basis of recommendations by the International Civil Service Commission and amendments introduced in the light of experience and in the interest of good human resources management practices. Amendments in the first category included an increase in the base/floor salary scale, with a commensurate reduction in post adjustment, for staff in professional and higher categories and a reduction in staff assessment rates. Amendments in the second category related to disciplinary measures. The financial implications of the amendments were negligible, and none of the amendments relating to salaries would affect the net salaries of the staff concerned.

150. An amendment to Staff Regulation 3.1 was proposed in order to give effect to the Committee's decision regarding delegation of responsibility for approving the salary of the Director (see paragraphs 36 to 38 above).

151. Dr. Heidi Jiménez (Legal Counsel, PASB) noted that the proposed resolution contained in Document CE150/26, Corr. recommended that the Pan American Sanitary Conference delegate responsibility for setting the salary of the Director to the Executive Committee, with the change to take effect in 2013. The Director's salary would be approved by the Conference in 2012 in a separate resolution.

152. The Committee adopted Resolution CE150.R16, confirming the amendments to the Staff Rules, establishing the salaries of the Deputy Director and the Assistant Director with effect from 1 January 2012, and recommending that the Pan American Sanitary Conference approve the proposed amendment to Staff Regulation 3.1.

PASB Staffing Statistics (Document CE150/27)

153. Ms. Ann Blackwood (President of the Subcommittee on Program, Budget, and Administration) reported on the Subcommittee's consideration of this item (see paragraphs 88–94 of the Subcommittee's final report, Document SPBA6/FR), noting that the Subcommittee had expressed concern about the large number of staff due to retire in the near future and had underlined the need for a well-planned recruitment policy.

154. Ms. Kate Rojkov (Area Manager, Human Resources Management), highlighting some of the data presented in the report, said that, in anticipation of the coming wave of retirements, the Bureau was taking measures to strengthen human resources planning and streamline recruitment in order to ensure continuity and knowledge transfer. Women currently occupied 49% of professional posts in the Bureau, and sex parity had thus been virtually achieved. Sixty-six new staff had been appointed to professional posts in 2011, and 59% of them had been women, the highest percentage in the previous five years.

155. The Executive Committee applauded the Bureau's progress towards sex parity and encouraged continued effort in that direction. It was suggested that the Bureau should provide Member States with information on vacancies and on the recruitment and selection process so that it could be widely disseminated at country level. A delegate inquired whether the wave of retirements would affect country offices as well as PAHO headquarters.

156. Ms. Rojkov said that her office was compiling data on coming vacancies and holding discussions with technical managers in order to plan for recruitment of new staff. Information on vacancies would be made available to Member States.

157. The Director said that the information in the report covered staff at all levels of the Organization, including country offices. She pointed out that the current situation with respect to retirements was not unusual; at any given time, about half the staff was due to retire within the next six or seven years. That situation reflected the age at which staff members generally joined the Organization, which in turn reflected the experience and seniority requirements associated with many PASB posts. Vacancy announcements were generally issued nine or ten months before a staff member retired and were widely disseminated, but improvement was needed in that area in order to reach candidates with the required qualifications. To that end, the Bureau was endeavoring to identify networks of professionals and disseminate vacancy announcements through their publications, electronic bulletin boards, and other means. For posts requiring highly specialized skills, it also occasionally placed paid advertisements in professional journals or engaged the services of a personnel recruitment firm. In addition, at the request of national authorities, the Bureau, in collaboration with the WHO Secretariat, had recently held an information session in Mexico on opportunities and conditions for employment in the Organization. Similar sessions could be organized in other countries.

158. The Committee took note of the report.

Statement by the Representative of the PAHO/WHO Staff Association (Document CE150/28)

159. Ms. Pilar Vidal (President of the PAHO/WHO Staff Association) highlighted the matters that the Staff Association wished to bring to the Committee's attention, in particular its views and concerns in relation to the internal administration of justice system.

She reported that a survey of staff knowledge of and satisfaction with two components of the Bureau's system, the Office of the Ombudsman and the Ethics Office, had revealed, inter alia, that staff felt there was a clear need to improve capacity to resolve conflicts quickly in order to prevent their escalation and mitigate their negative effects on both staff and the Organization. The survey had also revealed a need for greater effort in the area of conflict prevention. She pointed out that the existence of an internal justice system that inspired trust and ensured that conflicts were resolved efficiently and fairly contributed to workplace well-being and enhanced staff satisfaction and productivity.

160. She paid tribute to the Director under whose leadership several noteworthy policies and initiatives had been instituted, including the establishment of the Integrity and Conflict Management System, the introduction of a policy on harassment, the creation of the ombudsman position, and the implementation of a well-being policy. The Director had always been willing to engage in dialogue with the Staff Association, and the Association hoped that the new Director would be similarly open to dialogue and teamwork. The Staff Association thanked Member States for their support and reaffirmed its commitment to continue working to fulfill the mission of the Organization.

161. The Director, noting that she was a member of the Staff Association, said that she had always believed in the right of representation in the workplace, which helped to foster a positive working environment and to ensure that the Organization could serve Member States effectively. She, too, hoped that the new Director would continue striving to protect the rights of staff in order to create a healthy atmosphere in which staff were enthusiastic about working.

162. The Committee took note of the statement.

Matters for Information

Process for the Election of the Director of the Pan American Sanitary Bureau and the Nomination of the Regional Director of the World Health Organization for the Americas (Document CE150/INF/1)

163. Ms. Ann Blackwood (President of the Subcommittee on Program, Budget, and Administration) reported on the Subcommittee's examination of this item (see paragraphs 102–105 of the Subcommittee's final report, Document SPBA6/FR).

164. Dr. Heidi Jiménez (Legal Counsel, PASB) outlined the process and rules for the election of the next Director, as described in Document CE150/INF/1. She reported that the following individuals had been nominated for the post: Dr. Caroline Judith Chang Campos, of Ecuador; Dr. Carissa Faustina Etienne, of Dominica; Dr. Socorro Gross Galiano, of Costa Rica; Dr. María Julia Muñoz Melo, of Uruguay; and Dr. Oscar Raúl Ugarte Ubilluz, of Peru.

165. A candidates' forum would be held on 22 June 2012 and would be chaired by the President of the Executive Committee. The five candidates would each make 30-minute presentations, describing their platforms, vision for the Organization, and proposed policy priorities and financial and programmatic orientations. The order of the presentations would be determined by lot. Each presentation would be followed by a one-hour question-and-answer period. Each Member State, Participating State, and Associate Member would be entitled to submit one question in writing to each candidate. If time remained after all questions had been answered, additional questions could be submitted. Candidates would have three minutes to respond to each question, and time limits would be strictly enforced. Questions could be submitted electronically by Members not participating in person. Verbatim transcripts of the entire forum would be made available to all Member States, Participating States and Associate Members.

166. In response to questions from Committee members, Dr. Jiménez confirmed that the country submitting a question would be identified and that questions would be read out by the President of the Executive Committee exactly as they were drafted. Interpretation would be provided in all four official languages of the Organization, and candidates could speak and answer questions in any of those languages. She also explained that the candidates' forum had emerged at the initiative of Member States and was intended to enhance the transparency and democracy of the election process.

167. The Committee took note of the report.

Update on WHO Reform (Document CE150/INF/2)

168. Mr. Diego Victoria (Area Manager, Planning, Budget, and Resource Coordination, PASB), referring to Decision WHA65(9),⁵ summarized the outcome of the discussions on WHO reform held during the Sixty-fifth World Health Assembly. Member States had examined proposed reforms in three areas—governance, management, and programs and priority-setting—and had decided, inter alia, to maintain the current schedule of WHO Governing Bodies meetings, but had agreed that the matter would be discussed again at the January 2013 session of the Executive Board and had asked the Director-General to prepare a study on the feasibility of shifting the WHO financial year. The Director-General had also been asked to further develop proposals to increase the transparency, predictability and flexibility of WHO's financing, also to be discussed by the Executive Board in January 2013. The Bureau would prepare a concept paper to assist Member States in preparing for that discussion.

169. In the area of program and priority-setting, the Health Assembly had examined a draft version of the WHO Twelfth General Program of Work⁶ comprising five categories

⁵ See Document A65/DIV/3, available at: http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_DIV3-en.pdf.

⁶ See Document A65/5 Add.1, available at: http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_5Add1-en.pdf.

of work: communicable diseases; noncommunicable diseases; health through the life course; health systems; and preparedness, surveillance, and response. The delegation of Brazil, supported by the countries of the Union of South American Nations (UNASUR) and others, had proposed during the discussions that social determinants of health be added as a sixth category, but it had been decided instead that health determinants would be a cross-cutting priority in all categories. Programmatically, social determinants had been identified as a specific priority area in category 3.

170. The draft Twelfth General Program of Work would be revised in the light of Member States' comments and would be discussed in regional consultations in September and October 2012. In the Americas, the revised draft, together with the draft WHO program and budget for 2014–2015, would be discussed during the 28th Pan American Sanitary Conference in September. The WHO Secretariat would compile the comments received from all regions and prepare another revised draft for discussion in early December during an extraordinary meeting of the WHO Programme, Budget and Administration Committee, whose comments would then be incorporated in the final draft to be submitted to the Executive Board in January 2013. The draft proposal would then go to the Sixty-sixth World Health Assembly for approval.

171. At PAHO, a collaborative group had been formed and would begin to draw up a draft of the PAHO Strategic Plan 2014–2019, based on the draft Twelfth General Program of Work. That document would also be discussed during the 28th Pan American Sanitary Conference and would subsequently be revised, incorporating comments made during the Conference, and submitted, together with PAHO's Proposed Program and Budget 2014–2015, to the Subcommittee on Program, Budget, and Administration in March 2013 and to the Executive Committee in June 2013. The final proposal would be submitted to the 52nd Directing Council for approval in September 2013. Member States would be consulted continuously throughout the process, which would afford them ample opportunity to influence both the regional and global health agendas.

172. The Committee welcomed the ongoing discussions on WHO reform. The reform process was considered an excellent opportunity to strengthen the Organization's global health leadership role and enhance its capacity, effectiveness, accountability, and responsiveness to Member States' needs. It was also seen as an opportunity to strengthen alignment and harmonization among the three levels of WHO and to clearly delineate their respective roles and responsibilities, as well as to examine the responsibilities of Member States as an integral part of the Organization. Delegates felt that the principles set out in the WHO Constitution remained valid and should continue to guide the work of the Organization, as should the principles established in the Declaration of Alma-Ata, in particular the primary health care approach. The Delegate of El Salvador expressed concern that the reform document did not reflect the points she had raised during the Health Assembly in relation to the renewal of primary health care, multilateralism,

technical cooperation among countries, and the role of environmental and occupational factors in the development of chronic disease.

173. The critical importance of social, economic, and environmental determinants of health was underscored, as was the need for a “health in all policies” approach. While the inclusion of health determinants among the principles, values, and fundamental approaches identified in the draft Twelfth General Program of Work was welcomed, it was not considered sufficient. It was emphasized that health determinants must be incorporated as a cross-cutting priority in all aspects of WHO’s work. It was also considered essential to emphasize the relationship between health and sustainable development and to ensure a focus on health, not disease. It was felt that all of the foregoing should also be reflected in PAHO’s next strategic plan.

174. Mr. Victoria said that the initial draft overview of the Strategic Plan 2014–2019 to be presented to the Pan American Sanitary Conference would incorporate the views expressed by Member States in relation to WHO reform and the WHO general program of work, which was one of two major strategic documents guiding PAHO’s work. It would also reflect the findings of the mid-term evaluation of the Health Agenda for the Americas, the other major strategic document, and the assessment of the current Strategic Plan.

175. Ms. Cecilia Rose-Oduyemi (Director, Department for Governing Bodies and External Relations, WHO) assured the Committee that the issue of health determinants would be incorporated in a cross-cutting manner in the revised draft of the Twelfth General Program of Work to be discussed by the regional committees in September and October. She clarified that the discussions during the December meeting of the Programme, Budget and Administration Committee would focus on a summary of the issues raised in the regional committees’ discussions on the draft program of work and the draft program and budget 2014–2015, not on the draft documents themselves. The second draft of the program of work would be submitted to the January 2013 meeting of the Programme, Budget and Administration Committee and then to the 32nd session of the Executive Board.

