

## **53rd DIRECTING COUNCIL**

### **66th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS**

*Washington, D.C., USA, 29 September–3 October 2014*

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## **FINAL REPORT**

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## FINAL REPORT

### Opening of the Session

1. The 53rd Directing Council, 66th Session of the Regional Committee of the World Health Organization (WHO) for the Americas, was held at the Headquarters of the Pan American Health Organization (PAHO) in Washington, D.C., from 29 September to 3 October 2014.

2. Dr. Carina Vance Mafla (Ecuador, outgoing President) opened the session and welcomed the participants. Opening remarks were made by Dr. Vance Mafla; Dr. Carissa Etienne (Director, Pan American Sanitary Bureau [PASB]); Hon. Sylvia Mathews Burwell, Secretary of Health and Human Services, United States Department of Health and Human Services; Hon. Ferdinando Regalia, Social Protection and Health Division Chief, Inter-American Development Bank; Hon. José Miguel Insulza, Secretary-General, Organization of American States; Dr. Anarfi Asamoah-Baah, Deputy Director-General, World Health Organization. The respective speeches may be found on the website of the 53rd Directing Council.<sup>1</sup>

### Procedural Matters

#### *Appointment of the Committee on Credentials*

3. Pursuant to Rule 31 of the Rules of Procedure of the Directing Council, the Council appointed Argentina, Saint Lucia, and Sint Maarten as members of the Committee on Credentials (Decision CD53[D1]).

#### *Election of Officers*

4. Pursuant to Rule 16 of the Rules of Procedure of the Directing Council, the Council elected the following officers (Decision CD53[D2]):

<i>President:</i>	Dominican Republic	(Dr. Lorenzo Hidalgo)
<i>Vice President:</i>	Barbados	(Hon. John David Edward Boyce)
<i>Vice President:</i>	Costa Rica	(Dr. María Elena López)
<i>Rapporteur:</i>	Uruguay	(Dr. Susana Muñoz)

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

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<sup>1</sup> Available from:

[http://www.paho.org/hq/index.php?option=com\\_content&view=article&id=9774&Itemid=41062&lang=en](http://www.paho.org/hq/index.php?option=com_content&view=article&id=9774&Itemid=41062&lang=en)

***Establishment of a Working Party to Study the Application of Article 6.B of the PAHO Constitution***

6. The Council was informed that it would not be necessary to establish a working party, as no Member State was subject to the voting restrictions provided for under Article 6.B of the PAHO Constitution (see Report on the Collection of Assessed Contributions, paragraphs 171 to 175 below).

***Establishment of the General Committee***

7. Pursuant to Rule 32 of the Rules of Procedure, the Council appointed Cuba, Panama, and the United States of America as members of the General Committee (Decision CD53[D3]).

***Adoption of the Agenda (Document CD53/1)***

8. The Council adopted the provisional agenda contained in Document CD53/1 without change. The Council also adopted a program of meetings (CD53/WP/1, Rev. 1) (Decision CD53[D4]).

**Constitutional Matters**

***Annual Report of the President of the Executive Committee (Document CD53/2)***

9. Dr. Jarbas Barbosa da Silva (Brazil, President of the Executive Committee) reported on the activities carried out by the Executive Committee and its Subcommittee on Program, Budget, and Administration between October 2013 and October 2014, highlighting the items that had been discussed by the Committee but not sent forward for consideration by the 53rd Directing Council and noting that he would report on other items as they were taken up by the Council. The items not sent forward included the annual reports of the PAHO Ethics Office, Office of Internal Oversight and Evaluation Services, and Audit Committee; the report of the PAHO/WHO Advisory Committee on Health Research; an update on the status of projects approved by the 48th Directing Council for funding from the Holding Account; reports on the Master Capital Investment Plan and Funding of After-service Health Insurance for PAHO Staff; amendments to the PASB Staff Rules and Regulations; and applications from six nongovernmental organizations for admission or renewal of their status as organizations in official relations with PAHO. Details may be found in the report of the President of the Executive Committee (Document CD53/2).

10. The Director thanked the President and the Members of the Executive Committee for their invaluable work.

11. The Council also thanked the Members of the Committee for their work and took note of the report.

***Annual Report of the Director of the Pan American Sanitary Bureau (Document CD53/3, Rev. 1)***

12. The Director introduced her annual report, the theme of which was “Innovating for Health.” The report covered the period from mid-2013 to mid-2014, the first full year since Member States had entrusted her with the leadership of PAHO and its secretariat, the Pan American Sanitary Bureau. During that first year, she had engaged in a rich dialogue with Member States, partners, and stakeholders, which had helped to inform and refine her vision of how to position the Organization for the future.

13. Innovation was the foundation upon which the Bureau and Member States would move forward and positively impact the future of health in the Americas, and the report highlighted significant achievements over the previous year in providing innovative yet practical solutions to the Region’s public health challenges. Examples included the rollout of new collaborative frameworks for HIV treatment and tuberculosis control, tangible progress in cholera elimination on the island of Hispaniola, and the development and implementation of integrated and comprehensive approaches to the prevention and control of noncommunicable diseases and their risk factors in the countries of the Region. The latter included initiatives to reduce childhood and adult obesity, reduce consumption of soda and other sugary beverages, prevent suicide, and enhance cervical cancer screening.

14. Another noteworthy achievement was Vaccination Week in the Americas 2014, in which 44 countries and territories had participated, with many seizing the opportunity to undertake other preventive measures. Optimizing every contact a person has with health services would be of paramount importance in achieving universal health coverage, one of the most ambitious goals ever embraced by PAHO Member States. In order to advance towards that goal, the countries of the Americas must overcome insufficiencies in human resources for health and inequitable distribution of those resources. Some of those challenges were being addressed through innovative approaches such as telemedicine and e-learning. Initiatives such as the *Mais Médicos* [More Doctors] project in Brazil were seeking to expand access to primary health care, particularly in rural and hard-to-reach areas.

15. The Organization could be justly proud of the many achievements and innovations of the previous year. However, the Bureau faced significant challenges in its work with Member States. Change would be inevitable as Member States continued to strengthen their own public health leadership capacity and new actors emerged on the field of international health cooperation. There was a critical need for innovative approaches to finance and manage PASB’s operations and to tailor its technical cooperation to meet the needs of Member States, both individually and collectively. In keeping with the whole-of-society and whole-of-government approaches, the Bureau would also need to explore new partnerships with other sectors, other bilateral and multilateral agencies, and untapped potential partners within the Americas and beyond.



16. At the same time, the Organization must build upon its past achievements and the strong tradition of Pan American solidarity that had made them possible. The newly endorsed goal of achieving universal health coverage reflected the Region's continuing commitment to achieve groundbreaking public health results in the face of daunting odds.

17. The Bureau remained firmly committed to technical excellence, to improving organizational efficiency and effectiveness, to mobilizing the resources needed to facilitate and support its technical cooperation programs, and to ensuring that its human resources had the best competencies and skills. It would continue to work in close collaboration with, and under the guidance of, PAHO Member States to pursue joint public health goals that would protect and improve the lives of all peoples throughout the Americas.

18. The Directing Council expressed appreciation to the Director for her leadership and commended the Bureau's accomplishments during the reporting period. Delegates affirmed the importance of innovation in order to address the Region's health challenges. The importance of universal health coverage was also underlined and in that context the need to address social determinants of health, work to eliminate health and socioeconomic disparities, and ensure a prominent place for health on the post-2015 development agenda was emphasized. Delegates also stressed the need to step up efforts to achieve the Millennium Development Goals in the time remaining before 2015. A particular focus on maternal, newborn, and child health was urged. Prevention and control of noncommunicable diseases and related risk factors and promotion of healthy lifestyles were also considered priorities. The importance of continued effort to implement the International Health Regulations (2005) and strengthen surveillance systems, particularly in the light of recent outbreaks of Ebola virus disease, was highlighted.

19. It was emphasized that the achievement of future health objectives would depend on the collective commitment and political will of governments, effective political leadership, and sustainable financing. Collaborative intersectoral action and whole-of-society and health-in-all-policies approaches were also seen as essential. Continued effort towards WHO reform at both the global and regional levels was identified as another ongoing priority.

20. Delegations thanked the Bureau for its support of their countries' public health efforts and described initiatives under way at the national level to, inter alia, reduce obesity and diabetes, decrease sugar and salt consumption and tobacco use, prevent HIV infection and improve treatment for already-infected individuals, lower maternal mortality rates and improve maternal and child health, address family violence, and eliminate onchocerciasis. With regard to the latter, it was reported that Ecuador had been certified by WHO as onchocerciasis-free and that Mexico was preparing to seek the same certification. A number of Member States offered to share their experiences in controlling and eliminating various diseases, strengthening their health care and health information systems, working towards universal health coverage, and other areas. The Delegate of

Cuba noted in that regard that his country was taking part in international efforts to combat Ebola and to extend access to health care in other developing countries.

21. A representative of the International Atomic Energy Agency (IAEA) noted the importance of timely diagnosis and treatment of cancer and said that IAEA was working in collaboration with PAHO and other partners to support low- and middle-income countries in the implementation of national cancer control programs with a view to achieving the target established under the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases of a 25% relative reduction in mortality from noncommunicable diseases by 2025.

22. The Director said that, having listened to the accounts of Member States' many achievements, she feared that her report had failed to capture all the innovations that had occurred in the Region during the previous year. The leadership and staff of the Bureau would continue striving to create an environment in which staff could spawn new ideas and engage fruitfully with Member States for innovation and change. She believed that in order to have a positive impact on the lives and well-being of people, it was essential to bridge gaps in knowledge, practice, access, and development. It was her hope that the Bureau and Member States could find ways of using innovation while also building on past experience to address those gaps and to ensure that all peoples had access to the best possible health care and could be productive citizens of their respective countries.

***Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Brazil, Chile, and El Salvador (Document CD53/4)***

23. The Directing Council elected Guatemala, Trinidad and Tobago, and the United States of America to membership on the Executive Committee for a period of three years and thanked Brazil, Chile, and El Salvador for their service (Resolution CD53.R4).

**Program Policy Matters**

***Final Report on the Strategic Plan 2008–2013 and End-of-Biennium Assessment of the Program and Budget 2012–2013 (Official Document 348)***

24. Dr. Jarbas Barbosa da Silva (Representative of the Executive Committee) reported that the Executive Committee had examined a preliminary version of the report and assessment and had welcomed the important progress achieved under the 16 Strategic Objectives of the Strategic Plan 2008–2013. However, the Committee had noted that more action was required in order to address key goals of the Strategic Plan that had not been fully met, notably the reduction of maternal mortality. In that connection, the need to strengthen integrated systems of health services; improve conditions of access, equity, and solidarity; and improve information systems had been emphasized. Given the fiscal constraints, the need for a realistic approach to defining programmatic priorities had been underscored at the time. Delegates had stressed the importance of continuing the discussions of resource allocation among WHO regions. It had been emphasized that

while the Region had achieved considerable success when compared to others, it should not be penalized for its success through a reduced allocation from WHO.

25. Mr. Daniel Walter (Director, Department of Program and Budget, PASB) presented the final report on the third and final assessment of the PAHO Strategic Plan 2008–2013. He explained that the report built on the two progress reports presented to the Governing Bodies at the end of the 2008–2009 and 2010–2011 bienniums and incorporated Member States' recommendations relating to those earlier reports, adding that the Strategic Plan 2008–2013 had been the first to be designed, implemented, and assessed in line with the PASB results-based management framework. Its final assessment was a key component of the Organization's accountability to Member States. The report described many significant achievements at the impact and outcome level which were also highlighted in a recently produced brochure under the title "Progress in Health – Results of the PAHO Strategic Plan 2008–2013." Overall, in the implementation of the Strategic Plan seven out of 16 Strategic Objectives had been fully achieved, and the other nine were nearly attained. Furthermore, 75 of the 90 Region-wide expected results and 233 of 253 targets had been met or exceeded.

26. The Region had faced many challenges and impediments in implementing the Strategic Plan. They were discussed in the report, including the reasons for the non-achievement of some of the expected results. The report also contained an analysis of the Region's financial situation during the period of the Strategic Plan, which had coincided closely with the onset of the global financial crisis and the subsequent recession. In consequence, not one of the three program and budgets of the six years of the Strategic Plan had been fully funded, which highlighted the need to strengthen and expand resource mobilization efforts with traditional and non-traditional partners.

27. The Directing Council welcomed the achievements described in the report. Its publication was considered an important exercise that allowed the Bureau and Member States to reflect on and learn from their successes and difficulties. The Council was pleased in particular at the high programmatic achievement rate in the last biennium, and encouraged that the incidence of HIV infections and tuberculosis had gone down. Other encouraging outcomes were that premature mortality for the four major groups of NCDs showed an overall decrease and that the percentage of the population of the Region covered by any type of social protection had increased. At the same time, it was considered of particular importance that the report identified areas where the targets had not been achieved, as analysis of those experiences would provide valuable insights for the new Strategic Plan 2014–2019.

28. One delegate proposed, as had been suggested by the Executive Committee, that reports should be provided to Member States on their performance in contributing to the Region-wide expected results of the 2008–2013 Strategic Plan, so that countries would be aware of the areas in which additional work was needed. For the future, it was stressed that accurate baselines were needed in order to identify the challenges and advances in each of the areas referred to. It was considered important to increase the reliability of data and reports, so as to improve Member States' capacity for analysis.

29. The Bureau was urged to continue working towards an integrated method of technical cooperation which would be linked on the one hand to the country cooperation strategies and on the other hand to existing national capacities, for example through national centers of excellence and WHO collaborating centers. The Bureau was also encouraged to address the recommendation set forth in paragraph 85 of the report by working to close the remaining gaps in the independent evaluation and learning components in order to fully implement results-based management in PAHO.

30. It was suggested that some of the key factors contributing to non-achievement of targets had been the lack of quality of some indicators and the adoption of unrealistic targets. It was expected that with the work that was being done in the development and refinement of the Strategic Plan 2014–2019 those issues would be addressed.

31. Mr. Walter responded that one of the lessons learned from the Bureau's experience in assessing the Strategic Plan was indeed to have fewer but more precise and measurable indicators for assessing the performance of both the Bureau and Member States. He assured the Council that those lessons had been applied to the Strategic Plan 2014–2019.

32. The Director thanked Member States for their actions at national level to achieve the goals and targets that had been set. Publication of the report was an indication of the Organization's progress towards greater transparency and accountability. The work that was currently being undertaken by the working group on refining targets and indicators for the Strategic Plan 2014–2019 would allow it to move towards even better reporting and accountability.

33. While the report revealed many strategic achievements under the Strategic Plan 2008–2013, it did not reveal the persistent inequity in the Region. Many poor and vulnerable populations were not achieving the results shown in the report. The Region as a whole would meet most of the targets for the Millennium Development Goals, but if the results were disaggregated it would be evident that many disadvantaged communities were not achieving the same levels of success. That made it important to adopt an approach for the future that gave priority to evaluating why the poor and vulnerable lacked access to health services and assessing social determinants of health.

34. The Directing Council took note of the report.

***Strategic Plan of the Pan American Health Organization 2014–2019 (Amended)  
(Official Document 345 and Add. I)***

35. Dr. Jarbas Barbosa da Silva (Representative of the Executive Committee) reported that the Executive Committee had received an update from the Chair of the Countries Working Group (CWG) tasked with completing a compendium of indicators for the Strategic Plan 2014–2019. The Group had also been asked to recommend a method for joint monitoring and evaluation of the Strategic Plan and to review and recommend improvements in the methodology for stratification of programmatic

priorities. The Committee had stressed the importance of completing the work on the indicators prior to the 53rd Directing Council, although it had been recognized that additional time might be needed subsequently to finalize the baselines and targets, since consultation with national authorities would be required. The Committee had also underlined the need for accurate baselines in order to measure progress and had highlighted the importance of applying the lessons learned from the Strategic Plan 2008–2013.

36. Mr. Alberto Kleiman (Brazil, Chair of the Countries Working Group) recalled that the CWG had been established pursuant to Resolution CD52.R8, which had requested the Executive Committee to establish a working group to continue working on the impact and outcome indicators for the Strategic Plan 2014–2019. The Group had consisted of representatives of Bahamas, Brazil, Canada, Chile, Costa Rica, Ecuador, El Salvador, Jamaica, Mexico, Paraguay, Peru, and the United States of America. Its members had included health administrators, planners, and international health officials with a high level of technical expertise. The Group's work had been characterized by excellent collaboration, a high level of enthusiasm, and rich discussions aimed at refining the Strategic Plan, which itself had been the product of an intensely participatory collaborative process. That type of collaboration provided an example of a new and effective way of working which should be documented as a best practice, promoted within PAHO, and shared with other regions.

37. The Group had held two face-to-face meetings and five virtual ones, which had resulted in several key products: the amended version of the Strategic Plan, a compendium of 26 impact indicators and 78 outcome indicators,<sup>2</sup> and the development of a new process and system for monitoring and evaluation of the Strategic Plan. The compendium included definitions, baselines, targets, and measurement criteria in a standardized format for each indicator. The indicators had been made more consistent and their alignment with the global indicators of WHO enhanced. Significant improvements had been made with regard to the definition and measurement of indicators of healthy life expectancy, reduction of health inequities, and reduction of mortality due to poor-quality health care. Those important innovations reflected the vision and commitment of Member States to go beyond prevention and control of disease and focus on health and wellness. Indeed, a specific indicator aimed at measuring progress towards universal health coverage had been included.

38. The monitoring and evaluation system would make it easier to measure progress with greater precision. Member States would have access to the system, which would facilitate reporting and ensure accountability. Chapter VIII of the Strategic Plan contained information on monitoring and reporting; a manual and guidelines on the use of the system were also being prepared, and training sessions would be offered. The

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<sup>2</sup> Available from:

[http://www.paho.org/hq/index.php?option=com\\_docman&task=doc\\_view&gid=23129&Itemid=&lang=en](http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=23129&Itemid=&lang=en)

members of the CWG would work with the Bureau to test the system in preparation for its launch in early 2015.

39. The Group had initiated its review of the framework for stratification of programmatic priorities, but had been unable to complete it because of the extensive work required in order to fulfill its primary function of revising the indicators and preparing the compendium. It was therefore recommended that the Group should continue its work on the priority stratification framework and should remain active until the evaluation of the program and budget for the first biennium of the Strategic Plan had been completed.

40. The Council welcomed the amended version of the Strategic Plan and the compendium of indicators and expressed gratitude to the CWG for its work and to Brazil for its leadership of the process. The results-based management approach in the Strategic Plan and its emphasis on accountability and evaluation were also welcomed. The Council supported continuation of the Group's work, particularly on the prioritization methodology. In that connection, the importance of bottom-up planning and priority-setting was underscored. It was considered essential to complete that work as soon as possible, since implementation of the Strategic Plan had already begun. It was also considered urgent to undertake consultations with Member States for the validation of the indicator baselines and targets.

41. Delegates agreed that the participatory collaborative approach had been very constructive and should be further strengthened and shared with other WHO regions. It was felt that the approach had fostered greater Member State ownership of the Strategic Plan, which would contribute to its successful implementation and to the achievement of the desired outcomes. Support was expressed for the maintenance of an ongoing advisory group to work with the technical staff of the Bureau in overseeing the implementation, monitoring, and evaluation of the Strategic Plan.

42. While acknowledging the improvements in the indicators, some delegates considered that additional work was needed in some areas, notably in order to harmonize the indicators of the Strategic Plan with those of the proposed strategy for universal health coverage (see paragraphs 46 to 57 below) and the proposed plan of action on health in all policies (see paragraphs 92 to 98 below).

43. Mr. Daniel Walter (Director, Department of Program and Budget, PASB) expressed thanks to the CWG members and agreed that the Group's method of work could serve as a model for future collaborative endeavors by the Bureau and Member States. There was no doubt that the compendium of indicators would assist in the assessment of performance against the Strategic Plan. The Bureau was aware that some additional refinements were required and would work with Member States in order to adjust the indicators as needed. It would also continue working with the CWG on the framework for stratification of programmatic priorities.

44. The Director added her thanks to the CWG members, observing that it was important for both Member States and the Bureau to be involved in developing well-formulated indicators for the Strategic Plan because both were responsible for the outputs and outcomes. The compendium of indicators would help both to ensure the continuous monitoring that would be required. She agreed that it was urgent to complete the work on the prioritization of program areas if it was to be reflected in the 2016–2017 budget and therefore welcomed the recommendation that the CWG should continue its work in that area. As the Organization moved forward with implementation, continued collaboration between the Bureau and Member States would be needed to ensure that the operational details of future strategies and plans of action were aligned with the Strategic Plan.

45. The proposed resolution contained in *Official Document 345*, Add. I, was amended to reflect several changes proposed by the CWG and was adopted by the Directing Council as Resolution CD53.R3.

***Strategy for Universal Access to Health and Universal Health Coverage (Document CD53/5, Rev. 2)***

46. Dr. Jarbas Barbosa da Silva (Representative of the Executive Committee) reported that the Executive Committee had welcomed the proposed strategy as a sound basis for future work aimed at achieving universal health coverage, but had recommended a number of amendments to both the strategy and the proposed resolution on the item. The Committee had therefore decided to form a working group to revise the proposed resolution and subsequently to continue working with the Bureau to finalize the strategy for presentation to the Directing Council. The Committee had adopted Resolution CE154.R17, recommending that the Directing Council adopt the strategy, with the understanding that consultations would continue in the period before the Directing Council and that the Bureau would revise the strategy on the basis of the input received from Member States.

47. Dr. James Fitzgerald (Department Director, Health Systems and Services, PASB) introduced the revised strategy contained in Document CD53/5, Rev. 1, noting that it was the result of a highly participatory process that had reflected Member States' strong commitment to the achievement of universal access to health and universal health coverage. The strategy addressed a fundamental challenge for PAHO in the coming years, namely ensuring that all individuals and communities had timely access to comprehensive, high-quality services without suffering undue financial hardship. It recognized that countries had different approaches and ways of organizing their health systems to respond to that challenge and, based on those experiences and the available evidence, it identified guiding elements for advancing towards universal access to health and universal health coverage.

48. Dr. Antonio Barrios Fernández (Paraguay, Chair of the Working Group) reported that the working group formed by the Executive Committee, consisting of Argentina, Bahamas, Brazil, Canada, Chile, Costa Rica, Ecuador, El Salvador, Jamaica, Mexico,

Paraguay, and the United States of America, had held five meetings, during which it had undertaken a detailed revision of the strategy document. The group had amended the title of the document, adding “universal access to health,” and had made a number of changes to the strategy itself, notably the inclusion of some key definitions and modifications to some elements of the proposed strategic lines. It had reached consensus on virtually all of the document, although some of the language in paragraphs 33, 36, and 52 still needed to be agreed. The working group had also reviewed the proposed resolution adopted by the Executive Committee and had recommended various changes. He expressed appreciation to the members of the working group for their spirit of compromise and Pan Americanism.

49. The Directing Council welcomed the revised strategy and expressed appreciation to the working group for its efforts. Delegates praised the participatory process through which the strategy had been developed and revised and were pleased that the version contained in Document CD53/5, Rev. 1 reflected many of the points raised during national consultations on the strategy. It was felt that the revised strategy embodied a more pragmatic approach than the version examined by the Executive Committee and would provide useful guidance to Member States in addressing key challenges in relation to human resources for health, health financing, reduction of out-of-pocket expenditures for health care, and other issues. Delegates welcomed the recognition in the strategy and proposed resolution that each country must find its own path toward universal access and universal health coverage, taking into account its social, economic, political, legal, and historical context. At the same time, it was pointed out that all countries, regardless of the structural model of their health system, needed to take steps to eliminate inequities, achieve financial stability, and strengthen intersectoral action to address social determinants of health.

50. Numerous delegates cited lack of adequate, sustainable financing as the biggest challenge in achieving and maintaining universal health coverage. The need for public policies aimed at redressing inequities, reducing exclusion and promoting social justice, and creating a system of social protection for all population groups was underlined. While general support was expressed for the objective of gradually eliminating out-of-pocket payment for health services, it was pointed out that direct payment did not always constitute a barrier to access and that it could have a redistributive effect, thereby helping to reduce inequity. Some delegates therefore recommended that the strategy and proposed resolution should call for a gradual reduction of direct payment rather than its total elimination.

51. Delegates also highlighted the need to strengthen health governance and health systems. Many emphasized the importance of strengthening primary health care as a means of broadening access to health services. It was pointed out that investment in primary health care had been shown to yield high rates of return in terms of both expanded coverage and greater satisfaction among the population. The need for an adequate, well-performing health workforce and an effective health information system capable of revealing disparities in health status and health coverage was also noted.



