SIXTH MEETING
SEXTA REUNIÓN

Wednesday, 29 September 2004, at 2:30 p.m.
Miércoles, 29 de septiembre de 2004, a las 2.30 p.m.

President: Dr. José Antonio Alvarado Nicaragua
Presidente:

ITEM 5.2: REGIONAL PROGRAM BUDGET POLICY (*continued*)
PUNTO 5.2: POLÍTICA PRESUPUESTARIA DEL PROGRAM REGIONAL (*continuación*)

El Dr. GONZÁLEZ FERNÁNDEZ (Cuba) señala que la vigente política de asignación presupuestaria data de 1985, y que la revisión que ahora se propone tiene el objetivo de lograr una distribución más equitativa de los recursos, vinculada a las necesidades de los países. La nueva propuesta se ha elaborado mediante un proceso participativo, en consulta con los países, y ha sido examinada por el Comité Ejecutivo. En ella, las asignaciones a los países se determinan en función de la salud de la población, de sus posibilidades económicas y de la paridad del poder adquisitivo, entre otros indicadores, por lo que la propuesta es expresión del espíritu democrático de la Organización.

Los criterios de asignación de fondos están arraigados en los principios de equidad y solidaridad, y están en consonancia con las necesidades de los países. Por todo ello, el orador manifiesta su pleno apoyo a la propuesta.

Hon. John RAHAEL (Trinidad and Tobago), speaking on behalf of the Caribbean Community (CARICOM) said that the Delegations from the Caribbean Community supported the principle of equity in the allocation of resources as well as the principle of solidarity among the countries of the Americas. They were, therefore, generally in agreement with the thrust of the proposed Regional Program Budget Policy.

They agreed that the countries that were most in need should receive proportionately more of the resources of the Organization, and fully supported the principle that the five Key Countries should continue to receive special attention and not suffer any loss of resources as a result of the implementation of the new policy.

However, they were very concerned about the extent to which some of the countries in the CARICOM region would lose resources and the fact that the region as a whole would suffer a net loss of resources. They had carefully examined the proposals

and were very concerned that some of their countries were being asked to surrender up to 60% of their present allocations in the interest of solidarity and equity. However, while those countries might be in a relatively better health situation than other countries of the Americas, they were still very vulnerable and very far from achieving their desired levels of development in health status. The CARICOM countries were of the view that no country should be asked to give up more than 40% of its allocation for redistribution at the present time.

Those countries in the Caribbean which would suffer the greatest reductions were very often not eligible to receive donor assistance or access concessionary financing because of their relatively high per capita income. CARICOM was also very concerned that the proposed new distribution of resources might disrupt the flow of technical cooperation to the Caribbean countries, not all of which had the technical capacity needed to improve their health status.

Technical cooperation from PAHO played a critical role in meeting that need, and any substantial loss of resources, including technical cooperation, would not only make improving countries' health status more difficult, but would endanger the achievements already made. It was CARICOM's expectation, therefore, that the allocation of resources at the subregional level would seek to protect the gains already achieved.

The CARICOM countries wished to suggest several amendments to the proposed resolution, to the effect that implementation of the new policy should be phased in over three biennia, and that the maximum cut in country allocations should not exceed 40% of the current figure.

In the areas of transparency and monitoring, CARICOM suggested amendments specifying that a comprehensive evaluation would be undertaken at the end of the second biennium so that a full assessment of the impact of the revisions could be considered by the Directing Council; that the objects and programs for each biennium would be made available in a timely manner to ensure that the Subcommittee on Programming and Planning would have adequate time to review and approve them; and that every effort would be made to ensure that budgets of the Key Countries were protected in the program budget policy, without reductions. CARICOM also proposed that consideration be given to revising upwards the 5% allocation for the subregional budget.

Speaking on behalf of Trinidad and Tobago, he said that his country was fully committed to the principles of equity and pan-Americanism. Although Trinidad and Tobago would suffer a substantial reduction in its allocations, the country was prepared to make the sacrifice in the interest of improving health status in the Region of the Americas as a whole.

Dr. DAHL-REGIS (Bahamas) said that the statement by the Delegate of Trinidad and Tobago eloquently articulated the position of the Bahamas.

La Dra. SÁENZ MADRIGAL (Costa Rica), si bien manifiesta su satisfacción porque se trate de lograr una asignación de recursos más equitativa, recuerda que Costa Rica ya pidió en el Comité Ejecutivo que se procurara estimular a los países que, aunque pobres, hubieran sido altamente efectivos en materia sanitaria. En ese sentido, y en la línea de lo manifestado por el Delegado de Trinidad y Tobago, la oradora pide que se incorpore un mecanismo compensatorio que no solamente tenga en cuenta indicadores de tipo negativo, sino también indicadores de logro, y que la aplicación de la nueva metodología sea gradual.

Hon. Damian GREAVES (Saint Lucia) said that his country fully supported the CARICOM position as presented eloquently by the Delegate from Trinidad and Tobago. He urged PAHO to improve the formula further in order to better reflect countries' health needs. The current parameters of GDP per capita and life expectancy did not reflect the deterioration in the health situation resulting from the impact of HIV/AIDS, non-communicable diseases, violence, and injuries.

He suggested that a country's burden of disease would be a more direct and reliable reflection of the needs to be addressed. Hence, the use of Disability Adjusted Life Years (DALYs), together with other economic indicators, would be more appropriate. DALYs were used by the WHO Commission on Macroeconomics and Health, and the Caribbean was actively pursuing their use through the Caribbean Commission on Health and Development. It would be opportune if the DALY figures for countries could be made available for input into a formula which would form part of the proposed review of the new budget policy at the end of the second biennium.

Hon. Dr. Leslie RAMSAMMY (Guyana) said that once again Guyana found itself in an uncomfortable position. The country recognized that it was part of a collective and it understood that not everything that PAHO did as an organization would be directly beneficial to Guyana. Nothing that was done as an organization, however, should be inimical to the interests of any Member State, and he remained somewhat unconvinced that the present proposal was not inimical to Guyana's interests. While stressing that Guyana fully affirmed the position presented by the Delegate of Trinidad and Tobago on behalf of CARICOM, he said that the position should in no way diminish the continued concerns of his country.

He felt that it would be irresponsible of him to unconditionally support a formula that led to a reduction of his country's allocation, without solid arrangements to preserve at least the present level of funding. Many countries of the Region had reluctantly agreed

to quota increases the previous year. Now, many of them would have to agree reluctantly to a reduction in their allocation.

At the time of approval of the biennial budget at the preceding Directing Council, Guyana had been one of several countries that had made the point that budgetary provisions for addressing the needs of the Key Countries were inadequate. It was not enough to assure countries that the proposed formula would preserve present-level funding. The concept of Key Countries implied increased budgetary allocations. It should thus be expected that the new biennial budget would reflect additional provisions for those countries. However, the proposed formula appeared to negate that possibility.

Guyana supported PAHO's effort to find a sustainable and equitable allocation formula. But Guyana as a Key Country was in the uncomfortable position of having to depend on provisions outside of the proposed formula in order to maintain at least the present level of funding.

He urged that consideration be given to CARICOM's proposals and that PAHO continue exploring the possibility of assisting Guyana and the other Key Countries. In that respect he wished publicly to acknowledge the bilateral assistance that Guyana had received from Canada and the United States of America in its fight against HIV/AIDS and other diseases, and the budgetary support that the country was receiving from the European Union.

El Dr. GONZÁLEZ GARCÍA (Argentina) señala que en la asignación de los recursos tienen que utilizarse indicadores de necesidad, como se procura hacer en su país al distribuir los recursos de la Nación entre las provincias. Es incuestionable el espíritu de equidad de todos los presentes, pero la equidad no consiste en dar lo mismo a todos, sino en dar más a quienes más necesitan. Se ha efectuado un detenido análisis de los indicadores, a la luz de las observaciones de los países, y será muy difícil encontrar una modalidad en que no haya ganadores ni perdedores.

Hay que mejorar la asignación de los recursos en función de las necesidades y trabajando para el futuro. Propone que se mantenga la actual asignación de recursos y que los nuevos criterios se apliquen a los fondos suplementarios que se espera recibir de la OMS. Asimismo, propone que la reasignación de los recursos, tanto antiguos como nuevos, se haga en función de los programas, y no de las estructuras o los funcionarios, con lo que su rendimiento técnico será mayor.