176. The Director highlighted the aspects of WHO reform that were, in her view, of particular importance to the Region. One was the scheduling of Governing Bodies meetings. While a change in the scheduling of the Programme, Budget and Administration Committee and the Executive Board might be feasible, any change from the current scheduling of the Health Assembly and the regional committees would be difficult for the Region to accommodate, as would a change in the fiscal year. For logistic and operational reasons, the sessions of the PAHO Directing Council/Pan American Sanitary Conference had to be held no later than the third week in September in order to avoid overlapping with the sessions of the United Nations General Assembly. Holding them much earlier in the year, however, would seriously disrupt current planning cycles, which culminated every two years in the adoption of the PAHO/WHO program and budget, which comprised not only the allocation that the Region received from WHO but also the portion of the budget

funded by Member State assessments paid directly to PAHO. A change in the fiscal year would have the same effect and would also have an impact on reporting requirements and information systems, including the WHO Global Management System. In her view, the risks of changing the fiscal year had not been sufficiently analyzed or understood, nor had a convincing case been made for why such a change would be desirable.

177. With regard to harmonization and alignment of governance processes, one of the possible reforms under discussion would introduce a “bottom up” approach to the consideration and adoption of global strategies and policies whereby proposals from the global level would be examined first by the regional committees and would be analyzed and refined first at the regional level and then go to the global level for final approval during the Health Assembly. Such a change would create new and different reporting requirements for the chairs of the regional committees.

178. There was increasing recognition that in order to clearly delineate the roles and responsibilities of the various levels of the Organization, it was necessary for the regions to set specific regional priorities and expected outcomes, which might not necessarily also be global priorities and outcomes. Accordingly, the other regions were beginning to adopt strategic policy documents similar to PAHO’s Strategic Plan and the Health Agenda for the Americas. In addition, it was important to distinguish global outcomes, to which all parts of the Organization contributed, from WHO headquarters outcomes. The establishment of clear priorities and outcomes for the various levels was also important from the standpoint of results-based management and transparency and accountability in the allocation and use of resources.

179. The Committee took note of the information provided.

Project for Modernization of the PASB Management Information System: Progress Report (Document CE150/INF/3)

180. Ms. Ann Blackwood (President of the Subcommittee on Program, Budget, and Administration) reported on the Subcommittee’s examination of this item (see paragraphs 95–101 of the Subcommittee’s final report, Document SPBA6/FR).

181. In the Committee’s discussion of the item, it was noted that there had been a delay in completing the pre-implementation phase of the project, but it was considered preferable to take a cautious approach in the early stages in order to avoid having to correct mistakes at a later stage. However, a delegate inquired whether the delay had caused the overall timeline for the project to slip. She also asked what effect WHO reform might have on the project.

182. Mr. Tim Brown (Special Advisor, PASB Management Information System, PASB), said that the overall timeline would be delayed by about six months. As a result, implementation would begin 2013 rather than in mid-2012. As to alignment with WHO,

integration of PAHO's information with that of WHO had always been a key element of the project.

183. The Director assured the Committee that the Bureau was providing all of the information required by WHO on the achievement of results and the use of funds. It was also addressing weaknesses and risks identified by the external and internal auditors.

184. The Committee took note of the report.

Report of the PAHO/WHO Advisory Committee on Health Research (Document CE150/INF/4)

185. Dr. Luis Gabriel Cuervo (Senior Advisor, Research Promotion and Development, PASB), introducing the report of the Advisory Committee, said that the panorama for research governance in the Region had improved dramatically in recent years, from both a qualitative and a quantitative standpoint, with the implementation and strengthening of structures, processes, and standards and the establishment of effective platforms for linking research, policies, and users of research. New tools were now available to enable better management of research at the national level for benefit of the health of peoples of the Americas.

186. The Director added that the Advisory Committee had held a very fruitful meeting in Barcelona in conjunction with the Iberoamerican Cochrane Centre and Network. The Advisory Committee was now much stronger, thanks in large part to the excellent chairmanship of Dr. John Lavis (Canada), who would present the report to the Pan American Sanitary Conference in September.

187. The Executive Committee took note of the report.

Progress Reports on Technical Matters (Documents CE150/INF/6-A, B, C, D, E, F, G, H, and I)

Social Determinants of Health (Document CE150/INF/6-A)

188. The Committee underscored the importance of ensuring attention to social determinants of health in the Twelfth General Program of Work of WHO and expressed concern that the cross-cutting approach proposed in the discussions of WHO reform during the recent World Health Assembly (see paragraphs 168 to 179) could lead to a loss or dilution of focus. The need to incorporate specific lines of action and indicators relating to health determinants in the programming of both WHO and PAHO was stressed. It was also emphasized that social determinants of health should be a prominent component of WHO's advocacy work. The Delegate of Brazil thanked PAHO for its support of the World Conference on Social Determinants of Health, held in Rio de Janeiro in October 2011, and expressed confidence that the Organization would also support Member States in drawing up national plans of action and strategies for addressing social determinants of health.

189. Dr. Sofía Leticia Morales (Team Coordinator, Health Promotion and Social Determinants of Health, PASB) said that, as noted in the progress report, PAHO's work with respect to social determinants of health was coordinated and aligned with that of WHO, but it was also tailored to conditions and needs in the Region of the Americas. She expressed gratitude to the Government of Brazil for hosting the World Conference on Social Determinants of Health.

190. The Director said that, reflecting the will of Member States as expressed in the Health Agenda for the Americas, social determinants of health would be incorporated as a priority area of action under the PAHO Strategic Plan 2014–2019.

191. The Committee took note of the report.

Plan of Action for Implementing the Gender Equality Policy (Document CE150/INF/6-B)

192. The Committee welcomed the progress made in implementing PAHO's Gender Equality Policy and the recommendations contained in the progress report, in particular the recommendation concerning integration of gender equality into national health plans and recognition of unpaid health care provided by women and unequal compensation of health workers. The need for continued attention to the problem of violence against women was underscored. Several delegates highlighted the link between social determinants of health and social determinants of gender equality and underscored the need for multisectoral action to address such determinants. It was also pointed out that, precisely because of its cross-cutting multisectoral nature, gender equality might tend to receive less attention than other, more specific priorities. It was suggested that future progress reports would benefit from the inclusion of more information on the evaluation conducted and more examples from countries, such as that of the gender training provided by Mexico's Secretariat of Health.

193. It was also suggested that the Bureau should notify Member States of any surveys on any topic that it intended to conduct in the course of a calendar year, including a timetable with reporting due dates, so that governments could plan accordingly.

194. Ms. Catharina Cuellar (Advisor, Gender and Health, PASB), noting that the progress made in implementing the policy was largely due to the efforts of Member States, said that the progress report contained in Document CE150/INF/6 was a brief summary of the full report, which would be disseminated by the PAHO country offices with a view to fostering wider intersectoral dialogue on gender equality. The Bureau had been promoting an intersectoral approach and would continue to do so. It would also continue to promote capacity-building, and had recently launched an online course on gender, human rights, and tolerance in Latin America. An English-language version for the Caribbean was currently being prepared.

195. The Director noted that the Organization had produced numerous publications dealing with violence against women and had developed considerable capacity on the issue at the regional, subregional, and country levels, notably through the “critical path” initiative.⁷

196. The Committee took note of the report.

Elimination of Measles, Rubella, and Congenital Rubella Syndrome (Document CE150/INF/6-C)

197. Dr. Cuauhtémoc Ruíz-Matus (Senior Advisor, Comprehensive Family Immunization, PASB) introduced the progress report contained in Document CE150/INF/6, which summarized the achievements to date with respect to the elimination of measles, rubella, and congenital rubella syndrome and outlined the challenges and risks that threatened the Region’s ability to maintain those achievements, chief among them the continued circulation of measles and rubella virus in other regions and the consequent risk of imported and import-associated cases in the Americas, coupled with the risk posed by the existence of unvaccinated population groups in the Region. In order to address those challenges and risks, a regional emergency plan of action for the period 2012–2014 was proposed. The plan was described in the report.

198. It was also proposed that the Executive Committee should recommend that the 28th Pan American Sanitary Conference adopt a resolution endorsing the emergency plan of action; urging Member States to strengthen active surveillance of measles, rubella, and congenital rubella syndrome and maintain high levels of population immunity through vaccination; and requesting the Director to encourage WHO and other partners to step up efforts to achieve global elimination of those diseases and thus reduce the risk of their reintroduction in the Americas.

199. The Committee expressed strong support for the latter proposal and for the emergency plan of action. It was felt that the adoption of a resolution by the Pan American Sanitary Conference would draw needed attention and resources to measles, rubella, and congenital rubella elimination and help to safeguard the achievements made in recent decades. Member States were urged to reaffirm their commitment to the achievement and maintenance of 95% immunization coverage rates and to identify and address gaps and failures in surveillance systems, which would also help enable them to meet the core capacity requirements under the International Health Regulations (2005) (see paragraphs 217 to 221 below).

200. It was pointed out that recent outbreaks of measles in several countries had highlighted the Region’s continued susceptibility to virus importation and spread of the disease among persons who were unimmunized or inadequately immunized. Delegates

⁷ Shrader E and Sagot M. *Domestic Violence: Women’s Way Out*. Washington, DC: PAHO; 2000 (Occasional Publication No. 2). Available at: <http://www.paho.org/english/hdp/hdw/womenswayout.pdf>.

stressed the need to strengthen the global measles and rubella elimination initiative and encourage countries in other regions to fulfill their responsibility to vaccinate their populations. The need for public education campaigns was also underscored. One delegate noted that most outbreaks in his country occurred among affluent populations and were due to imported cases acquired in developed countries. The affected populations were generally covered by the private health care system, which pointed out the need for public-sector surveillance of the immunization activities of private providers. Clarification was sought as to whether the Region would be eligible for the certification of elimination while the virus continued to circulate in other regions.

201. Dr. Ruíz-Matus said that the majority of imported cases did indeed occur among people of means, who could afford to travel. Investigation of cases imported following the 2010 Fédération Internationale de Football Association (FIFA) World Cup in South Africa had revealed that in some cases private physicians had advised against immunization prior to traveling. PAHO was taking steps to ensure that persons attending the 2012 Olympic Games in London, the 2014 FIFA World Cup in Brazil, and other mass events were properly immunized.

202. The Director noted that elimination had already been certified in many countries in the Region and others were close to gaining certification. The emergency plan was intended to ensure that the Region as a whole could be certified as measles- and rubella-free. Achievement of certification depended on levels of risk of and vulnerability to transmission of imported cases, which remained high in some parts of the Region. The Bureau was engaged in advocacy with the European Region and other WHO to encourage vaccination. Unfortunately, much of the erroneous or misleading information about the risks of vaccination was generated by European anti-vaccination groups, although some also came from groups in the Americas. Information campaigns were needed to reassure the public and ensure that everyone was vaccinated in accordance with countries' approved immunization schemes. The proclamation of World Immunization Week⁸ was an important step, which would afford the opportunity to inform and motivate the public.

203. The Committee decided to place the matter on the agenda of the 28th Pan American Sanitary Conference as a Program Policy Matter and to recommend that the Conference adopt a resolution endorsing a regional emergency plan of action 2012–2014 for maintaining measles and rubella elimination (Decision CE150 [D3]).

Regional Strategy and Plan of Action on Nutrition in Health and Development, 2006–2015: Mid-term Review (Document CE150/INF/6-D)

204. Committee members highlighted the need for United Nations agencies and national ministries to take a coordinated, integrated, and uniform approach to food and nutrition, and to avoid focusing narrowly on matters related to production, importation, and

⁸ See Resolution WHA65.18.

marketing of food, with little attention to the importance of ensuring nutrition security throughout the life course. PAHO's integrated approach was commended. A delegate inquired whether any comparative data were available on children who were undernourished or at risk of undernutrition and children who were overweight or obese. He reported that his country was examining complementary feeding programs to determine to what extent they might have contributed to overweight and obesity in children, which were the principal nutrition-related problems in his country.

205. Dr. Chessa Lutter (Regional Advisor on Food and Nutrition, PASB) said that the PAHO was promoting a consistent, integrated approach to food and nutrition issues through the Pan American Alliance for Nutrition and Development, an interagency initiative involving a number of United Nations agencies and was also promoting intersectoral approaches at country level. Within the Bureau, an interprogrammatic approach was being pursued. While chronic malnutrition and, in a few cases, acute malnutrition remained problems in the Region, the prevalence of underweight was much lower than the prevalence of obesity and overweight, and the gap was widening. Much was known about how to address undernutrition, but there was clearly a need for effective interventions to address the growing problem of overnutrition.

206. The Director added that studies had found that underweight children who had been fed diets high in carbohydrates and calories had a higher probability of becoming overweight. Clearly nutrition was a multifaceted problem that called for an interagency approach. It also called for stronger dialogue between the health and agriculture sectors at country level and greater advocacy by Member States. In particular, national health officials should work with their counterparts in the agriculture sector to bring about a more integrated approach to food and nutrition on the part of the Food and Agriculture Organization of the United Nations (FAO), which remained focused mainly on production-related and commercial aspects of food security.