52. Several delegates drew attention to the close linkages between this item and others on the Council's agenda, including those relating to health in all policies (see paragraphs 92 to 98 below), health-related law (see paragraphs 116 to 128 below), and the post-2015 development agenda (see paragraphs 148 to 160 below). It was also suggested that the lessons learned from the earlier "Health for All by the Year 2000" initiative should be applied to the effort to achieve universal health coverage.

53. Although the revised strategy was generally considered to be substantially improved, some delegates felt that further clarification was needed with respect to some concepts, including that of comprehensive, quality health services in paragraph 36 and the notion of ensuring healthier lives and promoting well-being as key goals in relation to universal health coverage in paragraph 18. It was felt that the latter was vague and would be difficult to measure. In that connection, the need for indicators to measure progress towards universal health coverage was highlighted. The indicators identified by WHO and the World Bank, such as out-of-pocket payment for health services and skilled attendance at birth, were suggested as possibilities. Availability of essential medicines was also considered an important indicator.

54. Strong support was expressed for a rights-based approach, with a number of delegates affirming that recognition of the right to health formed the basis for the achievement of universal access and universal health coverage. Several delegates stressed that a focus on rights, rather than on financing, was crucial. Other delegates, however, pointed out that not all countries recognized health-related rights in their constitutions and emphasized the need to agree on language that would reflect the diversity of approaches in the Region. To that end, it was suggested that the strategy should not refer to the right to health but rather to the enjoyment of the highest attainable standard of health, as in the WHO Constitution, with an additional reference to a nationally recognized right to health, where applicable.

55. Dr. Fitzgerald observed that the Council's comments echoed the rich discussion that had taken place in the Executive Committee, the working group, and the national consultations, which centered on the principles and values that Member States had adopted in developing their health systems and their approach to universal access to health and universal health coverage. The Bureau looked forward to working with Member States in order to address the outstanding issues in the strategy and proposed resolution.

56. The Director thanked Member States for placing the goal of universal health care high on the regional and national agendas, noting that many had already embarked on initiatives for its progressive realization. She was hopeful that the Council would be able to reach consensus on the few outstanding points in the strategy and proposed resolution so that the Americas could move forward in the quest for universal access to health and universal health coverage.

57. At the request of the Council, the working group met several times during the session with a view to arriving at a consensus on the strategy and proposed resolution.

The Council subsequently agreed to revise wording of paragraphs 33, 36, and 52 of the strategy as reflected in Document CD53/5, Rev. 2, and adopted Resolution CD53.R14, adopting the strategy.

***Plan of Action for Universal Access to Safe Blood (Document CD53/6)***

58. Dr. Jarbas Barbosa da Silva (Representative of the Executive Committee), reporting on the Committee's consideration of an earlier version of the proposed plan of action, said that the Committee had thanked the Bureau for ensuring continued attention to the important subject of blood access and safety and praised the participatory approach used to develop the plan. It had been suggested that, in an assessment of national needs, policies and decision-making for blood safety and availability should take into account ethical considerations, cost-efficiency and cost-benefit analysis, and rational use of blood products. The sharing of national and international data had been considered critical for decision-making about national policies on blood safety and availability.

59. Several delegates had cited issues that they felt had not received sufficient attention in the document. One was immunological safety, which went beyond screening for infectious agents in blood; another was the rational use of blood, to ensure the most efficient and effective use of donations and reduce wastage. The Committee had reviewed a revised resolution incorporating proposed amendments and had made some further modifications of the wording. With those changes, the Committee had adopted Resolution CE154.R16, recommending that the Directing Council approve the plan of action.

60. The Directing Council welcomed the proposed plan of action, noting that a safe and reliable supply of blood and blood products dramatically improved the quality of life and life expectancy of patients with a variety of acute or chronic illnesses. It was pointed out that safe blood had a particularly important role to play in countries that were making a major effort to lower levels of maternal and infant mortality. Universal access to safe blood was seen as being indispensable to the comprehensive development of health systems and the fulfillment of the Health Agenda for the Americas for 2008–2017. It was stressed that access must be ensured without distinction as to age, sex, ethnic background, political ideology, economic or social status, religion, or sexual orientation.

61. Several delegates described their countries' national arrangements, both medical and regulatory, for access to safe blood and affirmed their commitment to make such access universal. Some also outlined their plans for short- and medium-term improvements in the supply, handling, and use of blood and blood products. One delegate noted that the national body responsible for the blood supply would also include representatives from the education sector, in order to assist in instilling a culture of voluntary donation among children of school age. Several delegates noted that at least some of the measures called for in the plan of action were already in force in their countries or would be shortly, with some calling for PASB support in instituting various measures and mechanisms. Others said that some improvements in their national blood

systems had arisen out of the discussions that had taken place in the course of preparing the plan of action.

62. It was agreed that voluntary altruistic donation was one of the best ways to decrease the risk of infections, and all Member States were encouraged to nurture a culture of repeated voluntary donations. Some delegates provided data on their present level of voluntary unremunerated blood donation and described their efforts to increase rates of donation, including the creation of donor clubs and efforts to persuade family replacement donors to become voluntary unremunerated donors. It was recognized that countries had made uneven progress and was suggested that Member States should support one another in striving to reach the goal of 100% of voluntary unremunerated donation.

63. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) reviewed the long process that had led to the presentation of the proposed plan of action, starting in 2006 with the adoption of the Regional Plan of Action on Transfusion Safety 2006–2010,<sup>3</sup> which had been reviewed five years later. The review had revealed that a much stronger approach to the organization of blood services was needed, including integrating them within health systems, strengthening the relevant regulatory processes, and considering issues relating to quality management. The result had been the proposed plan of action contained in Document CD53/6. It was hoped that the plan would lead to a substantial increase in the rate of voluntary unremunerated donation, which currently stood at approximately 41% for the Region as a whole.

64. The Director said that it was clear that the Region must move quickly to universal access to safe blood, within an integrated approach to health systems and on a basis of voluntary non-remunerated donations, preferably repeated. There was also a need to enhance capacity for universal screening, hemovigilance, and monitoring. The Bureau looked forward to working with Member States to implement the plan of action.

65. Following consideration of some amendments proposed during the discussion, the Directing Council adopted Resolution CD53.R6, approving the Plan of Action for Universal Access to Safe Blood.

***Plan of Action on Disabilities and Rehabilitation (Document CD53/7, Rev. 1)***

66. Dr. Jarbas Barbosa da Silva (Representative of the Executive Committee) reported that the Executive Committee had expressed support for the proposed plan of action. Committee Members had welcomed the plan's attention to the need to address the scarcity of public services for persons with disabilities and the inadequacy of the supply of assistive technical devices to them, as well as the stigma, prejudice, and human rights infringements which persons with disabilities faced. The plan had been seen as a way forward for improving health systems and deepening the intersectoral dialogue needed in countries. It had been suggested that there should be a greater number of indicators in

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<sup>3</sup> See Document CD46/16 and Resolution CD46.R5.

order to allow a comprehensive evaluation of the degree of achievement of the objectives proposed. It had also been suggested that it might be advisable to include in the plan of action a list of possible causes of disability and to identify those which should be prioritized, either because of the greater vulnerability that they caused or because interventions against them were particularly cost-effective. The Executive Committee had adopted Resolution CE154.R5, recommending that the Directing Council approve the plan of action.

67. The Directing Council welcomed the proposed plan of action. Delegates were pleased that it was closely aligned with other similar instruments, such as the WHO Global Action Plan on Disability 2014–2021, and felt that it would contribute to building an inclusive and harmonious society in which persons with disabilities would enjoy their full rights and have effective access to health services.

68. Several delegates described how persons with disabilities were cared for in their countries and the services made available to them. The Delegate of Ecuador remarked that until recently it had not been known how many people with disabilities there were in her country or what form of disability they had: in effect, they had been invisible. However, recently the care of people with disabilities and the defense of their human rights had become a national priority. Ecuador's efforts had been supported by Cuba and Venezuela and now it was proud to be in the vanguard of such endeavors worldwide. It had, for example, with support from other countries of the Union of South American Nations (UNASUR), promoted the WHO Global Action Plan on Disability 2014-2021 which had been adopted at the Sixty-seventh World Health Assembly. Several delegates praised Ecuador's leadership on the issue.

69. Some delegates reported that their countries were already offering at least some of the services and benefits recommended in the plan of action. Others described measures taken recently to align with the proposed plan or with the WHO Global Action Plan. It was stressed that caring for persons with disabilities was a multisectoral activity, going beyond the ministry of health to involve all ministries, relevant service providers, and civil society. It was felt that such multisectoral collaboration would be best achieved through community-based rehabilitation which sought to empower persons with disabilities and their families.

70. Various revisions to the wording of the plan of action and proposed resolution were suggested. In particular, it was stressed that while the plan of action should be aligned with the principles reflected in the United Nations Convention on the Rights of Persons with Disabilities, it should not appear to demand ratification of that Convention, as not all countries had yet been able to do so. It was also suggested that the proposed plan of action and resolution should present disability as a public health issue, rather than as a burden or problem, and that the language should be modified accordingly.

71. Dr. Anselm Hennis (Director, Department of Noncommunicable Diseases and Mental Health, PASB), affirming that Member States' comments attested to their commitment to tackle issues of disability and rehabilitation, said that the various

suggestions would unquestionably serve to enhance the quality of the plan of action and the resolution.

72. Following incorporation of the various amendments proposed, the Directing Council adopted Resolution CD53.R12, approving the Plan of Action on Disabilities and Rehabilitation.

***Plan of Action on Mental Health (Document CD53/8, Rev. 1)***

73. Dr. Jarbas Barbosa da Silva (Representative of the Executive Committee) reported that the Executive Committee had expressed overall support for the vision and lines of action of the proposed plan of action. However, it had been suggested that some topics deserved greater emphasis. One such topic mentioned by several delegates had been rehabilitation and social reintegration, for which no indicators had been included in the plan. It had been considered that prevention, timely diagnosis, and the integration of mental health services into primary health care should also be emphasized, and that it should be made clear that all aspects of the plan applied to the full spectrum of mental health issues, including the harmful use of alcohol and substance use. It had been considered important to state explicitly that Member States would have the flexibility to implement activities in ways appropriate to their national context. The Committee had adopted Resolution CE154.R12, recommending that the Directing Council approve the plan of action.

74. The Directing Council welcomed the proposed plan of action, noting that it reflected the importance of meeting the challenges in the area of mental health, as well as the efforts being made to reduce the rates of related morbidity and mortality. The Council appreciated in particular that the regional plan of action was aligned with WHO's Global Comprehensive Mental Health Action Plan. It was also pleased that the plan clearly incorporated both mental and substance use disorders and placed significant emphasis on integrating related behavioral health disorders into primary care. The Council welcomed the inclusion in the plan of a specific objective relating to suicide prevention and acknowledged the work undertaken by the Bureau to give the plan a broad approach, including consideration of the challenges represented by demographic changes and their effect on mental health services in the Americas.

75. Several delegates described how mental health was addressed in their countries, how their national mental health plans meshed with broader national health systems, and how they aligned with the proposed regional plan and the WHO global plan. Some delegates spoke of a need in their country for a progressive restructuring of the health system to promote care for mental disorders at the primary and secondary level, reserving the tertiary level of care for a smaller portion of patients in serious need. A number of delegates suggested that the plan should place greater emphasis on the rehabilitation of mental health patients and their reintegration into society.

76. Some delegates reported that their countries were restructuring their mental health services to reduce the number of psychiatric hospitals or revising existing hospitals'

approach to move towards a comprehensive model of care with full respect for patients' human rights and elimination of the stigma associated with their condition. The advantages of community- and family-based care were emphasized. The importance of civil society involvement in order to broaden the scope of mental health interventions was also highlighted, as was the need to consult indigenous and local communities when developing approaches to mental health.

77. Dr. Anselm Hennis (Director, Department of Noncommunicable Diseases and Mental Health, PASB) reviewed the lengthy process that had led to the finalization of the proposed plan of action, which had begun with the Caracas Declaration adopted in 1990 by the Conference for the Restructuring of Psychiatric Care in Latin America. He was pleased to see the wide-ranging support for the proposed plan and had taken note of the various suggestions for enhancements.

78. The Directing Council adopted Resolution CD53.R7, approving the Plan of Action on Mental Health.

***Plan of Action for the Prevention of Obesity in Children and Adolescents (Document CD53/9, Rev. 2)***

79. The Council's consideration of the proposed plan of action was preceded by a keynote address given by the Honorable Wilma Pastrana Jiménez, First Lady of Puerto Rico, who described some of Puerto Rico's initiatives aimed at reducing obesity in children and adolescents. She noted that obesity rates in the Region were the highest in the world and the problem was particularly serious among children. In the Eastern Caribbean, for example, obesity rates among children aged 4 and under had doubled between 2000 and 2010, as a result of which those children were more likely to develop other diseases, such as type-2 diabetes, asthma, and cardiovascular disease, and their life expectancy was reduced.

80. Child and adolescent obesity was preventable, however, and governments, civil society, universities and research institutions, and the general public had an ethical duty to take action to address the problem. Puerto Rico was preparing its own plan that incorporated the strategic lines of action envisaged under PAHO's proposed plan of action: primary health care and promotion of breastfeeding; better nutrition and more physical activity in the school environment; fiscal policies and regulation of food marketing and labeling; and surveillance, research, and evaluation of results.

81. Puerto Rico's efforts to prevent child and adolescent obesity were rooted in a firm conviction that health was a fundamental right of all citizens and that ensuring an effective health system was a question of social justice and human rights. Since becoming First Lady in 2013, she had been focused on developing social and educational projects that would foster well-being with equity for the entire population. One such initiative sought to promote physical activity and healthy eating. Another was aimed at facilitating the planting of school and community gardens in order to increase the availability of fruits and vegetables. She invited all Member States to unite to combat the

obesity epidemic in the Region and thus ensure a better life for current and future generations. The text of the First Lady's speech may be found on the website of the 53rd Directing Council.

82. Dr. Jarbas Barbosa da Silva (Representative of the Executive Committee) reported that the Committee had acknowledged the seriousness of the problem of child and adolescent overweight and obesity and welcomed PAHO's attention to it. The need for urgent action had been recognized, but a phased approach had been considered necessary in order to allow for implementation at a manageable pace. An integrated intersectoral approach had also been deemed essential. It had been pointed out that Member States' policies and approaches would be shaped by their national contexts, and the importance of flexibility, adaptability, and country-led priority-setting had been highlighted. It had also been pointed out that the plan should be flexible enough to accommodate the recommendations of the Ad hoc Working Group on Science and Evidence convened by the Director-General of WHO with a view to establishing a global consensus on the evidence and gathering the best possible advice on dealing with the crisis of childhood obesity. With the understanding that the plan would be revised to incorporate the Committee's suggestions, it had adopted Resolution CE154.R2, recommending that the Directing Council approve the proposed plan of action.

83. The Directing Council welcomed the plan of action, noting that it aligned with the life-course approach to noncommunicable disease prevention. Delegates expressed confidence that the strategic lines of action and the proposed multisectoral approach would assist them towards their goal of reducing obesity in children and adolescents. It was suggested that the Region of the Americas had a duty to act as a catalyst for change as it was the region with the highest rates of overweight and obesity in the world. Some delegates described childhood obesity as having a doubly negative impact, as it threatened to undo many of the medical and social advances achieved until then, in particular the Region's significant reduction in infant mortality and the drop in prevalence of malnutrition.

84. Several delegates pointed out that overweight and obesity went beyond being a health issue and therefore could not be tackled by single-solution approaches developed in isolation; rather, sustained multisectoral responses were essential. For example, cooperation was needed between the health sector and the ministries of education, sports, or youth affairs to ensure that physical education was given greater prominence in youth programs and in schools, or between ministries of health and agriculture to work towards the promotion of fresh foods. Also, effectively addressing the problem required involving the public, private, and nongovernmental sectors.

85. It was suggested that a complex interacting system of factors contributed to the increasing rates of overweight and obesity, at all levels from the individual to the family to society as a whole. Notably, early childhood obesity was in part linked to parental behaviors, including a decrease in home cooking and diminishing levels of physical activity among families. Another important factor was reduced access to affordable high-quality foods. A cultural shift was considered necessary in order to tackle such a

multi-faceted problem. Effective regulation of food production and marketing was also viewed as essential. In that connection it was pointed out that some national regulatory initiatives were being jeopardized by unscrupulous commercial interests and transnational lobbies seeking to prevent the implementation of public health policies or to bring about their failure. One delegate commented that while PASB could play a valuable role in assisting Member States to take comprehensive action on the important issue of obesity, at the same time it had to respect country-led priority-setting and the need for flexibility in order to respond to specific national contexts.

86. Numerous delegates described the situation of obesity, particularly child and adolescent obesity, in their countries. In most cases the prevalence was not only worryingly high, but was steadily increasing. Delegates also described the steps that their governments were taking to combat the epidemic, with many noting that their actions against obesity were included in or closely related to work to combat noncommunicable diseases, given the close association between excess weight and such diseases, particularly hypertension, diabetes, and heart disease.

87. Several delegates reported that their governments were promoting exclusive breastfeeding for the first months of life. This had required changes to various laws and regulations, for example to require employers to provide breastfeeding spaces in the workplace. Laws regulating the marketing of breastmilk substitutes had also been introduced or strengthened. Another widespread initiative had been to increase taxes on sugary drinks. Some Member States had also increased taxes on highly processed or energy-dense nutrient-poor food products. Several Member States had worked to improve food package labeling to provide greater clarity on the ingredients and the salt, sugar, and fat content of foods. Particular attention had been paid to the labeling, advertising, and sale of foods and drinks directed towards children and adolescents. Stress had also been placed on increasing the practice of physical exercise among children and adolescents.

88. It was suggested that PASB or the WHO Secretariat might establish scientific criteria on the calorie intake recommended for different age groups, as well as standards for food labeling and advertising. A further suggestion was that PASB could create a committee of experts to draw up proposed limits for levels of sodium, sugar, and unhealthy fats in foodstuffs. Some delegates remarked on the impact of international trade on the Region's food supply, noting that while trade between countries had in many cases enriched their cuisines, in other cases it had resulted in increased imports of unhealthy foods.

89. Dr. Chessa Lutter (Regional Advisor on Food and Nutrition, PASB) observed that the PAHO Member States were global leaders in actions aimed at reducing obesity among children and adolescents, including fiscal and regulatory policies. Particularly important themes that had emerged from the discussion were the need for multisectoral actions to prevent child obesity and the fundamental importance of breastfeeding in reducing obesity as well as many other child health problems.



90. The Director said that it was evident from the comments that Member States appreciated the urgency of the situation regarding obesity in children and adolescents and thanked them for their strong commitment to address the epidemic.

91. The Directing Council adopted Resolution CD53.R13, approving the Plan of Action.

***Plan of Action on Health in All Policies (Document CD53/10, Rev. 1)***

92. Dr. Jarbas Barbosa da Silva (Representative of the Executive Committee) reported that the Executive Committee had been informed that the proposed plan of action on health in all policies (HiAP) had been drawn up in response to a recommendation that emerged from regional consultations held in preparation for the 8th Global Conference on Health Promotion, which had focused on how the HiAP approach should be implemented. The proposed plan of action had been seen as a useful resource to guide countries in implementing the approach. However, it had not been considered ready for adoption by the Directing Council, and numerous suggestions for improvement had been made, including changes aimed at rendering the language of the plan clearer, less prescriptive, and more flexible and clarifying that each Member State should adapt the plan to its own context and political and social systems.

93. In light of the numerous modifications suggested to both the plan of action and the proposed resolution on the item, the Committee had decided that the working group formed to revise the proposed strategy and resolution on universal health coverage (see paragraphs 46 to 57 above) should be asked also to revise the proposed plan of action and resolution on health in all policies. The Committee had adopted Resolution CE154.R14, which reflected numerous amendments introduced by the working group. It had been agreed that consultations would continue in the period before the 53rd Directing Council and that the Bureau would revise the plan of action on the basis of the input received from Member States.

94. The Council expressed support for the revised plan of action and its strategic lines, objectives, and targets, which were considered ambitious but clear and feasible in the context of the countries of the Region. The Council particularly welcomed the plan's emphasis on intersectoral action. All the delegates who spoke on this item stressed the importance of such action in order to address health determinants that fell outside the direct control of the health sector. The importance of whole-of-government and whole-of-society approaches was also underscored. In relation to the latter, the need for community and civil society involvement in the formulation, implementation, monitoring, and evaluation of the policies of all sectors was noted. Several delegates indicated that the activities envisaged under the plan were in line with the intersectoral approaches being pursued in their countries in order to address social determinants of health, reduce health and social inequalities, and promote health and development. Several delegates also noted the linkage between this plan and other initiatives discussed by the Council, in particular universal health coverage (see paragraphs 46 to 57 above) and the post-2015 development agenda (see paragraphs 148 to 160 below).

95. In order to promote collaboration between sectors and promote health in all policies, it was considered essential to compile evidence on the impact that the policies of other sectors had on health and health determinants. The importance of health diplomacy in fostering intersectoral collaboration was also highlighted.

96. Several suggestions were made with a view to strengthening the plan from an operational standpoint and clarifying the linkages between some of the indicators and objectives. In particular, it was suggested that indicator 4.1.1 should be amended to read "...engage communities and civil society in policy development with a health-in-all-policies approach," rather than "...engage communities and civil society in policy development across sectors." A delegate pointed out that most of the indicators were process indicators and suggested that more outcome indicators were needed.

97. Dr. Luiz Augusto Galvão (Chief, Special Program on Sustainable Development and Health Equity, PASB) agreed that the suggested amendments would enhance the plan, particularly in relation to the promotion of intersectoral approaches to policy development, and said that the Bureau would endeavor to identify some outcome indicators based on some of the experiences of Member States. He encouraged delegations to provide the Bureau with more details about their national HiAP initiatives so that information on successful experiences could be made available to other countries.

98. The proposed resolution was amended as suggested during the discussion and adopted by the Council as Resolution CD53.R2.

***Plan of Action for the Prevention of Blindness and Visual Impairment (Document CD53/11)***

99. Dr. Jarbas Barbosa da Silva (Representative of the Executive Committee) reported that the Executive Committee had expressed general support for the plan and the proposed resolution on the item. However, it had been suggested that the resolution should recognize the national context of each Member State, as responsibility for health care delivery did not always reside at the national level. Also, the Bureau had been urged to use the indicators in the Strategic Plan 2014–2019 and the WHO Global Action Plan 2014–2019 on Universal Eye Health so as not to create additional reporting obligations for Member States. The Committee had adopted Resolution CE154.R9, recommending that the Directing Council approve the plan of action.

100. The Directing Council supported the adoption of the proposed plan of action and resolution. It was observed that preserving and promoting eye health were vital in preserving quality of life, productivity, and well-being. All delegates who spoke strongly welcomed the contribution that the plan of action would make to the health of the peoples of the Region. The plan's focus on certain specific high-risk segments of the population, such as premature babies or persons over the age of 50, was welcomed.

101. One delegate was pleased to note that the proposed resolution contained language to reflect Member States' flexibility to adapt the plan to their jurisdictional

responsibilities. Another delegate particularly welcomed the plan's emphasis on the need to increase access to cataract surgeries for all segments of the population, especially in those cases which arose from the aging of the population and the worldwide increase in diabetes-related complications.

102. Several delegates described the ocular health services available to their populations. Those services included screening for eye disease and for systemic illnesses impacting ocular health, such as hypertension and diabetes; prevention and early treatment of retinopathy of prematurity; detection and treatment of strabismus in young children; surgery for congenital and acquired cataracts; treatment for glaucoma; detection and treatment of diabetic retinopathy; treatment of refractive error in persons aged 65 or over; treatment of detached retina; and many more. A number of delegates observed that despite a considerable level of success in treating eye disorders, there was a need for enhanced effort in the future under each of the strategic lines of action set forth in the proposed plan, with a concentration on remote regions and vulnerable populations. It was felt that work should be more coordinated and focused and should emphasize elimination of the causes of preventable blindness as well as provision of guaranteed access to rehabilitation services for people with visual impairment.

103. Dr. Cuauhtémoc Ruiz Matus (Acting Director, Department of Family, Gender, and Life Course, PASB), welcoming Member States' endorsement of the plan of action, confirmed that the Bureau stood ready to provide support and assistance in both the development and the execution of Member States' own plans of action. The plan of action took a life-course approach and covered the whole spectrum of prevention, early detection, and prompt and appropriate delivery of care. Implementation would thus involve a cross-cutting approach to services for eye health and a strengthening of the concept of universal access to health in this area.