Ms. BLACKWOOD (United States of America) said that the United States commended PAHO for the consultative process it had undertaken and looked for results that would produce a new policy for the allocation of PAHO's resources that was more relevant to current needs and that reflected recent developments and commitments at both

WHO and PAHO to focus on countries, with an emphasis on those in greatest need. The United States was in favor of reaching agreement at the current Directing Council on the proposed new budget policy so that the policy could then be implemented starting in the 2006-2007 biennium. The United States supported the allocation of a higher level of resources to country programs, and emphasized that all of PAHO's resources should aim to respond to real needs in the countries and be firmly rooted in the collective priorities of PAHO and WHO.

Her Delegation strongly supported the use of the most relevant and objective data to assist in determining the equitable distribution of resources among countries and gradual implementation of the redistribution of country-level resources. Country-level conditions continued to change, and consequently the United States agreed with the approach that the budget should be a flexible strategic management instrument with the right degree of structure and flexibility reflected both in design and in execution of programs. In order to strengthen the intent of the policy and make its implementation feasible, resources at all levels, including country level, must be coupled with thorough oversight of the use of those resources through monitoring and evaluation and must be directly responsive to program performance and results.

Ms. PENN GILDERS (Canada) thanked PAHO for undertaking what had clearly been a difficult task of preparing a discussion paper that explained the complex mathematical calculations in practical and universally comprehensible terms. Canada had always been and continued to be a supporter of policies that promoted equitable allocation of resources and that aimed to benefit the countries most in need.

Canada believed that the proposed program budget policy had the potential for improving equity among Member States, but there were a number of factors that it believed must be weighted and alternatives that needed to be fully understood before Canada could fully accept the proposal. One factor was the process currently under way within the Working Group on PAHO in the 21st Century. That process was intended to raise important questions about how PAHO should best be structured to assist countries into the future. Many issues of administration, programmatic structuring, and resourcing had yet to be fully discussed, and in Canada's view it was premature to adopt the proposed program budget policy, until the "PAHO in the 21st Century" process was completed.

Another factor that had to be taken into account was the proposed reallocation of the WHO budget to devote more resources to Regions. It was not yet understood how those new resources might be used to address the needs of Member States directly by using some of those funds to support reallocation. In addition, thus far only the biennial program budget was being considered for reallocation. Were other parts of the Organization's budget also being restructured so as to help the countries most in need?

Canada believed that all those issues should be considered in any decision meant to improve equity in PAHO's distribution of resources.

While Canada was listed as receiving funds from the regional program budget, she wished to make it clear that the funds allocated to Canada were in fact not used in Canada, being used entirely to fund projects in Latin America and the Caribbean, and to provide Canadian scientific expertise for those projects. In its consultations with the Secretariat and in its written response to the proposal, Canada had emphasized the need to seek mechanisms which would formalize its ability to continue that kind of work.

The proposed formula was extremely complex. In studying its application to the present budget, she had noticed that two of the countries identified as having the greatest need, Guyana and Haiti, were actually going to lose resources at the country level. The fact that the formula could result in that kind of reduction in resources raised questions as to whether it really was an entirely effective model.

For all of those reasons, Canada wished to suggest that it was premature to adopt the formula and to recommend that the issue be returned for future discussion by the Executive Committee, or by the Subcommittee on Programming and Planning, or perhaps by a working group, in order to reach a full understanding and assessment of the formula before a decision was made.

El Dr. CAPELLA MATEO (Venezuela) suscribe los principios de equidad y solidaridad que se han enunciado y, en consecuencia, la propuesta de reajuste presupuestario planteada. Encomiando la exposición del Delegado de Trinidad y Tabago, considera que, efectivamente, el ajuste debe tener en cuenta la situación de cada país, ser solidario con quienes atraviesan mayores dificultades, y tener presentes las diversas políticas de salud. Se muestra favorable a que la aplicación de los nuevos criterios sea gradual.

El Lic. BAILÓN (México) subraya la necesidad de que la asignación de los recursos a los países se haga de forma equitativa y a través de mecanismos transparentes que respondan a las necesidades de salud. México ya propuso en 2003 que la reasignación fortaleciera a los países más pobres.

Señala, sin embargo, que, como ya se hizo constar en el Comité Ejecutivo, la metodología utilizada en la propuesta se asienta en criterios subjetivos. Los indicadores aplicados no tienen en cuenta los trabajos de la OPS y la OMS, que incorporan variables tales como brechas, esperanza de vida saludable o probabilidad de muerte en niños y adultos. Dada la forma en que se construye el modelo, el análisis de los resultados finales no permite conocer el peso de cada una de las variables que intervienen, y la deter-

minación de los ponderadores asociados a los cinco grupos de necesidades se realiza de forma discrecional, lo que puede provocar distorsiones en la asignación de los recursos.

El análisis efectuado en México ha revelado que en la asignación per capita se producen incoherencias dentro de los grupos y entre grupos, como se aprecia, en el primer caso, por el elevado nivel de heterogeneidad. Por otra parte, la asignación del presupuesto entre los distintos países no parece corresponderse con las necesidades de salud. El análisis ha mostrado que los grupos con mayores necesidades de salud no obtienen necesariamente mayores recursos per capita en promedio, lo que viola el principio de equidad.

Se constatan también incoherencias en la asignación total. Incluso teniendo en cuenta las correcciones introducidas para no castigar a los países más pequeños, cabría esperar que los países más poblados recibieran un monto total mayor, pero no siempre ocurre así.

Se muestra de acuerdo en que se asigne un 5% a proyectos supranacionales, pero es necesario establecer reglas claras y transparentes para el uso de esos recursos. Asimismo, presta apoyo a la propuesta del grupo de CARICOM, coincide con el Delegado de Guyana en que no deberían disminuir los recursos de ningún País Clave, y está de acuerdo con el Delegado de Canadá en que se vinculen esos esfuerzos con los trabajos encaminados a establecer un OPS para el siglo XXI.

Por consiguiente, propone que se siga analizando la fórmula, que no se introduzcan ajustes en la fórmula vigente mientras persistan las preocupaciones, y que se elabore una fórmula que resulte más satisfactoria para los países más pobres. También apoya la propuesta de Canadá de que se devuelva el proyecto al Subcomité de Planificación y Programación del Comité Ejecutivo, para seguir perfeccionándolo, si bien reconoce las dificultades intrínsecas que presentan las propuestas de esta naturaleza.

Mr. NEWTON (Saint Kitts and Nevis) said that this country, like the others in CARICOM, accepted the core principles informing the proposed changes in the budget policy, notably the need for more equitable distribution of funds to provide additional support for the most vulnerable states. While Saint Kitts and Nevis was one of the countries that would derive some marginal benefit from the proposed changes, it was mindful of the overall effects that such changes would have on others.

Limited human capacity as well as financial resources made it imperative for Saint Kitts and Nevis to rely on assistance from several CARICOM countries, as well as PAHO, to ensure provision of health care and implementation of several of its programs. The country recognized and accepted such interdependence as a reality and therefore endorsed and supported the CARICOM position enunciated by the Delegate of Trinidad

and Tobago. Some adjust-ments to the proposal were needed, especially in relation to the cuts, and Saint Kitts and Nevis agreed with the principle that no more than 40% should be applied. With regard to the 5% envisaged as being available at the subregional level, like other speakers, he felt that the amount should be significantly increased so that additional funds would be avail-able to small and vulnerable countries such as his.

Hon. John JUNOR (Jamaica) recalled a saying that he thought most applicable to the current debate, namely that "in many instances we seek to make perfection the enemy of the good." The current exercise was designed to replace the allocative process that PAHO had been using since 1985. The matter had been considered in the Executive Committee and in consultations aimed at arriving at a formula, and he was sure that despite the best of intentions, any formula proposed would encounter disquiet in one quarter or another.

He felt that Members could commit themselves to the proposed new allocative measure, with the understanding that it would be seriously reviewed in four years, without risk of doing any grave injustice to any country, particularly given the caveats that had been inserted in the policy as it currently stood.

He understood the concerns of the Delegate of Canada with respect to the document being developed on PAHO in the 21st Century, but considered that examination of the work completed to date would reveal no inconsistency with the basic principles being enunciated in the program budget policy. Nor did he see any inconsistency with WHO's announced intention of increased allocation to the Regions, because in any event PAHO would be seeking to increase allocations, whether the money came from WHO or from elsewhere. The issue in question was the distribution of resources, regardless of where those resources came from.

He acknowledged that there was some cause for concern about transparency, with respect to the allocation of those elements of the budget that seemed to be discretionary. However, it should be remembered that it was the function of the Subcommittee on Programming and Planning to look at where projects should be developed and at the nature of those projects, and to make proposals to the Executive Committee and subsequently to the Directing Council on where resources should go. Thus, while he had some concerns, he was also comfortable knowing that appropriate controlling mechanisms were in place.