207. The Committee took note of the report.

Regional Strategic Plan for HIV/AIDS/STI, 2006-2015: Mid-term Evaluation (Document CE150/INF/6-E)

208. Dr. Sonja Caffè (Advisor, HIV/AIDS/STI Prevention, PASB) summarized the preliminary findings of the mid-term evaluation, noting that a more complete report would be submitted to the Pan American Sanitary Conference in September. The evaluation had indicated that the strategic plan as conceived in 2006 was still relevant. The overall goal and targets of the plan had informed the development of subregional plans and approaches and country proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria and other donors. Although the evaluation had not allowed for a systematic review of all 55 milestones and targets, it could be concluded that the Region had made good progress in terms of reducing the incidence of HIV infections and increasing access to antiretroviral treatment. The third target, a reduction of the incidence of mother-to-child transmission of

HIV to 5% or less by 2015, had been modified in 2009 when Member States had endorsed the Regional Initiative for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis, which had set the target at 2% or less. At least five countries had achieved that target thus far and another seven appeared to be close to doing so.

209. In the ensuing discussion, the Bureau was encouraged to look at emerging evidence on the “treatment as prevention” approach and on the ethical and human rights implications of significantly expanding testing and offering treatment immediately upon diagnosis, as well as of using antiretroviral therapy to prevent HIV infection when the treatment needs of many HIV-positive people remained unmet.

210. Dr. Caffé said that PAHO had been working with countries with a view to optimizing antiretroviral therapy in the context of treatment as prevention, while also seeking to reduce costs and improve the availability of treatment. All those factors would be taken into consideration in drawing up the evaluation report.

211. The Committee took note of the report.

Current Dengue Situation (Document CE150/INF/6-F)

212. Committee members underscored the importance of continued PAHO support for national dengue control initiatives in order to sustain the progress made in controlling the disease and the need for intersectoral action to address the social and other determinants that contributed to its spread. The need to conduct community campaigns and to educate and mobilize the population in order to eliminate vector breeding sites was also emphasized, as was the need for collaboration between countries, since the vector could easily cross national borders. The importance of ongoing research aimed at producing a dengue vaccine was also emphasized.

213. Dr. Sylvain Aldighieri (Senior Advisor, IHR, Epidemic Alert and Response, and Epidemic Diseases, PASB) said that dengue transmission was occurring in all but two of PAHO’s Member States, which pointed up the importance of integrated dengue control strategies at the subregional level as well as the national level. It was also essential to implement the new case management guidelines at all levels of health care systems, with particular emphasis on the primary care level, and to train personnel at the primary care level to detect the warning signs of the severe form of the disease. The new guidelines were, in his view, largely responsible for the significant reductions in dengue mortality in recent years.

214. He agreed that inter-country collaboration was crucial. Such collaboration was being promoted by the Dengue International Task Force mentioned in the report contained in Document CE150/INF/6. As to dengue vaccine research, several vaccines were under development and one was currently in phase III clinical trials and was expected to be available within five to ten years. Regarding community mobilization and participation, the

Communication for Behavioral Impact (COMBI) method could be a useful both in eliminating breeding sites and facilitating early detection of cases.

215. The Director added that PAHO was striving to identify and disseminate evidence on successful innovations and interventions in areas such as behavior change, public communication, and promotion of community participation in and responsibility for dengue control. One example of an innovative experience came from Panama, which had seen an upsurge in dengue cases as a result of several major public works projects. The Government had entered into an agreement with the construction firms involved and had established regulations making those firms responsible for ensuring that their projects did not create pools of water that could serve as mosquito breeding sites.

216. The Committee took note of the report.

Implementation of the International Health Regulations (2005) (Document CE150/INF/6-G)

217. Committee members emphasized the need for a firm commitment by all Member States to achieve full compliance with the International Health Regulations (IHR) (2005) and the need for continued support from PAHO for national efforts to strengthen surveillance and response capacity. It was noted that the Bureau anticipated that some 80% of Member States in the Americas would request an extension of the June 2012 deadline for assessing core capacities for surveillance and response and developing a national action plan for attaining core capacities, and it was stressed that efforts must be redoubled in order to ensure that the extended deadline of June 2014 would be met. Failure to meet that deadline, it was pointed out, could damage the credibility of WHO. The Bureau was asked to comment on the greatest potential obstacles to meeting the deadline. The need for ongoing technical and financial support in order to enable countries to put in place and maintain the core capacities was highlighted.

218. The Delegates of Brazil and Colombia announced that their Governments had decided not to seek an extension of the 2012 deadline and affirmed their commitment to the Regulations. The Delegate of Brazil observed that the FIFA World Cup in 2014 and the Olympic Games in 2016, both to be held in his country, would afford opportunities to strengthen partnerships among countries and surmount the challenges that remained in the implementation of the Regulations.

219. Dr. Sylvain Aldighieri (Senior Advisor, IHR, Alert and Response and Epidemic Diseases, PASB) reported that as of 15 June 201, the deadline for requesting an extension, PAHO had received official communications from 28 countries, 26 of which had requested an extension. As to the main obstacles to meeting the deadline of June 2014, the primary one was insufficient intersectoral coordination in countries, which was slowing progress towards attainment of the core capacities, particularly in relation to points of entry and management of chemical events and radiation emergencies, as evidenced by the low

percentages in those areas shown in the table in the progress report. PAHO was working with other international agencies to organize subregional training workshops and support the implementation of activities under national IHR action plans. As had been noted, international technical and financial support would be needed to ensure that countries could maintain the core capacities.

220. The Director said that, in addition to Brazil and Colombia, Canada and Chile had formally notified the Bureau that they would not seek an extension of the June 2012 deadline and it was expected that the United States of America would not seek an extension, either. She believed that there was every reason to be optimistic that all Member States in the Americas would have attained the core capacities by 2014. The countries of the Region had a long tradition of supporting each other in meeting health goals, Member States had drawn up plans detailing the actions needed in order to meet the deadline, and resources were available from the Holding Account to support national efforts (see paragraphs 139 to 141 above).

221. The Committee took note of the report.

Regional Goals for Human Resources for Health 2007–2015 (Document CE150/INF/6-H)

222. Members of the Committee highlighted the need for coordination and cooperation among the health, education, and labor sectors in order to ensure that the training and retraining of health workers was suited to countries' evolving demographic and epidemiological conditions. The need to improve human resources planning and the distribution of health workers in rural areas, marginal urban areas, and indigenous communities was also emphasized. It was pointed out that countries might achieve an overall ratio of 25 health workers per 10,000 population—regional goal 1—but there could still be major discrepancies in coverage between urban and rural areas.

223. It was also pointed out that coverage of health workers should be measured both qualitatively and quantitatively, and that greater effort was needed to ensure specialist care at the primary care level. Several delegates reported on national initiatives aimed at expanding access to primary health care, particularly in underserved areas. One delegate reported that her country was experimenting with a two-level approach to primary health care involving the provision of care by pediatricians, obstetricians, internists, mental health specialists, and physical therapists, which had helped her country to achieve Millennium Development Goal 5 (Improve maternal health). Another delegate said that the health and education sectors in his country were collaborating in a scheme whereby funding was provided for the training of health professionals in exchange for a commitment to provide services in underserved areas. The need to provide practical training and incentives for health workers to practice at the primary care level was emphasized. It was also considered necessary to change the image of primary health care, which tended to be seen by health professionals as a dead-end, both financially and in terms of professional development and

advancement. Information was sought on the extent to which the regional goals were aligned with the WHO Code of Practice on the International Recruitment of Health Personnel adopted in 2010.⁹

224. Dr. Charles Godue (Senior Advisor, Human Resources for Health, PASB) said that the baseline assessment described in the progress report contained in Document CE150/INF/6 had highlighted many of the same issues raised by the Committee, including the need for better distribution of health personnel so as to meet needs in underserved rural and marginal urban communities, the challenge of recruiting and retaining personnel at the primary care level, and the need for concerted effort by the health and education sectors in order to tailor the training of health workers to the specific needs of countries and to provide incentives to attract more health workers to the primary care level. The assessment had also pointed up the need for leadership by ministries of health in strategic human resources planning and in fostering coordination with the education and labor sectors.

225. Although the WHO Code of Practice had been adopted several years after the regional goals, the baseline assessment had looked at the extent to which it was being applied and had found little evidence that the Code had really been embraced as a formal commitment.

226. The Director noted that the issue of international recruitment of health personnel was covered under challenge 3 and goal 10 of the regional goals. Regarding collaboration between the health and education sectors, increasing public pressure on the latter sector for transparency and accountability should increase the possibilities for dialogue.

227. The Committee took note of the report.

Status of the Pan American Centers (Document CE150/INF/6-I)

228. The Director, supplementing the information provided in the progress report, recalled that several years earlier the functions of the Pan American Foot-and-Mouth Disease Center (PANAFTOSA) had been diversified¹⁰ to include zoonoses and the human-animal interface, food safety, and food security, and a trust fund had been established to facilitate contributions to its work by both the public and the private sectors. Contributions had been received from Brazil and from the livestock industry in Paraguay. The Center's reference laboratory had been transferred from Rio de Janeiro to the state of Minas Gerais in Brazil, and consideration was being given to moving the center itself from the outskirts of Rio de Janeiro to a smaller, more central location, which would reduce operating costs. The possibility of establishing a joint location for the Latin American Center for Perinatology (CLAP) and the PAHO/WHO country office in Uruguay was also under consideration.

⁹ See Resolution WHA63.16.

¹⁰ See Resolution CD46.R6.

229. The transfer of the functions of the Caribbean Epidemiology Center (CAREC) and the Caribbean Food and Nutrition Institute (CFNI) to the new Caribbean Public Health Agency (CARPHA) was expected to be completed on schedule by the end of 2012. CARPHA would begin operating in January 2013. The CAREC reference laboratory would become the CARPHA laboratory, which would be located in Trinidad and Tobago. The Bureau was working closely with the Government of that country on the design of the facility.

230. Mr. Marcelo D'Agostino (Area Manager, Knowledge Management and Communication, PASB) summarized the latest developments in the reconfiguration of the Latin American and Caribbean Center on Health Sciences Information (BIREME), noting that the National Advisory Committee for the center had met earlier in June and that the Headquarters Agreement with the Government of Brazil was expected to be signed shortly.

231. In the discussion that followed, a delegate suggested that perhaps a regional strategy should be developed with a view to mobilizing stronger international support and resources for the Pan American centers.

232. The Director said that efforts had been made to mobilize such support, but they had not been very successful to date, and the centers had relied mainly on cooperation resources from donor countries. The Bureau would welcome suggestions from Member States as to international organizations that might be interested in supporting the work of centers.

233. The Committee took note of the report.

Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO (Document CE150/INF/7)

234. Dr. Juan Manuel Sotelo (Manager, External Relations, Resource Mobilization, and Partnerships, PASB) reported on the resolutions and other actions of the Sixty-fifth World Health Assembly and the 131st Session of the WHO Executive Board considered to be of particular interest to the PAHO Governing Bodies, drawing attention in particular to the resolutions on noncommunicable diseases (WHA65.3), mental disorders (WHA65.4), implementation of the recommendations of the Commission on Information and Accountability for Women's and Children's Health (WHA65.7), the global vaccine action plan (WHA65.17), and substandard/spurious/false labeled/falsified/counterfeit medical products (WHA65.19). In relation to the latter resolution, he noted that the first meeting of the new Member State mechanism for international collaboration would take place in Argentina during the second half of 2012. WHO reform had been a major focus of attention during both the Health Assembly and the subsequent meetings of the Executive Board. As noted in the presentation on the topic (see paragraphs 168 to 179 above), proposals had been examined and reforms had been endorsed in three areas: programs and priority-setting, governance, and management (Decision WHA65[9]).

235. He also drew attention to a number of resolutions of subregional bodies having to do with health-related matters considered to be of interest to the Governing Bodies. Those resolutions were summarized in part B of Document CE150/INF/7.

236. The Director noted that some of the resolutions and decisions would affect the work of the PAHO Governing Bodies. Several called for regional consultations, some of which would be held during the 28th Pan American Sanitary Conference. In addition, there were likely to be changes in the format of reports of the presidents of the regional committees submitted to the Executive Board. The Bureau would support Member States in preparing for the various consultations to be held in Geneva on noncommunicable diseases and other topics and for the meeting of the Member State mechanism on substandard/spurious/ falsely labeled/falsified/counterfeit medical products.

237. The Committee took note of the report.

Other Matters

238. During the week of the 150th Session, Committee members participated in a ceremony marking the inauguration of the new Emergency Operations Center at PAHO Headquarters and heard a presentation by Dr. Jon Andrus (Deputy-Director, PASB) on the cholera situation in Haiti.