104. The Director said that, although Member States had made significant headway towards reduction of visual impairment and blindness, there was still a need in the Region to enhance prevention, detection, and treatment and management, as well as to focus on rehabilitation, with particular attention to especially vulnerable populations. The Bureau would work with all Member States to achieve the goals set forth in the plan, with the aim of ensuring a better level of health and well-being for all people.

105. The Directing Council adopted Resolution CD53.R8, approving the Plan of Action for the Prevention of Blindness and Visual Impairment.

***Plan of Action for the Coordination of Humanitarian Assistance (Document CD53/12)***

106. Dr. Jarbas Barbosa da Silva (Representative of the Executive Committee) reported that the Executive Committee had examined an earlier version of the proposed plan of action and had considered that the activities envisaged under it would assist local authorities in effectively coordinating the delivery of incoming assistance so as to minimize duplication and ensure that help reached the affected populations. It had also been considered that the plan would help to strengthen and expand strategic partnerships

for international cooperation in providing rapid and effective humanitarian assistance in health. Delegates had welcomed the fact that the plan of action built on the major advances made by the Bureau and Member States in developing their capacities for disaster prevention and response. The Committee had adopted Resolution CE154.R11, recommending that the Directing Council approve the plan of action.

107. The Council welcomed the proposed plan of action, viewing it as particularly apposite given that tackling emergency situations and disasters only by responding after they had occurred was not sufficient. With assistance and resources potentially being mobilized to the affected country from a variety of different bodies, agencies, or organizations, it was pointed out that a lack of control and coordination mechanisms could create a second disaster or at least a major secondary problem for the receiving country, situations which the proposed plan of action sought to prevent or mitigate.

108. It was urged that any emergency health networks created in the Americas under strategic line of action 1 should incorporate those networks already in existence at subregional level. Several examples of such existing networks were cited, including those within the Southern Common Market (MERCOSUR) and UNASUR. It was also emphasized that any new coordination process and mechanism developed should clearly align with and complement both the national emergency management systems already in place in each country and the international humanitarian response system.

109. One delegate suggested that the plan of action should place greater emphasis on an evaluation of needs and existing capacities, setting forth more precisely what actions the countries of the Region had already implemented and what steps were still to be taken. Another noted that the great effort under way to contain the Ebola outbreak in Africa highlighted the importance of such work and especially of preparing in advance for a well-coordinated response. Some delegates also raised the issue of health worker protection in the light of attacks on polio vaccination teams in Asia and, most recently, on health workers in West Africa assisting with containing the Ebola threat. Health worker safety was seen as a critical issue and one that Member States needed to continue to work together to address.

110. It was pointed out that the plan of action still did not appear to address travel and other costs of foreign medical teams or the issue of insurance for them. There was also a need to define the accountability of such teams, in other words the body or level to which they would be reporting. Some delegates suggested that under strategic line of action 2, relating to the minimum criteria for foreign medical teams, consideration also needed to be given to the legal frameworks regulating their dispatch. It was suggested that a chart might be drawn up showing countries' regulatory contexts and how they affected the rapid and effective movement of such teams. Some delegates described the legal provisions and formalities under which humanitarian assistance was coordinated and implemented in their countries.

111. Several delegates also described how their countries had dealt with recent national disasters and the lessons learned from them. In particular, they described measures to

strengthen their national civil protection bodies and arrangements being made for international cooperation in that sphere, including the establishment of medical teams to be dispatched to other countries. Several delegates announced their readiness to be part of any discussions on international standardization in the area of humanitarian assistance coordination.

112. Dr. Ciro Ugarte (Director, Department of Emergency Preparedness and Disaster Relief, PASB) expressed appreciation for the participation of Member States' disaster coordinators who had met in Guayaquil to finalize the plan of action. The outcome of that meeting, coupled with the Council's comments, formed a basis for the steps to be taken under the strategic lines of action, in particular as they related to the strengthening of partnerships among all actors and the linkage with multilateral humanitarian assistance efforts at global and regional level.

113. He noted that in the event of a disaster, between 95% and 98% of the response was carried out by health personnel from the country actually affected, a fact that was largely overlooked. What made the headlines was the contribution of foreign professionals, which generally accounted for only 2% to 5% of the entire health intervention; thus it was very important that such professionals' work should complement the national efforts. With regard to health worker protection, more than 90% of attacks on health personnel in emergencies or vaccination campaigns occurred against national health personnel, not visiting outsiders.

114. The Director acknowledged the long history of advances that had been made by the Member States of the Region, with support from the Bureau, in the area of humanitarian assistance coordination. The humanitarian reform process of the United Nations, through the Inter-Agency Standing Committee, had named WHO as the Health Cluster Lead Agency, but in the Region PAHO intended to share the coordinating role with ministries of health. It was essential that a record be made of all partnerships and agreements reached so that in the event of an emergency they could go rapidly into action. Achieving that was one of the goals of the plan of action. It was to be expected that the world would be facing more frequent and more severe events, both disease- and climate-related. The level of coordination aimed for in the plan of action would help to ensure effective preparedness and response.

115. The Directing Council adopted Resolution CD53.R9, approving the Plan of Action for the Coordination of Humanitarian Assistance.

***Strategy on Health-related Law (Document CD53/13)***

116. Dr. Jarbas Barbosa da Silva (Representative of the Executive Committee) reported that the Executive Committee had discussed an earlier version of the proposed strategy on health-related law, for which some delegates had expressed firm support. Those delegates had believed that the strategy would help Member States to strengthen their laws so as to guarantee access to health care and protect the right to health and that it would support the implementation of a health-in-all-policies approach and contribute to

the achievement of universal health coverage. Other delegates had found the proposed strategy overly ambitious and far-reaching, with the potential for duplication of the Bureau's efforts in other areas. Several delegates had considered that the practical aim of the strategy and the roles of the Bureau were not entirely clear, and some had questioned whether the Bureau had the expertise and human resources needed to provide the extent and types of technical cooperation envisaged under the Strategy. It had been emphasized that the Bureau should provide technical assistance only at the request of Member States and in accordance with their context and needs; otherwise, it might be seen as intruding on the sovereign rights of countries to adopt their own laws and policies.

117. In light of the concerns raised, several delegations had requested that intersessional consultations on the strategy be held and that the Bureau then produce a revised strategy for consideration by the Directing Council. The Committee had decided to form a working group with a view to reaching consensus on a proposed resolution to be recommended to the Council. Consensus had not been reached, however. The Committee had considered deferring action on the item until 2015, but had decided to leave it to the Council to decide, depending on the outcome of the intersessional consultations, whether to consider or defer the item.

118. Dr. Heidi Jiménez (Legal Counsel, PASB) said that the Bureau had conducted extensive virtual consultations, which had resulted in the revised versions of the strategy and proposed resolution contained in Document CD53/13. The Bureau considered both to be much improved. She outlined the purposes and content of the document, noting that over the years the Governing Bodies had called upon Member States to formulate and implement, review, and/or reform laws and regulations relating to various public health issues, but that they had not specifically identified how the Bureau could best support Member States in implementing mandates concerning health-related laws and regulations. The proposed strategy aimed to do just that, through six strategic lines of action that would guide the Bureau's technical cooperation on health-related law over the period 2014–2023. She stressed that such technical cooperation would be provided within the context of each country's legal framework and only at the specific request of Member States.

119. The Directing Council expressed thanks to the members of the working group for their efforts in revising the strategy and to the Bureau for organizing the intersessional consultations and incorporating the input received from Member States. It was recognized that many Governing Body resolutions called for assistance in revising health laws and regulations to bring them into line with global strategies and best practices, and the desirability of establishing a clear mandate for the Bureau for the provision of such assistance was acknowledged. Technical assistance to enable Member States to meet their obligations under the International Health Regulations (2005) was considered a priority.

120. Numerous delegates voiced strong support for both the strategy and the proposed resolution. They highlighted the need to strengthen national legal frameworks in order to protect and promote health, uphold the right to health, ensure the sustainability of health-related policies, and enable citizens to demand accountability from government.

Delegates also felt that the strategy would contribute to the achievement of the objectives of other initiatives discussed by the Directing Council, in particular those relating to universal health coverage and health in all policies. It was suggested that the latter should be incorporated explicitly into the strategy in order to ensure complementarity between the two initiatives and thus enhance their impact. It was also suggested that the Bureau might develop a mechanism for tracking progress in the formulation, implementation, review, and/or reform of health-related legislation in the Region.

121. However, some delegates considered that the strategy required further revision, particularly with regard to the Bureau's role and the scope of its technical cooperation. They emphasized that each State had a sovereign right to establish its own health laws, regulations, policies, and standards, and that the Bureau must not intrude on that right. It was felt that in some respects the strategy might cross the fine line between advice and advocacy for the formulation or revision and implementation of laws, which was the sovereign domain of governments. That was considered especially true in relation to activities envisaged in order to progressively realize the right to the highest attainable standard of health. It was suggested that the essential public health functions identified within the framework of the Public Health in the Americas Initiative<sup>4</sup> would provide a sound basis for the provision of assistance with regard to health-related law.

122. Several delegates drew attention to the statement in paragraph 16, which in the view of one delegate seemed to go beyond the scope of the technical cooperation that the Bureau normally undertook with Member States. That delegate also sought clarification of the reference in that paragraph to "other relevant actors." Another delegate emphasized the need to specify that any technical cooperation in the area of health-related law should always be undertaken in consultation and coordination with the national health authority. A representative of a nongovernmental organization encouraged the Bureau to provide legal guidance on the design of legislation that would enable countries to take advantage of the flexibilities available under the Trade-related Aspects of Intellectual Property Rights (TRIPS) Agreement.

123. Several delegates proposed specific revisions to the wording of the strategy and several also indicated that they had submitted additional written comments to the Bureau. It was suggested that the working group formed by the Executive Committee should be asked to continue meeting during the week of the Directing Council in order to revise the strategy and the proposed resolution in line with the views expressed.

124. Dr. Jiménez said that the idea of working hand in hand with governments at their request and with full respect for State sovereignty was a fundamental principle of the strategy. However, it could perhaps be stated more explicitly. The Bureau had already incorporated many of the written comments submitted and would be pleased to continue working with Member States to refine the strategy and the proposed resolution. She

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<sup>4</sup> Available from:

[http://www.paho.org/hq/index.php?option=com\\_content&view=category&layout=blog&id=3175&Itemid=3617&lang=en](http://www.paho.org/hq/index.php?option=com_content&view=category&layout=blog&id=3175&Itemid=3617&lang=en)

added that the Bureau intended to develop a mechanism for tracking progress, as suggested. In response to the question concerning paragraph 16, she explained that other relevant actors might include, for example, subregional parliamentary bodies such as the Central American Parliament (PARLACEN) or the Latin American Parliament (PARLATINO) or certain civil society groups, but emphasized that such work would always be undertaken in close consultation and coordination with the ministries of health of the countries concerned and with strict respect for their sovereignty.

125. The Director said that, although many Member States had affirmed their need for technical cooperation to assist them with national health legislation, there appeared to be some important concerns regarding some of the content of the document and the proposed approach. She was not sure that those concerns could be resolved in a working group. Further and more extensive consultation with Member States might be required in order to reach consensus. If the Council decided to defer action on the strategy until 2015, the Bureau could, in the interim, continue to provide technical cooperation on health-related law to those Member States that requested it.

126. The Directing Council asked the working group to continue working during the week with a view to reaching a consensus. The working group, with El Salvador as its Chair, held several meetings, after which the Delegate of El Salvador reported that the group had examined a revised version of the document prepared by the Bureau and made available on 30 September, which incorporated changes proposed during the Council's discussion. The group had been informed that the Delegation of Mexico had submitted its own revised version, but that there had been insufficient time to merge it with the revised version prepared by the Bureau, to translate it, and to discuss it.

127. As the working group was thus faced with parallel versions of the document, it had decided to ask the Bureau to incorporate the changes included in Mexico's version into the version of 30 September prepared by the Bureau in order to serve as a basis for further discussion. The working group had decided to recommend that the Council take the following actions: *a)* recognize the importance attached to the proposed strategy and the support for it expressed by the majority of Member States; *b)* establish a working group open to all Member States, with Uruguay as its Chair and El Salvador as its Vice-Chair; and *c)* establish a timetable of meetings, including two virtual meetings, to be held in November and December 2014, and one face-to-face meeting of two days' duration, to be held in March 2015 prior to the Ninth Session of the Subcommittee on Program, Budget, and Administration. A course of action would be decided on the basis of the outcome of the March meeting and the Chair of the working group would then submit the matter for consideration by the 156th Session of the Executive Committee and the 54th Directing Council.

128. The Directing Council adopted Decision CD53(D6), endorsing the recommendation of the working group.



***Advancing toward a Regional Position on International Health Regulations  
(Document CD53/14)***

129. Dr. Jarbas Barbosa da Silva (Representative of the Executive Committee) reported that the Executive Committee, after reviewing a progress report on implementation of the International Health Regulations (IHR), had proposed that a substantive item be placed on the agenda of the 53rd Directing Council to allow further discussion of agreements reached at the Regional Meeting in the Americas on Implementation of the IHR, which had been held 29–30 April 2014 in Buenos Aires. In particular, it had been considered important to continue discussion of the roadmap for monitoring compliance with the IHR that had been drafted and approved by participants at the Buenos Aires meeting and that would ultimately be presented as regional recommendations to WHO. The Committee's concerns had included the need for comprehensive monitoring beyond implementation of the core capacities, including monitoring of their maintenance in the post-2016 period. Additional topics of interest were guidelines for certification of points of entry, development of a global health security agenda, and pending revisions to the map of yellow fever risk areas in the Americas.

130. In the Council's discussion of this item, Member States expressed their commitment to continue working towards implementation, strengthening, and maintenance of the IHR core capacities. It was noted that although great strides had already been made, extension of the original 15 June 2014 deadline to 15 June 2016 was necessary in many countries. Requests for the approval of extension plans had been made to the IHR Review Committee in Geneva, and PAHO was asked to provide an update, if available, on the status of those requests. Delegates of small island States said that their governments had found it particularly challenging to meet IHR requirements owing to lack of capacity within their individual countries. Therefore, initiatives to pool resources had begun, with cooperation agreements in place among the Caribbean Community Member States and the Dutch Caribbean.

131. Several delegates highlighted the need to build core capacities specifically aimed at responding to chemical events and radiological emergencies and expressed gratitude for technical cooperation already received from the International Atomic Energy Agency, WHO, and fellow Member States. The Bureau was requested to continue to provide support for training of human resources and to promote multisectoral cooperation in preparedness for incident response. The Director was urged to ask the WHO Secretariat to coordinate the provision of technical cooperation by other organizations within the United Nations system and to develop a mechanism to ensure accountability among all actors.

132. The Council requested the Bureau to transmit information and requests on several topics for consideration of the WHO Secretariat and Governing Bodies. First, it asked that the guidelines for certification of points of entry developed during the regional consultation should be presented for the consideration and approval of States Parties at the Sixty-eighth World Health Assembly. Among the recommendations on that subject

was a call for coordination among intergovernmental organizations in order to make their certification processes compatible. Second, the Council called on WHO to implement recommended revisions to the map of yellow fever risk areas in the Americas. Third, it requested that the WHO Secretariat circulate documents through the IHR national focal points in the official languages of WHO and with sufficient lead-time to allow a response from Member States. Finally, it was proposed that an item on the IHR monitoring framework should be included on the agenda of the 136th session of the WHO Executive Board in January 2015, with the goal of implementing an effective and flexible monitoring process for the post-2016 period. In support of that goal, one delegate suggested that PAHO should facilitate a regional consultation with a view to developing recommendations for IHR monitoring and evaluation for submission to the Executive Board in January 2015.

133. Dr. Sylvain Aldighieri (Unit Chief, IHR/Epidemic Alert and Response, and Water Borne Diseases, PASB) said that the Bureau had carefully noted delegates' comments and recommendations, including the high priority they assigned to guidelines for certification of points of entry, review of the IHR monitoring framework for the post-2016 period, and participation by the affected countries in the revision of the yellow fever risk map. In response to a question, he reported that the IHR Review Committee would be meeting in mid-November 2014 and that its decisions would be communicated to Member States shortly thereafter. Lastly, he suggested that the Ebola emergency in West Africa should prompt the countries in the Americas to review their national plans and core capacities for disease surveillance and response under the IHR. The epidemic also pointed up the importance of multisectoral cooperation and public/private partnerships.

134. The Director assured Member States that the Bureau would formally communicate to the WHO Secretariat and Governing Bodies the views expressed during both the 53rd Directing Council and the regional meeting in Buenos Aires. In response to some countries' comments indicating that they had not been consulted by WHO on issues of national concern, she explained that the WHO Secretariat generally sought consultations with Member States' diplomatic missions in Geneva; therefore, she urged ministries of health and national IHR focal points to maintain close communication with their missions. She pledged that the Bureau would work with both individual countries and subregions to ensure that they were not excluded from the consultation process, especially since many small island states did not have a mission in Geneva. She agreed that both Member States and the Bureau should seize the opportunity offered by Ebola preparedness activities to strengthen their IHR core capacities, which would ultimately have a positive impact on national, regional, and global health security.

135. The Council took note of the report.

***WHO's Engagement with Non-state Actors (Regional Consultation) (Document CD53/15)***

136. Dr. Gaudenz Silberschmidt (Senior Adviser on Policy and Strategic Directions, Office of the Director-General, WHO) recalled that in May 2011 the World Health Assembly had identified engagement with other stakeholders as one of the areas to be addressed as part of the WHO reform process. Since then several consultations had been held on the issue. Recently, in response to a request from the Executive Board in January 2014, the WHO Secretariat had submitted a draft framework for engagement to an informal consultation of Member States held in April 2014 and then had submitted a revised version to the Health Assembly in May 2014. The text of that proposal was contained in Document A67/6, which was reproduced in Annex A of Document CD53/15.

137. The Health Assembly, in its Decision WHA67/14, had welcomed the progress made on the draft framework and had underlined the importance of an appropriate framework for engagement, but had recognized that further consultation and discussions were needed on some issues, including conflicts of interest and relations with the private sector. In accordance with that decision, Member States had submitted further comments and raised questions, which the Secretariat had summarized, together with requests made to the Secretariat for action or for the provision of clarification in a report prepared for the six regional committees. That report was contained in Annex B of Document CD53/15. The outcome of the Directing Council's discussion would be reported, together with those of the other regional committees, to the Executive Board in January 2015.

138. Dr. Heidi Jiménez (Legal Counsel, PASB) said that in order to facilitate the regional consultation, the Bureau had established a virtual collaborative site and had invited all PAHO Member States to review and comment on the draft WHO framework on engagement with non-State actors and the report prepared by the WHO Secretariat. The input received was summarized in Annex C to Document CD53/15. Highlighting some of the main points raised, she said that Member States had acknowledged the importance of engagement with non-State actors, but had underscored the need for a robust conflict of interest policy in order to avoid or minimize conflicts of interest that could undermine the Organization's mission, reputation, or independence. Member States had also agreed that WHO must be transparent in its engagement with non-State actors.

139. Dr. Jiménez said that opinions had differed on some issues, such as boundaries of engagement, secondment of personnel, and international business associations. It had been agreed that WHO should not engage with the tobacco and arms industries, but views had differed with regard to its engagement with other industries. Some Member States had opposed any engagement with the alcohol and food industries, for example, while others had suggested that such engagement could be useful for reducing harmful use of alcohol and preventing and controlling noncommunicable diseases. Member States had also raised questions with regard to secondment of staff to WHO from outside entities, engagement with international business associations, and other matters, including the role of Member States in the framework for engagement with non-State actors.

140. In the Directing Council's discussion of the matter, Member States reaffirmed many of the views summarized in Annex C to Document CD53/15. Delegates recognized the importance of collaboration with nongovernmental organizations, academic institutions and other non-State actors in order to have access to appropriate expertise and resources and advance public health mandates, but stressed that real or perceived conflicts of interest must be avoided. It was emphasized that any collaboration with non-State actors must not undermine the supremacy of Member States in decision-making or expose WHO's normative and standard-setting functions to undue influence. Identification of the potential risks and formulation of specific principles and guidelines for engagement with the various categories of non-State actors were seen as essential.

141. Several Member States were of the view that any interaction with actors whose activities or products were harmful or potentially harmful to health and any secondment of personnel from the private sector should be expressly prohibited. Some delegates also felt that the Organization should not interact with non-State actors that engaged in unfair labor practices or activities that were harmful to the environment. At the same time, the potential value of collaboration with some sectors of private industry was noted. Collaboration with the food industry in order to reduce the salt and sugar content of foods and with the pharmaceutical industry for the procurement of vaccines through the PAHO Revolving Fund were cited as two examples. The need to determine whether nongovernmental organizations and philanthropic and academic institutions received funding from for-profit private companies was highlighted.

142. It was pointed out that the framework set out in Document A67/6 failed to address how WHO should engage with multi-stakeholder actors or public-private partnerships. It was also considered that the framework lacked detail regarding the criteria that non-State actors must meet to be classified in each category, the way in which each group could engage with WHO, and the types of resources that WHO might provide to a nongovernmental organization for the implementation of work. It was recommended that an early review should be undertaken after adoption of the framework in order to identify any needed adjustments. It was also suggested that an entity should be established within WHO Headquarters to follow up on the implementation of the framework and also possibly to promote and facilitate engagement with non-State actors.

143. Some delegates were of the view that Member States should be actively involved in managing WHO's relations with non-State actors, including in decision-making about whether the Organization should or should not engage with a particular actor. Others expressed confidence in the WHO Secretariat's ability to manage the framework and its various components appropriately. Member State involvement in monitoring and oversight of relations with non-State actors was considered essential. Some Member States questioned, however, whether a committee of six members under the Executive Board, as proposed in Document A67/6, would ensure adequate governmental representation and participation. It was suggested that periodic evaluation of due

diligence practices by the WHO Office of Compliance, Risk Management and Ethics would help to manage real, potential, or perceived conflicts of interest.

144. The Delegate of the United Kingdom of Great Britain and Northern Ireland, speaking also on behalf of France and the Netherlands, noted that the European Region had already adopted a position on WHO's engagement with non-State actors. Member States of that Region had considered such engagement a critical component of WHO's role in global health governance and had cautioned against the adoption of an overly prescriptive framework, favoring instead a broad framework of principles that would leave the Organization sufficient maneuvering room to respond to changing situations. While recognizing that there was room for further improvement of the framework, the European Region wished to see it adopted by the Sixty-eighth World Health Assembly in May 2015.

145. It was pointed out that PAHO had had considerable experience in interacting with non-State actors, and the Bureau was encouraged to share that experience with the WHO Secretariat. Representatives of two nongovernmental organizations highlighted the value of their work with PAHO and WHO and their role in helping to fulfill the Organization's mandates.

146. Dr. Silberschmidt said that the Council's rich debate and the comments and questions compiled by the Bureau would provide valuable input for the ongoing work on WHO's engagement with non-State actors. That work included a survey of the practices of other United Nations agencies with regard to management of conflicts of interest, which would be made available to Member States in due course. The Secretariat was also taking steps to enhance the transparency of the register of non-State actors. Member States could continue tracking progress on the matter through the WHO reform website.<sup>5</sup>

147. Dr. Francisco Becerra (Assistant Director, PASB) agreed that the debate had been very rich.

***Post-2015 Sustainable Development Agenda (Roundtable) (Documents CD53/16, Add. I and Add. II)***

148. Dr. Jarbas Barbosa da Silva (Representative of the Executive Committee) reported that the Executive Committee had discussed the topic of health in the post-2015 development agenda in the context of a progress report on the Millennium Development Goals (see paragraphs 281 to 286 below). The Committee had agreed on the need to ensure the centrality of health in the post-2015 development agenda, which had been seen as an opportunity to create a new paradigm based on equity. It had emphasized that the establishment of goals, targets, and indicators for the post-2015 agenda must be country-led and that the health sector must continue to play a pivotal role in the process, advocating multisectoral, health-in-all-policies approaches that addressed not only actual health needs, but also social, environmental, and economic determinants of health.

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<sup>5</sup> Available from: [http://www.who.int/about/who\\_reform/non-state-actors](http://www.who.int/about/who_reform/non-state-actors).

149. Resolution WHA67.14, adopted by the World Health Assembly in May 2014, had been considered a good framework for the ongoing efforts of Member States, the WHO Secretariat, and the Bureau to ensure a prominent place for health in the post-2015 development agenda. In order to reinforce those efforts and consolidate a regional position on the issue, it had been suggested that the post-2015 development agenda should be discussed as a substantive item during the 53rd Directing Council.