He urged that the proposed resolution, as modified by the Delegate of Trinidad and Tobago on behalf of CARICOM, be adopted, and suggested that the Executive Committee in its first meeting in 2005 should make any needed adjustments in response to whatever concerns might have been expressed.

El Dr. GARCIA (Chile) dice que, para el Gobierno de su país, la idea de promover una asignación equitativa de los recursos basada en las necesidades de cada uno de los países es un avance importante que incorpora un método objetivo y transparente, y actualiza además las formas de financiamiento de los presupuestos.

Aunque Chile probablemente se vea perjudicado respecto de asignaciones anteriores, cree del todo conveniente la aplicación de una redistribución de los recursos entre los países, a favor de los más necesitados, como señala esta política de la OPS. Sin embargo, considera necesario incorporar al menos dos nuevos criterios para la redistribución de los montos del presupuesto.

Primero, observar la eficacia de los recursos asignados a la hora de otorgar nuevos aportes; y segundo, tener presente como elemento de análisis la situación en materia de bienestar social en cada Estado. De igual forma, antes de aplicar la nueva asignación de recursos es importante considerar y analizar las conclusiones del Grupo de Trabajo sobre la OPS en el siglo XXI, así como evaluar el pago de cuotas por parte de los Estados Miembros. Por todo ello, considera importante postergar por ahora la decisión hasta tener más claridad en estas otras materias.

El Lic. PEGUERO (República Dominicana) considera que la propuesta de política de presupuesto que se establece en el proyecto de resolución CE134.R10 recoge el conjunto de preocupaciones de las delegaciones y los países que están presentes. Por ello, entiende que se debe asumir el espíritu del proyecto de resolución, expresado en los documentos de la reunión.

El Dr. GONZÁLEZ GARCÍA (Argentina) dice que para representar y ser fieles al espíritu de cambiar la Organización e ir en búsqueda de mayor equidad en la asignación de los recursos, debería establecerse un grupo de redacción que mañana mismo elaborase una propuesta a este respecto, sobre la base de la propuesta del CARICOM.

Dr. SEALEY (Area Manager, Planning, Program Budget, and Project Support) thanked the delegates for their appreciation of the work that had gone into the report before them, stressing that it had been a collaborative effort between in-house personnel and the external consultative group. She stressed that the program budget referred to the program and budget of the entire Organization, not simply the countries, and that the policy referred to all of the programs whether carried out at regional, subregional, or country levels. To that end, the mechanism being set up was in fact a completely new review process to ensure that the work of the entire Organization was in support of the countries.

For the first time, the country BPBs were going to be reviewed by executive management and also by an analytical peer review process. Subsequent to that review,

and review of the collective need of the countries, some two months later PAHO would be asking the regional programs to present their programs in support of the country programs. Thus, processes were being adopted to ensure that the work of the Organization was in support of the Director's country focus.

She pointed out that any consideration of new WHO resources was dependent on whether the program budget for WHO was, in fact, approved, and at what level. Moreover, the use of those resources was subject to the guidance of WHO, and was not always left to the discretion of the Regions. The resources were not, strictly speaking, earmarked for specific purposes; their use was dependent upon the priorities identified by WHO.

With regard to the work being done on PAHO in the 21st Century, it was her understanding from reviewing the documentation received from the Working Group that the principles guiding that process were the same as those guiding the work on the program budget policy. In response to the issues raised about the Key Countries, she pointed out that while five Key Countries were identified in the Strategic Plan, in fact there were seven neediest countries, and all of them had been treated as a group in the work of developing the budget policy.

As the document stated, no Key Country's current level of resources would be decreased under the proposed budget policy. A new table would be made available in order to make that quite clear. Additionally, the Key Countries were also the Key Countries of almost all donors, and in terms of the extrabudgetary funds mobilized, PAHO had no doubt that the Key Countries were going to benefit first and foremost from those funds.

On the issue of the variable funds, she explained that several circumstances had been identified under which those funds might be utilized. They would be used to counter the vulnerability of certain kinds of countries, whether landlocked states, or small island developing states, or countries in difficult situations owing to migration, or because of the social situations of neighboring countries. Those criteria for use of the variable funds would need to be made explicit, and would be submitted for consideration by the SPP if that was deemed appropriate.

Mr. SOTELA (PAHO), responding to the questions concerning the weighting of the indicators, explained that the health needs index proposed by PAHO utilized the two indicators of life expectancy at birth and gross national income per capita in purchasing power parity terms. In order to avoid any subjectivity, the formula was calculated using the two indicators on a 50/50 basis.

He also wished to clarify the issue of per capita dollars going back to the countries. A comment had been made that some countries were receiving a higher amount than others. However, as soon as a "population-smoothing" technique was applied to a model, the result was going to be a variance in per capita dollars going back to countries. The only way to avoid that was by using raw population data. But, as an example, if raw population data were used in the particular model under discussion, Brazil and Mexico alone would take up half the resources of the Organization.

However, once the population was smoothed, the range of the populations (39,000 to 184 million in the Region) was being compressed, and virtually any population-smoothing technique would have the result of favoring the smaller countries to a greater or lesser degree.

Two models had been presented to the Executive Committee, both having the same weighting of the percentiles but using two different population-smoothing criteria, each of them favorable to smaller countries but one clearly more so than the other. One of the major concerns that had emerged from discussions with Member States was that such a high percentage of resources was going to smaller countries.

However, when a relative model was constructed, with a fixed overall amount of income to be distributed, then the percentile weighting determined that a given country in one quintile, given the same population as its neighbor country in the preceding quintile, would receive more money than the neighbor, because it was in a quintile of greater need. But a country that was in the same quintile of greater need, but had a larger population, would receive more resources by virtue of its population.

He stressed that that was an important distinction: the per capita income "distortions" came from the population smoothing, not from the percentile weighting. The smoothing criterion applied, square root of the population, had been selected because it gave the most gradual shift of resources. For example, the models presented at the Executive Committee would have resulted in some US$ 16 to $18 million being taken from the larger countries and being allocated to the poorer and smaller countries. The model proposed, which reflected Member States concerns and recommendations, resulted in a resource shift of only $10.5 million.

In response to the concern about subjectivity, he noted that every model, however scientific, would entail some amount of subjectivity at one point or another, but that the subjectivity in the present model—the choice of five quintiles, nor more or fewer, and the percentage weighting of the quintiles—was visible and subject to approval. Changes would not be made without consultation. In the final analysis, the changes that were made to the model followed one basic objective, namely, to transfer funds to the needier

countries, while at the same time making the impact on those losing funds as gradual as possible.

With regard to DALYs, as far as he was aware, PAHO did not have sufficient data on DALYs for every country. WHO did have estimates on DALYs at the subregional level, but not for individual countries, and one of the principles used in building the model was that data had to be available for every single country, in order to make the model fair. With regard to the indicator of the probability of dying before age 5, he understood that that was implicitly considered in the life-expectancy-at-birth indicator.

La DIRECTORA dice que la Organización no tiene una política regional de presupuesto. En 1986 los países dijeron que había que adoptarla y expresaron los principios, pero nunca se pusieron de acuerdo en una política regional de presupuesto y en los criterios, y por lo tanto la distribución siempre ha quedado a la discreción del Director.

Ahora los países han decidido aprobar un plan estratégico y una política regional de presupuesto, lo cual permitiría tener una institución más fuerte, basada en criterios explícitos y en principios establecidos en común y sometidos a rendición de cuentas. La política regional de presupuesto no es lo mismo que el presupuesto por programas bienal. Toda política determina los principios, establece los procedimientos, los períodos en los cuales va a ser revisada, ciertos mecanismos compensatorios de las decisiones que se toman y un ciclo de evaluación permanente. Después vienen los presupuestos anuales que revisa el Subcomité de Planificación y Programación a medida que se conoce el nivel general de presupuesto y los recursos con que va a contar la Organización.

La propia política puede ser revisada, y el modelo sobre el cual se basa también. La tabla presentada sobre la asignación de cada país es una tabla indicativa. Así ha sucedido en el conjunto del sistema con respecto a políticas de presupuesto y de establecimiento de contribuciones y modelos. Cita a este respecto el caso de las Naciones Unidas después de que los Estados Unidos manifestaron que querían establecer un máximo de 25% en sus contribuciones, y el de la OMS que en 1996 comenzó a discutir un modelo para mejorar las asignaciones regionales.