239. The PAHO/WHO Staff Association, as well as a number of delegates, paid tribute to the Director and expressed gratitude for her years of service to the Organization.

Closure of the Session

240. Following the customary exchange of courtesies, the President declared the 150th Session of the Executive Committee closed.

Resolutions and Decisions

241. The following are the resolutions and decisions adopted by the Executive Committee at its 150th Session:

Resolutions

CE150.R1: Collection of Quota Contributions

THE 150th EXECUTIVE COMMITTEE,

Having considered the *Report on the Collection of Quota Contributions* (Document CE150/21 and Add. I);

Noting that there are no Member States in arrears in the payment of quota contributions to the extent that they can be subject to the application of Article 6.B of the Constitution of the Pan American Health Organization;

Noting that there has been a significant reduction in arrears of contributions such that there are no outstanding amounts due prior to the 2009 financial period;

Noting that there are 18 Member States that have not made any payments towards their 2012 quota assessments,

RESOLVES:

1. To take note of the *Report on the Collection of Quota Contributions* (Document CE150/21 and Add. I).
2. To commend the Member States for their commitment in meeting their financial obligations to the Organization by making significant efforts to pay their outstanding arrears of contributions.
3. To thank the Member States that have already made payments for 2012 and to urge the other Member States to pay all their outstanding contributions as soon as possible.
4. To request the Director to continue to inform the Member States of any balances due and to report to the 28th Pan American Sanitary Conference on the status of the collection of quota contributions.

(First meeting, 18 June 2012)

CE150.R2: Method of Work of the Governing Bodies: Delegation of Functions to the Executive Committee

THE 150th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report of the Director, *Method of Work of the Governing Bodies: Delegation of Functions to the Executive Committee* (Document CE150/10),

RESOLVES:

To recommend that the 28th Pan American Sanitary Conference adopt a resolution along the following lines:

**METHOD OF WORK OF THE GOVERNING BODIES:
DELEGATION OF FUNCTIONS TO THE EXECUTIVE COMMITTEE**

THE 28th PAN AMERICAN SANITARY CONFERENCE,

Having considered the report of the Director, *Method of Work of the Governing Bodies: Delegation of Functions to the Executive Committee* (Document CSP28/__);

Mindful of the limitations on the time available during sessions of PAHO's Governing Bodies for discussion of issues deemed strategically important;

Noting the need to continue improving the working methods of the Governing Bodies by rationalizing and streamlining their agendas,

RESOLVES:

1. To request that, in fulfilling its function of review and approval of the provisional agendas of the Pan American Sanitary Conference and Directing Council, the Executive Committee continue its efforts to improve the working methods of those bodies by forwarding on to them only those technical and administrative progress reports that it deems necessary.
2. To delegate the determination of the salary of the Director of the Pan American Sanitary Bureau to the Executive Committee.

(Second meeting, 18 June 2012)

***CE150.R3: Expanded Textbook and Instructional Materials Program
(PALTEX)***

THE 150th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the Director's report, *Expanded Textbook and Instructional Materials Program (PALTEX)* (Document CE150/20, Rev. 1),

RESOLVES:

To recommend that the 28th Pan American Sanitary Conference adopt a resolution along the following lines:

**EXPANDED TEXTBOOK AND INSTRUCTIONAL
MATERIALS PROGRAM (PALTEX)**

THE 28th PAN AMERICAN SANITARY CONFERENCE,

Having considered the Director's report, *Expanded Textbook and Instructional Materials Program (PALTEX)* (Document CSP28/__);

Mindful of Resolution CSP17.R15 (1966) by which the 17th Pan American Sanitary Conference established a medical textbooks program as a PAHO technical cooperation program;

Considering the achievements and successes of PALTEX since its inception, improving the quality and impact of education in the health sciences by providing students and health workers throughout the Americas with educational materials that are pertinent, accessible, and up-to-date;

Desiring to strengthen, expand, and modernize PALTEX to better meet the needs of PAHO Member States,

RESOLVES:

1. To take note of the above-mentioned report on PALTEX and actions taken to date by PASB.
2. To request the Director to:
 - (a) finalize actions necessary to consolidate overall management and administration of all aspects of PALTEX back to PAHO, including its assets, administration, operations, inventory, procurement, and finance;
 - (b) develop an improved structural and operational model for PALTEX under PAHO's comprehensive management and in accordance with PAHO regulations and rules, to ensure the program's technical and financial integrity and provide for its sustainability;
 - (c) renew the technical components of PALTEX, including:
 - i. establishing a new technical selection system to ensure the high quality and relevance of learning resources incorporated into the PALTEX collection;
 - ii. developing two new series:

- Primary Health Care Renewal/Millennium Development Goals,
- Faculty Development;
- iii. expanding PALTEX to the English-speaking Caribbean, Cuba, Haiti, and Puerto Rico;
- iv. upon request, providing technical cooperation to other WHO Regions, such as the Regional Office for Africa (AFRO) and the Regional Office for the Eastern Mediterranean (EMRO);
- v. creating *e-PALTEX* by developing a broad, comprehensive digital and online component for learning resources based on educational priorities;
- vi. increasing the number of participating member institutions across the Region.

(Second meeting, 18 June 2012)

CE150.R4: Strategy and Plan of Action for Integrated Child Health

THE 150th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the *Strategy and Plan of Action for Integrated Child Health* (Document CE150/15),

RESOLVES:

To recommend that the 28th Pan American Sanitary Conference adopt a resolution along the following lines:

**STRATEGY AND PLAN OF ACTION FOR INTEGRATED
CHILD HEALTH**

THE 28th PAN AMERICAN SANITARY CONFERENCE,

Having reviewed the *Strategy and Plan of Action for Integrated Child Health* (Document CSP28/__);

Recalling the Constitution of the World Health Organization, the UN Convention on the Rights of the Child, and other international and regional human rights instruments that set forth the right of the child to enjoy the highest attainable standard of health;

Mindful of the international mandates emerging from the World Health Assembly, in particular Resolution WHA56.21 (2003), *Strategy for Child and Adolescent Health and Development*, and Resolution WHA58.31 (2005), *Working towards Universal Coverage of Maternal, Newborn, and Child Health Interventions*, the commitments by the Member States of the Region of the Americas to meeting the Millennium Development Goals (MDG), and other PAHO resolutions that contribute to and directly affect the well-being of women, children, and caregivers;

Recognizing that the children of the Region of the Americas are its greatest resource, and that recognition and protection of their distinct needs and human rights is essential for effective development, and noting that national health policies, strategies, plans, and laws require renewed attention to promote the effective integration of child health services in health facilities, using an intersectoral and life-course approach based on the social determinants of health and consistent with international mandates;

Considering that this Strategy and Plan of Action propose to build upon the continuum of care to promote the optimal development of the child; prevent and reduce the burden of disease in children younger than 5 years of age; improve child nutrition; empower parents, families, and communities to support child care efforts; create social and physical environments that promote safety and good health; and strengthen collaboration among various institutions in the health and other sectors, enabling them to work more effectively,

RESOLVES:

1. To endorse the Strategy and approve the Plan of Action for Integrated Child Health, and to encourage its consideration in development policies, plans, programs, and proposals, and in the discussion of national budgets, with a view to creating conditions for scaling up integrated child health interventions.
2. To urge Member States to:
 - (a) give priority to and advocate at the highest levels for the implementation of evidence-based, effective interventions to prevent child morbidity and mortality and to reach optimum social development;
 - (b) support the development of integrated child health policies, strategies, and plans as part of overall national health plans, build capacity for high-quality integrated child health services, and ensure universal access to these services;
 - (c) promote dialogue and coordination between ministries and other public and academic institutions, as well as between the public and private sectors and civil society, with a view to achieving national consensus for the implementation of

integrated child health services based on the social determinants and life-course approaches;

- (d) build capacity of national and local managers for effective program planning and management of health workers in first- and referral-level health facilities to deliver quality integrated child health services;
- (e) support caregivers working at the family, community, and individual levels to improve care-seeking behavior, health promotion, and care in the home and community based on primary health care practices;
- (f) strengthen health systems and health services to support implementation of quality care in a manner consistent with their obligations under the UN Convention on the Rights of the Child and the application of innovative training processes, including distance education and other innovative models;
- (g) promote the collection, sharing, and use of data on integrated child health disaggregated by age, sex, and ethnicity;
- (h) establish an integrated monitoring, evaluation, and accountability system for policies, plans, programs, legislation, and interventions that will make it possible to determine the quality of care and impacts of integrated child health services;
- (i) develop processes for conducting external reviews and analysis of the Plan's implementation based on national priorities, needs, and capabilities.

3. To request the Director to:

- (a) establish a technical advisory group to provide guidance on topics related to integrated child health;
- (b) provide support to the Member States, in collaboration with other international agencies and sectors, to help them work collectively to support and strengthen national plans and the implementation of integrated child health activities at the country level;
- (c) promote the implementation and coordination of the Strategy and Plan of Action to ensure that activities are cross-cutting across the Organization's various program areas and different regional and country contexts;
- (d) establish benchmarks directly correlated to the strategic areas in the Strategy and Plan of Action;

- (e) promote and consolidate horizontal (South-South) technical cooperation and the sharing of successful experiences and lessons learned by Member States;
- (f) support and maximize human resources development, capacity building, and the delivery of quality services;
- (g) support the development of integrated technical guidelines and tools to facilitate implementation of the Strategy and Plan of Action;
- (h) promote the establishment of national, municipal, and local partnerships with other international agencies, scientific and technical institutions, academic institutions, nongovernmental organizations, organized civil society, the private sector, the UN Committee on the Rights of the Child, and others, for the purpose of implementing integrated child health services;
- (i) conduct midterm and final evaluations and report these results to the PAHO Governing Bodies.

(Third meeting, 19 June 2012)

CE150.R5: *Strategy and Plan of Action on Knowledge Management and Communications*

THE 150th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed Document CE150/17, *Strategy and Plan of Action on Knowledge Management and Communications,*

RESOLVES:

Recommend that the 28th Pan American Sanitary Conference adopt a resolution in accordance with the following terms:

**STRATEGY AND PLAN OF ACTION ON
KNOWLEDGE MANAGEMENT AND COMMUNICATIONS**

THE 28th PAN AMERICAN SANITARY CONFERENCE,

Having reviewed Document CSP28/____, *Strategy and Plan of Action on Knowledge Management and Communications;*

Recognizing that review of the current situation indicates that there are two basic conditions for application of knowledge management and communications in the countries of the Americas: availability of effective means to formulate and implement strategies and policies on knowledge management and communications (technological viability), as well as practical procedures and instruments that are simple, attainable and sustainable (scheduling and financial viability);

Understanding that the aim is to improve coordination and delivery of services in the field of health in order to increase their efficiency, availability, access, and accessibility, which will enable them to adapt to and foresee new contexts in the health area;

Considering the [report JIU/REP/2007/6 on knowledge management in the United Nations system](#) (2007); that, in November 2010, the Third Ministerial Conference on the Information Society in Latin America and the Caribbean held in Lima (Peru) established its Plan of Action on the Information and Knowledge Society in Latin America and the Caribbean; the Strategy on Knowledge Management and Communications for all entities and country offices of the Pan American Sanitary Bureau (PASB) was approved in 2011; and highlighting the celebration of the Regional Congress on Health Sciences Information (CRICS) organized every 2-3 years, which has consolidated as a reference activity that reflects and synthesizes the regional and international state of the art in the disciplines and subjects of management of scientific and technical information, scientific communication, library science, and information technology;

Taking into account [Resolution A/RES/51/172](#) (1996) Communication for development programmes in the United Nations system that recognized the importance of assigning priority to communication on development and emphasized the need to support reciprocal communication systems that facilitate dialogue and allow communities to manifest themselves, express their aspirations and interests, and participate in decisions related to their development; the [Knowledge Management Strategy](#) of the World Health Organization (2005); the [Regional strategy for knowledge management to support public health \(Resolution EM/RC53/R.10 \[2009\]\)](#) of [the Eastern Mediterranean Region](#); the [PAHO Strategy and Plan of Action on eHealth \(Document CD51/13 \[2011\]\)](#);

Observing that PAHO has collaborated with the countries of the Region in order to establish conceptual and technical foundations as well as an infrastructure for preparation of national programs and policies on knowledge management and communications;

Recognizing the transversal and complementary nature of this Strategy and the targets established in the PAHO Strategic Plan 2008-2012 (*Official Document 328*);

Considering the importance of having a strategy and plan of action that allows the Member States to improve public health in the Region effectively and efficiently, through knowledge management and communications,

RESOLVES:

1. To endorse the Strategy, approve the Plan of Action on Knowledge Management and Communications and promote their consideration in development policies, plans and programs, as well as in national budget proposals and discussion, which will facilitate establishment of appropriate conditions to respond to the challenge of improving public health in the Region by adopting standards, policies, and procedures with regard to knowledge management and communications, ensuring the convergence of the projects, initiatives, products, and services of the Region on these subjects.
2. To urge the Member States to:
 - (a) assign priority to implementation of a situation analysis of the institutions that work in knowledge management and communications on health, access to reliable information and exchanges of health knowledge through a continuous learning process, in order to contribute to development of health in the Region;
 - (b) prepare and implement policies, plans, programs, and interministerial actions with regard to knowledge management and communications guided by the Strategy and Plan of Action, ensuring the availability of the required resources and legal framework, focusing on the needs of the populations at risk that are in situations of vulnerability;
 - (c) implement the Strategy and Plan of Action, when appropriate, in a framework made up of the health system and institutions of knowledge management and communications, including public information services, libraries, information networks, and information technologies services, emphasizing interprogrammatic collaboration and intersectoral action, while monitoring and evaluating the effectiveness of this Strategy and Plan of Action and the allocation of resources;
 - (d) promote internal dialogue and coordination between ministries and other institutions of the public sector, as well as partnerships between the public and private sectors and civil society in order to achieve a national consensus and promote the establishment of national networks of knowledge management and communications on health;
 - (e) support the capacity to generate information and research for development of strategies and execution of models based on relevant scientific tests;

- (f) support the capacity to produce, record, classify, and circulate scientific knowledge in the area of the Virtual Health Library managed by BIREME PAHO/WHO;
3. To request that the Director:
- (a) support coordination and execution of the Strategy and Plan of Action on Knowledge Management and Communications in the national, subregional, regional, and interinstitutional areas among them, provide the required support to the countries and foster technical cooperation, for preparation and execution of the national plans of action;
 - (b) strengthen relations with academic institutions and ministries of education in order to promote preparation and implementation of national digital literacy programs, with the aim of improving the skills of people in the context of the new information society;
 - (c) strengthen the internal communication strategy and activities in order to promote application of knowledge management and communication tools and methodologies;
 - (d) facilitate the circulation of studies, reports, and solutions that serve as a model with regard to knowledge management and communications so that, with the appropriate modifications, they can be used by the Member States;
 - (e) develop and maintain the regional network of collaborating centers of the World Health Organization with regard to information, knowledge, and communications on health in collaboration with the Member States;
 - (f) report periodically to the Governing Bodies on the progress and limitations in execution of the current Strategy and Plan of Action, as well as its adaptation to specific contexts and needs.

(Third meeting, 19 June 2012)

CE150.R6: *Appointment of One Member to Serve on the Audit Committee of PAHO*

THE 150th SESSION OF THE EXECUTIVE COMMITTEE,

Considering that the 49th Directing Council, through Resolution CD49.R2 (2009), established the Audit Committee of the Pan American Health Organization (PAHO) to function as an independent expert advisory body to the Director of the Pan American Sanitary Bureau (PASB) and PAHO Member States;

Guided by the Terms of Reference of the Audit Committee, which establishes the process to be followed in the assessment and appointment by the Executive Committee of the members of the PAHO Audit Committee;

Noting that the Terms of Reference of that Committee stipulate that members shall serve no more than two full terms of three years each;

Considering that a vacancy will exist on the PAHO Audit Committee,

RESOLVES:

1. To thank the Director of the PASB and the Subcommittee on Program, Budget, and Administration for their thorough work in identifying and nominating highly qualified candidates to serve on the PAHO Audit Committee.
2. To appoint Mr. Peter Maertens to serve as a member of the PAHO Audit Committee for a second term, which will last for three years, from 1 July 2012 through 30 June 2015.

(Fourth meeting, 19 June 2012)

CE150.R7: *Bioethics: Towards the Integration of Ethics in Health*

THE 150th SESSION OF THE EXECUTIVE COMMITTEE,

Having studied the concept paper *Bioethics: Towards the Integration of Ethics in Health* (Document CE150/19),

RESOLVES:

To recommend that the 28th Pan American Sanitary Conference adopt a resolution along the following lines:

**BIOETHICS: TOWARDS THE INTEGRATION OF ETHICS
IN HEALTH**

THE 28th PAN AMERICAN SANITARY CONFERENCE,

Having reviewed the concept paper *Bioethics: Towards the Integration of Ethics in Health* (Document CSP28/__);

Taking into account that in the Health Agenda for the Americas (2008-2017), the ministers and secretaries of health underscored the importance of better disseminating and applying bioethics in the countries of the Americas;

Aware of the ethical controversies in the areas of medical care, research involving human subjects, and the formulation and implementation of public health policies, and that new technologies and the diversity of contemporary societies increase the complexity of these ethical controversies;

Recognizing that bioethics is the discipline that seeks to clarify the ethical problems that arise in relation to health;

Taking into account that since 1994, PAHO's Regional Program on Bioethics has cooperated with the Member States in the conceptual, normative, and applied development of bioethics;

Observing that the Directing Council has encouraged the Member States to boost their capacity for bioethical analysis and to develop health policies based on bioethical principles,

RESOLVES:

4. To endorse the concept paper *Bioethics: Towards the Integration of Ethics in Health*.
5. To urge the Member States to:
 - (a) strengthen the technical capacity of the health authorities in the area of bioethical analysis;

- (b) support and promote the incorporation of bioethical analysis into the formulation and implementation of policies and plans, and into decision-making on health;
 - (c) support and promote the formulation of national policies and normative and regulatory documents on bioethical issues;
 - (d) promote the dissemination of information on bioethics among civil society organizations and other social actors, clarifying the applications of bioethics in different areas of work in the health sphere;
 - (e) strengthen communications activities at the national level in order to build support for the incorporation of bioethics into health-related work;
 - (f) foster collaboration with academic institutions in order to develop training programs in bioethics, with an emphasis on public health ethics;
 - (g) support PAHO's technical cooperation for the integration of bioethics into different areas of health-related work.
6. To request the Director to:
- (a) continue to strengthen the technical cooperation that the Regional Program on Bioethics provides to the Member States;
 - (b) promote the development of regional networks and encourage collaboration with academic institutions for the incorporation of bioethics into health-related work;
 - (c) promote the development and dissemination of guidelines and tools that guide and galvanize the work in different areas of bioethics;
 - (d) promote the inclusion of bioethical analysis in the different areas of PAHO's technical cooperation;
 - (e) continue to support and promote PAHO's ethics review of research involving human subjects in which it participates;
 - (f) advocate the mobilization of national and international resources to support efforts to integrate ethics into health-related activities.

(Fourth meeting, 19 June 2012)

CE150.R8: *Master Capital Investment Fund*

THE 150th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed Document CE150/25 which reports on the activities and experiences of the Pan American Sanitary Bureau (PASB) in implementing the Master Capital Investment Plan (MCIP) funded by the Master Capital Investment Fund (MCIF), established in 2007 by Resolution CSP27.R19 of the Pan American Sanitary Conference;

Noting the proposal to amend the funding of the Master Capital Investment Fund,

RESOLVES:

1. To thank the Director for the report on the Master Capital Investment Plan.
2. To recommend to the 28th Pan American Sanitary Conference that it adopt a resolution along the following lines:

MASTER CAPITAL INVESTMENT FUND

THE 28th PAN AMERICAN SANITARY CONFERENCE,

Having reviewed Document CSP28/__, which reports on the activities and experiences of the Pan American Sanitary Bureau (PASB) in implementing the Master Capital Investment Plan (MCIP) funded by the Master Capital Investment Fund (MCIF), established in 2007 by Resolution CSP27.R19 of the Pan American Sanitary Conference, as well as the review on this subject by the Executive Committee;

Noting the proposal to implement changes to the funding of the MCIF Real Estate and Equipment Subfund, as defined in Resolution CSP27.R19;

Considering the proposal to create a separate subfund for the replacement of non-project vehicles,

RESOLVES:

1. To thank the Executive Committee for its review of the report on the implementation of the Master Capital Investment Fund and its subsequent recommendations.
2. To authorize a change in the name of the Real Estate and Equipment Subfund to Real Estate Maintenance and Improvement Subfund.

3. To authorize the Real Estate Maintenance and Improvement Subfund to continue funding, as authorized, from excess revenue over and above expenditure and to expand funding sources to include the surplus from the implementation of the International Public Sector Accounting Standards (IPSAS) when no revenue over and above expenditure is generated.
4. To establish a Revolving Strategic Real Estate Subfund as a long-range strategic approach towards improving PAHO's real estate portfolio and that it be established with an initial infusion of US\$ 1 million from IPSAS surplus funds.
5. To authorize future funding of the Revolving Strategic Real Estate Subfund through a revolving mechanism of accepting revenue generated from the sale of PAHO-owned properties and miscellaneous income derived from the annual cancelation of procurement loans. The authorized use of all these funds includes preparation of new premises or down payments or deposits for the purchase or leasing of facilities for use of the Organization.
6. To establish a new Vehicle Replacement Subfund based on proceeds from the sale of non-project vehicles at Headquarters and PWR locations, to be used to supplement the purchase of non-project replacement vehicles.

(Fourth meeting, 19 June 2012)

CE150.R9: Nongovernmental Organizations in Official Relations with PAHO

THE 150th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report of the Subcommittee on Program, Budget, and Administration, *Nongovernmental Organizations in Official Relations with PAHO* (Document CE150/6);

Mindful of the provisions of the *Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations,*

RESOLVES:

1. To renew official relations between PAHO and the following nongovernmental organizations (NGOs) for a period of four years:
 - (a) Inter-American College of Radiology (ICR);

- (b) Latin American Association of Pharmaceutical Industries (ALIFAR);
 - (c) Latin American Federation of Hospitals (FLH);
 - (d) Pan American Federation of Associations of Medical Schools (FEPAFEM);
 - (e) Pan American Federation of Nursing Professionals (FEPPEN);
 - (f) Latin American and Caribbean Women's Health Network (LACWHN).
2. To admit the following nongovernmental organizations into official relations with PAHO for a period of four years:
- (a) Healthy Caribbean Coalition;
 - (b) Inter-American Society of Cardiology.
3. To take note of the progress report on the status of relations between PAHO and nongovernmental organizations.
4. To request the Director to:
- (a) advise the respective nongovernmental organizations of the decisions taken by the Executive Committee;
 - (b) continue developing dynamic working relations with inter-American NGOs of interest to the Organization, in areas which fall within the program priorities that the Governing Bodies have adopted for PAHO;
 - (c) continue fostering relationships between Member States and NGOs working in the field of health.

(Sixth meeting, 20 June 2012)

CE150.R10: *Coordination of International Humanitarian Assistance in Health in Case of Disasters*

THE 150th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the document *Coordination of International Humanitarian Assistance in Health in Case of Disasters* (Document CE150/18),

RESOLVES:

To recommend to the 28th Pan American Sanitary Conference that it adopt a resolution as follows:

**COORDINATION OF INTERNATIONAL HUMANITARIAN ASSISTANCE
IN HEALTH IN CASE OF DISASTERS**

THE 28th PAN AMERICAN SANITARY CONFERENCE,

Having reviewed the document *Coordination of International Humanitarian Assistance in Health in Case of Disasters* (Document CSP28/__);

Considering the information related to the policies of ministries of health with regard to international assistance included in the document in reference;

Taking into account the resolutions of the PAHO Directing Council that since 1976 have promoted and succeeded in strengthening the disaster response capacity of the Member States;

Recognizing the existence of the Regional Disaster Response Team administered by PAHO on behalf of the Member States and the approval of the principles for international assistance during the meeting held in San José, Costa Rica, in 1986;

Recalling the resolutions of the United Nations General Assembly in which the government of the affected country is requested to ensure the coordination of the international humanitarian response;

Noting the resolution of the United Nations General Assembly that requests the strengthening of the response capacity of the system and the creation of the Inter-Agency Standing Committee (IASC);

Taking into account Resolution WHA65.20 of the World Health Assembly, which urges the Organization to assume the function of lead agency for the Health Cluster and to adopt the necessary measures for activating their response to the Member Countries immediately,

RESOLVES:

1. To urge the Member States to:
 - (a) ensure that each ministry of health establishes, as appropriate, a coordination mechanism for the health sector for receiving and sending international

humanitarian assistance, bearing in mind the health needs of the population, international aid, and national intersectoral coordination;

- (b) take action so that health ministries provide ongoing reports to PAHO on their mechanism of coordination for international assistance during disasters, so that all foreign agencies including NGOs, the private sector, and international organizations can easily provide assistance while respecting the organization of the country's health sector;
- (c) strengthen their national teams for health sector response to emergencies and disasters with relevant procedures and standards, including the capacity of making them available to neighboring and other countries in the spirit of Pan-American solidarity;
- (d) establish systems to identify a roster of experienced professionals in the different fields of response to disasters and public health emergencies and to make them available to the Regional Disaster Response Team administered by PAHO/WHO.