150. Accordingly, a roundtable discussion was held in order to inform Member States on the goals proposed by the Open Working Group on Sustainable Development Goals for consideration by the United Nations General Assembly (contained in Document CD53/16 Add. I) and to discuss their implications for the health sector, with emphasis on implementation. An introductory presentation was given by Dr. Roberto Dondisch Glowinski (Director General for Global Issues, Ministry of Foreign Affairs, Mexico), who had been a member of the Open Working Group. He briefly reviewed the process of formulating the Millennium Development Goals (MDGs), observing that the Region of the Americas had been, broadly speaking, relatively successful in fulfilling many of the Goals. Now the MDGs were being replaced and amplified by a set of sustainable development goals drawn up by the United Nations Open Working Group, which had drafted a document containing 17 goals and 169 targets, as well as indicators. Of the 17, goal 3 referred specifically to health. The issue of health in the broadest sense was undoubtedly central to the achievement of real development.

151. The new agenda differed from other work on development undertaken within the United Nations in that its objective was focused on the development of the person, rather than of the State. Thus it was the person that was seen as the beneficiary of the actions of the State and the international community. In consequence, the agenda had to be broad enough and flexible enough to be applicable to all countries and people in the world, as the challenges to be faced were obviously very different from one country to the next.

152. The new goals were much more general than the MDGs, while the targets were much more specific. The document covered the three dimensions of sustainable development, along with a very important aspect that had been promoted by various countries of the Region, namely a general concept of social and economic inclusion, with opportunities created for all, and a closing of the gaps in equity which greatly affected the Region. The new approach was based on the idea of not leaving anyone behind. Development was not to be conceived solely in terms of income per capita, but also in terms of the resolution of deficiencies: in education, in health, and elsewhere. Such an undertaking would be difficult, but it was the only way to achieve genuine advances for all. The aim was for the goals to be transformational, which would mean addressing the causes of problems, not their symptoms.

153. He highlighted the importance of measurement and follow-up, which were essential for exchanging best practices and for steering international cooperation. Countries would need to work together, with guidance from experts as to what were the most important elements and where the best results and the greatest benefits could be achieved, resulting in true development for people.

154. Following Dr. Dondisch's remarks, the Council formed three discussion groups. A report on the discussions (Document CD53/16, Add. II) was subsequently presented by Dr. Luiz Augusto Galvão (Chief, Special Program on Sustainable Development and Health Equity, PASB). He noted that during Member States' deliberations it had been emphasized that it was important for every country to have the autonomy to identify and decide which targets and indicators it would prioritize. It had been recognized that work on some of the goals of the current MDGs should continue, for example with regard to the reduction of maternal and infant mortality and the reduction of rates of AIDS, tuberculosis, malaria, and neglected diseases.

155. Member States had considered the current proposal for the sustainable development goals to be very relevant to the Region of the Americas, but had stressed that it must take into account the Region's unique characteristics and the diversity of its countries. The importance of addressing social determinants of health in the context of the goals had also been underscored.

156. Participants had supported a proposed partnership between PAHO and the United Nations Economic Commission for Latin America and the Caribbean (ECLAC) for establishing the regional set of health-related targets and indicators for the sustainable development goals. The need for monitoring and evaluation of the new goals had been emphasized, as had the need to strengthen health information systems in countries for measuring progress.

157. Member States had requested that the Bureau prepare a document comparing the targets and indicators of the proposed sustainable development goals with those of the Strategic Plan 2014–2019, the Health Agenda for the Americas, and current PAHO mandates in order to highlight the challenges that the different countries and subregions might face in implementing the goals. It had been suggested that when national and subregional consultation processes had been completed, the Bureau should convene a regional meeting to ensure that countries would not be overburdened when implementation of the post-2015 sustainable development agenda began.

158. Following Dr. Galvão's report, it was suggested that it would be helpful if the Bureau could provide updates on the progress of negotiations on the post-2015 development agenda, which would help countries to strengthen their positions and highlight the importance of health in the negotiations.

159. The Director noted that ministries of health needed to continue dialoguing with national representatives at the United Nations in New York in order to ensure that health had a central place in the sustainable development agenda.

160. The Directing Council took note of the report.

***PAHO Revolving Fund for Vaccine Procurement: Challenges and Opportunities (Document CD53/23)***

161. Dr. Cuauhtémoc Ruiz Matus (Acting Department Director, Family, Gender, and Life Course, PASB) introduced Document CD53/23, which had been produced in response to a request from some Member States at the June session of the Executive Committee. He explained that the document outlined some of the contributions of the Fund to the comprehensive approach to immunization in the Region. The Fund had been a major successful initiative by which the majority of the population of the Americas was protected against a variety of vaccine-preventable diseases. The document also examined the dynamics of the global vaccines market, which in some areas presented major challenges to the Fund.

162. One of the greatest challenges was the request of some producers—notably of relatively new vaccines such as those against rotavirus and human papillomavirus (HPV) produced by a very small number of manufacturers with correspondingly low levels of price competition—that the Fund should modify its underlying principles of offering a single price to all countries and of purchasing vaccines only at the lowest price. When the Fund did not comply, some producers had elected not to offer vaccines through it but to deal directly with countries. Each country that accepted such an arrangement reduced the Fund’s leverage to obtain favorable prices.

163. All delegates who spoke on this item welcomed the beneficial impact of the Revolving Fund on their countries’ vaccination campaigns, with delegates of some small countries expressing appreciation for the economies of scale their countries were able to enjoy through the participation of the larger ones. It was pointed out that, without the joint approach of the Fund, some countries, the smaller ones in particular, would not have been able to stand up to the increasingly powerful vaccine manufacturers. Appreciation was also expressed for the related services provided by the Revolving Fund in the areas of quality assurance and monitoring, particularly in the case of the smaller countries, which on their own did not possess the capacity necessary to ensure such monitoring.

164. Delegates also mentioned the need for ongoing technical support from PASB, for example in training vaccination teams or in communicating best practices and successful experiences. The Bureau was encouraged to continue its engagement with the GAVI Alliance, including in areas of common concern such as GAVI’s newly created task force on appropriate pricing for countries whose economic growth would make them ineligible for GAVI support (known as “GAVI graduating countries”).

165. Some speakers suggested that it might be advisable for the Bureau to consider whether its principles might be relaxed in certain cases and a price negotiated similar to that directly agreed with certain individual countries. Some pointed out that the Bureau’s insistence on the basic principles was causing some manufacturers to withdraw certain vaccines from the Fund, but that the poorer countries, in particular, could not afford the free-market price for vaccines.



166. The Director said that she understood Member States' concerns and had taken note of their suggestions. However, she pointed out that, without a specific mandate from the Governing Bodies, the Bureau could not abandon the Fund's principles and engage, for example, in tiered pricing. For the future, the Bureau would assist Member States in enhancing the accuracy of their predictions for vaccine demand, as being able to cite accurate demand figures to manufacturers would assist in negotiating for lower prices.

167. There was a need to define exactly what constituted "the lowest price." Was it the GAVI price? Or some price calculated using the GAVI price as a reference point? If the Bureau insisted that it would only buy at the GAVI price, it might well find itself not being offered some of the vaccines at all. Indeed, some manufacturers had already opted not to tender for some of the lower-priced vaccines that the Revolving Fund wished to offer. Moreover, in some cases the manufacturers of the newer vaccines were demanding commitments of enormous quantities of doses, multiyear agreements, and large prepayments. The Bureau had been able to secure a commitment for a loan from the Gates Foundation to help with the prepayments.

168. While she remained confident that PAHO could obtain help from its Member States in the negotiations with individual manufacturers, it would be important for all Member States to adopt an attitude of solidarity. In the case of the HPV vaccine, for example, a producer had approached those Member States having the highest demand and negotiated with them individually, thus reducing the pool of joint purchasers and further weakening the Organization's negotiating position.

169. The increasing complexity of the global health landscape made it seem desirable to conduct a full-scale formal evaluation of the way the Revolving Fund operated and of how its life-saving function could be strengthened. The Bureau would be pleased to undertake such an evaluation if the Governing Bodies deemed it advisable.

170. The Council took note of the report.

## **Administrative and Financial Matters**

### ***Report on the Collection of Assessed Contributions (Document CD53/17 and Add. I)***

171. Dr. Jarbas Barbosa da Silva (Representative of the Executive Committee) reported that the Executive Committee had been informed that by the time of its 154th Session, 96% of arrears had been paid and no Member State was subject to the voting restrictions envisaged under Article 6.B of the PAHO Constitution. Eighteen Member States had paid their current-year assessments in full. However, those payments had amounted to only US \$26.3 million,<sup>6</sup> 24.9% of the total due for 2014. As a result, the Bureau had been obliged to utilize the Working Capital Fund and other internal resources to finance its activities. It had been reported that the Director had restored the Working Capital Fund to its authorized level of \$20 million following repayment of a loan to the

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<sup>6</sup> Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

Revolving Fund for Vaccine Procurement. However, regular budget disbursements as of June had totaled \$34.7 million; as the assessed contributions received by mid-June had been insufficient to cover that amount, the Working Capital Fund had been completely depleted at that time.

172. Mr. Gerald Anderson (Director of Administration, PASB), noting that Document CD53/17, Add. I contained updated information as of 22 September 2014, reported that since that date the Bureau had received further payments from Antigua and Barbuda, Costa Rica, and France. A total of \$37.1 million or 96% of prior years' assessed contributions had been received, leaving only \$1.6 million still outstanding. No Member State was subject to the voting restrictions envisaged under Article 6.B of the PAHO Constitution. Of the 2014 assessed contributions, \$50 million, amounting to 47% of the total, had been received, with 26 Member States having paid their contributions in full.

173. Disbursements from the regular budget as of 29 September had totaled \$63.4 million. As a result, the cash balance of the Working Capital Fund was only \$7 million. The rate of receipt of assessed contributions had declined from 60% in 2011 to only 47% in the current year. As of the opening of the 53rd Directing Council, \$57.2 million of current contributions remained outstanding, with the five largest contributors to the Organization accounting for \$56.2 million of that amount.

174. Dr. Francisco Becerra (Assistant Director, PASB) expressed the Bureau's appreciation for the contributions received so far, at the same time appealing to those Member States still in arrears to accelerate their payments so as to enable the Organization to execute all the mandates assigned to it by Member States.

175. The Council adopted Resolution CD53.R1, expressing appreciation to those Member States that had already made payments for 2014 and urging all Member States to meet their financial obligations to the Organization in an expeditious manner.

***Financial Report of the Director and Report of the External Auditor for 2013 (Official Document 347)***

176. Dr. Jarbas Barbosa da Silva (Representative of the Executive Committee) reported that the Executive Committee had been informed that the External Auditor had issued an unqualified audit opinion on the Organization's financial statements for 2013. The Committee had welcomed the unqualified audit opinion, but expressed concern about the fact that the Organization had ended the 2012–2013 biennium with a deficit of \$2.66 million. The decline in current assets had also been noted, and the Bureau had been asked to provide information on what could be expected in the 2014 financial period; in particular, information was sought on how the shortfall in miscellaneous income, the decline in voluntary contributions, and the delays in receipt of assessed contributions were impacting the Organization's activities. Concern had also been expressed about delays in the PMIS project, which had increased the budgeted cost by an estimated \$2.2 million.

177. The Director had indicated that the Bureau expected a budget shortfall of between \$40 million and \$50 million for the biennium. The Bureau had taken steps to shrink the human resources component of the regular budget, but the scale of the reductions, coupled with the decline in voluntary contributions, was seriously taxing its ability to provide technical cooperation at the same levels as in the past. She had reported that the Bureau was working closely with the PAHO Foundation and the PAHO/WHO representatives to boost resource mobilization. She had also reported that, as of June, the Americas had received no voluntary contributions from WHO for 2014.

178. Mr. Gerald Anderson (Director of Administration, PASB) offered an overview of trends in the current year by comparison with 2013, noting that total revenue had increased by 16%. Components of the increase had been a rise in voluntary contributions of \$140 million and in procurement activities of almost \$35 million. National voluntary contributions had increased by \$150 million owing primarily to implementation of the *Mais Médicos* project in Brazil, while voluntary contributions from donors for external activities had dropped by \$9 million. On the other hand, thanks primarily to interest rate movements outside the United States, miscellaneous income had shown a significant increase in 2014 and was expected to meet or exceed the budgeted amount. Thus, the deficit situation of the previous biennium was not expected to be repeated.

179. With regard to the WHO regular budget allocation, \$64.6 million in regular budget funds and \$37.2 million in WHO resources from other sources of income had been received thus far in the first year of the current biennium. By comparison, the totals received for the entire 2012–2013 biennium had been \$80.6 million in regular budget funds and \$52.8 million in WHO other funds.

180. The Council welcomed the information given on the Organization's financial situation, while expressing concern about the various categories of resources that were diminishing. Clarification was sought on the income arising from the sale of textbooks and teaching materials under the Expanded Textbook and Instructional Materials Program (PALTEX).

181. Mr. Anderson explained that PALTEX had been absorbed by PAHO and that consequently sales proceeds from the Program were now recorded as PASB income.

182. The Director thanked those Member States that had paid their assessed contributions on time and appealed to those that were still in arrears to make their payments, noting that the Bureau had frequently had to have recourse to the Working Capital Fund to fund its activities. She also thanked the Member States that were actively involved in ensuring that the Organization received national voluntary contributions, including in particular Colombia, Mexico, and Trinidad and Tobago.

183. She noted in addition that the Bureau had strengthened its collaboration with the PAHO Foundation, which should also result in increased resource mobilization. The Bureau was taking steps to strengthen its Department of External Relations, Partnerships, and Resource Mobilization and improve management of project identification, definition,

implementation, and monitoring. Those measures would not yield immediate increases in voluntary funding, but she did not feel unduly worried about that the Bureau's ability to continue delivering technical cooperation to Member States.

184. The Council took note of the report.

***Status and Authorized Level of the Working Capital Fund (Document CD53/18)***

185. Dr. Jarbas Barbosa da Silva (Representative of the Executive Committee) reported that the Executive Committee had considered a proposal to increase the authorized level of the Working Capital Fund from \$20 million to \$25 million, the increase being considered necessary in the light of growth in the regular budget and the consequent increase in monthly cash requirements, which currently averaged \$8.1 million. It had been explained that although the Bureau had made efforts to increase the rate of receipt of assessed contributions, the timing of payments often made it necessary to draw from the Working Capital Fund to meet temporary deficits. On several occasions in recent years the Fund had been fully depleted because of non-payment of assessed contributions.

186. Most Members of the Committee had voiced no objection to the proposed increase; the Delegate of the United States of America, however, had said that her delegation would not support it. She had suggested that the increase should be deferred for a year until it was known how much funding would be needed for other priorities, such as after-service health insurance, information technology upgrades, and upkeep and repair of PAHO-owned real estate. Other Members of the Committee had pointed out that the Bureau was frequently operating with a significant monthly deficit and that refusing the request to increase the authorized level of the Working Capital Fund would place it in a very difficult position. It had therefore not been considered feasible to postpone the increase. Accordingly, the Executive Committee had adopted Resolution CE154.R4, recommending that the Directing Council increase the authorized level of the Working Capital Fund from \$20 million to \$25 million.

187. The Delegate of the United States of America repeated the arguments made at the Executive Committee, namely that any surpluses that might become available should be held back to fund areas such as after-service health insurance, information technology upgrades, and upkeep and repair of PAHO-owned real estate. Acknowledging that there was otherwise consensus on the need for the increase, she proposed the deletion of paragraph 2 of the proposed resolution, whereby the increase in the Working Capital Fund would be approved, but no immediate provision would be made for funding the increase from budget surpluses. Any surpluses could thus be used for other purposes, including, potentially, the increase in the Working Capital Fund.

188. Mr. Gerald Anderson (Director of Administration, PASB), pointing out that, as explained in the financial analysis in Annex D of Document CD53/18, the proposed resolution would not require the Director to use any surpluses in order to fund the increase, said that the Bureau could accept the deletion of paragraph 2.

189. The Director, observing that the Bureau frequently had to resort to internal borrowing in order to overcome income shortfalls, said that the increase in the authorized level of the Working Capital Fund would increase the Bureau's flexibility of action. She again appealed to those Member States whose assessed contributions were overdue to meet their obligations with all due speed.

190. The resolution was amended as proposed and adopted by the Council as Resolution CD53.R10.

***Status of the Project for the Modernization of the PASB Management Information System (Document CD53/19)***

191. Dr. Jarbas Barbosa da Silva (Representative of the Executive Committee) reported that the Committee had received an update on the modernization of the PASB Management Information System (PMIS) and had considered a proposal to increase the project budget by \$2.2 million in order to cover the cost of change orders. The Committee had been informed that the Director had identified internal sources of the additional funding, namely \$100,000 from the unspent balance of the Holding Account and \$2.1 million from the unappropriated balance of the surplus resulting from the implementation of the International Public Sector Accounting Standards in 2010.

192. While welcoming the progress made on the project, the Executive Committee had asked for an assessment of the credibility of the proposed increase, as well as assurance that the Bureau was certain that the present request for an increase would be the last one. Having received satisfactory responses from the Bureau on those issues, the Committee had adopted Resolution CE154.R6, recommending that the Directing Council approve the transfer of the funds mentioned to the PMIS project.

193. Mr. Esteban Alzamora (PMIS Internal Project Manager, PASB), summarizing the progress made in implementing the PMIS modernization project begun in March 2014, reported that design and configuration of Phase 1, comprising human resources and payroll, had been completed; testing of Phase 1 had been completed on 12 September 2014; design refinements were being carried out, and Phase 1 would go into operation at the end of January 2015. Phase 2 would begin on schedule towards the end of 2014 with the launch of the design of the finance, planning and budget, and procurement components.

194. With a significant portion of implementation now completed, the project team had been able to revise the project budget based on real cost during Phase 1. As with most enterprise resource planning software implementations, a reasonable contingency budget must be provided to cover the cost of change orders, i.e. changes identified during implementation as being necessary to meet unexpected but essential design requirements. Change orders for Phase 1 had totaled just over \$500,000. Change orders for the more complex Phase 2 were projected at about three times that amount; thus, a budget increase of \$2.2 million (including a safety margin) was being proposed. As the Representative of

the Executive Committee had said, the Director had identified internal sources for that additional funding.

195. The Council welcomed the progress on the PMIS project up until then, noting that the enhanced system would play a critical role in improving the delivery of technical cooperation to Member States. Delegates asked whether the work being pursued in the area of risk management included the issue of how the enhanced PMIS would communicate with the WHO system, which was considered an important aspect of safeguarding transparency and accountability.

196. One delegate requested information on whether a plan was in place to deal with any further increases that might be needed in the future. Another delegate sought clarification on the situation of existing systems such as those for contracting, taxes, pensions, and health insurance, which were outside the scope of the PMIS project. She also asked whether the long-term investments needed to ensure the sustainability of the PMIS were included in the project budget, and she requested the Bureau to provide a glossary of the terms used in the project, such as “ERP” (enterprise resource planning).

197. One delegate from the Caribbean subregion requested that PASB use the experience gained in strengthening the PMIS to assist Member States engaged in similar processes and said that the assignment of a technical officer to the Office of Caribbean Program Coordination in Barbados to that end would be welcome.

198. Mr. Gerald Anderson (Director of Administration, PASB) thanked Member States for their support for the very important project. Concerning systems that were outside the scope of the project, he explained that in designing the project the Bureau had taken into account which existing systems were operating adequately and therefore did not need to be replaced. Such systems would have interfaces in order to be able to exchange data with the new ones, resulting in a single integrated system. That approach had contained the cost of the modernization project. With regard to risk management, the Organization was working with WHO and its enterprise risk management structure to ensure that the PMIS would be fully able to communicate with the other WHO regions.

199. The Director, noting that statistics showed that more than 60% of attempts to implement an ERP system failed to some degree, affirmed that successful implementation of the project called for close attention by Member States, to whom she was correspondingly grateful, as well as careful monitoring by Executive Management. She recalled that \$20 million had been budgeted for the project in 2010; however, the system requirements had not been fully defined at that time, nor had any of the necessary software been identified. It had quickly been recognized that the cost of a custom-built system would have been prohibitive, and the Bureau had therefore taken the approach of selecting existing systems and adjusting them to meet the Organization’s specific requirements through change orders, the cost of which had been impossible to predict until the project really got under way. She had been told by staff and experts that, in line with industry standards, \$2.2 million was the amount that would be required.

200. The systems would be implemented in accordance with the timetable that Mr. Alzamora had put forward. Staff training on change management was ongoing and would accelerate in the coming three months. A glossary of terms used in the PMIS project existed and could be made available.

201. With regard to potential other long-term investments, she recalled that in early 2014 the Bureau had commissioned an information technology assessment from the International Computing Centre in Geneva. That assessment had revealed that while the present information technology infrastructure would allow implementation of the PMIS project to begin in 2015 and to continue into 2016, major upgrades were going to be needed. Consequently the Bureau was now in the process of developing a strategy for the coming years, covering the specific investments that would be needed to support the PMIS and other information technology requirements. The strategy would be presented to the Governing Bodies in 2015.

202. The Council adopted Resolution CD53.R11, approving an increase in the authorized budget for the modernization of the PMIS from \$20.3 million to \$22.5 million.

#### **Election of Member States to Boards and Committees**

***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 UNICEF/UNDP/World Bank/WHO Special Program for Research and Training in Tropical Diseases (TDR) (Document CD53/20)***

203. The Directing Council selected Suriname to designate a person to serve on the Joint Coordinating Board of the UNICEF/UNDP/World Bank/WHO Special Program for Research and Training in Tropical Diseases (TDR) for a four-year term commencing on 1 January 2015 (Decision CD53[D5]).

***Election of Two Members to the Advisory Committee of the Latin American and Caribbean Center on Health Sciences Information (BIREME) (Document CD53/21)***

204. The Directing Council declared Panama and Trinidad and Tobago elected as members of the BIREME Advisory Committee for a three-year term commencing 1 January 2015 (Resolution CD53.R5).

#### **Awards**

***PAHO Award for Administration (2014) (Document CD53/22)***

205. Dr. Jarbas Barbosa da Silva (Representative of the Executive Committee) reported that the Award Committee of the PAHO Award for Administration 2014, consisting of the representatives of Brazil, Chile, and Jamaica, had met during the 154th Session of the Executive Committee. After reviewing the information on the candidates nominated by Member States, the Award Committee had decided to confer the PAHO

Award for Administration 2014 on Dr. Miguel Ángel Lezana Fernández, of Mexico, for his outstanding contributions to public health, as exemplified by his work in health services administration and medical education, as well as his leadership in the field of epidemiological surveillance and health information systems.

206. The President of the Directing Council and the Director presented the PAHO Award for Administration 2014 to Dr. Lezana Fernández, whose acceptance speech may be found on the website of the 53rd Directing Council.

207. The Delegate of Mexico expressed appreciation to PASB and the Award Committee for the honor bestowed on Dr. Lezana Fernández.

### ***PAHO Foundation Awards***

208. Dr. Jennie Ward-Robinson (President and Chief Executive Officer of the PAHO Foundation) reiterated the Foundation's commitment to be the philanthropic arm of PAHO. As part of that commitment, several awards for excellence in inter-American public health were presented each year.

### ***Abraham Horwitz Award for Excellence in Leadership in Inter-American Public Health (2014)***

209. The annual awards included the Abraham Horwitz Award for Excellence in Leadership in Inter-American Public Health, established to honor Dr. Abraham Horwitz, former Director of PASB and later President of the Pan American Health and Education Foundation, PAHEF (now the PAHO Foundation). The award recognized leadership that had changed lives and improved the health of the peoples of the Americas.

210. Dr. Ward-Robinson, the President of the Directing Council, and the Director presented the Abraham Horwitz Award for Excellence in Leadership in Inter-American Public Health 2014 to Dr. Javier Torres-Goitía, of Bolivia, in recognition of his lifelong dedication to public policy and the cross-border implications of his work.

211. Dr. Torres-Goitía's acceptance speech may be found on the website of the 53rd Directing Council.

### ***Sérgio Arouca Award for Excellence in Universal Health Care (2014)***

212. Dr. Ward-Robinson recalled that the Sérgio Arouca Award for Excellence in Universal Health Care had been created in 2010 by the Ministry of Health of Brazil and PAHEF in cooperation with PAHO. The award recognized leaders who had worked to advance, influence, and strengthen universal health care programs in the Region. Brazilian physician, scholar, and tireless champion of universal health care Sérgio Arouca, whom the award honored, had been such a leader.



213. She added that, although it was an unprecedented occurrence for an individual to be nominated for two PAHO Foundation awards simultaneously, Dr. Javier Torres-Goitía had also been selected as the winner of the Sérgio Arouca award. Together with the President of the Directing Council and the Director of PASB, she presented the award to Dr. Torres-Goitía for his actions and public health policies that had led to the eradication of endemic goiter and improvements in maternal and infant health in Bolivia.