En ambos casos se tardaron años en encontrar un modelo. Es decir, desde el punto de vista técnico se podrían aplicar muchas fórmulas pero el tema se resuelve desde el punto de vista político, o sea, la voluntad de los países de hacer una distribución más equitativa. Se establece una fórmula, y además mecanismos compensatorios para tratar de corregir los efectos de su aplicación. Si ahora se aplaza la decisión sobre esa política, su aplicación se alejará hasta el ejercicio 2008-2009.

Concluye recordando que son los países los que tienen capacidad plena, a través del Subcomité de Planificación y Programación y del Comité Ejecutivo, para establecer reglas claras y condiciones para la aplicación de la política.

Ms. BLACKWOOD (United States of America) said that she welcomed the proposal to set up a drafting group in order to consider the proposals from CARICOM and the various issues raised. The United States would be happy to participate in such a group, with a view to completing the work on the program budget policy during the current biennium.

El Sr. BAILÓN (México) opina que a la fórmula y a los mecanismos compensatorios se debe incorporar el aspecto técnico. En la Delegación mexicana no están los especialistas técnicos que pudieran trabajar en la resolución que se solicita para mañana por la tarde. Desea, simplemente, que conste este extremo.

O Dr. CAMPOS (Brasil) disse que o Brasil está de acordo com a proposta e pediu às várias delegações, que diante de um momento histórico, não deixassem de construir um orçamento com diretrizes voltadas a uma distribuição mais eqüitativa, defendidas há muito tempo por vários delegados e ministros. Apoiou a intervenção do Ministro da Jamaica dizendo que a perfeição é inimiga da ação prática. Pediu que no dia seguinte a comissão elaborasse uma proposta de diretrizes políticas e de reorganização do orçamento, para ser votada e aprovada pelo Conselho, em setembro de 2005, para que se possa implementar uma efetiva redistribuição orçamentária a partir de 2006 e 2007.

Disse que percebia certo ânimo para postergar, devido à idéia de que só poderiam aprovar essas diretrizes depois de concluir o trabalho da OPAS no Século XXI, ou depois de realizar uma análise técnica interminável. Pediu que não perdessem o momento histórico, pois toda vez que se inicia algum tipo de redistribuição de renda, sempre aparecem uma grande dificuldade política.

Pediu consenso em torno do possível, o encaminhamento das diretrizes de reorganização orçamentária e a priorização dos países mais vulneráveis, menores e mais pobres, ainda que para o Brasil possa significar algum constrangimento financiero. Afirmou querer tomar parte nessa modificação, e comentou que se terá prazo até agosto, na próxima reunião do Conselho, para aprovar o orçamento de 2006-2007.

Julgou uma irresponsabilidade política muito grande o adiamento da mudança de diretrizes para o fim da década. Afirmou que todo esforço deve ser feito para realizá-la em 2006-2007.

El Dr. VELÁZQUEZ (Paraguay) considera que los técnicos no tienen que marcar las pautas. La decisión debe ser política, por lo cual apoya la posición de Brasil.

Hon. John RAHAEL (Trinidad and Tobago), speaking on behalf of CARICOM, expressed appreciation for the support given to the CARICOM position. He agreed with the Delegate of Jamaica that in fact perfection could never be achieved. At some point a decision had to be made and the work had to go forward. He supported the suggestion of a drafting group to be convened on the following day, but regretted that duty called him back to Trinidad. Consequently, he proposed that the Minister of Health of Jamaica should lead the meeting of the drafting group.

SECOND REPORT OF THE COMMITTEE ON CREDENTIALS
SEGUNDO INFORME DE LA COMISIÓN DE CREDENCIALES

El Dr. LAMA (Presidente de la Comisión de Credenciales) dice que, de conformidad con el artículo 31 del Reglamento Interno del Consejo Directivo, la Comisión de Credenciales, nombrada en la primera reunión y compuesta por los Delegados de Antigua y Barbuda, Ecuador y Paraguay, se reunió por segunda vez el 29 de septiembre de 2004 a las 2.00 p.m.

La Comisión examinó las credenciales entregadas al Director de la Oficina de conformidad con el artículo 4 del Reglamento Interno del Consejo. Las credenciales de los Delegados de los Estados Miembros enumerados a continuación se presentaron en buena y debida forma, razón por la cual la Comisión propone que el Consejo reconozca su validez: Bahamas, Brasil, Granada, Haití, Honduras, Panamá, Perú, San Kitts y Nevis, Santa Lucía, San Vicente y las Granadinas, y Uruguay.

The second report of the Committee on Credentials was approved.
Se aprueba el segundo informe de la Comisión de Credenciales.

ITEM 4.3: ELECTION OF THREE MEMBER STATES TO THE EXECUTIVE COMMITTEE ON THE EXPIRATION OF THE PERIODS OF OFFICE OF DOMINICAN REPUBLIC, HONDURAS, AND PERU
PUNTO 4.3: ELECCIÓN DE TRES ESTADOS MIEMBROS PARA INTEGRAR EL COMITÉ EJECUTIVO POR HABER LLEGADO A TÉRMINO LOS MANDATOS DE HONDURAS, PERÚ Y REPÚBLICA DOMINICANA

El PRESIDENTE informa al Consejo que se han recibido las candidaturas de Canadá, Cuba, Haití, Panamá y Venezuela y procede a dar lectura a una carta recibida del Ministro de Salud de Panamá, Dr. Camillo Alleyne, cuyo texto dice lo siguiente: "Estimado Presidente: Deseo felicitarlo por la excelente labor que han ido desempeñando en su prestigiosa posición. Por este medio, Panamá desea agradecer de antemano la muestra de apoyo que recibió de todos los países que demostraron su interés

en respaldar las aspiraciones de nuestro país de ocupar una posición en el Comité Ejecutivo, pero ha decidido declinar esta anhelada posición y ratifica su futuro deseo de participar en las próximas elecciones, y anuncia sus mejores esfuerzos para contar con la confianza de todos los países de estas legítimas aspiraciones. Humildemente y servidores de la salud de los pueblos de América. De su consideración".

El Presidente dice que, por consiguiente, se retira de esta elección la candidatura de Panamá.

The SECRETARY explained that, in accordance with the PAHO Constitution, the Executive Committee was composed of nine Members of the Organization elected by the Pan American Sanitary Conference or the Directing Council for overlapping periods of three years. It was incumbent upon the Council to elect three Members to replace the Dominican Republic, Honduras, and Peru, whose terms of office on the Executive Committee had expired. The three outgoing Members could not be elected because at least one year had to elapse before an outgoing Member could be reelected. As current and continuing Members of the Committee, Argentina, Barbados, Costa Rica, Dominica, Paraguay, and United States of America were not eligible for election.

As the number of candidates exceeded the number of vacancies, a vote was required. The vote would be taken by secret ballot. To be elected, a candidate must obtain a majority of the valid votes cast by Members present and voting. If three Members did not obtain a majority on the first ballot, the Council would proceed to succeeding rounds of voting for each of the remaining places.

At the invitation of the President, the Delegates of Netherlands and Puerto Rico acted as tellers.
A invitación del Presidente, los Delegados de los Países Bajos y Puerto Rico actúan como escrutadores.

The vote was taken by secret ballot.
Se procede a votación secreta.

Having obtained the required majority, Canada, Cuba, and Venezuela were elected Members of the Executive Committee.
Al haber obtenido la mayoría necesaria, Canadá, Cuba y Venezuela quedan elegidos Miembros del Comité Ejecutivo.

The RAPPORTEUR, at the request of the President, read out the following proposed resolution:

THE 45th DIRECTING COUNCIL,

Bearing in mind the provision of Articles 4.D and 15.A of the Constitution of the Pan American Health Organization; and

Considering that Canada, Cuba, and Venezuela were elected to serve on the Executive Committee upon the expiration of the periods of Dominican Republic, Honduras, and Peru.

***RESOLVES*:**

1. To declare Canada, Cuba, and Venezuela elected to membership on the Executive Committee for the period of three years.

2. To thank Dominican Republic, Honduras, and Peru for the services rendered to the Organization during the past three years by their delegates on the Executive Committee.

EL 45.º CONSEJO DIRECTIVO,

Teniendo en cuenta lo dispuesto en los artículos 4.D y 15.A de la Constitución de la Organización Panamericana de la Salud, y

Considerando que fueron elegidos Canadá, Cuba y Venezuela para integrar el Comité Ejecutivo por haber llegado a su término el mandato de Honduras, Perú y República Dominicana,

RESUELVE:

1. Declarar elegidos a Canadá, Cuba y Venezuela para integrar el Comité Ejecutivo por un período de tres años.

2. Agradecer a Honduras, Perú y República Dominicana los servicios prestados a la Organización por sus delegados en el Comité Ejecutivo durante los últimos tres años.