2. To request the Director to:

- (a) assist countries, in time of an emergency and, where appropriate, in mobilizing resources to address the multiple challenges posed by the emergency health response;
- (b) set aside, make active, and mobilize, at the request of the affected country, sufficient personnel and other resources to provide support for the coordination of international health care in that country, making use of mechanisms such as the Health Cluster, among others, to promote international standards and ensure their application;
- (c) advocate for WHO, within the framework of the United Nations humanitarian reform process, to include representatives of the governments of the Member States in the Global Health Cluster in instances where appropriate;
- (d) advocate that all people, groups, initiatives, or institutions outside the Member State align health-related humanitarian assistance activities in conformity with the national response and United Nations coordination framework;
- (e) establish a flexible mechanism for registration and accreditation of rapid-response foreign medical teams with the goal of improving the quality of the medical response and which could be adopted by WHO;

- (f) support Member States with training to develop the capacity of national teams to assist neighboring and other countries in the event of a disaster.

(Sixth meeting, 20 June 2012)

CE150.R11: Use of the Surplus Resulting from the Implementation of IPSAS in 2010

THE 150th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the document on the proposed use of the surplus that resulted from the implementation of the International Public Sector Accounting Standards (IPSAS) in 2010 (Document CE150/22);

Bearing in mind that this is a unique opportunity for the Organization to invest in its future by securing needed funding for longer-term, higher-cost strategic and administrative initiatives that are otherwise difficult to fund within the constraints of typical biennial budgetary exercises,

RESOLVES:

1. To recommend to the 28th Pan American Sanitary Conference that it adopt a resolution along the following lines:

**USE OF THE SURPLUS RESULTING FROM THE
IMPLEMENTATION OF IPSAS IN 2010**

THE 28th PAN AMERICAN SANITARY CONFERENCE,

Having considered the document on the proposed use of the surplus that resulted from implementation of International Public Sector Accounting Standards (IPSAS) in 2010 (Document CSP28/___),

RESOLVES:

1. To endorse the criteria used in identifying the proposed projects to be funded from the surplus resulting from the implementation of IPSAS in 2010.
2. To approve, with immediate effect, investment of the IPSAS 2010 surplus in the following areas, as presented in Document CSP28/___:

- (a) PASB Management Information System - US\$ 9,000,000;
 - (b) provision for the After-service Health Insurance Liability - US\$ 10,000,000;
 - (c) reserve for the Master Capital Investment Fund - US\$ 8,000,000 (including US\$ 1,000,000 for the creation of the Revolving Strategic Real Estate Subfund);
 - (d) increase to the Special Fund for Health Promotion - US\$ 1,000,000;
 - (e) establishment of the Epidemic Emergency Fund - US\$ 1,000,000;
 - (f) food safety five-year plan - US\$ 500,000;
 - (g) contingency reserve - US\$ 4,381,684.
3. To delegate to the Executive Committee the authority for monitoring and approval of all future submissions and re-submissions of proposals for the use of these surplus funds.
4. To request the Bureau to submit to the Subcommittee on Program, Budget and Administration, at appropriate intervals, a status report on each of the projects listed in paragraph 2, to include an updated scope, budget, and timetable, for subsequent review by the Executive Committee.

(Sixth meeting, 20 June 2012)

CE150.R12: Proposed PAHO Budget Policy

THE 150th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the *Proposed PAHO Budget Policy* (Document CE150/12, Rev. 1),

RESOLVES:

To recommend that the 28th Pan American Sanitary Conference adopt a resolution along the following lines:

PAHO BUDGET POLICY

THE 28th PAN AMERICAN SANITARY CONFERENCE,

Having reviewed the proposed *PAHO Budget Policy* (Document CSP28/___), which presents a revised Regional Budget Policy that defines a new way of allocating resources within the Pan American Health Organization;

Noting the recommendations contained in the evaluation of the existing policy made by the PAHO Office of Internal Oversight and Evaluation Services;

Recognizing that, although countries in the greatest need have received an influx of resources during the period of the existing policy, other countries have suffered budget reductions to levels that are unable to sustain a minimum country presence—yet notwithstanding, in the spirit of solidarity, have agreed to a distribution of resources that is workable within realistic and practical settings;

Mindful of the need to be aligned with the reform process now underway in the World Health Organization, and its possible implications for the Pan American Health Organization;

Considering the comments made by the Executive Committee,

RESOLVES:

1. To thank the Consultative Group on the PAHO Budget Policy and the Pan American Sanitary Bureau (PASB) for their efforts to recommend modifications and introduce new criteria for the allocation of Regular Budget funds and Voluntary Contributions, both across PAHO's functional levels and among its country offices.
2. To take note of the proposed country budget allocation model for allocating resources among countries.
3. To approve the new PAHO Budget Policy with the following emphasis:
 - (a) the Regular Budget allocation among the four functional levels of the Organization (i.e., Country, Inter-country, Subregional, and Regional) will be such that, with the aim of strengthening cooperation in countries, PASB will continuously strive to maintain optimal functional and organizational structures through internal and external assessments aimed at delivering the greatest level of impact in the countries, while still effectively responding to collective regional and subregional mandates;

- (b) the minimum Regular Budget share for the country level is initially set at 40% of the total Regular Budget, which is equal to the current share. The distribution among functional and organizational levels remains dynamic, allowing for budget ceiling adjustments throughout the planning process if necessary, always with the objective of improving results in countries;
 - (c) in the reallocation of Regular Budget resources among countries, no country's core allocation shall be reduced by more than 50% of its proportional allocation among countries as approved in the Program and Budget 2012-2013. Furthermore, in no instance may the resulting Regular Budget allocation be less than the computed floor component (designed to provide a minimum country presence, as defined in the Policy) of the core portion;
 - (d) with regard to key countries (as originally identified in the Strategic Plan 2003-2007 for the Pan American Sanitary Bureau: Bolivia, Guyana, Haiti, Honduras, and Nicaragua), PASB will make every possible effort to mobilize additional resources for any of the key countries so that the net allocation of total resources will not be less than the total amount of resources for the 2012-2013 biennium;
 - (e) the objectives for the use of the variable allocation among countries will be, as mentioned in Document CSP28/__, any future refinement for the use of variable funds will be presented to the Subcommittee on Program, Budget, and Administration at the time of presentation of a proposed biennial program and budget.
4. To ensure that the country allocations in future PAHO programs and budgets are guided by the model approved in operative paragraph 3 above, to be phased in over two biennia in consultation with the Member States, so as to ensure the smoothest possible transition for technical cooperation programs.
5. To *promote* a prioritization in the allocation of resources among programmatic categories that is consistent with the collective and individual mandates of Member States, as expressed in PAHO's strategic planning documents.
6. To request the Director to:
- (a) apply the new PAHO Budget Policy when formulating future proposed programs and budgets for the consideration of the Directing Council or the Pan American Sanitary Conference;

- (b) present to the Directing Council or to the Pan American Sanitary Conference a thorough evaluation of the PAHO Budget Policy following two biennia of its implementation, to ensure that it continues to respond to changing health needs and that it consistently allocates resources in an equitable manner;
- (c) collaborate with Member States to promote more effective modes of cooperation, as well as to:
 - (i) strengthen the capacity of those countries that will be receiving more Regular Budget resources, to ensure their effective and efficient use;
 - (ii) provide support to those countries that will be receiving less Regular Budget resources through targeted resource mobilization efforts aimed at both internal and external sources.

(Sixth meeting, 20 June 2012)

CE150.R13: Strategy and Plan of Action for the Prevention and Control of Noncommunicable Diseases

THE 150th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the proposed *Strategy and Plan of Action for the Prevention and Control of Noncommunicable Diseases* (Document CE150/14) and following extensive discussion on the subject;

Commending PAHO's update of the *Regional Strategy and Plan of Action on an integrated Approach to the Prevention and Control of Chronic Diseases, including Diet and Physical Activity* (Resolution CD47.R9 [2006]) to reflect the policy direction outlined in the Political Declaration of the United Nations High-level Meeting on Non-communicable Diseases;

Noting that the process to update the Strategy and Plan of Action for the Prevention and Control of Noncommunicable Diseases (NCDs) needs to be aligned with Member State priorities and the WHO process for a global monitoring framework and an action plan for the global strategy on the prevention and control of NCDs, which are currently under negotiation and will be presented to the World Health Assembly in 2013;

Noting Decision WHA65(8) (2012) of the World Health Assembly to adopt a global target of 25% reduction in premature mortality from NCDs by 2025 and the strong support for additional work to reach a consensus on targets relating to the four main risk

factors, namely tobacco use, harmful use of alcohol, unhealthy diet, and physical inactivity,

RESOLVES:

1. To consider action against NCDs a high public health priority and an important development matter.
2. To support the further development, with Member States, of the proposed Strategy and Plan of Action for the Prevention and Control of NCDs.
3. To request the Director to:
 - (a) hold additional consultations, including a Region-wide meeting with Member States, prior to the 28th Pan American Sanitary Conference, on the Strategy for the Prevention and Control of NCDs, and to contribute to the WHO NCD global monitoring framework;
 - (b) present the revised Strategy for the Prevention and Control of NCDs for endorsement by the 28th Pan American Sanitary Conference; and propose a process for further development of the Plan of Action to be approved by the Directing Council in 2013.

(Sixth meeting, 20 June 2012)

CE150.R14: PAHO Award for Administration (2012)

THE 150th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the *Report of the Award Committee of the PAHO Award for Administration (2012)* (Document CE150/5, Add. I);

Bearing in mind the provisions of the Procedures and Guidelines for conferring the PAHO Award for Administration, as approved by the 18th Pan American Sanitary Conference (1970) and amended by the 24th Pan American Sanitary Conference (1994), the 124th Session of the Executive Committee (1999), the 135th Session of the Executive Committee (2004), the 140th Session of the Executive Committee (2007), and the 146th Session of the Executive Committee (2010),

RESOLVES:

1. To congratulate the candidates for the 2012 PAHO Award for Administration for their professionalism and outstanding work on behalf of the countries of the Region.

2. On the recommendation of the Award Committee, to confer the PAHO Award for Administration (2012) on Dr. Aron Nowinski of Uruguay for his contributions to the promotion of public health and health services administration; his extensive public health teaching career; his work to systematize and disseminate medical information; his activity that catalyzed the development of the major guidelines for the creation of the National Integrated Health System; his leadership in the development of the strategy for the Latin American Network for Documentation and Scientific and Technological Information and the Program for Selective Dissemination of Information, both aimed at supporting priority health programs in the countries of the Region; and for his contribution to the production of the Latin American Index Medicus.

3. To transmit the *Report of the Award Committee of the PAHO Award for Administration (2012)* (Document CE150/5, Add. I) to the 28th Pan American Sanitary Conference.

(Sixth meeting, 20 June 2012)

CE150.R15: Provisional Agenda of the 28th Pan American Sanitary Conference, 64th Session of the Regional Committee of WHO for the Americas

THE 150th SESSION OF THE EXECUTIVE COMMITTEE,

Having examined the provisional agenda (Document CSP28/1) prepared by the Director for the 28th Pan American Sanitary Conference, 64th Session of the Regional Committee of WHO for the Americas, presented as Annex A to Document CE150/3;

Bearing in mind the provisions of Article 7.F of the Constitution of the Pan American Health Organization and Rule 8 of the Rules of Procedure of the Conference,

RESOLVES:

To approve the provisional agenda (Document CSP28/1) prepared by the Director for the 28th Pan American Sanitary Conference, 64th Session of the Regional Committee of WHO for the Americas.