*Manuel Velasco Suárez Award for Excellence in Bioethics (2014)*

214. Dr. Ward-Robinson recalled that the Manuel Velasco Suárez Award for Excellence in Bioethics had been created in 2002 to recognize groundbreaking thinking in the field of bioethics. It honored Dr. Manuel Velasco Suárez, physician, researcher, and scholar, who had dedicated more than 50 years of his life to public health and had been one of the founders of the Mexican Academy of Bioethics.

215. Dr. Ward-Robinson, the President of the Directing Council, and the Director of PASB presented the Manuel Velasco Suárez Award for Excellence in Bioethics 2014 to Dr. Ignacio Mastroleo, of Argentina, for his proposal titled *Obligaciones de investigadores y patrocinadores: el modelo de reciprocidad democrática*, which sought to develop a model in bioethics across Latin American societies for the multiple actors engaged in research involving human subjects.

216. Dr. Mastroleo's acceptance speech also appears on the website of the 53rd Directing Council.

*Additional PAHO Foundation Awards*

217. Dr. Ward-Robinson also introduced the winners of three other PAHO Foundation awards, to be presented at an evening ceremony. The Clarence H. Moore Award for Excellence in Voluntary Service had been awarded to the non-profit organization Water with Blessings, which promoted access to safe drinking water in the Americas through distribution of low-cost water filtration systems and related community education; the Pedro N. Acha Award for Excellence in Veterinary Public Health had been awarded to Dr. Virginia Micaela de la Puente León, of Peru, for her thesis titled "Enteric Bacteria with Zoonotic Potential in Neotropical Primates in Captivity, Peru"; and the Fred L. Soper Award for Excellence in Public Health Literature had been awarded to Dr. Mario Alberto Rodríguez Pérez, of Mexico, for his article "Development of a Novel Trap for the Collection of Black Flies of the *Simulium ochraceum* Complex," which proposed an innovative use of low-cost technology for the control and elimination of onchocerciasis.

**Matters for Information*****Update on WHO Reform (Document CD53/INF/1)***

218. Dr. Jarbas Barbosa da Silva (Representative of the Executive Committee) reported that the Executive Committee, after receiving an update on the progress of WHO reform, had affirmed the importance of the reforms relating to governance, allocation of WHO resources, and engagement with non-State actors. It had underscored the need to accelerate governance reform, in particular with regard to strategic decision-making by WHO's Governing Bodies. The Committee had also emphasized the need to develop a fair, transparent, and evidence-based methodology for allocating WHO resources to the regions. The importance of reform at all levels of the Organization had been stressed.

219. Dr. Hans Troedsson (Assistant Director-General for General Management, WHO) gave an update on the progress of WHO reform, noting that while significant advances had been achieved, two recent unexpected developments had slowed the rate of progress: the mobilization of the Organization to respond to the Ebola crisis, which had reduced the level of human resources available for the reform undertaking, and some cash flow problems, which were expected to be overcome in the next few months.

220. Significant progress had been made in programmatic reform, as had been evident in the preparation of the program budget 2016–2017. Transparency and predictability of financing had increased as a result of the financing dialogue and the program budget web portal. For the first time ever at such an early point in the biennium, almost 90% of the current program budget was already funded. Governance reform had shown the lowest rate of progress. With regard to managerial reform, there had been marked improvements in accountability and transparency. A promising initiative was the launching of an administrative and programmatic review of country offices aimed at identifying best practices and looking for potential further improvements. Draft policies on mobility and performance management would be presented to the Executive Board in January 2015. In the communication area, the emergency communication network had provided important support to the ongoing Ebola response. Significant progress had been made on initiatives to enhance internal controls. Several tools had been developed, including risk mitigation plans.

221. An evaluation framework was being developed with a view to giving evaluation a more prominent role in WHO's work, and indicators were being studied to facilitate monitoring of reform activities. A reform management team set up in the Director-General's office was responsible for updating reform plans, which would serve as a basis for regular reporting to Member States and other stakeholders.

222. The Directing Council welcomed the commitment of the WHO Secretariat and of the Director-General to reform and acknowledged the progress made. The reform process was viewed as a valuable opportunity for in-depth examination of needed changes in the Organization's role in steering global health priorities and for strengthening its multilateral nature and its ability to interface with other United Nations bodies and other

health initiatives in order to enhance multisectoral approaches. Engagement with non-State actors was also viewed as important, and delegates welcomed the development of a framework for that purpose (see paragraphs 136 to 147 above), stressing the necessity of avoiding any conflicts of interest. Attention to social determinants of health and to the reduction of health inequities were considered reform priorities. It was considered that the ultimate aim of reform should be the achievement of better health results. Evaluation of impacts was therefore viewed as crucial.

223. Appreciation was expressed for the efforts of the WHO Secretariat to provide a clear plan for the reform initiative that would equip the Secretariat and Member States with a tool to measure and track progress in its implementation. The Secretariat was encouraged to ensure that Member States were aware of that tool<sup>7</sup> and to complete work on the various other monitoring and evaluation tools as soon as possible.

224. Like the Executive Committee, the Council drew attention to the need for faster progress on governance reform, particularly in regard to strategic decision-making in sessions of the WHO Governing Bodies. It was suggested that greater synergy was required between regional and global governing bodies in order to facilitate global discussions and maximize the benefit of regional discussions on issues of global concern. The importance of participatory approaches to collective decision-making was highlighted. The need to continue strengthening communication between the global and regional levels was also noted, as was the need to ensure reform at all levels of the Organization. In that connection, the Bureau was asked to provide a more detailed analysis of reform implementation from a regional perspective, including views on how lagging elements such as governance reform could be accelerated. It was also considered necessary to strengthen the measures aimed at implementing reform at country level. The need for training of staff at all levels in relation to reform was highlighted.

225. Delegates underscored the need for continued effort to enhance transparency and accountability with respect both to the overall reform process and to budget and program processes. In relation to the latter, the web portal created for the financing dialogue was considered an excellent start, but it was pointed out that it was not yet sufficiently populated with data, a critical step toward transparency. A sound strategy for resource mobilization and management at all levels of the Organization was also viewed as essential.

226. It was pointed out that the Ebola crisis had demonstrated the need for stronger coherence in the face of unpredictable events and for better prioritization in the critical area of disease outbreaks and IHR implementation. It was felt that the crisis had shown that WHO's human resource systems did not have the flexibility and efficiency needed to ensure that the Organization was fit for purpose and would continue to attract the best talent and use that talent as effectively as possible.

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<sup>7</sup> The tool can be accessed at <http://spapps.who.int/WHOREform>.

227. Dr. Troedsson acknowledged that the reform effort so far had been primarily focused on WHO Headquarters, but noted that reform initiatives were now being taken up at the regional and country level. Reform must indeed occur at all three levels of the Organization, but it was especially important at country level, since the reform efforts were a crucial component of how WHO enhanced its performance at that level and how it supported Member States. It was true that the Ebola crisis was a huge and unprecedented challenge, but it was also an opportunity to learn and to ensure that the Organization was better equipped and organized to meet such public health challenges in the future.

228. The Director assured Member States that PAHO was participating fully in the WHO reform process, including at the country office level. Indeed, the Region of the Americas was probably far ahead of most of the other regions in responding to WHO's reform initiatives. In fact, reforms in PAHO had preceded the WHO reforms. PAHO had, for example, been striving for several years to enhance transparency and accountability and would continue to do so. The current prioritization process would be very important not only as a basis for informing the allocation of PAHO resources but also for ensuring greater accountability and transparency. The Region had also already adopted a bottom-up planning approach, which had been applied in developing the 2014–2019 Strategic Plan, a process that had entailed more than 50 national stakeholder consultations. PAHO continued to employ participatory approaches in the formulation of regional action plans.

229. In terms of governance reform, the agendas of the PAHO and WHO Governing Bodies were now more harmonized. As far as possible, PAHO did not create its own strategy when one had been formulated at the global level; rather, it developed a regional plan of action in response to the strategy. PAHO had pushed and would continue to push for full engagement of the Member States of the Region in formulating those global strategies.

230. PAHO was enhancing its risk management processes to align them with those of WHO and to ensure that risk management was mainstreamed into program implementation and evaluation. It was also sharing its experience in working with non-State actors to help guide the WHO discussions.

231. Dr. Anarfi Asamoah-Baah (Deputy Director-General, WHO), noting that one of the main features of WHO reform was that it was Member State-driven, thanked the PAHO Member States for their active participation and their leadership in the process. The underlying reason for reform was to make WHO fit for purpose. The recent Ebola outbreak had indeed revealed areas in which improvement was needed in that regard, particularly with respect to speed of response, transparency, accountability, and ability to work with other agencies. The last few weeks had demonstrated that WHO continued to need reform, as the challenges were changing. The continued leadership of Member States from the Region would assist in ensuring that issues of accountability and transparency went beyond mere lip service and that reforms were truly implemented. He was impressed by how PAHO had taken on WHO reform as its own concern. That was not the case in all the regions, and he hoped that Participating and Observer States from

the Americas that were members of other WHO regions would help ensure that reform became not something to be talked about only in Geneva, but something that happened in all WHO offices all over the world.

232. The Directing Council took note of the report.

***Draft Proposed WHO Program Budget 2016–2017 (Document CD53/INF/2)***

233. Dr. Hans Troedsson (Assistant Director-General for General Management, WHO) introduced the draft proposed WHO program budget, explaining that it was considered a draft because WHO was still in the process of gathering input and opinions on it from the regions prior to its submission to the Executive Board in January 2015. He drew attention to the budget's bottom-up approach, based on identification of priorities at country level, as called for by the Sixty-seventh World Health Assembly in May 2014. He also noted the document's emphasis on clear roles and responsibilities in order to avoid duplications and gaps and its realistic costing approach.

234. With regard to budgetary priorities, emphasis was being laid on ensuring that all the obligations under the International Health Regulations (2005) were met by Member States, the need for an enhanced level of preparedness having been underscored by the Ebola outbreak. Strengthening regulatory capacity and health information systems and evidence was another priority, as was increased investment aimed at ending preventable maternal, newborn, and child deaths.

235. One of the main reductions in resource allocation under the 2016–2017 budget would be in the area of communicable diseases, which did not mean that that area was no longer a priority; rather, the reduction reflected the fact that capacity among Member States and partners had increased dramatically in areas such as prevention and control of HIV/AIDS, tuberculosis, and vaccine-preventable diseases. WHO's role was now much more of an upstream one, which required fewer resources. At the same time, more resources had been allocated to areas such as noncommunicable diseases, promotion of health throughout the life course, and emergency preparedness and response.

236. There was still work to be done in the current planning phase, notably to ensure that the alignment of the bottom-up priorities matched global and regional commitments and targets, for which input from countries and regions on priority-setting would be important. Work was also still needed on identifying and developing means of managing cross-cutting issues such as antimicrobial resistance, gender equity, and human rights. In addition, cost estimates needed to be refined on the basis of resource requirements for staff and activities.

237. In the discussion that followed, Member States welcomed the bottom-up approach to planning and priority-setting, the enhanced definition of roles and responsibilities at the three levels of the Organization and the new approach to budgeting based on outputs and outcomes, rather than inputs. The updates to the results chain aimed at better showing

the links between activities implemented and outputs delivered, on the one hand, and outcomes and impacts achieved, on the other, were welcomed.

238. Member States noted the proposed shifts in resource allocation and called on the WHO Secretariat to show leadership in mitigating the reductions in areas such as communicable and vaccine-preventable diseases, AIDS and tuberculosis by maximizing existing capacities and partnerships with Member States. The decrease in the Region's budget for polio eradication was noted and information was requested on how those funds had been reallocated. The increases in the categories of work aimed at improving women's and children's health, including gender equality, nutrition, and immunization, were welcomed, and the need for a continued focus on the health of women, children and other vulnerable groups was emphasized. Clarification was sought as to whether the Secretariat envisaged further budget revisions in order to bolster capacity and resources that had been considerably stretched by recent public health crises such as the Ebola outbreak. More detailed information was also requested on costing of inputs.

239. It was considered important to develop indicators for the program budget in a timely manner in order to give Member States the opportunity to comment on them. It was also considered that the indicators identified for the PAHO Strategic Plan 2014–2019 would be useful for monitoring and performance assessment in respect of the WHO program budget. In that connection, it was pointed out that the proposed program budget did not seem to be fully aligned with the preliminary prioritization exercise undertaken for the development of the PAHO Strategic Plan 2014–2019. The WHO Secretariat and the Bureau were urged to work together to ensure full funding for the WHO program budget and for the implementation of the PAHO Strategic Plan.

240. Dr. Troedsson explained that the time available to prepare a draft program budget for presentation to the regional committees had been quite short and that the WHO Secretariat was still working at all three levels of the Organization through the program area networks and category networks to resolve prioritization issues. He stressed that the program budget for 2016–2017 was a realistic budget, not an aspirational one. That being the case, it had to be ensured that the budget was fully funded. However, a large proportion of the funding that WHO received continued to be earmarked, which resulted in overfunding of some areas and underfunding of others and made it difficult to align funding with priorities.

241. With regard to the questions about further budget revisions, he explained that flexibility was built into the budget in the area of outbreak and crisis response, which was very much event-driven. Thus, if a disease outbreak or other emergency occurred, WHO would have the capacity to absorb additional funding in order to be able to respond, but it did not plan for events that might not happen. With regard to the question of where the funds resulting from the cuts in the polio budget had been reallocated, he recalled that that part of the budget was based on the agreed Global Polio Eradication and Endgame Strategic Plan 2013–2018. The reduction in the amount did not mean that the Secretariat had taken that money and put it in some other specific place. Rather, there had been an

overall reallocation, with increases, for example, in maternal and child health, non-communicable diseases, and certain other areas, and decreases in others.

242. He confirmed that the program budget for 2016–2017 was not a transitional budget. With a good results chain and priority-setting, and with bottom-up planning and clear roles and functions of the three levels, the Organization had moved beyond the transitional stage. With regard to indicators, the Secretariat was working on needed improvements. Results of that work should be visible by the time of the Executive Board in January.

243. The Director added that the Bureau would make available to the WHO Secretariat the work that had been done on indicators for the amended PAHO Strategic Plan 2014-2015 (see paragraphs 35 to 45 above), which might be helpful in refining the WHO program budget indicators.

244. The Directing Council took note of the report.

***WHO Strategic Budget Space Allocation (Document CD53/INF/3)***

245. Dr. Hans Troedsson (Assistant Director-General for General Management, WHO) reviewed the background leading to the establishment of a working group on strategic resource allocation, which had subsequently become the Working Group on Strategic Budget Space Allocation. The Working Group was tasked with providing guidance to the WHO Secretariat on the development of a new strategic budget space allocation methodology. It comprised six members, one from each WHO region. Mexico represented the Americas.

246. The work on the new methodology had not progressed as quickly as had been hoped, not because of any lack of effort on the part of either the Working Group or the Secretariat, but because the formulation of a new methodology was a complex undertaking, in part because shifting resources from one region to another would mean decreasing resources in another, and thus far the six regions had requested an increase but none had volunteered to decrease its allocation. Moreover, it was not easy to find a simple resource allocation formula that everyone could understand and agree to.

247. Two important conclusions had emerged from the Group's work thus far: the strategic budget space allocation methodology should apply to both assessed and voluntary contributions and it should support the Organization's current integrated approach to programming and budgeting (one workplan and one budget). The development and implementation of the methodology would be guided by six key principles: it would be based on needs and evidence, results-based management, fairness and equity, accountability and transparency, clear roles and functions, and performance improvement. It would include four broad operational segments: technical cooperation at country level, provision of global and regional public goods, administration and management, and response to emergency events. Possible criteria for resource allocation under each segment were described in the annex to Document CD53/INF/3.

248. The Secretariat was currently developing models for applying the various principles and criteria. The outcome of that work would be presented to the Working Group in November 2014, after which an updated draft proposal would be made available to Member States in mid-December in preparation for the January 2015 session of the Programme, Budget and Administration Committee.

249. In the discussion that followed, it was recalled that the budget space allocation initiative had originated at the behest of the Member States of the Region, which had adopted the Statement by the Member States of the Americas Regarding WHO Budgetary Allocations to the Region of the Americas.<sup>8</sup> The Region's continued leadership on the issue was noted and appreciation was expressed to Mexico for its work on the Working Group.

250. Delegates acknowledged the complexity of developing a fair, transparent and objective method of resource allocation and underlined the need for a method based on principles agreed by all Member States. It was emphasized that the methodology must be linked with other aspects of WHO reform. In that connection, it was felt that greater emphasis should be placed on the three pillars proposed by the WHO Secretariat and agreed by Member States for the allocation of resources: bottom-up planning, clear identification of roles and responsibilities among the three levels of the Organization, and realistic costing of outputs. The Delegate of Mexico reported that in order to reflect inequalities, an issue of vital concern for the Americas, Mexico had requested that the socioeconomic criteria for resource allocation should include an indicator similar to the Gini index.

251. The need for flexibility to accommodate changing priorities and unforeseen events was highlighted, as was the need for an adaptable transitory mechanism that could accommodate structural changes that might be made in the context of WHO reform. It was felt that the overarching allocation criterion for both the technical cooperation and global and regional support segments should be WHO's comparative advantage. It was suggested that the Secretariat might provide examples of how the various proposed approaches would be applied to the 2016–2017 budget so that Member States could see how they would work in practice. It was also suggested that the Secretariat should undertake an analysis of whether it might be feasible, in light of the shift from budgeting based on estimates to budgeting based on realistic costing, to apply the resource allocation mechanism approved in 2006.<sup>9</sup>

252. Dr. Troedsson said that the Secretariat would prepare a background document explaining how bottom-up planning and costing had been applied in the development of the 2016–2017 program budget proposal. He agreed on the need for flexibility in resource allocation, since it was difficult to predict how priorities might change over time. Another consideration was capacity for resource implementation: if a country or

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<sup>8</sup> Contained in Resolution CE152.SS.R1.

<sup>9</sup> See WHO Documents EB118/7 and EBSS-EB118/2006/REC/1.



region was unable to implement its budget fully, there should be a way to reallocate the unimplemented resources.

253. The Director observed that the WHO budget for the Americas in 2016–2017 would continue to be based on historical patterns, and in that sense it would remain very much a transitional budget. Until the Organization began to budget on the basis of a true bottom-up approach, not historical patterns, the Region of the Americas would continue to be disadvantaged in resource allocation.

254. Dr. Anarfi Asamoah-Baah (Deputy Director-General, WHO), acknowledging the historical basis of the 2016–2017 program budget proposal, affirmed that the issue of budget space allocation was enormously complex. Myriad factors had to be considered, including the fact that, while the Organization was moving towards a one-budget approach, its resources came from a number of different sources. The Secretariat had control over or could influence how some of those resources were allocated, but in some cases it had no influence at all, which made it difficult to allocate a fixed proportion of resources to a particular region.

255. It was also very difficult to determine what would constitute a region's fair share of WHO resources. A simple formula based on disease burden or gross domestic product might prove inadequate as more countries moved towards middle-income status. In addition, it had to be borne in mind that there could be poor countries in regions that were viewed as rich and rich countries in regions viewed as poor. Another consideration was how resources would be allocated between WHO Headquarters and the regions and, within regions, how they would be allocated among countries. He questioned whether a working group consisting of only six Member States was sufficient to grapple with all those considerations.

256. The Council took note of the report.

***Report on the United Nations General Assembly High-level Meeting on the Progress Achieved in the Prevention and Control of Noncommunicable Diseases (Document CD53/INF/4, Rev. 1)***

257. Dr. Anselm Hennis (Director, Department of Noncommunicable Diseases and Mental Health, PASB) presented Document CD53/INF/4, Rev. 1, which analyzed the report on the United Nations General Assembly high-level meeting on the progress achieved in the prevention and control of noncommunicable diseases (NCDs). He drew attention in particular to paragraph 30 of the high-level meeting's outcome document<sup>10</sup> prioritizing a set of 19 measures in four major areas, some of them having target completion dates.

258. Representatives of two nongovernmental organizations called on Member States to implement fully all the commitments in the outcome document, including developing

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<sup>10</sup> Contained in General Assembly resolution A/RES/68/300.

national NCD targets and costed national multisectoral plans by 2015 and integrating NCDs into national development agendas. Member States were urged to actively champion the inclusion of NCDs in the post-2015 development agenda. They were also urged to make dementia a national health priority and develop national dementia plans, in the light of predicted large increases in prevalence of dementia in future years.

259. Dr. Hennis said that the global community had progressed significantly in recognizing the significant burden and impact of NCDs and the important fact that NCDs were not just a health issue but a development issue as well. There had been some very definite achievements: for example, about 50% of countries had an operational national NCD policy, up from 32% in 2010. It should be noted, however, that progress had been somewhat uneven, owing not to lack of will but to limitations in technical capacity and funding. Clearly, there was much work still to be done, and the tasks were large and resources limited. He stressed that the Bureau stood ready to provide support and technical cooperation to Member States, for example in establishing multisectoral mechanisms to deal with the issues of NCDs.

260. The Council took note of the report.

***Systematization of PAHO Mandates (Document CD53/INF/5)***

261. Dr. Jarbas Barbosa da Silva (Representative of the Executive Committee) reported that the Executive Committee had welcomed the initiative to systematize the information on Governing Body resolutions and other public health commitments, considering that it would facilitate follow-up of mandates by both the Bureau and Member States, help to identify needed actions or course corrections, strengthen the governance and leadership of the Organization, and enhance the effectiveness of progress monitoring under the Strategic Plan 2014–2019 and other Governing Body mandates.

262. The Directing Council also welcomed the initiative, which would help to enhance transparency and accountability. The initiative was viewed as a best practice that should be shared with other regions and with the WHO Secretariat. It was considered that it would provide valuable lessons about how the Bureau and Member States approached the discussion of health issues and the adoption of resolutions; it would also provide information on the possibility of “sunsetting” or phasing out some areas that had become of low priority.

263. Delegates agreed with the recommendations in Document CD53/INF/5, in particular regarding the need to strengthen the focus of PAHO initiatives and mandates towards achievement of the objectives of the Strategic Plan and the Health Agenda for the Americas and the need for future resolutions to be more explicit in terms of reporting requirements, clear mandates, capacity for implementation, and financial implications. In relation to the recommendation in paragraph 25, it was suggested that the Bureau should draw up a roadmap that would include a possible timetable for the review of resolutions and mandates, with a focus on technical review to confirm fulfillment of the mandates

and assessment of the programmatic and budgetary impacts of maintaining or phasing out activities.

264. Ms. Piedad Huerta (Senior Advisor, Governing Bodies Office, PASB) said that the Bureau had taken careful note of the comments from delegates and would take appropriate action within the coming six months. The project had represented an important opportunity for the Bureau to review the Governing Body mandates of the previous 15 years. It had been able to identify the commitments completed, those that were still pending, and others which would merit a more detailed review to determine the advisability of maintaining or sunsetting them. At the same time, the Bureau had been able to strengthen the Institutional Repository for Information Sharing (IRIS) through the addition of a component (known as a “community”) especially dedicated to Governing Body documents and resolutions. The Bureau would also be publishing in IRIS a compendium of resolutions, with hyperlinks, which would be periodically updated. The system was now available for consultation by Member States.<sup>11</sup>

265. The Director said that the work that had been done in terms of systematization of the mandates would be useful only if it were utilized. The work had provided important information, but now the Bureau needed guidance from Member States with regard to the sunsetting process for items that had been completed or were no longer relevant. The Bureau would endeavor during 2015 to put forward some definite proposals regarding sunsetting of items.

266. The Bureau particularly hoped that the system would prove useful to Member States in identifying previous documents and resolutions on matters that they might wish to place on the agendas of the Governing Bodies. Responsibility for compiling the agendas for Governing Body sessions lay with the Executive Committee. While the Director did have the option of making suggestions, many requests for additional agenda items came from Member States. It was of course very difficult for the Bureau to suggest to the Executive Committee that such requests should not be considered; it could, however, make the Committee aware of the existence of past plans of action or resolutions dealing with the same subject matter. It might also provide an analysis identifying which items were priority issues or themes under the Strategic Plan 2014-2019.

267. Although there had been repeated calls to shorten agendas in the context of WHO reform, the agendas of both PAHO’s and WHO’s Governing Bodies had become even longer. It was to be hoped that some discipline could be exercised within PAHO to ensure that the agendas were meaningful and contributed to the priority issues in the Region.