Decision: The proposed resolution was adopted.[1]
Decisión: Se aprueba el proyecto de resolución.[1]

ITEM 7.2: SELECTION OF ONE MEMBER STATE FROM THE REGION OF THE AMERICAS ENTITLED TO DESIGNATE A PERSON TO SERVE ON THE JOINT COORDINATING BOARD OF THE UNDP/WORLD BANK/WHO SPECIAL PROGRAM FOR RESEARCH AND TRAINING IN TROPICAL DISEASES (TDR), ON THE EXPIRATION OF THE PERIOD OF OFFICE OF CUBA.

PUNTO 7.2 SELECCIÓN DE UN ESTADO MIEMBRO DE LA REGIÓN DE LAS AMÉRICAS FACULTADO PARA DESIGNAR UNA PERSONA PARA PARTICIPAR EN LA JUNTA COORDINADORA COMÚN DEL PROGRAMA ESPECIAL DE INVESTIGACIONES Y CAPACITACIÓN SOBRE ENFERMEDADES TROPICALES DE PNUD/BANCO MUNDIAL/OMS (TDR) AL HABER CONCLUIDO EL MANDATO DE CUBA

The SECRETARY drew attention to Document CD45/19, which explained the functions and composition of the Joint Coordinating Board of the UNDP/World Bank/WHO Special Program for Research and Training in Tropical Diseases. It was incumbent on the Directing Council, acting in its capacity as the Regional Committee of WHO for the Americas, to select one Member State entitled to designate a person to serve on the Joint Coordinating Board for a three-year term, commencing on 1 January 2005. Any Member State from the Region was eligible for selection.

EL PRESIDENTE dice que Ecuador ha retirado su candidatura. Por ello, solo queda la candidatura de Cuba y, de conformidad con lo dispuesto en el Reglamento interno del Consejo Directivo, es Cuba la que debe ocupar el puesto establecido.

[1] Resolution CD45.R2
Resolución CD45.R2

Decision: Cuba was selected to designate a person to serve on the Joint Coordinating Board of the UNDP/World Bank/WHO Special Program for Research and Training in Tropical Diseases.

Decisión: Cuba queda seleccionada para designar un representante para integrar la Junta Coordinadora Común del Programa Especial de Investigaciones y Capacitación sobre Enfermedades Tropicales de PNUD/OMS/Banco Mundial.

ITEM 7.3: SELECTION OF ONE MEMBER STATE ENTITLED TO DESIGNATE A REPRESENTATIVE TO THE INTERNATIONAL COORDINATION COUNCIL OF THE PAN AMERICAN INSTITUTE FOR FOOD PROTECTION AND ZOONOSES (INPPAZ), ON THE EXPIRATION OF THE PERIOD OF OFFICE OF GUATEMALA

PUNTO 7.3: SELECCIÓN DE UN ESTADO MIEMBRO FACULTADO PARA DESIGNAR UN REPRESENTANTE QUE FORME PARTE DEL CONSEJO DE COORDINACIÓN INTERNACIONAL DEL INSTITUTO PANAMERICANO DE PROTECCIÓN DE ALIMENTOS Y ZOONOSIS (INPPAZ) POR HABER LLEGADO A SU TÉRMINO EL MANDATO DE GUATEMALA

The SECRETARY referred to Document CD45/20, which explained the functions and composition of the International Coordination Council (ICC) of INPPAZ. The Directing Council was requested to select one Member State to designate a representative to serve on the ICC. The Member State selected would serve a three-year term, commencing 1 January 2005. As Brazil and Suriname were currently represented on the Council, they were ineligible for selection.

EL PRESIDENTE dice que la única candidatura recibida es la de Chile, al que corresponde ocupar el puesto establecido.

Decision: Chile was selected to designate a person to serve on the International Coordination Council of the Pan American Institute for Food Protection and Zoonoses (INPPAZ).

Decisión: Chile queda seleccionado para designar un representante para integrar el Consejo de Coordinación Internacional del Instituto Panamericano de Protección de Alimentos y Zoonosis (INPPAZ).

ITEM 5.3: MILLENNIUM DEVELOPMENT GOALS AND HEALTH TARGETS
PUNTO 5.3: LOS OBJETIVOS DE DESARROLLO DEL MILENIO Y LAS METAS DE SALUD

Hon. Herbert SABAROCHE (President of the Executive Committee) said that the Executive Committee had discussed the Millennium Development Goals (MDGs) at length during its 134th Session in June 2004. The Committee had welcomed PAHO's efforts to help countries achieve the Millennium Development Goals and had expressed support for various of the strategies and approaches mentioned in the document, particularly the emphasis on equity and on ensuring that the goals were met for all population groups. It had been suggested, however, that the document should more clearly define the approaches that PAHO would use to assist countries in adapting the broadly defined goals and targets to specific programmatic actions with measurable outcomes.

The alignment of PAHO's work on the Millennium Development Goals with other initiatives, such as the Summits of the Americas, had been applauded, as had the Organization's proposal to use existing planning and policy frameworks like the Poverty Reduction Strategy Papers.

It had been suggested that a particularly important role for PAHO would be to assist individual countries in identifying specific indicators to enable them to track progress in the short, medium, and long terms and to call attention to areas where more effort was needed in order to achieve the goals. In addition, it had been suggested that the Organization's technical team could make a valuable contribution by assisting ministries of health in orienting their planning and budgeting more effectively towards achievement of the goals.

Much of the Committee's discussion had centered around the document's use of the term "Millennium Development Goals" and its focus on Goal 8: Development of a Global Partnership for Development. Some Members had objected to the use of the term "Millennium Development Goals" on the grounds that the targets and indicators established under the set of goals that had come to be known as the Millennium Development Goals had never formally been agreed to by Member States. It had been

suggested that reference should be made, instead, to the "Development Goals of the United Nations Millennium Declaration," as it was the latter document that had been formally negotiated and signed by Heads of State and Government in the year 2000. It had also been pointed out that that the term "Development Goals of the United Nations Millennium Declaration" would be consistent with Resolution WHA55.19, adopted by the Member States at the Fifty-fifth World Health Assembly in 2002.

With respect to Goal 8, some Members had felt that too much emphasis was being placed on that goal, to the detriment of other goals that fell more within PAHO's mandate as a technical health agency. Other Members, however, had pointed out that the Organization could scarcely avoid being concerned with the issues addressed under Goal 8, given the nexus between health sector development and national development and between investment in health and macroeconomic development. In their view, achieving the Millennium Development Goals must be a collective undertaking of the international community.

In regard to the objections concerning the expression "Millennium Development Goals," it had been pointed out that the term was now widely used and was commonly understood. It had also been pointed out that the set of goals known as the Millennium Development Goals had not introduced anything that was not included originally in the United Nations Millennium Declaration.

After additional discussion and extensive revision of the original proposed resolution on the item, the Committee had adopted Resolution CE134.R8, entitled "PAHO's Contribution to the Development Goals of the United Nations Millennium Declaration."

The resolution recommended that the 45th Directing Council adopt a resolution calling on Member States, inter alia, to strengthen the political commitment to the goals of the Millennium Declaration at all levels of governance; foster partnerships on the attainment of the goals in subregional political and economic fora; intensify action on national health development and social protection in health; support strong civil society involvement at all levels to attain the goals; improve measurement and routine monitoring of progress towards the goals; and initiate, facilitate, and support research to strengthen the evidence base for their attainment.

The proposed resolution requested the Director to renew efforts to support countries in the development and implementation of national plans of action for the attainment of the goals of the Millennium Declaration and in the effective programming of development assistance resources; to continue to utilize the goals as a critical element of PAHO's cooperation; to continue to integrate and mainstream the goals in PAHO's program of work and to integrate PAHO's work on the goals with other strategic efforts in health development in the Region of the Americas; and to intensify efforts to mobilize

human and financial resources and partnerships to support the countries in achieving the health-related development goals.

Dr. KICKBUSCH (PAHO) outlined some of the work that PAHO had undertaken to support countries in attaining the health-related development goals set out in the United Nations Millennium Declaration. As delegates were aware, although some advances had been made, results were mixed and progress was too slow overall, particularly in the low-income countries of the Region. On the positive side, a preliminary review had shown that awareness of the MDGs was spreading thanks to increased campaigning at the country level. Some national health plans and priorities were in line with the MDGs.

