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The XXXIX Meeting of the Directing Council of the Pan American Health Organization, XLVIII Meeting of the Regional Committee of the World Health Organization for the Americas, was held at the Headquarters Building in Washington, D.C., from 23 to 27 September 1996, as convened by the Director of the Pan American Sanitary Bureau in compliance with Resolution CE117.R1, adopted by the Executive Committee at its 117th Meeting.

Participants

The following Member and Participating Governments of the Pan American Health Organization were represented: Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, France, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Netherlands, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Trinidad and Tobago, United Kingdom, United States of America, Uruguay, and Venezuela. Puerto Rico was represented as an Associate Member. The Governments of Spain and Portugal were represented as PAHO Observer Countries.

The Executive Committee of the Directing Council of the Pan American Health Organization was represented by Dr. Javier Torres-Goitia Caballero (Bolivia) and by Dr. Ana María de Gamero (El Salvador), pursuant to Rule 25 of the Rules of Procedure of the Directing Council.

The Meeting was also attended by Dr. Hiroshi Nakajima, Director-General of the World Health Organization, as well as representatives of the following intergovernmental agencies: Caribbean Community, Hipólito Unanue Agreement, Inter-American Development Bank, Inter-American Institute for Cooperation on Agriculture, United Nations Children’s Fund, and the World Bank.

Representatives of 31 nongovernmental organizations were also present.

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1 This Final Report is in the nature of a summary and, thus, should be read in conjunction with the Summary Records of the Meeting, where the topics are explored in greater detail.
Opening of the Meeting

The meeting was opened on 23 September 1996. In the first plenary session the speakers were Dr. George A. O. Alleyne, Director of the Pan American Sanitary Bureau; Dr. Jo Ivey Boufford, Principal Deputy Assistant Secretary for Health, Department of Health and Human Services, United States of America; and Dr. Hiroshi Nakajima, Director-General of the World Health Organization.

Officers

Pursuant to Rule 18 of the Rules of Procedure, the President of the XXXVIII Meeting of the Directing Council, Dr. Aída Moreno de Rivera (Panama), presided over the proceedings until the election of the President of the XXXIX Meeting. The Council then elected two Vice Presidents and a Rapporteur. The Officers of the Directing Council were as follows:

President: Dominican Republic
Dr. Erasmo Vásquez

Vice Presidents: Guyana
Hon. Gail Teixeira
Honduras
Dr. Enrique Samayoa

Rapporteur: Brazil
Mr. Ernesto O. Rubarth

Secretary
ex officio: Director, Pan American Sanitary Bureau
Dr. George A. O. Alleyne

Committee on Credentials

The Committee on Credentials was appointed pursuant to Rule 27 of the Rules of Procedure and consisted of the following members:

President: Argentina
Dr. Argentino L. Pico

Members: Antigua and Barbuda
Hon. Samuel Aymer
Guatemala
Mr. Marco Tulio Sosa

The Committee on Credentials held two sessions and submitted the respective reports in the first and third plenary sessions.
General Committee

With the election of the representatives of Cuba, the United States of America, and Uruguay, pursuant to Rule 28 of the Rules of Procedure, the General Committee was constituted as follows:

**President of the Council:** Dominican Republic  Dr. Erasmo Vásquez

**Vice President of the Council:** Guyana  Hon. Gail Teixeira

**Vice President of the Council:** Honduras  Dr. Enrique Samayoa

**Rapporteur of the Council:** Brazil  Mr. Ernesto O. Rubarth

**Member:** Cuba  Dr. Carlos P. Dotres Martínez

**Member:** United States of America  Dr. Jo Ivey Boufford

**Member:** Uruguay  Dr. Alfredo Solari

The General Committee held two sessions and submitted the respective reports in the second and sixth plenary sessions.

**Working Parties**

In the first plenary session a working party was established, consisting of the representatives of Barbados, Panama, and Paraguay, to study the application of Article 6.B of the PAHO Constitution to countries more than two years in arrears in the payment of their quota contributions. The working party met once and submitted its report in the third plenary session, at which time the Directing Council adopted Resolution CD39.R1 on the subject.

**Other Matters**

In addition to the topics reflected in the above-mentioned decisions and in the resolutions reproduced in their entirety in the present report, the following matters were also considered.
Reports

In the first plenary session the annual report of the Chairman of the Executive Committee was submitted, covering the 117th and 118th Meetings of the Committee and the meetings of its various subcommittees held between September 1995 and September 1996.

In the first plenary session The Search for Equity: Annual Report of the Director, 1995 (Official Document 277) was submitted.


In the third plenary session the report of the working party on the application of Article 6.B of the PAHO Constitution was submitted in regard to the countries with arrears of more than two years in the payment of their quota contributions (see Resolution CD39.R1).