268. The Directing Council took note of the report.

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<sup>11</sup> Available from: <http://iris.paho.org/xmlui/handle/123456789/2?locale-attribute=en%20>

***Progress Reports on Technical Matters (Documents CD53/INF/6, A-G)******Special Presentation: The Independent Expert Review Group Report***

269. Dr. Carmen Barroso, Regional Director of the International Planned Parenthood Federation (Western Hemisphere) and a member of the independent Expert Review Group (iERG) established to report regularly to the United Nations Secretary-General on outcomes related to the Global Strategy for Women's and Children's Health, presented the findings from the 2014 iERG report, *Every Woman, Every Child: a Post-2015 Vision*. She noted that the report showed that in many areas related to women's and children's health, the world was falling far short of the targets of the Millennium Development Goals and put forward several recommendations for improving the situation in the post-2015 period.

270. A summary of Dr. Barroso's presentation, and a link to the full iERG report, may be found on the PAHO website.<sup>12</sup>

271. The Director thanked Dr. Barroso for her presentation, also acknowledging the work of the independent Expert Review Group, set up by the Commission on Information and Accountability for Women's and Children's Health, which had the role of ensuring that Member States and the UN Secretariat were meeting expectations.

***A. Strategy and Plan of Action on Climate Change***

272. Dr. Jarbas Barbosa da Silva (Representative of the Executive Committee) reported that in the Executive Committee's consideration of this item, delegates had agreed that climate change represented a threat to human health and to health systems that could only be mitigated through enhanced cooperation across public sectors and among public and private institutions. It had been emphasized that the health sector should assume a leadership role in forging those partnerships and ensuring that health considerations related to climate change were identified and addressed.

273. In the Council's discussion of the progress report, it was suggested that further measures should be taken with a view to the inclusion of health in the negotiations at the 20th session of the Conference of the Parties to the United Nations Framework Convention on Climate Change (COP 20), which would take place in Lima in December 2014. Appreciation was expressed for the efforts of WHO to place the topic of health on the agenda of the negotiations and for the support of PASB for the organization of a side event on climate change and health during COP 20. Attention was drawn to the severe impact of climate-related emergencies on small island developing States, which had led to the destruction of infrastructure and ecosystems and in some instances the loss of human lives. The link between climate change and rising rates of diseases such as dengue

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<sup>12</sup> Available from:

[http://www.paho.org/hq/index.php?option=com\\_content&view=article&id=10063:carmen-barroso-presents-findings-of-2014-ierg-report-at-53rd-directing-council&Itemid=39620&lang=en](http://www.paho.org/hq/index.php?option=com_content&view=article&id=10063:carmen-barroso-presents-findings-of-2014-ierg-report-at-53rd-directing-council&Itemid=39620&lang=en)

and chikungunya was also noted. The responsibility of developed countries for limiting the emission of greenhouse gases was highlighted and the need for priority attention to climate change in the post-2015 development agenda was stressed.

274. Dr. Luiz Augusto Galvão (Chief, Special Program on Sustainable Development and Health Equity, PASB) acknowledged the effort that Member States had made to establish national plans as a step towards achievement of the goals of the regional plan. The regional plan would run until 2016 and at that point there would be a final accounting of countries' preparedness to deal with climate change. The Bureau recognized in particular the vulnerability of the Caribbean subregion and the special effort that would have to be made to ensure a strong and effective response to climate change there.

*B. Plan of Action for Maintaining Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Region of the Americas*

275. Dr. Jarbas Barbosa da Silva (Representative of the Executive Committee) reported that the Executive Committee had been informed in June that the International Expert Committee formed to examine evidence of the elimination of measles, rubella, and congenital rubella syndrome in the Americas was awaiting one final report from Brazil before moving forward with the certification process. The Delegate of Brazil had reported on activities carried out in his country to interrupt transmission of measles and to verify and document elimination. He had affirmed that a recent measles outbreak in Brazil had been controlled.

276. In the Council's discussion of the progress report, the Region's progress in documenting and verifying the elimination of measles, rubella, and congenital rubella syndrome was commended. However, it was pointed out that endemic measles elimination could not be considered to have been achieved since the measles virus continued to circulate. Member States were urged to identify and address gaps in surveillance systems, which were critical for documenting and maintaining elimination. It was also pointed out that strengthening measles and rubella surveillance systems would strengthen surveillance for other diseases, thereby developing a critical core capacity for the International Health Regulations (2005). In light of the continued importation of cases to the Americas from other regions, the importance of Member States' support to global partnerships for global elimination was underscored.

277. Dr. Cuauhtémoc Ruiz Matus (Acting Director, Department of Family, Gender, and Life Course, PASB) acknowledged the great effort that Member States had made to maintain the elimination of measles, rubella, and congenital rubella syndrome. While there were some cases of measles occurring in Brazil, the Bureau was working intensively with the Government, which was making every effort on the technical and human resources fronts to contain them, and confirmation of the elimination of the three diseases in the Region was expected in the near future.

*C. Plan of Action to Accelerate the Reduction in Maternal Mortality and Severe Maternal Morbidity*

278. Dr. Jarbas Barbosa da Silva (Representative of the Executive Committee) reported that in the Executive Committee's consideration of the progress report on maternal mortality attention had been drawn to the importance of studying "near-miss" cases, in which mothers and newborns with severe illness or birth complications had almost died, in order to better understand the factors involved in both morbidity and survival. The Committee had been informed that the Bureau was launching a new initiative to monitor and improve surveillance of cases of severe complications during childbirth.

279. In the Council's discussion of the progress report, delegates reaffirmed their countries' commitment to continue striving to reduce maternal mortality, including through the development of appropriate indicators and mechanisms to enable more accurate measurement of morbidity and through multisectoral approaches going beyond the health ministry or sector. Attention was drawn to the importance of surveillance systems to capture information on all mothers and their newborns experiencing complications or death related to pregnancy, delivery, or the postpartum period. It was recommended that future reports should contain data and analysis on trends that would permit better assessment of whether countries were reaching their goals and targets established in the plan of action, with a particular focus on improving maternal health for indigenous, poor, and other disadvantaged populations.

280. Dr. Cuauhtémoc Ruiz Matus (Acting Director, Department of Family, Gender, and Life Course, PASB) acknowledged Member States' commitment and efforts to reduce maternal mortality and morbidity. He also welcomed their recognition that the issue was a major social challenge that went beyond the health sector, making it necessary to identify and address social factors impacting the phenomenon of maternal mortality. There was also a need to ensure more timely and better quality care and to improve the measurement of maternal morbidity.

*D. Status of the Millennium Development Goals*

281. Dr. Jarbas Barbosa da Silva (Representative of the Executive Committee) reported that the Executive Committee had been informed that, in general, the Region of the Americas was on track to achieve the health-related Millennium Development Goals (MDGs). However, challenges remained, particularly with respect to three important health-related indicators: infant mortality, maternal mortality, and basic sanitation. The Committee had welcomed the progress made, but had recognized that the results reported at the national level were averages that masked disparities and inequities at the subnational level. It had been considered essential in the post-2015 period to maintain the gains made and to continue working to achieve the MDGs for all population groups. Continued attention to maternal and child health, reproductive health and family planning, and water and sanitation had been considered especially important. The need to continue strengthening health systems and services and health information systems had

also been stressed. Other health priorities to be pursued in the post-2015 period included prevention and control of noncommunicable diseases, including mental disorders and injuries caused by violence; continued attention to communicable diseases, including HIV/AIDS, malaria, tuberculosis, and neglected tropical diseases; and universal health coverage.

282. In the Council's discussion of the progress report, delegates expressed their countries' ongoing commitment to the achievement of the Millennium Development Goals. Some called for continued PASB assistance to countries in their efforts to reach the health-related Goals. Help was needed in particular in reducing inequity in health matters within the Region.

283. It was pointed out that health was intimately linked to other aspects of the Millennium Development Goals, particularly poverty reduction and sustainable development. For example, poverty reduction in Brazil had led to a decline in communicable diseases, including tuberculosis and leprosy, as well as to a significant reduction in infant malnutrition. It was recognized that, despite the progress made on the Goals, there was still much to do, especially in the area of maternal mortality. The importance of continued cooperation among the countries of the Region, both before and after the 2015 deadline for the Goals, was highlighted.

284. Dr. Luiz Augusto Galvão (Chief, Special Program on Sustainable Development and Health Equity, PASB) noted that the roundtable discussion on the post-2015 sustainable development agenda (see paragraphs 148 to 160 above) had confirmed that many of the challenges of the Millennium Development Goals would continue in the post-2015 period. It would be a regional task to establish regional indicators and targets, which would form a good platform from which to support the progress of Member States.

285. The Director said that, for PASB, the Millennium Development Goals represented an unfinished agenda, particularly with reference to Goals 4 and 5. She stressed that it was the inequity in the Region that was hindering Member States from achieving some of the goals. There would be a need in the future for a much more focused approach, targeted at the countries that were lagging behind, but also targeted within countries at the populations that were lagging behind. More intensive work would also be needed in the areas of access to quality care and attention to social determinants of health.

286. One major area of work would relate to health statistics, as some of the estimates published internationally did not reflect national statistics. There would be a meeting with Member States later in the year to define a plan of action for improving the statistics, particularly in the area of maternal mortality. That would be a continuing priority up to 2015 and beyond.

*E. Elimination of Neglected Diseases and other Poverty-related Infections*

287. Dr. Jarbas Barbosa da Silva (Representative of the Executive Committee) reported that in its consideration of this item, the Executive Committee had applauded the

progress made to date on the elimination of neglected and poverty-related infectious diseases. Member States had been urged to maintain their political will and activities so that, with ongoing support from the Bureau, such diseases could be definitively eliminated. Member States had also been encouraged to take immediate action to prevent chikungunya fever.

288. In the Council's discussion of the progress report, Member States highlighted the importance of intersectoral plans targeting various diseases. The need for cooperation between countries, particularly in border areas, was also highlighted. In that connection it was reported that Brazil and the Bolivarian Republic of Venezuela had recently signed a memorandum of understanding for a collaborative initiative aimed at eliminating onchocerciasis in the Yanomami indigenous region along their shared border. The Delegate of Ecuador, underscoring the importance of community involvement in his country's elimination of onchocerciasis, observed that with sustained effort that success could be repeated with other diseases such as Chagas, malaria, and dengue.

289. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Health Analysis, PASB) congratulated Ecuador and Colombia on having eliminated onchocerciasis. At present, the disease was occurring at only one site, on the border between Brazil and Venezuela, and a successful final push to eliminate it would be a triumph for the Americas. The Bureau would do its utmost to support the efforts of those two countries.

*F. Plan of Action on Safe Hospitals*

290. Dr. Jarbas Barbosa da Silva (Representative of the Executive Committee) reported that in the Executive Committee's discussion of the progress report on this item, it had been pointed out that the disasters that had occurred since the adoption of the Plan of Action on Safe Hospitals in 2010 had highlighted the progress made in disaster risk reduction, but had also revealed how easily hospitals, health centers, and public health systems could be overburdened by public health emergencies and disasters. The Bureau had been encouraged to facilitate opportunities for the exchange of technical information and expertise and the provision of training to Member States for the construction of safe hospitals. It had also been pointed out that the work done in the Region had shown that it was possible, with relatively low levels of investment, not only to make hospitals safer, but also to render them more energy-efficient and better adapted to climate change.

291. Dr. Ciro Ugarte (Director, Department of Emergency Preparedness and Disaster Relief, PASB) said that the Plan of Action on Safe Hospitals was an ongoing regional effort, with much work still to be done in order to fully achieve the Plan's objectives. The third World Conference on Disaster Risk Reduction would be held in 2015 in Japan. To date, the health sector had not been a significant participant in those conferences, but the PAHO initiative had placed the issue of hospital safety on the global agenda. He agreed that hospitals had a role to play in the climate change arena: it was not sufficient that they be safe and remain operational; they must also reduce their carbon footprint. The Caribbean subregion was demonstrating to the world that it was possible to create



“intelligent hospitals” that were both safe and green. As a practical and concrete demonstration of what could be done, the safe hospitals initiative had had a positive influence on other sectors such as education, with consideration now being given to how to build safer schools.

*G. Status of the Pan American Centers*

292. Dr. Jarbas Barbosa da Silva (Representative of the Executive Committee) reported that Executive Committee Members had considered the work of the various Pan American centers to be of great importance to the Region. In particular, the contributions of the Pan American Foot-and-Mouth Disease Center (PANAFTOSA) to food safety and prevention and control of zoonoses had been welcomed. It had been suggested that a new administrative structure similar to that of the Latin American and Caribbean Center on Health Sciences Information (BIREME) should be put in place in order to allow for greater participation by Member States in PANAFTOSA’s governance and to enhance coordination of foot-and-mouth disease elimination activities. The Government of Paraguay had offered to organize an international event in order to explore that idea further and formulate a proposal.

293. The Director had said that the Bureau would be pleased to work with Member States on the development of a participatory governance mechanism. She had also said that, as the Bureau lacked the resources to complete all the work needed to realize the goal of eradication of foot-and-mouth disease, it would welcome the opportunity to work with ministries of agriculture and animal health associations to ensure adequate funding for PANAFTOSA’s work.

294. Summing up the progress reports, the Director said that the progress that had been noted in the various reports very much reflected the commitment of Member States. Challenges remained, and the Bureau would work with Member States to ensure that the obstacles could be overcome and the objectives in the plans of action achieved.

295. The Council took note of the reports.

***Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO (Documents CD53/INF/7, A-C)***

*A. Sixty-seventh World Health Assembly*

296. Dr. Jarbas Barbosa da Silva (Representative of the Executive Committee) reported that the Executive Committee had heard a report on the resolutions and other actions of the Sixty-seventh World Health Assembly and of various subregional bodies considered to be of particular interest to the PAHO Governing Bodies. Special attention had been drawn to the World Health Assembly resolutions on the global strategy and targets for tuberculosis prevention, care, and control and on strengthening the role of the health system in addressing violence against women and children, both of them being closely related to work under way at the regional level. Attention had also been drawn to

Resolution WHA67.25 on antimicrobial resistance, and it had been suggested that Member States might wish to consider the advisability of adopting a regional resolution on the issue in the near future.

*B. Forty-fourth Regular Session of the General Assembly of the Organization of American States*

297. The agenda, working documents, and resolutions of the Session can be consulted at <http://www.oas.org/en/44ga/>.

*C. Subregional Organizations*

298. With regard to the actions of subregional bodies of interest to PAHO, Dr. Barbosa da Silva reported that the Executive Committee had been informed that the Council on Human and Social Development of the Caribbean Community had discussed issues related to the CARICOM health agenda, the Caribbean Public Health Agency, communicable and noncommunicable diseases, HIV and AIDS, and the International Health Regulations, among other topics.

299. Matters discussed by the Meeting of the Health Sector of Central America and the Dominican Republic had included neglected infectious diseases, the impact of drug addiction in the subregion, and regulation of medicines and technology. The Council of Central American Ministers of Health had approved indicators for monitoring the implementation of the Health Plan for Central America and the Dominican Republic and had requested PAHO to help draft a resolution concerning a health policy for the Central American Integration System.

300. The Meeting of Ministers of Health of the Andean Area had discussed basic indicators for monitoring national health systems for universal access, intercultural health, access to medicines, and the development of a policy on disability. The MERCOSUR Ministers of Health had examined the epidemiological situation of dengue, measles, influenza, tuberculosis, and malaria. They had also discussed binational health activities in the context of the World Cup taking place in Brazil.

301. The Council took note of the report.

**Other Matters**

302. No other matters were discussed at the Directing Council.

**Closure of the Session**

303. Following the customary exchange of courtesies, the President declared the 53rd Directing Council closed.

## **Resolutions and Decisions**

304. The following are the resolutions and decisions adopted by the 53rd Directing Council:

### ***Resolutions***

#### ***CD53.R1: Collection of Assessed Contributions***

#### ***THE 53rd DIRECTING COUNCIL,***

Having considered the report of the Director on the collection of assessed contributions (Documents CD53/17 and Add. I), and the concern expressed by the 154th Session of the Executive Committee with respect to the status of the collection of assessed contributions;

Noting that no Member State is in arrears such that it would be subject to Article 6.B of the PAHO Constitution,

### ***RESOLVES:***

1. To take note of the report of the Director on the collection of assessed contributions (Documents CD53/17 and Add. I).
2. To express appreciation to those Member States which have already made payments in 2014, and to urge all Members States in arrears to meet their financial obligations to the Organization in an expeditious manner.
3. To congratulate those Member States which have fully met their assessed obligations through 2014.
4. To compliment those Member States which have made significant payment efforts to reduce assessed contributions arrearages for prior years.
5. To request the Director to:
  - a) continue to explore mechanisms that will increase the rate of collection of assessed contributions;
  - b) advise the Executive Committee of Member States' compliance with their payment of assessed contribution commitments;
  - c) report to the 54th Directing Council on the status of the collection of assessed contributions for 2015 and prior years.

*(Fourth meeting, 30 September 2014)*

**CD53.R2:     *Plan of Action on Health in All Policies***

***THE 53rd DIRECTING COUNCIL,***

Having reviewed the *Plan of Action on Health in All Policies* (Document CD53/10, Rev. 1);

Considering the Helsinki Statement on Health in All Policies as an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity, as well as the WHO Health in All Policies (HiAP) Framework for Country Action, which sets out six key components that should be addressed in order to put the HiAP approach into action;

Recalling the Alma-Ata Declaration, with its emphasis on a primary health care strategy, and the Global Strategy for Health for All by the Year 2000, with its call for coordination, cooperation, and intersectoral action for health among relevant sectors and aspects of national and community development, as well as the call of the Ottawa Charter for building healthy public policies and creating supportive environments;

Acknowledging the Rio Political Declaration on Social Determinants of Health and its call for the development and implementation of robust, evidence-based, reliable measures of societal well-being, building where possible on existing indicators, standards, and programs and across the social gradient, that go beyond economic growth, and recognizing the important advocacy role of health ministries in this regard;

Acknowledging the United Nations General Assembly document *The Future We Want*, in particular its recognition that health is a precondition for and an outcome and indicator of all three dimensions of sustainable development, and its call for the involvement of all relevant sectors for coordinated multisectoral action to address urgently the health needs of the world's population;

Recognizing that health gains have not been shared equally between and within countries in the Region, that inequity remains one of the greatest challenges for health and sustainable development in the Americas, and that increased migration, the aging of the population, and the related increase in noncommunicable diseases are the most important trends shaping health in the Americas;

Recognizing the PAHO Strategic Plan 2014-2019 and especially its Category 3 (determinants of health and promoting health throughout the life course),

***RESOLVES:***

1. To approve the *Plan of Action on Health in All Policies* for 2014-2019.
2. To urge Member States, as appropriate and taking into account their national context and priorities, to:

- a) champion health and the promotion of health equity as a priority and take efficient action on the social determinants of health, universal health coverage, strengthening of health systems, and health equity;
  - b) take effective measures, including, where appropriate, legislation, structures, processes, and resources that enable public policies which take into account and address their impacts on health, health equity, and the determinants of health, and implement mechanisms to measure and monitor the determinants of health and health disparities;
  - c) develop and maintain, as appropriate, adequate and sustainable institutional capacity and skills to achieve, through actions across sectors, improved outcomes from the perspective of health and health equity;
  - d) utilize relevant tools to identify, assess, promote, and strengthen multisectoral participation and actions for health, including, as appropriate, interministerial committees, integrated budgets and accounting, and health impact analysis;
  - e) strengthen due diligence and accountability, and increase the transparency of decision-making and engagement;
  - f) involve, as appropriate, local communities and civil society actors in the development, implementation, monitoring, and evaluation of policies across sectors, including mechanisms for community engagement and public participation;
  - g) contribute to the development of the post-2015 development agenda by emphasizing that policies in sectors other than health have a significant impact on health outcomes, and by identifying synergies between policy objectives in health and other sectors;
  - h) encourage the active participation of the authorities of other sectors in health-related issues.
3. To request the Director to:
- a) support national efforts to improve health and well-being and ensure health equity, including action across sectors on determinants of health and risk factors for diseases, by strengthening knowledge and evidence to promote health in all policies;
  - b) provide guidance and technical assistance, upon request, to Member States in their efforts to implement Health in All Policies, including building necessary capacities, structures, mechanisms, and processes for measuring and tracking determinants of health and health disparities;
  - c) strengthen PAHO's role, capacities, and knowledge resources for giving guidance and technical assistance to support implementation of policies across sectors at the various levels of governance, and ensure coherence and collaboration with

- PAHO's own initiatives requiring actions across sectors, including in the regional response to the challenges posed by noncommunicable diseases;
- d) strengthen the exchange of experiences between countries and the work among United Nations System and Inter-American System agencies.

*(Fourth meeting, 30 September 2014)*

**CD53.R3: PAHO Strategic Plan 2014-2019 Amended**

**THE 53rd DIRECTING COUNCIL,**

Having considered the proposed amendments to the indicators of the *PAHO Strategic Plan 2014-2019* (Official Document 345);

Welcoming the improvements to the definition of and measurement criteria for impact and outcome indicators of the PAHO Strategic Plan;

Acknowledging the valuable input of the Countries Working Group (CWG) to:

- a) improve the definition of and measurement criteria for the impact and outcome indicators, including the development of a comprehensive compendium of indicators,
- b) assess and make recommendations to refine the programmatic priorities stratification methodology; and
- c) develop the new joint monitoring and assessment system for the PAHO Strategic Plan 2014-2019;

Recognizing the importance of engaging in consultation with Member States to validate the baseline and targets of the Strategic Plan outcome indicators,

**RESOLVES:**

1. To approve the *PAHO Strategic Plan 2014-2019 Amended* (Official Document 345), including its revised indicators.
2. To thank the CWG for their commitment and valuable input for the refinements of the Strategic Plan indicators, including the development of a comprehensive compendium of indicators, and their guidance in the development of the joint monitoring and assessment system for the PAHO Strategic Plan 2014-2019 Amended.
3. To request the Director to:
  - a) continue to undertake consultations with Member States on any further revisions to baselines and targets of the Strategic Plan outcome indicators during the preparation of the programs and budgets and their corresponding assessments;

- b) incorporate any necessary changes to the Program and Budget 2014-2015 in response to the amended version of the PAHO Strategic Plan 2014-2019;
- c) implement the joint monitoring and assessment system for the Strategic Plan, in collaboration with Member States;
- d) continue to undertake consultations with Member States to refine the programmatic priorities stratification framework and apply it to future programs and budgets;
- e) continue working in close collaboration with the CWG members to obtain their advice and input in the implementation of the joint monitoring and assessment process, and the refinement of the programmatic priorities stratification framework of the PAHO Strategic Plan;
- f) present a report on the status of implementation of the amended PAHO Strategic Plan 2014-2019 at the end of 2014-2015 biennium.

*(Fifth meeting, 1 October 2014)*

***CD53.R4: Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Brazil, Chile, and El Salvador***

***THE 53rd DIRECTING COUNCIL,***

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

Considering that Guatemala, Trinidad and Tobago, and the United States of America were elected to serve on the Executive Committee upon the expiration of the periods of office of Brazil, Chile, and El Salvador,

***RESOLVES:***

1. To declare Guatemala, Trinidad and Tobago, and the United States of America elected to membership on the Executive Committee for a period of three years.
2. To thank Brazil, Chile, and El Salvador for the services rendered to the Organization during the past three years by their delegates on the Executive Committee.

*(Fifth meeting, 1 October 2014)*

***CD53.R5: Election of Two Members to the Advisory Committee of the Latin American and Caribbean Center on Health Sciences Information (BIREME)***

***THE 53rd DIRECTING COUNCIL,***

Bearing in mind that Article VI of the Statute of BIREME establishes that the Advisory Committee of BIREME is to be comprised of one representative appointed by the Director of PASB and one by the Government of Brazil as permanent members, and that five nonpermanent members are to be selected and named by the Directing Council or the Pan American Sanitary Conference of the Pan American Health Organization (PAHO) from among the BIREME membership (which at this time includes all PAHO Member States, Participating States, and Associated States), taking geographical representation into account;

Recalling that Article VI further states that the five nonpermanent members of the BIREME Advisory Committee should be rotated every three years, and that the Directing Council or the Pan American Sanitary Conference of PAHO may indicate a shorter rotation period in cases where it is necessary to maintain balance among members of the Advisory Committee;

Considering that Panama and Trinidad and Tobago were elected to serve on the BIREME Advisory Committee beginning 1 January 2015, due to the expiration of the term of Bolivia and Suriname,

***RESOLVES:***

1. To declare Panama and Trinidad and Tobago elected as nonpermanent members of the BIREME Advisory Committee for a three-year term.
2. To thank Bolivia and Suriname for the services provided by their delegates on the BIREME Advisory Committee over the past three years.