Some countries in the Region had begun focusing on monitoring and reporting on the MDG health indicators in order to produce their national MDG reports. There was also some MDG work taking place at the local level, opening the way for an increase in much-needed multisectoral cooperation.

Less positively, the review had revealed a number of gaps with regard to MDG implementation. There was an operational gap created by the state of health systems and a need for scaling-up public health infrastructure. The lack of social protection in health constituted a structural gap, a governance gap existed insofar as wide segments of government and society had not yet been involved in a truly intersectoral and participatory effort. Finally, there was an equity gap when it came to addressing the health needs of the poorest population groups. As the Director had frequently pointed out, the MDGs served as a compelling reminder that the Americas remained the most inequitable region in the world, and that was obviously reflected in the Region's health needs.

It was therefore necessary to adopt an equity perspective when analyzing and monitoring the actions taken to reach the MDGs and their targets. There was also a need to disaggregate indicators to be able to identify geographical areas and neglected social groups that should be targeted for special interventions. PAHO's work to establish expanded social protection systems in the Region took on additional importance in the effort to fill the gaps identified.

PAHO's overall approach to the MDGs was underpinned by four principles: (1) country ownership, (2) accountable governance and targeted development, (3) costing for investment to reach the poorest population groups, and (4) policy, not charity. In addition to those principles, PAHO had identified a set of strategic goals to support countries in their progress towards the MDGs. They included increasing awareness of an investment in health priorities, intensifying action on national health development,

integrating the work on MDGs with other health development efforts in the Region, and increasing health literacy and community empowerment to reach the MDGs.

PAHO had sought to embed the MDGs within larger structural and strategies issues of public health, primary health care, health promotion, social protection, and community participation and intersectorability. To that end, it had created an interprogrammatic MDG working group and had mainstreamed the MDGs in many technical units. It had also launched specific initiatives directly linked to the MDGs, and had mainstreamed the MDGs into the national health technical cooperation process. PAHO's Core Data system was being used to support monitoring of MDGs, and country case studies of the health MDGs had been conducted in a selected number of countries. There had also been several examples of joint work with other international agencies, such as the World Bank and IDB, ECLAC, UNDP, UNICEF, UNEP, and UNFPA on MDG-related initiatives.

As the President of the Executive Committee had noted, the proposed resolution on the MDGs requested Member States to strengthen their political commitment to the MDGs, increase awareness about MDGs in their countries, foster partnerships to link MDG work to national development, intensify action on national health development and social protection in health, and improve accountability by improving measurements and monitoring.

It also requested the Director of PAHO to renew efforts to support countries' national plans to reach MDGs, particularly through PAHO country offices, to maintain the MDGs as a critical element of PAHO cooperation, to identify and intensify efforts to mobilize human resources, and to continuously monitor the advancement toward achievement of the MDGs in the Region.

El Dr. CAPELLA MATEO (Venezuela) dice que, si bien los Objetivos para el Milenio han constituido un tema importante de análisis en su gabinete, ahora es importante debatir la forma como se han abordado y las repercusiones políticas que están teniendo en los países de la Región. A luz de algunos comentarios inadecuados y de la revisión de ciertos conceptos relacionados con el milenio, debe quedar claro que el alcance de los Objetivos para el Milenio no se limita a los países del sur, sino a todos los del planeta.

Actualmente, el lenguaje ha cambiado, porque también lo han hecho las relaciones sociales y, con ellas, el significado de lo social y lo político. Asimismo, se está definiendo un nuevo marco legal y jurídico que obliga a evaluar las políticas públicas con nuevos criterios. Por ello, el equipo de trabajo del Ministerio de Salud de Venezuela considera que las propuestas para evaluar las políticas públicas en los últimos años han

incluido muy pocos indicadores destinados a medir su efectividad. Los primeros indicadores propuestos fueron los del Informe del PNUD de 2003.

Dicho informe no refleja la realidad de Venezuela, porque cuando se elaboró se desconocía el impacto de las escuelas bolivarianas de educación, nutrición y salud en millones de niños que posiblemente no estaban incluidos en las estadísticas disponibles. Además, ignora el impacto de los microcréditos concedidos a mujeres y a pequeños empresarios y en él el ingreso nacional se calculó sin tener en cuenta la redistribución de la renta nacional ni los programas sociales dirigidos a reducir la inequidad.

Por esas razones, el Ministerio de Salud de Venezuela está diseñando indicadores que permitan medir la complejidad del desarrollo con objetividad. Con este fin, es esencial considerar dicho desarrollo como un elemento multidimensional y redefinir los criterios que se usen para interpretarlo. Por otro lado, la innecesaria separación entre lo cualitativo y lo cuantitativo ha excluido las variables intangibles del desarrollo humano y, por consiguiente, será preciso considerar los derechos humanos como elemento necesario para diseñar nuevos indicadores; ésta es la única forma de que alcancen validez universal.

A todo ello se une una preocupación, porque no se han hecho consultas políticas sobre la construcción de un marco metodológico de esos instrumentos de medición. De hecho, se ha pretendido estandarizar un método que no ha demostrado ser suficientemente potente para reflejar realidades complejas.

Además, debe señalarse que jamás se podrá medir el valor de la conciencia popular de los derechos sociales mediante la simplificación de una escala que sólo recoge opinión y excluye la variedad de formas en que los ciudadanos asumen la defensa de sus derechos y hablan de nuevos marcos legales. Tampoco puede medirse el impacto de las políticas públicas a partir de estadísticas inconexas de servicios públicos mal diseñados. Y, por último, debe insistirse en la necesidad de consolidar los sistemas de información, porque son un instrumento de desarrollo de los pueblos.

M. QUEREILHAC (France) évoque un certain nombre de programmes de coopération conduits par la France dans la région des Caraïbes. Il souscrit pleinement à l'urgence d'une mobilisation volontariste des ressources qui sont soulignées dans le rapport. S'agissant de la coopération et des programmes menés par la France dans la zone des Caraïbes, il signale que la France déploie à l'heure actuelle une dizaine d'assistants techniques en santé mis à la disposition d'États (comme Haïti, République dominicaine et Suriname), ou bien à la disposition d'organismes multilatéraux dont l'OPS. Le montant total des projets santé à l'heure actuelle, financés par la coopération française dans la zone des Caraïbes, s'élève à environ €3 millions. Certains de ces projets sont d'ailleurs menés conjointement et en partenariat avec l'OPS, en particulier l'appui régional à la lutte contre l'infection par le VIH et le SIDA dans les Caraïbes.

Il saisit aussi cette occasion pour rappeler qu'avec une contribution annuelle de €150 millions, soit environ US$ 180 millions, la France est aujourd'hui le deuxième contributeur au Fonds mondial contre le SIDA, la tuberculose et le paludisme, qui finance d'importants projets dans la Région, notamment dans la région des Caraïbes, en vue de la réalisation du sixième Objectif du Développement du Millénaire.

In the interest of time, the Delegations of Argentina, Barbados on behalf of CARICOM, and Cuba did not read their statements in extenso, *but asked that they be included in the record. Those statements are appended as Annnex A.*
Por razones de tiempo, las Delegaciones de Argentina, Barbados en nombre de CARICOM y Cuba no leen sus declaraciones in extenso *y solicitan que se incluyan en el acta. Esas declaraciones figuran en el Anexo A.*

El Ing. CHECHILNITZKY (Observador, Asociación Interamericana de Ingeniería Sanitaria y Ambiental) dice que desde su fundación en Santiago de Chile en 1948, la Asociación Interamericana de Ingeniería Sanitaria y Ambiental (AIDIS), que agrupa más de 25.000 profesionales en la Región, ha trabajado siempre junto a la OPS en la consecución de los objetivos comunes de protección de la salud y, especialmente, en actividades de saneamiento básico y de protección del ambiente. Muchas de estas acciones han permitido alcanzar en parte las metas del Primer Decenio del Agua. La renovación del Convenio de Cooperación entre AIDIS y OPS suscrita en agosto pasado avala esta relación.

En relación con el documento presentado sobre los Objetivos de Desarrollo para el Milenio, y en especial con el objetivo sobre el agua y el saneamiento y con la resolución de la Asamblea General de las Naciones Unidas, señala que AIDIS está dispuesta a apoyar a la OPS en el desarrollo de todas las actividades pendientes.

En segundo lugar, en el área del agua potable y el saneamiento es conveniente redefinir términos como cobertura, acceso fácil y ruralidad, para disponer de información confiable, homogénea y comparable. De lo contrario, el control de los avances en el cumplimiento de las metas será muy difícil. Por último, debe subrayarse que los Objetivos para el Milenio vinculados con el agua y el saneamiento no son de salud, pero repercuten en ella.