(Seventh meeting, 21 June 2012)

CE150.R16: Amendments to the PASB Staff Rules and Regulations

THE 150th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the amendments to the Staff Rules of the Pan American Sanitary Bureau submitted by the Director in Annex A to Document CE150/26 and Corrigendum;

Taking into account the actions of the Sixty-fifth World Health Assembly regarding the remuneration of the Regional Directors, Assistant Directors-General, and the Director-General;

Bearing in mind the provisions of Staff Rule 020 and Staff Regulation 3.1 of the Pan American Sanitary Bureau;

Recognizing the need for uniformity in the conditions of employment of staff of the Pan American Sanitary Bureau and the World Health Organization,

RESOLVES:

1. To confirm in accordance with Staff Rule 020 the Staff Rule amendments that have been made by the Director effective 1 July 2012 concerning accelerated within-grade increase, disciplinary measures, and suspension pending investigation.
2. To establish the annual salary of the Deputy Director of the Pan American Sanitary Bureau, effective 1 January 2012, at US\$ 172,071 before staff assessment, resulting in a modified net salary of US\$ 133,950 (dependency rate) or US\$ 121,297 (single rate).
3. To establish the annual salary of the Assistant Director of the Pan American Sanitary Bureau, effective 1 January 2012, at US\$ 170,643 before staff assessment, resulting in a modified net salary of US\$ 132,950 (dependency rate) or US\$ 120,297 (single rate).
4. To recommend to the 28th Pan American Sanitary Conference that it approve the amendment to Staff Regulation 3.1, by adopting a resolution along the following lines:

AMENDMENT TO THE PASB STAFF REGULATIONS

THE 28th PAN AMERICAN SANITARY CONFERENCE,

Having considered the amendment to the *PASB Staff Regulations* submitted by the Director in Document CSP28/___,

RESOLVES:

To approve the amendment to Staff Regulation 3.1, which delegates the determination of the salary of the Director of the Pan American Sanitary Bureau to the Executive Committee.

(Seventh meeting, 21 June 2012)

CE150.R17: *Health Technology Assessment and Incorporation into Health Systems*

THE 150th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the report *Health Technology Assessment and Incorporation into Health Systems* (Document CE150/16),

RESOLVES:

To recommend to the 28th Pan American Sanitary Conference that it adopt a resolution along the following lines:

**HEALTH TECHNOLOGY ASSESSMENT AND INCORPORATION
INTO HEALTH SYSTEMS**

THE 28th PAN AMERICAN SANITARY CONFERENCE,

Having reviewed the report *Health Technology Assessment and Incorporation into Health Systems* (Document CSP28/__);

Recognizing that in the Health Agenda for the Americas 2008-2017 the ministries and secretaries of health recognized that human rights are part of the principles and values inherent to the Health Agenda, and declared that, to make the right to the enjoyment of the highest attainable standard of health a reality, the countries should work toward achieving universality, access, integrity, quality, and inclusion in the health systems, available to individuals, families and communities;

Taking into account the growing number of health technologies in the Region and the limited institutional capacity for their prioritization and comparative assessment;

Recognizing that the incorporation of new health technologies may have growing budgetary implications that place pressure on the management of health system resources;

Taking into account the practice in some countries of using the judicial system to require national health authorities to ensure access to health technologies without a prior evaluation of their effectiveness or a comparative assessment with those health technologies already offered by the health system;

Recognizing the benefit of incorporating health technologies into health systems based on health technology assessment (HTA), defined as the systematic evaluation of properties, effects, and/or impacts of those technologies, including medical, social, ethical, and economic dimensions;

Recognizing the achievements and progress of the Health Technology Assessment Network of the Americas (RedETSA), established in 2011 by PAHO, as well as subregional health technology assessment networks,

RESOLVES:

1. To urge Member States to:
 - (a) encourage the establishment of decision-making processes for the incorporation of health technologies based on HTA, including safety, effectiveness, cost, and other relevant criteria;
 - (b) encourage the use of HTA to inform public health policies, including public health system coverage decisions and the development of clinical guidelines and protocols for new technologies;
 - (c) promote efforts to analyze and strengthen institutional frameworks for the incorporation of health technologies and encourage the establishment of transparent processes and linkages with responsibilities defined among the different stakeholders, including regulatory authorities and entities responsible for the assessment and incorporation of health technologies;
 - (d) encourage public procurement transparency, including non-proprietary purchase price information and the sharing of the findings of HTA at the national and regional levels to generate information for decision-making;
 - (e) strengthen institutions and human resources, including assessment teams and decision-makers, in the use of HTA, methods for the implementation of HTA studies in the critical analysis of assessment results;

- (f) encourage the prioritization of assessments based on national and regional needs, strengthening systems for the collection of quality data, and adapting existing HTA studies to avoid duplication;
 - (g) promote the production and dissemination of HTA results among stakeholders and those responsible for decision-making;
 - (h) promote information sharing through the Regional Platform on Access and Innovation for Health Technologies and other relevant technological platforms;
 - (i) strengthen the rational use of health technologies, the development and use of drug formularies, clinical practice guidelines that govern use (including by level of care), as well as systems for monitoring use in integrated health service delivery networks;
 - (j) strengthen national, subregional, and regional HTA networks to promote exchange among institutions and countries, and the dissemination and comparison of studies and national experiences;
 - (k) actively participate in the Health Technology Assessment Network of the Americas (RedETSA).
2. Request the Director to:
- (a) lend support to the Member States in the development of health technology policies and the strengthening of institutional HTA frameworks and in the incorporation of health technologies in health systems based on primary health care;
 - (b) promote the sharing of good practices in HTA and the incorporation of health technologies in health systems among the Member States;
 - (c) promote and encourage collaboration with international organizations and existing international HTA networks;
 - (d) emphasize to the Member States and in subregional, regional, and global forums the importance of participation in RedETSA, mobilizing resources in support of this initiative together with the Member States;
 - (e) promote the development and use of the Regional Platform on Access and Innovation for Health Technologies in the dissemination of HTA results, and the

development of HTA communities of practice and social networks at the regional level;

- (f) report to the PAHO Governing Bodies in 2014 on implementation of this resolution and consider the development of a regional strategy and plan of action at that time, in consultation with the Member States, for the assessment and incorporation of health technologies into health systems.

(Seventh meeting, 21 June 2012)

Decisions

Decision CE150(D1): Adoption of the Agenda

Pursuant to Rule 9 of the Rules of Procedure of the Executive Committee, the Committee adopted the agenda submitted by the Director (Document CE150/1, Rev. 1).

(First meeting, 18 June 2012)

Decision CE150(D2): Representation of the Executive Committee at the 28th Pan American Sanitary Conference of PAHO, 64th Session of the Regional Committee of WHO for the Americas

Pursuant to Rule 54 of its Rules of Procedure, the Executive Committee decided to designate its President (Bolivarian Republic of Venezuela) and Vice President (Brazil) to represent the Committee at the 28th Pan American Sanitary Conference, 64th Session of the Regional Committee of WHO for the Americas. El Salvador and Saint Vincent and the Grenadines were elected as alternate representatives.

(Fourth meeting, 19 June 2012)

Decision CE150(D3): Elimination of Measles, Rubella, and Congenital Rubella Syndrome in the Region of the Americas

After reviewing the progress report contained in Document CE150/INF/6 on the elimination of measles, rubella, and congenital rubella syndrome in the Region of the Americas, the Executive Committee decided to place the matter on the agenda of the 28th Pan American Sanitary Conference as a Program Policy Matter and to recommend that the Conference adopt a resolution endorsing the Regional Emergency Plan of Action 2012–2014 for Maintaining Measles and Rubella Elimination and urging Member States to strengthen active surveillance of those diseases and to maintain high population immunity through vaccination.

(Sixth meeting, 20 June 2012)

IN WITNESS WHEREOF, the President of the Executive Committee, Delegate of the Bolivarian Republic of Venezuela, and the Secretary *ex officio*, Director of the Pan American Sanitary Bureau, sign the present Final Report in the Spanish language.

DONE in Washington, D.C., on this twenty-second day of June in the year two thousand twelve. The Secretary shall deposit the original texts in the archives of the Pan American Sanitary Bureau.

Miriam Morales
Delegate of the Bolivarian
Republic of Venezuela
President of the
150th Session of the Executive Committee

Mirta Roses Periago
Director of the
Pan American Sanitary Bureau
Secretary *ex officio* of the
150th Session of the Executive Committee

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(Article 7.F, PAHO Constitution)

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3.5 Appointment of One Member to the Audit Committee of PAHO

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- 7.6 Progress Reports on Technical Matters:
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 - B. Plan of Action for Implementing the Gender Equality Policy
 - C. Elimination of Measles, Rubella, and Congenital Rubella Syndrome in the Region of the Americas
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Working Documents

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CE150/2 Representation of the Executive Committee at the 28th Pan American Sanitary Conference of PAHO, 64th Session of the Regional Committee of WHO for the Americas

CE150/3 Provisional Agenda of the 28th Pan American Sanitary Conference of PAHO, 64th Session of the Regional Committee of WHO for the Americas

CE150/4 Report on the Sixth Session of the Subcommittee on Program, Budget, and Administration

CE150/5 and Add. I PAHO Award for Administration (2012)

CE150/6 Nongovernmental Organizations in Official Relations with PAHO

CE150/7 Annual Report of the Ethics Office (2011)

CE150/8 Appointment of One Member to the Audit Committee of the Pan American Health Organization

CE150/9 Report of the Audit Committee of the Pan American Health Organization

CE150/10 Method of Work of the Governing Bodies: Delegation of Functions to the Executive Committee

CE150/11 Mid-term Evaluation of the Health Agenda for the Americas

CE150/12, Rev. 1 Proposed PAHO Budget Policy

Working Documents (*cont.*)

CE150/13, Rev. 1	Draft Program and Budget 2010-2011 End-of-biennium Assessment/Second Interim PAHO Strategic Plan 2008-2012 Progress Report
CE150/14	Strategy and Plan of Action for the Prevention and Control of Noncommunicable Diseases
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Information Documents

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CE150/INF/2	Update on the WHO Reform
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	C. Elimination of Measles, Rubella, and Congenital Rubella Syndrome in the Region of the Americas
	D. Regional Strategy and Plan of Action on Nutrition in Health and Development, 2006-2015: Mid-term Review
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I. Status of the Pan American Centers

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Resolutions and Other Actions of Intergovernmental
Organizations of Interest to PAHO

LIST OF PARTICIPANTS/LISTA DE PARTICIPANTES
MEMBERS OF THE COMMITTEE/MIEMBROS DEL COMITÉ

**BOLIVARIAN REPUBLIC OF VENEZUELA/
REPÚBLICA BOLIVARIANA
DE VENEZUELA**

Dra. Miriam Morales
Viceministra de Salud Pública Colectiva
Ministerio del Poder Popular para la Salud
Caracas

Dr. Alexis Guilarte
Director General de Programas de Salud
Ministerio del Poder Popular para la Salud
Caracas

Sra. Carmen Velásquez de Visbal
Ministro Consejero
Misión Permanente de la República
Bolivariana de Venezuela ante la
Organización de los Estados
Americanos
Washington, D.C.

Sra. Sunilde Navarro
Segunda Secretaria
Misión Permanente de la República
Bolivariana de Venezuela ante la
Organización de los Estados
Americanos
Washington, D.C.

Sra. Marcela Camero
Segunda Secretaria
Misión Permanente de la República
Bolivariana de Venezuela ante la
Organización de los Estados
Americanos
Washington, D.C.

BRAZIL/BRASIL

Sr. Leandro Luiz Viegas
Chefe da Divisão de Temas Multilaterais
Ministério da Saúde
Brasília

BRAZIL/BRASIL (cont.)

Sra. Juliana Vieira Borges Vallini
Assesora Internacional, Secretaria de
Vigilância em Saúde
Ministério da Saúde
Brasília

CHILE

Dr. Luis Castillo
Subsecretario de Redes Asistenciales
Ministerio de Salud
Santiago

Sra. María Jesús Roncarati Guillon
Coordinadora de Proyectos
Oficina de Cooperación y Asuntos
Internacionales
Ministerio de Salud
Santiago

Su Excelencia Dario Paya
Embajador, Representante Permanente
de Chile ante la Organización de los
Estados Americanos
Washington, D.C.

Sr. Rodrigo Olsen
Consejero, Representante Alterno
de Chile ante la Organización de los
Estados Americanos
Washington, D.C.

COLOMBIA

Dr. Jaime Matute
Jefe
Oficina de Cooperación Internacional
Ministerio de Salud y Protección Social
Bogotá

MEMBERS OF THE COMMITTEE/MIEMBROS DEL COMITÉ (cont.)

COLOMBIA (cont.)

Sr. José Luis Ramírez
Ministro Polipotenciario, Representante
Alterno de Colombia
ante la Organización de los
Estados Americanos
Washington, D.C.

Sra. Yadir Salazar Mejía
Ministra Consejera, Representante
Alternativa de Colombia ante la
Organización de los Estados
Americanos
Washington, D.C.

Sr. Rodrigo Amaya
Segundo Secretario, Representante
Alterno de Colombia ante la Organización
de los Estados Americanos
Washington, D.C.

Sra. Sandra Mikan
Segunda Secretaria, Representante
Alternativa de Colombia ante la
Organización de los Estados
Americanos
Washington, D.C.