*(Fifth meeting, 1 October 2014)*

***CD53.R6: Plan of Action for Universal Access to Safe Blood***

***THE 53rd DIRECTING COUNCIL,***

Having reviewed the *Plan of Action for Universal Access to Safe Blood* (Document CD53/6);

Observing the importance of effectively and sustainably integrating national blood programs and services into national health systems to achieve blood



self-sufficiency, safety, efficiency, and availability, and universal access to blood and blood products, when and where these are needed to help save lives and improve the health condition of all people who need them, including children with severe anemia, the chronically ill, patients with hemoglobin disorders, injuries, or cancer, pregnant women, and patients who undergo major surgery;

Considering blood transfusion to be one of the eight key interventions in emergency obstetric care;

Aware of the efforts made by the Pan American Sanitary Bureau and the national blood programs of the Member States to strengthen national blood systems to improve access to blood, and its availability and safety;

Taking into account the joint evaluation of the implementation of the Plan of Action for Transfusion Safety 2006-2010, conducted in 2011 and presented to the 51st PAHO Directing Council in Document CD51/INF/5; and the achievements and challenges identified in the evaluation, which serve as a starting point for drafting the Plan of Action for Universal Access to Safe Blood 2014-2019;

Recognizing the need to adjust current national approaches to achieve sufficient blood supply, appropriate quality, and safe transfusion;

Concerned that in order to achieve self-sufficiency in blood and blood products, it will be necessary to increase the number of volunteer donors in the Region of the Americas, and considering that the collected blood is routinely processed to be transformed into blood components;

Motivated by the spirit of Pan-Americanism, the Millennium Development Goals binding universal and regional human rights instruments, and the challenge of achieving universal access to safe blood and blood products,

***RESOLVES:***

1. To approve the *Plan of Action for Universal Access to Safe Blood* and its implementation in the context of the particular conditions of each country.
2. To urge the Member States, taking into account their national context and priorities to:
  - a) renew their commitment to supporting the establishment of well-organized, nationally coordinated, and sustainable blood programs and services that are integrated into the health system with the appropriate legal and regulatory framework necessary to advance toward ensuring universal access to blood and blood products through sufficient supply, quality, and safety, and the appropriate use of blood and blood products;

- b) allocate the necessary resources for the proper functioning and development of the system, including:
  - i. financial resources to ensure the viability and transparent management of the system to prevent the sale of blood, except where national law so allows, and to prevent profiteering,
  - ii. the availability of trained human resources by supporting educational efforts and measures to avoid high staff rotation in blood services;
- c) promote only non-remunerated, repeated, voluntary blood donations; and discourage remunerated and family/replacement donations, except where protected by the national regulatory system;
- d) set up quality management systems that ensure: universal screening of blood for the markers that PAHO/WHO has stipulated for the Region, the implementation of national programs for external performance evaluation, the appropriate use of blood and blood products to promote patient safety, as well as the identification of needs for blood and blood products in order to guarantee universal access and reduce discards;
- e) promote intersectoral participation (public and private sector, other ministries, civil society, among others) to strengthen resources and achieve synergies that benefit the national blood system;
- f) establish a regulatory framework that strengthens the health surveillance system to ensure regulation and oversight of the transfusion chain;
- g) ensure mechanisms to implement a non-punitive hemovigilance system in which transfusion reactions are reported in order to identify timely interventions and take corrective action to minimize risks;
- h) allocate and use, as appropriate, resources to achieve the objectives of the *Plan of Action for Universal Access to Safe Blood 2014-2019*;
- i) establish mechanisms to monitor and evaluate implementation of this Plan.

3. To request the Director to:

- a) cooperate with the Member States, as needed, in the implementation of this Plan 2014-2019, taking a multidisciplinary approach and considering health promotion, human rights, gender equity, and the social determinants of health;
- b) promote the implementation of this Plan of Action and guarantee its cross-cutting nature through the Organization's program areas and the different regional, subregional, and national contexts, and through collaboration with and among the countries in strategy design and the sharing of competencies and resources;
- c) continue advocating for active resource mobilization and promote partnerships that support the implementation of this resolution;

- d) monitor and evaluate the implementation of this Plan of Action and report periodically to the Governing Bodies on the progress made and the obstacles to the implementation of the Plan, and on any necessary adaptations to new contexts and needs.

(Sixth meeting, 1 October 2014)

**CD53.R7: Plan of Action on Mental Health**

**THE 53rd DIRECTING COUNCIL,**

Having reviewed the *Plan of Action on Mental Health* (Document CD53/8);

Recognizing that there is a high prevalence of mental and substance use disorders in the world and that this is a major contributor to morbidity, disability, and premature mortality, and that, in addition, there is a wide treatment gap;

Understanding that there is no health without mental health, conceptualized not only as the absence of disease, but as a “state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”;<sup>1</sup>

Considering that, in 2009, the Directing Council of PAHO adopted the *Strategy and Plan of Action on Mental Health*; and that, in 2013, the World Health Assembly approved the *Comprehensive Mental Health Action Plan 2013-2020*, and that also that same year, PAHO adopted its Strategic Plan 2014-2019, it is advisable and necessary to update our regional Plan of Action on Mental Health and align it with the PAHO Strategic Plan and with the WHO comprehensive mental health action plan;

Recalling key international human rights instruments, such as the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, and the Convention on the Rights of Persons with Disabilities;

Observing that the Plan of Action on Mental Health addresses the lines of action fundamental for responding to the various of mental health needs of the countries,

**RESOLVES:**

1. To approve the *Plan of Action on Mental Health* and its implementation in the context of the special conditions of each country, in order to respond to current and future mental health needs.
2. To urge Member States, as appropriate to their national context, to:

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<sup>1</sup> World Health Organization. Comprehensive mental health action plan 2013-2020, annex, p. 3 (2013).

- a) include mental health and mental health promotion as a priority within national health policies, in order to ensure the implementation of mental health plans that consider the deficit and unequal distribution of resources in some countries;
- b) strengthen, develop, review and, if necessary, reform country legal frameworks and their implementation, in order to protect the human rights of people with mental disorders;
- c) support the involvement of civil society, and in particular user and family-member associations, in the planning and implementation of activities to promote and protect the mental health of the population;
- d) promote universal and equitable access to comprehensive, community-based mental health care for the entire population, through strengthening the response capacity of mental health systems and services within the framework of integrated service networks with particular emphasis on reducing the existing treatment gap;
- e) continue efforts to shift from a psychiatric-hospital centered model to a community-based model that integrates a mental health component into primary health care and general hospitals, and that establishes decentralized mental health services close to where people live;
- f) ensure an appropriate response by mental health services to the particular characteristics of vulnerable or special-needs groups;
- g) ensure delivery of mental health services and psychosocial support in emergencies and disasters;
- h) consider the strengthening of human resources in the field of mental health development as a key component in the improvement of the response capacity of services and in particular primary care, for which regular training programs are essential;
- i) foster intersectoral initiatives to promote mental health and prevent mental disorders, with particular attention to the life course and addressing stigma and discrimination directed at people with mental disorders;
- j) undertake specific suicide prevention interventions that include improvement of information and surveillance systems;
- k) bridge the existing mental health information gap through improvements in the production, analysis, and use of information, as well as through research;
- l) strengthen multisectoral governmental partnerships, and partnerships with nongovernmental organizations, academic institutions, and other key social actors.

3. To request the Director to:
- a) support Member States in the preparation, review, strengthening, and implementation of national mental health plans and legal frameworks that use this Plan of Action as a reference, endeavoring to correct inequities and giving priority to care for vulnerable and special-needs groups;
  - b) collaborate in the assessment of mental health programs and services in the countries so that appropriate actions are undertaken based on an existing situation assessment;
  - c) prepare and disseminate among the Member States a complementary technical document with recommendations on practical options for implementing this plan in the countries, and on measurement of the suggested indicators;
  - d) facilitate the dissemination of information and the sharing of experiences, and promote technical cooperation among the Member States;
  - e) promote partnerships with governmental and nongovernmental organizations, as well as with international organizations and other regional and subregional entities in support of the comprehensive response that is required in the process of implementing this Plan of Action.

*(Sixth meeting, 1 October 2014)*

**CD53.R8: *Plan of Action for the Prevention of Blindness and Visual Impairment***

***THE 53rd DIRECTING COUNCIL,***

Having reviewed the *Plan of Action for the Prevention of Blindness and Visual Impairment* (Document CD53/11);

Observing that visual impairment is a major problem in the Region associated with poverty and social marginalization;

Aware that the majority of the causes of blindness are avoidable and that current treatments are among the most successful and cost-effective of all health interventions;

Appreciating the efforts of the Member States in recent years to prevent avoidable blindness but aware of the need to consolidate the achievements;

Recalling Directing Council Resolution CD47.R1 (2006), *Disability: Prevention and Rehabilitation in the Context of the Right to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health and Other Related Rights*,

**RESOLVES:**

1. To approve the *Plan of Action for the Prevention of Blindness and Visual Impairment 2014-2019*.
2. To urge the Member States, taking into account their national context and priorities, to:
  - a) strengthen national initiatives to prevent avoidable visual impairments through better integration of eye health into national health plans and the delivery of health services, among other actions, as appropriate;
  - b) implement the actions proposed in the Plan of Action 2014-2019, in keeping with national priorities and universal access to services;
  - c) consider the related budgetary implications;
  - d) promote partnerships among the public sector, nongovernmental organizations, the private sector, civil society, and communities in programs and activities geared to the prevention of blindness;
  - e) promote cooperation among countries in the prevention and treatment of blindness and visual impairment;
  - f) protect the human rights of persons with disabilities and update laws on disability, as appropriate, adapting them to the applicable regulations and international standards.
3. To request the Director to:
  - a) support implementation of the Plan of Action in order to maintain and strengthen collaboration between the Pan American Sanitary Bureau and the Member States in the prevention of blindness;
  - b) provide technical assistance to the Member States for implementing the measures proposed in this Plan of Action, in keeping with national priorities and the universal and regional human rights instruments applicable to health and disability;
  - c) support implementation of this Plan of Action, especially with respect to the inclusion of universal and equitable access to services;
  - d) continue to prioritize the prevention of avoidable blindness and consider the possibility of allocating resources for implementing this Plan of Action;
  - e) promote technical cooperation among countries and forge strategic partnerships to carry out activities for the protection of eye health.

*(Seventh meeting, 2 October 2014)*

***CD53.R9: Plan of Action for the Coordination of Humanitarian Assistance***

***THE 53rd DIRECTING COUNCIL,***

Having reviewed the *Plan of Action for the Coordination of Humanitarian Assistance* (Document CD53/12);

Recognizing that the countries of the Region of the Americas have increased their ability to respond with their own human and material resources to emergencies and disasters, but that when events of greater magnitude occur, international assistance continues to be necessary to complement the efforts of the affected country;

Understanding that humanitarian assistance requires that adequate mechanisms of national and international coordination be established to ensure that interventions are carried out according to agreed international humanitarian standards, including medical care and public health interventions, respecting the culture and customs of the affected countries;

Recognizing that disasters can accentuate existing inequalities and inequities, and that actions that strengthen the capacities for coordination of assistance make it possible to include aspects such as the protection of vulnerable groups, gender equity, and the identification of cultural needs or specific needs of ethnic groups;

Considering that the Humanitarian Reform process and the Transformative Agenda of the United Nations, as well as resolutions CD45.R8 (2004) and CSP28.R19 (2012) of PAHO/WHO and WHA65.20 (2012) of WHO, all urge that steps be taken to improve coordination among the different actors that work in emergency response, with a view to optimizing the responsiveness and accountability of international cooperation;

Recognizing the unique and central role of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) in coordinating international humanitarian action, and taking into due consideration the role of national disaster management authorities;

Recognizing that the Strategic Plan of the Pan American Health Organization 2014-2019 and the Program and Budget 2014-2015, approved by the 52nd Directing Council of PAHO, call for the countries to have a coordination mechanism for health emergencies that meets the minimum requirements for satisfactory performance;

Recognizing the complexity and crucial role of the health sector in its response at the onset of a disaster or emergency, and recognizing that coordination of international health assistance could be better reflected in existing national and international multisectoral mechanisms;

Considering the importance of having a plan of action that strengthens the health sector in Member States and increases their ability to effectively and efficiently improve coordination of the receipt and provision of health-related humanitarian assistance in emergencies and disasters, with a view to saving the greatest possible number of lives and protecting the health of the affected population,

**RESOLVES:**

1. To approve the *Plan of Action for the Coordination of Humanitarian Assistance* and promote its consideration in development policies, plans, and programs, as well as in proposals and discussions on national budgets.
2. To urge the Member States to:
  - a) participate in the formation of a regional advisory group of a temporary nature;
  - b) participate in the health network for emergencies and disasters in the Americas, and promote and facilitate the incorporation into this network of the bilateral and multilateral cooperation activities in health that are currently underway in the Region;
  - c) to consider implementing, as appropriate according to United Nations rules and in coordination with existing national disaster risk management authorities, a flexible mechanism for registry of qualified foreign medical teams and multidisciplinary health teams, and emergency response procedures in the Americas;
  - d) facilitate and cooperate in the interconnection of health-related logistical systems in the Americas for a network to facilitate humanitarian health assistance in the Region;
  - e) promote the implementation of mechanisms for coordination with other sectors;
  - f) promote and facilitate the training of their human resources for emergencies and disasters.
3. To request the Director to:
  - a) support the coordination and implementation of the Plan of Action in order to coordinate humanitarian assistance in the international sphere and provide necessary technical cooperation to countries;
  - b) facilitate and promote the creation of a flexible mechanism for registry of qualified foreign medical teams and multidisciplinary health teams, and emergency response procedures in the Americas, in coordination with WHO and OCHA, and in accordance with WHO guidelines;
  - c) facilitate the formation of a temporary regional advisory group with experts from the countries in order to review, harmonize, update, and disseminate procedures and mechanisms for humanitarian assistance in health in the Region;



- d) serve as the secretariat of the above-mentioned regional advisory group;
- e) promote the formation of alliances among countries, with regional integration forums, international agencies, scientific and technical institutions, nongovernmental organizations, organized civil society, the private sector, and others, in order to further enhance the capacity of Member States to respond to health emergencies.

*(Seventh meeting, 2 October 2014)*

***CD53.R10: Status and Authorized Level of the Working Capital Fund***

***THE 53rd DIRECTING COUNCIL,***

Having considered the report of the Director *Status and Authorized Level of the Working Capital Fund* (Document CD53/18);

Having noted that the Director has replenished the Working Capital Fund to its current authorized level of US\$ 20.0 million;<sup>1</sup>

Having considered the recommendation of the Executive Committee concerning an increase in the authorized level of the Working Capital Fund, in recognition of increasing demands placed on the Working Capital Fund as the Organization's Regular Budget activities expand, as well as the need to ensure that the Program is carried out in an efficient and orderly manner,

***RESOLVES:***

1. To approve an increase in the authorized level of the Working Capital Fund from \$20.0 million to \$25.0 million.

*(Seventh meeting, 2 October 2014)*

***CD53.R11: Status of the Project for the Modernization of the PASB Management Information System***

***THE 53rd DIRECTING COUNCIL,***

Having considered the report of the Director *Status of the Project for the Modernization of the PASB Management Information System* (Document CD53/19);

Having considered the recommendation of the Executive Committee concerning the funding needs for the modernization of the PASB Management Information System

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<sup>1</sup> Unless otherwise indicated, all monetary figures in this resolution are expressed in United States dollars.

(PMIS) in anticipation of contingency costs incurred during implementation to meet the unexpected but essential requirements for the ERP design,

***RESOLVES:***

1. To approve an increase in the authorized budget for the modernization of the PMIS from US\$ 20.3 million<sup>1</sup> to \$22.5 million.
2. To authorize the Director to finance the projected \$2.2 million deficit in the authorized budget for the modernization of the PMIS as follows:
  - a) unspent balance of approved projects from the Holding Account: \$100,000,
  - b) funding from the unappropriated balance of IPSAS surplus: \$2,100,000.

*(Seventh meeting, 2 October 2014)*

***CD53.R12: Plan of Action on Disabilities and Rehabilitation***

***THE 53rd DIRECTING COUNCIL,***

Having reviewed the *Plan of Action on Disabilities and Rehabilitation* (Document CD53/7, Rev. 1);

Recognizing that the prevalence and incidence of disabilities are growing, due, among other things, to the aging of the population, the rise in chronic diseases and their risk factors, substance abuse, occupational and traffic injuries, and violence and humanitarian crises;

Recognizing that disability is a public health issue, a human rights issue, and a development priority;

Understanding that persons with disabilities have worse health outcomes when compared with the disability-free population, and that they face stigma and barriers to service access;

Recognizing that community-based rehabilitation and the availability of human and material resources contribute to comprehensive, quality care and the protection of the human rights of persons with disabilities;

Understanding that investing in habilitation and rehabilitation, as well as in social and health services and in the provision of cost-effective assistive technology is important for enabling persons with disabilities to live an independent life and integrate with their families and communities, and that it helps reduce the need for formal support services and relieve the physical and psychological burden on caregivers;

Considering that Resolution CD47.R1 (2006), *Disability: Prevention and Rehabilitation in the Context of the Right to the Enjoyment of the Highest Attainable*

*Standard of Physical and Mental Health and Other Related Rights* urges the Member States to draft and adopt policies, plans, and laws on health, habilitation, and rehabilitation consistent with the applicable international human rights instruments;

Considering that, in May 2014, the Sixty-seventh World Health Assembly approved the *WHO Global disability action plan 2014-2021: Better health for all people with disabilities* (resolution WHA67.7), the Pan American Health Organization (PAHO), with the consensus of its Member States, drafted this plan of action aligned with the global action plan and the PAHO Strategic Plan 2014-2019;

Observing that this plan of action addresses the objectives essential for meeting the countries' needs, in accordance with their national context,

**RESOLVES:**

1. To approve the *Plan of Action on Disabilities and Rehabilitation* and its implementation within the context of the particular conditions of each country.
2. To urge the Member States, taking into account the shared responsibilities in federated States, to:
  - a) make disability a priority in their national health policies to ensure implementation of the respective plans leading to universal, equitable access by persons with disabilities and their families to health services and programs that include habilitation and rehabilitation, the provision of assistive technology, and other support throughout the life course;
  - b) strengthen the legal framework and regulations in the countries and their enforcement to protect the human rights of persons with disabilities, pursuant to the principles of the Convention on the Rights of Persons with Disabilities, the Inter-American Convention for the Elimination of All Forms of Discrimination against Persons with Disabilities, and the applicable international standards;
  - c) support civil society involvement in activities to promote and protect the health of persons with disabilities, ensuring that they are consulted through their representative organizations and can actively participate in policy-making and the drafting of legislation, as well as the creation of the respective services;
  - d) strengthen the community-based rehabilitation strategy in integrated service networks by broadening activities for disability prevention and detection, early intervention, access to assistive technology, and other support;
  - e) continue efforts to shift the hospital-based disability care model to a community-based model in which treatment is provided at the primary health care level and decentralized outpatient rehabilitation services are set up close to the population;
  - f) ensure a health and social service response suited to the particular characteristics of groups in conditions of vulnerability or with special needs that have disabilities;

- g) consider the upgrading and regular training of human resources a key component for improving the health service response;
- h) improve the equipment and infrastructure of health care services for persons with disabilities;
- i) improve the production, analysis, and use of disability data in national information systems and apply valid tools consistent with the International Classification of Functioning, Disability, and Health;
- j) support research and the evaluation of public policies in the field of disability;
- k) adopt an effective multisectoral approach that includes mechanisms for coordinating ministries, NGOs, academic institutions, and other services for persons with disabilities;
- l) protect the health of caregivers who assist persons with disabilities, whether family members or professionals, in the performance of essential duties;
- m) promote the sharing of experiences and good practices among countries.

3. To request the Director to:

- a) strengthen PAHO cooperation with the Member States to promote and protect the quality of life of persons with disabilities and their enjoyment of the highest attainable standard of physical and mental health;
- b) assist the Member States with the preparation, review, and implementation of national disability and rehabilitation plans and the updating of laws;
- c) collaborate in evaluations of country habilitation and rehabilitation programs and services, especially by monitoring indicators, to evaluate progress and the impact of the interventions;
- d) help the Member States improve their health information systems to produce, analyze, and utilize disability data that meet the criteria of quality, timeliness, and reliability;
- e) foster partnerships with international organizations and other regional and subregional entities to support the multisectoral response needed to implement this plan of action;
- f) facilitate information dissemination and the sharing of experiences and good practices, in addition to promoting technical cooperation among the Member States;
- g) facilitate the Member States' collaboration with teaching institutions and nongovernmental organizations, especially organizations of persons with disabilities and others that promote protection and respect for persons with disabilities.

*(Eighth meeting, 2 October 2014)*

***CD53.R13: Plan of Action for the Prevention of Obesity in Children and Adolescents***

***THE 53rd DIRECTING COUNCIL,***

Having reviewed the *Plan of Action for the Prevention of Obesity in Children and Adolescents* for 2014-2019 (Document CD53/9, Rev. 2);

Recalling the right of children to the enjoyment of the highest attainable standard of health, as set forth in the Constitution of the World Health Organization, and the United Nations Convention on the Rights of the Child;

Mindful that overweight and obesity have reached epidemic proportions among children and adolescents in the Americas and that the problem is already prompting diverse control efforts at the local as well as national levels by Member States;

Recognizing that the scientific and public health knowledge about the mechanisms involved in the current obesity epidemic and the public action required to control it is vast and robust;

Cognizant that the present Plan of Action aligns with international mandates emerging from the World Health Assembly, in particular the WHO Global Strategy on Diet, Physical Activity, and Health (WHA57.17 [2004]) and the Comprehensive Implementation Plan on Maternal, Infant, and Young Child Nutrition (WHA65.6 [2012]), in addition to mandates by PAHO Governing Bodies, including the Strategy and Plan of Action for Integrated Child Health (CSP28/10 [2012]), the Regional Strategy for Improving Adolescent and Youth Health (CD48.R5 [2008]), the Regional Strategy and Plan of Action on Nutrition in Health and Development, 2006-2015 (CD47/18 [2006]), and the Strategy and the Plan of Action for the Prevention and Control of Noncommunicable Diseases (Documents CSP28/9, Rev. 1 [2012] and CD52/7, Rev. 1 [2013]), as well as with the United Nations Convention on the Rights of the Child (1989),

***RESOLVES:***

1. To approve the *Plan of Action for the Prevention of Obesity in Children and Adolescents* for 2014-2019.
2. To urge Member States to:
  - a) give priority and advocate at the highest levels for the implementation of this Plan of Action;
  - b) promote coordination between ministries and public institutions, primarily in the sectors of education, agriculture, finance, trade, transportation, and urban planning, as well as with local city authorities, to achieve national consensus and synergize actions to halt progression of the obesity epidemic among children;

- c) support and lead joint efforts between the public and private sectors and civil society organizations around the Plan of Action;
  - d) develop evidence-informed mass communication plans and programs to disseminate the Plan of Action and educate the public on matters of physical activity, food, healthy eating, and the value of local culinary traditions consistent with healthy eating;
  - e) establish an integrated monitoring, evaluation, and accountability system for policies, plans, programs, legislation, and interventions that will make it possible to determine the impact of implementing the Plan of Action;
  - f) ensure that processes are established with multiple sectors and stakeholders to review and analyze the Plan's implementation based on national priorities, needs, and capabilities.
3. To request the Director to:
- a) provide support to the Member States in collaboration with other UN agencies and committees such as the Food and Agriculture Organization, the United Nations Children's Fund, the World Food Programme, and the United Nations Committee on the Rights of the Child, other stakeholders and donors, as well as national sectors, to work collectively on the Plan of Action, particularly its activities at the subregional and country levels;
  - b) promote implementation and coordination of the Plan of Action to ensure that activities cut across the Organization's various program areas and different regional and subregional contexts;
  - c) promote and consolidate cooperation with and among countries, with sharing of the experiences and lessons learned;
  - d) report periodically to the Governing Bodies on progress and constraints in implementation of the Plan of Action, as well as on its adaptation to new contexts and needs.