Dr. KICKSBUSH (PAHO), responding to the comments from delegates, said that the Director was giving consideration to the advisability of expanding the internal working group on the implementation of the MDGs, perhaps with the incorporation of some form of board with Member State representation. Such an expanded working group would be a forum in which to address issues such as ownership of the MDGs approach, the process chosen to reach MDGs, and analysis of progress in preparation for the meeting of Ministers of Health and Environment to be held in Argentina in June 2005.

In this context, it was important to keep in mind that PAHO had taken a very specific approach to the case studies it had carried out, because rather than simply collecting data, the Organization wanted to gain an understanding of the political processes being undertaken at the country level to move the MDGs forward. It also wanted to analyze the interface between the efforts being made by countries, and the support those countries received from the international and donor community.

El Dr. PRETELL (Observador, Consejo Internacional para la Lucha contra los Trastornos por Carencia de Yodo) presenta las deliberaciones de la Reunión Regional de Lima. La meta de eliminar los trastornos por deficiencia de yodo para el año 2000 fue adoptada y preconizada por la Cumbre Mundial en Favor de la Infancia en 1990. Lamentablemente, la meta no se pudo alcanzar. Ante este fracaso, en mayo de 2002, la Asamblea General de las Naciones Unidas, los países y las agencias de las Naciones Unidas renovaron su compromiso para alcanzarla en el año 2005.

Frente a este desafío, la OPS, el UNICEF y el Consejo Internacional para la Lucha contra los Trastornos por Carencia de Yodo convocaron la Reunión Regional "La Nutrición Óptima de Yodo en las Américas" con el fin de revisar el estado actual de la nutrición y de la yodación de la sal en cada uno de los países de América Latina y el Caribe. La reunión se realizó en Lima los días 5 y 6 de mayo con los auspicios del Ministerio de Salud de Perú. Asistieron representantes del más alto nivel político de 20 países, de la industria de la sal y también de ocho organismos y organizaciones internacionales.

La deficiencia de yodo en el pasado se identificó como causa del bocio endémico, pero en los últimos decenios se ha demostrado que sus principales efectos adversos se producen durante la gestación y en la infancia por interferencia con el desarrollo cerebral del feto y del neonato. Esta deficiencia se ha reconocido como la causa más común de deterioro del desarrollo cognoscitivo y neurofuncional. De acuerdo con un informe reciente de la OMS, 35,2% de la población mundial continúa teniendo varios grados de deficiencia de yodo, que pueden prevenirse mediante la suplementación adecuada de yodo.

El éxito de esta estrategia descansa, entre otros factores, en la decisión y apoyo político para la creación y el buen funcionamiento de programas de control, la yodación de toda la sal para consumo humano, y la vigilancia del impacto del consumo de sal por la población. En la Región, en casi todos los países, persiste una deficiencia natural de yodo y entre 1950 y 1970, la mayoría de ellos legislaron que era obligatorio yodar la sal para consumo humano.

Lamentablemente, 30 años más tarde la OMS informó de que la deficiencia de yodo persistía en 19 países. A mediados de los años ochenta y con mayor fuerza en el

decenio de 1990 los gobiernos y las organizaciones se esforzaron por eliminar la deficiencia de yodo mediante la yodación de la sal en todas partes. Sin embargo, la meta no se ha alcanzado aún. Algunos logros tempranos se están desvaneciendo; ciertos países han retrocedido durante los últimos cinco años y otros nunca han alcanzado la suficiencia de yodo.

Todos los países de América Latina tienen actualmente programas para el control de los trastornos por deficiencia de yodo dentro de los ministerios de salud, con la excepción de Argentina, Chile y Haití. El apoyo gubernamental, sin embargo, es variable; por diversas circunstancias de orden político y económico, en años recientes dicho apoyo se ha debilitado en Bolivia, Colombia y Venezuela. Asimismo, el apoyo de las organizaciones internacionales también ha disminuido progresivamente. Casi todos los países han concentrado sus esfuerzos en facilitar la accesibilidad de la sal y uso por la población. La legislación sobre la yodación de la sal ha sido reajustada en nueve países.

El nivel de fortificación, sin embargo, continúa siendo poco uniforme y varía arbitrariamente entre 20 y 100 miligramos de yodo por kilogramo de sal. Actualmente 16 países de la Región tienen satisfecha la demanda de sal yodada. La mayor parte de la sal producida en los países proviene de plantas de producción pequeñas y medianas. Se recomienda que más de 90% de la sal que llega a los hogares contenga más de 15 miligramos de yodo por kilogramo. La situación de El Salvador, Guatemala, Haití y República Dominicana es particularmente preocupante, como también el retroceso observado en Bolivia, Colombia y Venezuela. La situación de Brasil es desconocida por falta de información reciente y la de Argentina debe reexaminarse.

La concentración de yodo en la orina es el indicador más importante de la suficiencia de la suplementación nutricional con yodo. Sin embargo, son sólo 10 los países con actividades de vigilancia y en la mayoría de ellos ésta se limita a puestos centinela, no siempre adecuadamente seleccionados. Bolivia, Guatemala, Haití y República Dominicana continúan presentando resultados moderadamente deficientes, mientras que los resultados de Brasil, Chile, Colombia y Uruguay ponen de manifiesto el riesgo de un exceso de yodo, que también es dañino para la salud.

Por último, se considera que para mantener los adelantos nacionales en lo referente al consumo de yodo es esencial que haya un compromiso político y un buen financiamiento permanente en el presupuesto ordinario. Asimismo, es indispensable capacitar a los productores de sal y establecer un entorno jurídico ligado a un sistema de cumplimiento obligatorio transparente y eficaz para lograr la yodación adecuada de la sal.

El Dr. COSENTINO (Perú) destaca la labor importante que está llevando a cabo el Consejo Internacional para la Lucha contra los Trastornos por Carencia de Yodo y pide

que el Consejo Directivo examine las recomendaciones adoptadas en la reunión de Lima. Propone que en las sesiones del Consejo Directivo se informe con una periodicidad bienal acerca de los avances en esta materia.

The RAPPORTEUR, at the request of the President, presented the proposed resolution contained in Document CD45/8.

El Dr. GONZÁLEZ FERNÁNDEZ (Cuba) propone que en la tercera línea del apartado h) del párrafo 1 de la parte resolutiva se incluyan los adolescentes y los discapacitados, y que en el apartado 1 se añada un apartado que diga *A que elaboren y ejecuten planes nacionales de acción para el cumplimiento de los Objetivo de Desarrollo para el Milenio de las Naciones Unidas y en la programación eficaz de los recursos de asistencia para el desarrollo.*

El PRESIDENTE dice que, como no hay objeciones, se aprueba el proyecto de resolución contenido en el documento CD45/8.

Decision: The proposed resolution, as amended, was adopted.[2]
Decisión: Se aprueba el proyecto de resolución así enmendado[2].

The meeting rose at 6:25 p.m.
Se levanta la reunión a las 6.25 p.m.

[2] Resolution CD45.R3
Resolución CD45.R3

ANNEX A
ANEXO A

ITEM 5.3: MILLENNIUM DEVELOPMENT GOALS AND HEALTH TARGETS *(cont.)*
PUNTO 5.3: LOS OBJETIVOS DE DESARROLLO DEL MILENIO Y LAS METAS DE SALUD *(cont.)*

Intervention of Argentina
Intervención de Argentina

Dr. GONZÁLEZ GARCÍA: El Ministerio de Salud y Ambiente de la República Argentina quiere manifestar su felicitación a la OPS por las actividades que viene desarrollando en relación a los ODM y agradece el apoyo que brinda para la realización de la Reunión de los Ministros de Salud y Medio Ambiente a realizarse en junio del año próximo en la ciudad de Mar del Plata-Argentina.

En relación al Objetivo 8, Medicamentos Esenciales se señala que:

En la página 13, punto 14, Objetivo 8: Los Medicamentos Esenciales, se plantea que en las Américas, solo 5 países: Brasil, Chile, Honduras, Nicaragua y Panamá tienen políticas que tratan el tema de los productos farmacéuticos. Al respecto no citan a la República Argentina que desde el año 2002 viene impulsando una política activa en materia de medicamentos.

Es de destacar, que Argentina ha avanzado en una política de medicamentos esenciales, sobre la base de tres ejes que no se menciona en el documento.