EL SALVADOR

Sra. Dra. María Isabel Rodríguez
Ministra de Salud
Ministerio de Salud
San Salvador

Dra. María Elena Marroquín
Asistente de la Ministra de Salud
Ministerio de Salud
San Salvador

Embajador Luis Menéndez
Encargado de Negocios, a.i.
Misión Permanente de El Salvador
ante la Organización de los Estados
Americanos
Washington, D.C.

EL SALVADOR (cont.)

Consejera Wendy Acevedo
Representante Alternativa de El Salvador
ante la Organización de los
Estados Americanos
Washington, D.C.

GRENADA

Dr. George Mitchell
Acting Chief Medical Officer
Ministry of Health
St. George's

PERU/PERÚ

Ministro Raúl Salazar Cosío
Representante Interino del Perú ante la
Organización de los Estados Americanos
Washington, D.C.

Sr. Samuel Ashcallay
Tercer Secretario,
Representante Alterno del Perú ante
la Organización de los Estados
Americanos
Washington, D.C.

**ST. VINCENT AND THE GRENADINES/ SAN
VICENTE Y LAS GRANADINAS**

Honorable Clayton Burgin
Minister of Health
Ministry of Health, Wellness and the
Environment
Kingstown

Mr. Asram Y. S. Soleyn
Counselor, Embassy of Saint Vincent and the
Grenadines to the United States
of America
Washington, D.C.

MEMBERS OF THE COMMITTEE/MIEMBROS DEL COMITÉ *(cont.)*

**UNITED STATES OF AMERICA/ESTADOS
UNIDOS DE AMÉRICA**

Dr. Nils Daulaire
Director
Office of Global Health Affairs
Department of Health and Human
Services
Washington, D.C.

Ms. Ann Blackwood
Director of Health Programs
Office of Technical and Specialized
Agencies Bureau of International
Organization Affairs
Department of State
Washington, D.C.

Mr. Jimmy Kolker
Deputy Director
Office of Global Affairs
Department of Health and Human
Services
Washington, D.C.

Mr. Peter Mamacos
Multilateral Branch Chief
Office of Global Affairs
Department of Health and Human
Services
Washington, D.C.

Dr. Craig Shapiro
Director for the Office of the Americas
Office of Global Affairs
Department of Health and Human
Services
Washington, D.C.

Ms. Susan Thollaug
Health Team Leader
Bureau for Latin America and the
Caribbean
US Agency for International Development
Washington, D.C.

**UNITED STATES OF AMERICA/ESTADOS
UNIDOS DE AMÉRICA** *(cont.)*

Mr. Kevin Bialy
International Health Program Officer
Western Hemisphere
National Institute of Health
Department of Health and Human
Services
Washington, D.C.

Ms. Hannah Burris
International Health Analyst
Office of Global Health Affairs
Department of Health and Human
Services
Washington, D.C.

Mr. Charles Darr
International Health Analyst
Office of Global Health Affairs
Department of Health and Human
Services
Washington, D.C.

Ms. Stephanie McFadden
Program Analyst
Office of Management Policy and Resources
Bureau of International Affairs
Department of State
Washington, D.C.

Mr. Peter Merkt
Special Assistant
Director for the Office of the Americas
Office of Global Health Affairs
Department of Health and Human
Services
Washington, D.C.

Ms. Judnefera Rayason
Program Analyst
Office of Human Security
Bureau of International Affairs
Department of State
Washington, D.C.

MEMBERS OF THE COMMITTEE/MIEMBROS DEL COMITÉ (cont.)

**UNITED STATES OF AMERICA/ESTADOS
UNIDOS DE AMÉRICA (cont.)**

Ms. Mary Blanca Rios
Senior Advisor
Office of Management, Policy and
Resources
Bureau of International Affairs
Department of State
Washington, D.C.

Ms. Alyson Rose-Wood
International Health Analyst
Office of the Americas
Office of Global Health Affairs
Department of Health and Human
Services
Washington, D.C.

**UNITED STATES OF AMERICA/ESTADOS
UNIDOS DE AMÉRICA (cont.)**

Ms. Veronica Valdivieso
Deputy Health Team Leader
Bureau for Latin America and the
Caribbean
US Agency for International Development
Washington, D.C.

**NON-MEMBERS OF THE COMMITTEE/
OTROS MIEMBROS QUE NO FORMAN PARTE DEL COMITÉ**

ARGENTINA

Dr. Raúl Penna
Coordinador General de la Unidad
del Ministro
Ministerio de Salud
Buenos Aires

Lic. Andrea Polach
Asesora Dirección de Relaciones
Internacionales
Ministerio de Salud
Buenos Aires

**BOLIVIA (PLURINATIONAL STATE OF/
ESTADO PLURINACIONAL DE)**

Sra. María Isabel Marca Choque
Ministro Consejero
Misión Permanente de Bolivia ante la
Organización de los Estados Americanos
Washington, D.C.

CANADA/CANADÁ

Ms. Gloria Wiseman
Director
Multilateral Division
Health Canada
International Affairs Directorate
Ottawa

Ms. Judith Sullivan
Senior Health Specialist
Canadian International Development
Agency
Quebec

Ms. Annick Amyot
Strategic Partnerships
Senior Development Officer
Inter-American Program Canadian International
Development Agency
Gatineau, Quebec

**NON-MEMBERS OF THE COMMITTEE (cont.)/
OTROS MIEMBROS QUE NO FORMAN PARTE DEL COMITÉ (cont.)**

CANADA/CANADÁ (cont.)

Dr. Adrijana Corluka
Policy Advisor, PAHO/WHO
International Affairs Directorate
Health Canada
Ottawa

Ms. Monica Palak
Senior Policy Analyst
Public Health Agency of Canada
Ottawa

Mr. Brett Maitland
Counselor
Department of Foreign Affairs and
International Trade
Washington, D.C.

CUBA

Sr. Tito Ismael Gelabert Gómez
Segundo Secretario
Sección de Intereses
Washington, D.C.

DOMINICA

H.E. Hubert J. Charles
Ambassador, Permanent Representative of
Dominica to the Organization of American
States
Washington, D.C.

GUATEMALA

Su Excelencia Lionel Valentín Maza Luna
Embajador, Representante Alterno
de Guatemala ante la Organización de
los Estados Americanos
Washington, D.C.

NICARAGUA

Licdo. Luis E. Alvarado
Ministro Consejero, Permanente Alterno
de Nicaragua ante la Organización de los
Estados Americanos
Washington D.C.

Licda. Agnes Alvarado
Representante Alterno de Nicaragua ante
la Organización de los Estados
Americanos
Washington D.C.

MEXICO/MÉXICO

Su Excelencia Joel Hernández
Embajador, Representante Permanente
de México ante la Organización de
los Estados Americanos
Washington, D.C.

Sra. Dolores Jiménez Hernández
Representante Permanente Adjunta
de México ante la Organización de
los Estados Americanos
Washington, D.C.

Lic. Hilda Dávila Chávez
Directora General de Relaciones
Internacionales
Secretaría de Salud
México, D.F.

Sr. Miguel Alonso Olamendi
Representante Alterno de México ante
la Organización de los Estados
Americanos
Washington, D.C.

Sr. Luis Alberto del Castillo
Representante Alterno de México ante
la Organización de los Estados
Americanos
Washington, D.C.

**NON-MEMBERS OF THE COMMITTEE (cont.)/
OTROS MIEMBROS QUE NO FORMAN PARTE DEL COMITÉ (cont.)**

MEXICO/MÉXICO (cont.)

Sra. Ana Paola Riveros
Representante Alterna de México ante la
Organización de los Estados Americanos
Washington, D.C.

Lic. Martha Caballero Abraham
Directora de Cooperación Bilateral y
Regional
Secretaría de Salud
México, D.F.

Lic. José Gustavo Valle Mendoza
Subdirector de Gestión Interamericana
Secretaría de Salud
México, D.F.

URUGUAY

Dr. Jorge Venegas
Ministro de Salud Pública
Ministerio de Salud Pública
Montevideo

Lic. Néstor Rosa
Representante del Ministerio de Relaciones
Exteriores
Ministerio de Relaciones Exteriores
Montevideo

URUGUAY (cont.)

Dr. Jorge Collazo
Ministro Consejero
Misión Permanente de Uruguay ante la
la Organización de los Estados
Americanos
Washington, D.C.

Sra. Adriana Rodríguez
Representante Alterna de Uruguay ante la
la Organización de los Estados
Americanos
Washington, D.C.

Sr. Pedro Valenzuela
Consejero
Misión Permanente de Uruguay ante la
la Organización de los Estados
Americanos
Washington, D.C.

Sra. Paula Rolando
Primer Secretario, Representante Alterna de
Uruguay ante la Organización de los
Estados Americanos
Washington, D.C.

PARTICIPATING STATES/ESTADOS PARTICIPANTES

FRANCE/FRANCIA

Mr. Pierre-Henri Guignard
Ambassadeur, Observateur permanent
de la France près l'Organisation des
États Américains
Washington, D.C.

FRANCE/FRANCIA (cont.)

M. Gérard Guillet
Observateur Permanent Adjointe de
la France près de l'Organisation des
États Américains
Washington, D.C.

ASSOCIATE STATE/ESTADO ASOCIADO

PUERTO RICO

Dr. Raúl G. Castellanos Bran
Asesor del Secretario de Salud
Departamento de Salud
San Juan

**OBSERVER STATES/
ESTADOS OBSERVADORES**

SPAIN/ESPAÑA

Excmo. Sr. D. Jorge Hevia Sierra
Embajador, Observador Permanente
de España ante la Organización de los
Estados Americanos
Washington, D.C.

SPAIN/ESPAÑA (cont.)

Sr. D. Francisco Fernández Balado
Becario
Observador Permanente de España ante la
Organización de los Estados Americanos
Washington, D.C.

**UNITED NATIONS AND SPECIALIZED AGENCIES/
NACIONES UNIDAS Y AGENCIAS ESPECIALIZADAS**

**Economic Commission for Latin America
and the Caribbean/
Comisión Económica para América Latina y
el Caribe**

Sr. Fernando Flores

**United Nations Population Fund/ Fondo de
Población de las Naciones Unidas**

Mrs. Sonia Martinelli-Heckadon

**REPRESENTATIVES OF INTERGOVERNMENTAL ORGANIZATIONS/
REPRESENTANTES DE ORGANIZACIONES INTERGUBERNAMENTALES**

**Hipólito Unanue Agreement/
Convenio Hipólito Unanue**

Dr. Ricardo Cañizares

World Bank/Banco Mundial

Dr. Joana Godinho

**REPRESENTATIVES OF NONGOVERNMENTAL ORGANIZATIONS IN
OFFICIAL RELATIONS WITH PAHO/
REPRESENTANTES DE ORGANIZACIONES NO GUBERNAMENTALES EN
RELACIONES OFICIALES CON LA OPS**

**Healthy Caribbean Coalition/Coalición del
Caribe Saludable**

Prof. Trevor A. Hassell

**Latin American Association of
Pharmaceutical Industries/
Asociación Latinoamericana de Industrias
Farmacéuticas**

Dr. Rubén O. Abete

**Inter-American Association of Sanitary and
Environmental Engineering/ Asociación
Interamericana de Ingeniería Sanitaria y
Ambiental**

Dr. Rafael Dautant

**National Alliance for Hispanic Health/
Alianza Nacional para la Salud Hispana**

Ms. Marcela Gaitán

U.S. Pharmacopeia

Dr. Damian Cairatti

**WORLD HEALTH ORGANIZATION/
ORGANIZACIÓN MUNDIAL DE LA SALUD**

Ms. Cecilia Rose-Oduyemi
Director, Department for Governing Bodies
and External Relations (GBS)

**PAN AMERICAN SANITARY BUREAU/
OFICINA SANITARIA PANAMERICANA**

**Director and Secretary ex officio
of the Committee/
Directora y Secretaria ex officio
del Comité**

Dr. Mirta Roses Periago
Director
Directora

**Advisers to the Director
Asesores de la Directora**

Dr. Jon Kim Andrus
Deputy Director
Director Adjunto

Mr. Guillermo Birmingham
Director of Administration
Director de Administración

**PAN AMERICAN SANITARY BUREAU (cont.)/
OFICINA SANITARIA PANAMERICANA (cont.)**

**Advisers to the Director (cont.)
Asesores de la Directora (cont.)**

Dr. Heidi Jiménez
Legal Counsel, Office of Legal Counsel
Asesora Jurídica, Oficina de la Asesora
Jurídica

**Advisers to the Director (cont.)
Asesores de la Directora (cont.)**

Mrs. Piedad Huerta
Senior Advisor, Governing Bodies Office
Asesora Principal, Oficina de los Cuerpos
Directivos

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