*(Eighth meeting, 2 October 2014)*

***CD53.R14: Strategy for Universal Access to Health and Universal Health Coverage***

***THE 53rd DIRECTING COUNCIL,***

Having considered the *Strategy for Universal Access to Health and Universal Health Coverage* presented by the Director (Document CD53/5, Rev. 2);

Bearing in mind that the Constitution of the World Health Organization establishes as one of its basic principles that "the enjoyment of the highest attainable standard of

health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition”;

Recognizing that universal access to health and universal health coverage imply that all people and communities have access, without any kind of discrimination, to comprehensive, appropriate and timely, quality health services determined at the national level according to needs, as well as access to safe, affordable, effective, quality medicines, while ensuring that the use of these services does not expose users to financial hardship, especially groups in conditions of vulnerability;

Recognizing that policies and interventions that address the social determinants of health and foster the commitment of society as a whole to promote health and well-being, with an emphasis on groups in conditions of poverty and vulnerability, are an essential requirement to advance toward universal access to health and universal health coverage;

Recognizing that universal access to health and universal health coverage are framed by the values and principles of primary health care in the spirit of Alma-Ata;

Observing that the countries of the Region reaffirmed their commitment to universal health coverage at the 52nd PAHO Directing Council (2013) by approving the PAHO Strategic Plan 2014-2019, and through their active participation in other international forums such as the Rio Political Declaration on Social Determinants of Health (2011), the United Nations Conference on Sustainable Development (Rio+20) (2012), United Nations General Assembly Resolution A/RES/67/81 (2012), the Panama Declaration on reducing inequities in reproductive, maternal, and child health (2013), and the World Health Assembly Resolution WHA67.14 (2014) on *Health in the Post-2015 Development Agenda*; and noting that current discussions focus on ensuring healthier lives and promoting well-being as key goals;

Noting the recent improvements achieved in health throughout the Americas due in part to the economic and social development of the countries, the consolidation of democratic processes, the strengthening of health systems, and the political commitment of countries to address the health needs of their populations;

Recognizing that despite the advances made, major challenges exist; that the Region remains one of the most inequitable in the world; that the process of reducing health inequities is made more complex by the new epidemiological and demographic patterns that require different and innovative responses from health systems and services; and that problems of exclusion and lack of access to quality services persist for large sectors of the population in the Region, especially those groups in conditions of greatest vulnerability;

Observing that the efforts to strengthen and transform health systems in the countries of the Region have generated considerable knowledge and experience that will

facilitate continued progress toward universal access to health and universal health coverage;

Recognizing that advancing toward universal access to health and universal health coverage requires efforts to overcome exclusion, inequity, and barriers to access and to the timely use of comprehensive health services;

Recognizing the importance of prioritizing the strengthening of health systems, and adopting integrated, comprehensive policies to address the social determinants of health and health inequities, with universal access to health and universal health coverage as fundamental goals;

Considering the urgent need for the majority of countries to strengthen their health systems including from the perspective of the right to health where nationally recognized and promoting the right to the enjoyment of the highest attainable standard of health with the fundamental goals of achieving universal access to health and universal health coverage; considering the need for strategic and comprehensive actions implemented in a progressive and sustained manner; and also considering that as democratic processes are consolidated in the Region, there is a growing and increasingly organized demand for universal access to health and universal health coverage;

Observing that the Strategy articulates the conditions that will allow countries to focus and evaluate their policies and measure progress toward universal access to health and universal health coverage;

Recognizing that each country has the capacity to define its plan of action, taking into account its social, economic, political, legal, historical, and cultural context, as well as current and future challenges in health;

Recognizing the participatory process implemented for the development of the Strategy, including consultations by the Member States in coordination with the Pan American Sanitary Bureau, which led to quality debate with different analytic perspectives, as well as the contributions made by the Member States Working Group;<sup>1</sup>

***RESOLVES:***

1. To adopt the *Strategy for Universal Access to Health and Universal Health Coverage*.
2. To urge the Member States, as appropriate to their context and their domestic priorities, to:

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<sup>1</sup> The Member States Working Group, established by decision of the 154th Session of the Executive Committee, held 16-20 June 2014, was comprised of technical representatives of the countries that make up the Executive Committee in 2014, and representatives of countries participating as observers in the session.



- a) establish formal mechanisms for participation and dialogue to promote the development and implementation of inclusive policies, and ensure accountability in moving toward the objectives of universal access to health and universal health coverage;
- b) establish national targets and goals, and define their plans of action toward universal access to health and universal health coverage; and set national priorities for the period 2014-2019, in accordance with the commitments established in the Strategic Plan of the Pan American Health Organization (2014-2019) and the Twelfth WHO General programme of work (2014-2019);
- c) define and implement a set of actions to strengthen the governance and stewardship capacity of the health sector; and exercise leadership to impact on policies, plans, legislation, regulations, and actions beyond the health sector that address the social determinants of health;
- d) advance toward providing universal access to comprehensive, quality, progressively expanded health services that are consistent with health needs, system capacities, and the national context; and identify the unmet and differentiated needs of the population as well as specific needs of groups in conditions of vulnerability;
- e) define and implement actions to improve the organization and management of health services through the development of health care models that focus on the needs of people and communities, increasing response capacity at the primary level of care through integrated health services networks;
- f) improve human resource capacity at the first level of care, increasing employment opportunities with attractive labor conditions and incentives, particularly in underserved areas; consolidate collaborative multidisciplinary health teams; ensure that these teams have access to health information and telehealth services (including telemedicine); and introduce new professional and technical profiles and strengthen existing ones, coherent with the model of care to be implemented to achieve universal access to health and universal health coverage;
- g) increase efficiency and public financing of health, as appropriate, noting that in most cases, public expenditure of 6% of GDP is a useful benchmark and that these resources should be allocated, as appropriate, on a priority basis to the primary level of care to expand the supply of quality services and quickly address unmet health needs;
- h) advance toward eliminating direct payment, understood as the costs that individuals face for health service fees, that constitutes a barrier to access at the point of service, avoiding impoverishment and exposure to catastrophic expenditures; the replacement of direct payment as a financing mechanism should be planned and achieved progressively, replacing it by pooling—mechanisms, based on solidarity, as appropriate to the national context, that consider diverse sources of funding such as social security contributions, taxes, and fiscal revenues, in order to increase the financial protection, equity, and efficiency of the health system;

- i) identify and implement a set of actions to improve the efficiency of health system financing and organization;
  - j) implement plans, programs, and projects to facilitate the empowerment of people and communities, through training, active participation, and access to information for community members, in order for them to know their rights and responsibilities, and for them to take an active role in policy-making, in actions to identify and address health inequities and the social determinants of health, and in health promotion and protection.
3. To request the Director to:
- a) use the Strategy to facilitate the leadership of the health authorities in order to promote the mobilization of national resources to support the transformation or strengthening of health systems toward universal access to health and universal health coverage;
  - b) prioritize technical cooperation that supports countries in the development of participatory processes to define targets and national goals, as well as action plans to advance toward universal access to health and universal health coverage;
  - c) measure the progress toward universal access to health and universal health coverage using the indicators identified in the Strategic Plan of the Pan American Health Organization 2014-2019 and report on the advances through the biennial assessment reports on the implementation of the Strategic Plan;
  - d) develop actions and tools to support the implementation of the Strategy;
  - e) promote innovation in technical cooperation in health system transformation or strengthening toward universal access to health and universal health coverage, updating the Bureau's mechanisms to support cooperation among countries, establishing expert and knowledge management networks, facilitating the documentation and communication of country experiences, and making use of technological platforms, in a manner consistent with country needs and current capacities, and the lessons learned;
  - f) strengthen interagency coordination and collaboration mechanisms to achieve synergies and efficiency in technical cooperation, including within the United Nations System, and the Inter-American System, and with other stakeholders working toward universal health coverage, in particular with subregional integration mechanisms and relevant international financial institutions.

*(Eighth meeting, 2 October 2014)*

***Decisions******Decision CD53(D1:) Appointment of the Committee on Credentials***

Pursuant to Rule 31 of the Rules of Procedure of the Directing Council, the Council appointed Argentina, Saint Lucia, and Sint Maarten as members of the Committee on Credentials.

*(First meeting, 29 September 2014)*

***Decision CD53(D2:) Election of Officers***

Pursuant to Rule 16 of the Rules of Procedure of the Directing Council, the Council elected the Dominican Republic as President, Barbados and Costa Rica as Vice Presidents, and Uruguay as Rapporteur of the 53rd Directing Council.

*(First meeting, 29 September 2014)*

***Decision CD53(D3): Establishment of the General Committee***

Pursuant to Rule 32 of the Rules of Procedure of the Directing Council, the Council appointed Cuba, Panama, and the United States of America as members of the General Committee.

*(First meeting, 29 September 2014)*

***Decision CD53(D4): Adoption of the Agenda***

Pursuant to Rule 10 of the Rules of Procedure of the Directing Council, the Council adopted the agenda submitted by the Director (Document CD53/1).

*(First meeting, 29 September 2014)*

***Decision CD53(D5): 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 UNICEF/UNDP/World Bank/WHO Special Program for Research and Training in Tropical Diseases (TDR) on the Expiration of the Period of Office of Peru***

The Directing Council selected Suriname as the Member State from the Region of the Americas entitled to designate a person to serve on the Joint Coordinating Board of the UNICEF/UNDP/World Bank/WHO Special Program for Research and Training in Tropical Diseases (TDR) for a period of four years, commencing on 1 January 2015.

*(Fifth meeting, 1 October 2014)*

***Decision CD53(D6): Strategy on Health-related Law***

The Directing Council, having considered the proposed strategy on health-related law (Document CD53/13) decided to: *a*) recognize the importance attached to the proposed strategy and the support for it expressed by the majority of Member States; *b*) establish a working group open to all Member States, with Uruguay as its Chair and El Salvador as its Vice-Chair; and *c*) establish a timetable of meetings, including two virtual meetings, to be held in November and December 2014, and one face-to-face meeting of two days' duration, to be held in March 2015 prior to the Ninth Session of the Subcommittee on Program, Budget, and Administration. The Council agreed that a course of action would be decided on the basis of the outcome of the March 2015 meeting and that the Chair of the working group would then submit the matter for consideration by the 156th Session of the Executive Committee and the 54th Directing Council.

*(Eighth meeting, 2 October 2014)*

IN WITNESS WHEREOF, the First Vice President of the 53rd Directing Council, Delegate of Barbados, and the Secretary ex officio, Director of the Pan American Sanitary Bureau, sign the present Final Report in the English language.

DONE in Washington, D.C., on this third day of October in the year two thousand fourteen. The Secretary shall deposit the original texts in the archives of the Pan American Sanitary Bureau. The Final Report will be published on the webpage of the Pan American Health Organization once approved by the First Vice President.

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John David Edward Boyce  
First Vice President of the  
53rd Directing Council  
Delegate of Barbados

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Carissa Etienne  
Secretary ex officio of the  
53rd Directing Council  
Director of the  
Pan American Sanitary Bureau

## **AGENDA**

### **1. OPENING OF THE SESSION**

### **2. PROCEDURAL MATTERS**

- 2.1 Appointment of the Committee on Credentials
- 2.2 Election of the President, Two Vice Presidents, and the Rapporteur
- 2.3 Establishment of a Working Party to Study the Application of Article 6.B of the PAHO Constitution
- 2.4 Establishment of the General Committee
- 2.5 Adoption of the Agenda

### **3. CONSTITUTIONAL MATTERS**

- 3.1 Annual Report of the President of the Executive Committee
- 3.2 Annual Report of the Director of the Pan American Sanitary Bureau
- 3.3 Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Brazil, Chile, and El Salvador

### **4. PROGRAM POLICY MATTERS**

- 4.1 Final Report of the PAHO Strategic Plan 2008-2013 and End-of-Biennium Assessment of the Program and Budget 2012-2013
  - 4.2 Strategic Plan of the Pan American Health Organization 2014-2019 (Amended)
  - 4.3 Strategy for Universal Access to Health and Universal Health Coverage
  - 4.4 Plan of Action for Universal Access to Safe Blood
  - 4.5 Plan of Action on Disabilities and Rehabilitation
  - 4.6 Plan of Action on Mental Health
-

**4. PROGRAM POLICY MATTERS** (*cont.*)

- 4.7 Plan of Action for the Prevention of Obesity in Children and Adolescents
- 4.8 Plan of Action on Health in All Policies
- 4.9 Plan of Action for the Prevention of Blindness and Visual Impairment
- 4.10 Plan of Action for the Coordination of Humanitarian Assistance
- 4.11 Strategy on Health-related Law
- 4.12 Advancing toward a Regional Position on IHR
- 4.13 WHO's Engagement with non-State Actors (Regional Consultation)
- 4.14 Post-2015 Sustainable Development Agenda (Roundtable)
- 4.15 PAHO Revolving Fund for Vaccine Procurement: Challenges and Opportunities

**5. ADMINISTRATIVE AND FINANCIAL MATTERS**

- 5.1 Report on the Collection of Assessed Contributions
- 5.2 Financial Report of the Director and Report of the External Auditor for 2013
- 5.3 Status and Authorized Level of the Working Capital Fund
- 5.4 Status of the Project for the Modernization of the PASB Management Information System

**6. SELECTION OF MEMBER STATES TO BOARDS AND COMMITTEES**

- 6.1 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 UNICEF/UNDP/ World Bank/WHO Special Program for Research and Training in Tropical Diseases (TDR)
- 6.2 Election of Two Members to the Advisory Committee of the Latin American and Caribbean Center on Health Sciences Information (BIREME)

**7. AWARDS**

- 7.1 PAHO Award for Administration (2014)

**8. MATTERS FOR INFORMATION**

- 8.1 Update on WHO Reform
- 8.2 Draft proposed WHO Programme Budget 2016-2017
- 8.3 WHO Strategic Budget Space Allocation
- 8.4 Report on the United Nations General Assembly High-level Meeting on the Progress Achieved in the Prevention and Control of Noncommunicable Diseases
- 8.5 Systematization of PAHO Mandates
- 8.6 Progress Reports on Technical Matters:
- A. Strategy and Plan of Action on Climate Change
  - B. Plan of Action for Maintaining Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Region of the Americas
  - C. Plan of Action to Accelerate the Reduction in Maternal Mortality and Severe Maternal Morbidity
  - D. Status of the Millennium Development Goals
  - E. Elimination of Neglected Diseases and other Poverty-related Infections
  - F. Plan of Action on Safe Hospitals
  - G. Status of the Pan American Centers



**8. MATTERS FOR INFORMATION** (*cont.*)

8.7 Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO:

- A. Sixty-seventh World Health Assembly
- B. Forty-fourth Regular Session of the General Assembly of the Organization of American States
- C. Subregional Organizations

**9. OTHER MATTERS**

**10. CLOSURE OF THE SESSION**

## LIST OF DOCUMENTS

### Official Documents

<i>OD345</i> and Add. I	Strategic Plan of the Pan American Health Organization 2014-2019 (Amended)
<i>OD 347</i>	Financial Report of the Director and Report of the External Auditor for 2013
<i>OD348</i>	Final Report of the PAHO Strategic Plan 2008-2013 and End-of-Biennium Assessment of the Program and Budget 2012-2013

### Working Documents

CD53/1	Agenda
CD53/WP/1, Rev. 1	Program of Meetings
CD53/2	Annual Report of the President of the Executive Committee
CD53/3, Rev. 1	Annual Report of the Director of the Pan American Sanitary Bureau
CD53/4	Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Brazil, Chile, and El Salvador
CD53/5, Rev. 2	Strategy for Universal Access to Health and Universal Health Coverage
CD53/6	Plan of Action for Universal Access to Safe Blood
CD53/7, Rev. 1	Plan of Action on Disabilities and Rehabilitation
CD53/8, Rev. 1	Plan of Action on Mental Health
CD53/9, Rev. 2	Plan of Action for the Prevention of Obesity in Children and Adolescents
CD53/10, Rev. 1	Plan of Action on Health in All Policies
CD53/11	Plan of Action for the Prevention of Blindness and Visual Impairment

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**Working Documents** (*cont.*)

CD53/12	Plan of Action for the Coordination of Humanitarian Assistance
CD53/13	Strategy on Health-related Law
CD53/14	Advancing toward a Regional Position on IHR
CD53/15	WHO's Engagement with non-State Actors (Regional Consultation)
CD53/16, and Add. I and II	Post-2015 Sustainable Development Agenda (Roundtable)
CD53/23	PAHO Revolving Fund for Vaccine Procurement: Challenges and Opportunities
CD53/17 and Add. I	Report on the Collection of Assessed Contributions
CD53/18	Status and Authorized Level of the Working Capital Fund
CD53/19	Status of the Project for the Modernization of the PASB Management Information System
CD53/20	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 UNICEF/UNDP/ World Bank/WHO Special Program for Research and Training in Tropical Diseases (TDR)
CD53/21	Election of Two Members to the Advisory Committee of the Latin American and Caribbean Center on Health Sciences Information (BIREME)
CD53/22	PAHO Award for Administration (2014)

**Information Documents**

CD53/INF/1	Update on WHO Reform
CD53/INF/2	Draft proposed WHO Programme Budget 2016-2017
CD53/INF/3	WHO Strategic Budget Space Allocation
CD53/INF/4, Rev. 1	Report on the United Nations General Assembly High-level Meeting on the Progress Achieved in the Prevention and Control of Noncommunicable Diseases

**Information Documents** (*cont.*)

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|------------|---|
| CD53/INF/5 | Systematization of PAHO Mandates  |
| CD53/INF/6 | Progress Reports on Technical Matters: <ul style="list-style-type: none"><li>A. Strategy and Plan of Action on Climate Change</li><li>B. Plan of Action for Maintaining Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Region of the Americas</li><li>C. Plan of Action to Accelerate the Reduction in Maternal Mortality and Severe Maternal Morbidity</li><li>D. Status of the Millennium Development Goals</li><li>E. Elimination of Neglected Diseases and other Poverty-related Infections</li><li>F. Plan of Action on Safe Hospitals</li><li>G. Status of the Pan American Centers</li></ul> |
| CD53/INF/7 | Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO: <ul style="list-style-type: none"><li>A. Sixty-seventh World Health Assembly</li><li>B. Forty-fourth Regular Session of the General Assembly of the Organization of American States</li><li>C. Subregional Organizations</li></ul>  |

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**CUBA**

**Chief Delegate – Jefe de Delegación**

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**Delegates – Delegados**

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**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

**CUBA (cont.)**

Delegates – Delegados (cont.)

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**DOMINICA**

Chief Delegate – Jefe de Delegación

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**DOMINICAN REPUBLIC/REPÚBLICA  
DOMINICANA**

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Ministerio de Salud Pública  
Santo Domingo

Delegates – Delegados

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**DOMINICAN REPUBLIC/REPÚBLICA  
DOMINICANA (cont.)**

Delegates – Delegados (cont.)

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**ECUADOR**

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Ministerio de Salud Pública  
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**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

**ECUADOR (cont.)**

**Delegates – Delegados (cont.)**

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**GRENADA/GRANADA**

**Chief Delegate – Jefe de Delegación**

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**HAITI/HAÏTÍ**

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**Delegates – Delegados**

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**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

**HAITI/HAITÍ (cont.)**

Delegates – Delegados (cont.)

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**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

**MEXICO/MÉXICO**

**Chief Delegate – Jefe de Delegación**

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**MEXICO/MÉXICO (cont.)**

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**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

**MEXICO/MÉXICO (cont.)**

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México ante la Organización de los  
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**MEXICO/MÉXICO (cont.)**

*Alternates – Alternos (cont.)*

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**PANAMA/PANAMÁ**

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## MEMBER STATES/ESTADOS MIEMBROS (cont.)

### PARAGUAY

#### Chief Delegate – Jefe de Delegación

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Bienestar Social  
Ministerio de Salud Pública y  
Bienestar Social  
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#### Delegates – Delegados

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Ministra-Secretaria Ejecutiva de la Secretaría  
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Ministerio de Salud Pública y  
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Paraguay ante la Organización de los  
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Organización de los Estados Americanos  
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### PARAGUAY (cont.)

#### Alternates – Alternos (cont.)

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Misión Permanente del Paraguay ante la  
Organización de los Estados Americanos  
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Misión Permanente del Paraguay ante la  
Organización de los Estados Americanos  
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### PERU/PERÚ

#### Chief Delegate – Jefe de Delegación

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Ministerio de Salud  
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Perú ante la Organización de los Estados  
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### SAINT LUCIA/SANTA LUCÍA

#### Chief Delegate – Jefe de Delegación

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Minister of Health, Wellness, Human  
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Ministry of Health, Wellness, Human  
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Waterfront, Castries

**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

**SAINT LUCIA/SANTA LUCÍA (cont.)**

Delegate – Delegado

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Chief Medical Officer  
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Waterfront, Castries

**SAINT KITTS AND NEVIS/SAINT KITTS  
Y NEVIS**

Chief Delegate – Jefe de Delegación

Dr. Patrick Martin  
Chief Medical Officer  
Health and Social Services  
Basseterre

**SAINT VINCENT AND THE GRENADINES/  
SAN VICENTE Y LAS GRANADINAS**

Chief Delegate – Jefe de Delegación

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Minister of Health  
Ministry of Health and the Environment  
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**SURINAME**

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American States  
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**TRINIDAD AND TOBAGO/TRINIDAD Y  
TABAGO**

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**TRINIDAD AND TOBAGO/TRINIDAD Y  
TABAGO (cont.)**

Delegates – Delegados

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**MEMBER STATES/ESTADOS MIEMBROS** *(cont.)*

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

Chief Delegate – Jefe de Delegación

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

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**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

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

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**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

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

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**URUGUAY**

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### **UNITED KINGDOM/REINO UNIDO**

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### **ARUBA (cont.)**

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## **ASSOCIATE MEMBERS/MIEMBROS ASOCIADOS (cont.)**

### **ARUBA (cont.)**

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Ministry of Health, Environment and Nature  
Punda

Mr. Xavier Prens  
Minister Plenipotentiary for Curaçao  
Embassy of the Kingdom of the Netherlands  
Washington, DC

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#### **Chief Delegate – Jefe de Delegación**

Dr. Raúl G. Castellanos Bran  
Asesor del Secretario de Salud  
Departamento de Salud  
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### **SINT MAARTEN/SAN MARTÍN**

#### **Chief Delegate – Jefe de Delegación**

Hon. Van Hugh Cornelius de Weever  
Minister of Social Development, Health  
and Labour  
Ministry of Social Development, Health  
and Labour  
Philipsburg

#### **Delegates – Delegados**

Mr. Eunicio Shurman  
Legal Advisor to the Minister  
Ministry of Social Development, Health  
and Labour  
Philipsburg

Mrs. Virginia Sheila Asin Oostburg  
Head of the Collective Prevention Services  
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Embajador, Observador Permanente de  
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Estados Americanos  
Washington, D.C.

### **SPAIN/ESPAÑA (cont.)**

Sr. Guillermo Marín  
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Estados Americanos  
Washington, D.C.

## **OBSERVER STATES/ESTADOS OBSERVADORES (cont.)**

### **SPAIN/ESPAÑA (cont.)**

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Becario  
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Ministério da Saúde  
Brasília

Mr. Robert Shearer  
Director General  
Office of International Affairs for the  
Health Portfolio  
Health Canada  
Ottawa

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México

### **Abraham Horwitz Award for Leadership in Inter-American Health, 2014/Premio Abraham Horwitz al Liderazgo en la Salud Interamericana, 2014**

Dr. Javier Torres-Goitia  
Bolivia

### **Manuel Velasco Suárez Award for Excellence in Bioethics/ Premio Manuel Velasco Suárez a la excelencia en la bioética**

Dr. Ignacio Mastroleo  
Argentina

### **Pedro N. Acha Award for Excellence in Veterinary Public Health/Premio Pedro N. Acha a la excelencia en la salud pública veterinaria**

Dr. Virginia Micaela de la Puente León  
Perú

### **Clarence H. Moore Award Excellence for Voluntary Service/ Premio Clarence H. Moore a la excelencia en el servicio voluntario**

Sister Lorraine Lauter "Water with Blessings"  
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### **Sérgio Arouca Award for Excellence in Universal Health Care/Premio Sérgio Arouca a la excelencia en la atención sanitaria Universal**

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**AWARD WINNERS/  
GANADORES DE LOS PREMIOS (cont.)**

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**United Nations Population Fund/Fondo de  
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**Inter-American Heart Foundation/  
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**Interamerican Society of Cardiology/  
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**International Society of Radiographers and  
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Internacional de Radiógrafos y Tecnólogos  
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Deputy Director-General

Dr. Hans Troedsson  
Assistant Director-General

Mrs. Bersabel Ephrem  
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Office of the Assistant Director-General

Ms. Taina Tea Irmeli Nakari  
External Relations Officer  
Policy and Strategic Directions

Dr. Gaudenz Ulrich Silberschmidt  
Senior Adviser  
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ORGANIZACIÓN PANAMERICANA DE LA SALUD**

**Director and Secretary ex officio of the  
Council/Directora y Secretaria ex officio del  
Consejo**

Dr. Carissa F. Etienne

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

Dr. Jon Kim Andrus  
Deputy Director  
Director Adjunto

Dr. Francisco C. Becerra  
Assistant Director  
Subdirector

**Advisors to the Director (cont.)  
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Director of Administration  
Director de Administración

Dr. Heidi Jiménez  
Legal Counsel, Office of the Legal Counsel  
Asesora Jurídica, Oficina del Asesor  
Jurídico

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

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