1. Uso de los medicamentos por su nombre genérico**:** apuntando a desvincular el acto clínico y la prescripción de la elección de una marca comercial. De esta forma, se otorga al paciente esta última decisión que es la vinculada al precio del producto.

2. Selectividad en la financiación de medicamentos por los seguros de salud. La selectividad en la financiación significa que las Obras Sociales y Prepagas tengan precisión respecto a qué medicamentos deben cubrir para sus beneficiarios. En los medicamentos críticos, se elevará el nivel de cobertura. Se ha establecido explícitamente cuáles medicamentos deben ser incluídos en la financiación pública o colectiva (obras sociales). Ello se ha logrado mediante la implementación del Programa Médico Obligatorio que obliga a las obras sociales y a las empresas de medicina prepaga a cubrir cofinanciando un listado de medicamentos.

3. Provisión pública para aquellos que no cuentan con cobertura de seguros de salud. No tienen acceso a los productos en las farmacias comerciales por carecer de recursos para adquirirlos. El Programa "Remediar" permitió a las personas que no tenían acceso y/o no cuentan con cobertura de las obras sociales, a adquirir medicamentos. La provisión pública de medicamentos cubre amplios sectores de la población en situación económica vulnerable, que dependen exclusivamente del sistema público de salud para el acceso a los medicamentos esenciales. Eso se efectivizó mediante el "Remediar", un Programa de Atención Primaria que proporciona gratuitamente el medicamento a la población que asiste a la consulta en el Centro de Atención Primaria.

Intervention of Barbados on Behalf of CARICOM
Intervención de Barbados en nombre de CARICOM

Hon. Jerome WALCOTT: I am honored to make this intervention on behalf of the countries of the Caribbean Community.

We commend the Secretariat on a well prepared document outlining PAHO's role in support of the Member States for the attainment of the Millennium Development Goals. These goals were endorsed by all the United Nations Member States at the 2000 Millennium Summit and all of our countries are committed to the attainment of these goals.

Health is a major component of the MDGs with three of the eight goals, 8 of the 18 targets and 18 of the 48 indicators being health related. In addition to these MDGs, other health goals and targets have been set by other bodies. The World Health Assembly has set targets to be reached by 2005 for such diseases as polio, leprosy, measles, and tetanus.

The MDGs focus on global cooperative action to eradicate poverty and enhance development. They directly or indirectly refer to the area of health or to determinants closely related to health and they are convergent for the most part with the global public health mandates including those of PAHO/WHO.

The Caribbean has made progress towards attaining these indicators with relative differences within and between countries. We have made positive strides with regards to underweight children; infant, child, and maternal mortality; measles immunization; births by skilled personnel; improved water supply, sanitation, and essential drugs. There has been no indigenous transmission of malaria in most countries. HIV/AIDS remains a source of great concern for our countries as the Caribbean is second to sub-Saharan Africa in the prevalence of the disease. There has been a resurgence of TB and our perinatal mortality is still too high. Chronic noncommunicable disease and obesity are

engaging our attention as we seek to promote health education and healthy lifestyles among our peoples.

Some of the issues we need to address as we tackle the targets of the MDGs are those of ownership, processes, and the collection, analysis, and utilization of information for decision-making.

The MDGs need to be adopted and owned nationally, and by line ministries and implementers, Committees for the social indicators for the Millennium Development Goals (SINDG) have to be appointed and become functional. The mechanisms to achieve the MDGs need to have a dynamic action plan with the assumption that there are no additional financial resources to attain results.

The availability of valid accurate and reliable information from countries which have small populations poses a challenge, not only from the demographic point of view but also from the human resource position. Furthermore, multiple requests from a variety of agencies for information, often in different formats, is a problem. The fact that the SIMDG committees are mainly led by statistics departments and not by the ministries of health and with participation/ownership by line ministries being less than optional, the relevance and ability of countries to produce and utilize data for their particular needs, is minimized.

In order for our small nations to achieve progress on the MDGs, we will need PAHO to: ensure relevant of indicators; ensure quality of data; facilitate the harmonization between the CARICOM priority list, PAHO Core Data, and MDG indicators; create linkages with other United Nations Agencies; and ensure that the MDGs go beyond a data-gathering exercise and towards implementation and sustainability.

I would like to give a brief overview of the actions taken by our countries to date.

There has been the formation of SIMDG committees at most national levels. A Caribbean regional MDGs conference was held in Barbados in July 2004, and there was harmonization of statistical metadata on social gender indicators in Grenada in August 2003.

We welcome the establishment of a working group within PAHO and note that the task of this group is to develop policies and mechanisms to help PAHO improve its support to countries in their effort to reach the goals. We look forward to continued collaboration between the member countries and this group. But we have two concerns. Child and maternal mortality rates are relatively low in our region. As a result the proposed reduction in a number of these indicators is therefore not easily achievable, e.g.,

75% reduction in child mortality. When these MDGs are reported, countries should not be disadvantaged because the outcomes do not reflect these goals.

In addition we are concerned about the possible effects which the proposed reduction of the WHO budgetary allocation for the GAVI will have on countries as they seek to achieve the targets regarding immunization.

We support the view that only if collective efforts at the national and international levels are intensified will countries be able to fulfill the MDG commitments and goals.

In conclusion, CARICOM is pleased to support the proposed resolution contained in Documents CD45/8 and CD45/8, Corrig.1.

Intervention of Cuba
Intervención de Cuba

Dr. GONZÁLEZ FERNÁNDEZ: Como es de todos conocidos los Objetivos del Desarrollo para el Milenio reflejan los resultados de decenios de forja de consenso dentro del sistema de las Naciones Unidas y de las cumbres y conferencias mundiales lo que ha permitido colocar la inversión en la salud de los pueblos en el centro mismo de la agenda de desarrollo mundial.

Existe desde su adopción en el 2000 por 189 Jefes de Estados y Gobiernos el compromiso de reducir considerablemente la pobreza y el hambre y diseñar interven-0ciones claves a favor del desarrollo para el año 2015.

Sin embargo se señala en el documento que son pocos los países que han integrado plenamente los ODM en su proceso de formulación de políticas. Por otro lado, se consigna que la dificultad principal de los ODM no es técnica sino política, pues por primera vez la comunidad mundial se ha dado a sí misma un programa común focalizado y ha exhortado a los gobiernos, la sociedad civil, el sector privado y las organizaciones internacionales a que asignen prioridades a la reducción de la pobreza y a la disminución de las desigualdades en el acceso a factores determinantes de la salud, que son esenciales para el desarrollo.

La dificultad principal para el logro de los ODM reside en la consecución del objetivo 1, Reducir a la mitad la pobreza y el hambre en 2015, y muchos otros objetivos dependientes del crecimiento económico y de la reducción de las desigualdades no se podrán obtener tampoco sin alcanzar el cumplimiento del objetivo 1.

Se afirma en el documento que el incumplimiento de los ODM no debe achacarse solo a la falta de buen gobierno en los países ó a que la agenda para el desarrollo sea insuficiente, y se consigna que otro impedimento puede ser que todavía el mundo esta adaptándose a una reestructuración económica como consecuencia de la rápida globalización que ha generado que más de 50 naciones de todo el mundo se tornarán más pobres y varios países de la Región de las Américas estén haciendo frente a un deterioro económico grave o a una disminución considerable de su crecimiento.

Para cumplir los ODM se ha señalado que se requieren recursos ascendentes a 50.000 millones anuales en ayuda complementaria lo que implica una duplicación de los niveles de ayuda actuales.

En la gráfica de la página 7 se señala que Cuba en 2001 tenía una cobertura de vacunación antisarampiosa de 80% lo que no concuerda con nuestros datos pues en esa fecha la cobertura era de 100% y el sarampión fue eliminado en el país desde 1993.

En la página 13, párrafo 14 se enuncia que sólo un grupo de cinco países tienen políticas que tratan el tema de los productos farmacéuticos, en este grupo no se incluyó a mi país que tiene una definida política de medicamentos que entre otras cosas garantiza estos sean accesibles para toda la población.

El papel a desempeñar por la OPS para contribuir al cumplimiento de los ODM esta claramente expresado en el documento.

En cuanto a la resolución en el numeral 1 sugiero añadir un inciso que diga “A que elaboren y ejecuten planes nacionales de acción para el cumplimiento de los Objetivos de Desarrollo para el Milenio de las Naciones Unidas y en la programación eficaz de los recursos de asistencia para el desarrollo” ya que en el numeral 2 inciso a) se pide a la Directora que apoye a los países en esta acción.

Manifiesto mi acuerdo con el resto del proyecto de resolución.