In the sixth plenary session the report of the Director’s Advisory Committee on Health Research (ACHR) was submitted in regard to its XXXI Meeting, held at PAHO Headquarters from 15 to 17 July 1996.

Awards

In the fourth plenary session the PAHO Award for Administration, 1996, was presented to Mrs. Michaela M. Storr, of the Bahamas.

In the eighth plenary session the Abraham Horwitz Award for Inter-American Health, 1996, was presented to Dr. José Renán Esquivel, of Panama.

Other

During the meeting the following items were also considered:

- Process for the Review of WHO’s Vision, Mission, and Constitutional Functions
- Current and Future Strategic and Programmatic Orientations for PAHO
- Resolutions and Other Actions of the Forty-ninth World Health Assembly of Interest to the Regional Committee
Sessions

The Directing Council held 10 plenary sessions.

Resolutions and Decisions

The Directing Council adopted the following resolutions and decisions:

Resolutions

**CD39.R1 Report on the Collection of Quota Contributions**

**THE XXXIX MEETING OF THE DIRECTING COUNCIL,**

Having considered the report of the Director on the collection of quota contributions (Document CD39/21 and Add. I) and the concern expressed by the 118th Meeting of the Executive Committee with respect to the status of the collection of quota contributions;

Noting from the report of the Working Party on the application of Article 6.B of the PAHO Constitution (Document CD39/21, Add. II) that a payment plan has been received from Venezuela; and

Further noting that Bolivia, Cuba, Guatemala, and Venezuela have outstanding quota amounts in excess of two full years of assessments and are subject to the application of Article 6.B of the Constitution,

**RESOLVES:**


2. To express appreciation to those Member Governments that have already made payments in 1996, and to urge all Member Governments in arrears to meet their financial obligations to the Organization in an expeditious manner.

3. To congratulate Barbados, Canada, El Salvador, France, Guyana, Honduras, the Netherlands, Saint Kitts and Nevis, Saint Lucia, and Suriname for their successful payment efforts in fully meeting their quota obligations through 1996.
4. To compliment Jamaica and Cuba for their payment efforts to reduce quota arrearages for prior years.

5. To request the Director to notify Venezuela that its voting privileges are restored at this XXXIX Meeting of the Directing Council, based upon its formal written commitment to pay its full quota arrearage by 31 December 1996.

6. To request the Director:

(a) To continue to monitor the implementation of special payment agreements made by Member Governments in arrears for the payment of prior years' quota assessments;

(b) To advise the Executive Committee of Member Governments' compliance with their quota payment commitments;

(c) To report to the XL Meeting of the Directing Council on the status of the collection of quota contributions for 1997 and prior years.

(Third plenary session, 24 September 1996)


THE XXXIX MEETING OF THE DIRECTING COUNCIL,

Having considered Document CD39/11 and the tentative request to the World Health Organization for US$ 79,794,000 without cost increases for the Region of the Americas for the financial period 1998-1999; and

Noting the recommendation of the 118th Meeting of the Executive Committee,

RESOLVES:

To request the Director to transmit to the Director-General of WHO the request for $79,794,000 without cost increases for the Region of the Americas for the financial period 1998-1999, for consideration by the WHO Executive Board and the World Health Assembly in 1997.

(Third plenary session, 24 September 1996)
CD39.R3  Election of Three Member Governments to the Executive Committee on the Expiration of the Periods of Office of Bolivia, Canada, and Uruguay

THE XXXIX MEETING OF THE DIRECTING COUNCIL,

Bearing in mind the provisions of Articles 9.B and 15.A of the Constitution of the Pan American Health Organization; and

Considering that the Governments of Colombia, Panama, and Paraguay were elected to serve on the Executive Committee upon the expiration of the periods of office of Bolivia, Canada, and Uruguay,

RESOLVES:

1. To declare the Governments of Colombia, Panama, and Paraguay elected to membership on the Executive Committee for a period of three years.

2. To thank the Governments of Bolivia, Canada, and Uruguay for the services rendered to the Organization during the past three years by their representatives on the Executive Committee.

(Third plenary session, 24 September 1996)

CD39.R4  Renewal of the Call for Health for All

THE XXXIX MEETING OF THE DIRECTING COUNCIL,

Having reviewed Document CD39/12 on renewal of the goal of health for all (HFA); and

Recognizing the critical role of community participation in renewing health for all,

RESOLVES:

1. To take note of Document CD39/12 and of the national and regional efforts geared toward renewal of the goal of HFA and its strategies.

2. To urge the Member Governments to evaluate progress in meeting the goal of HFA and applying the primary health care strategy, with a view to identifying the areas that require priority action and the elements that hinder or facilitate this progress.
3. To recommend that the Member Governments:

(a) Renew their commitment to the goal of HFA and its health strategies, within the context of the social, economic, political, environmental, and technological trends that are affecting the health of their populations, environment, and health services;

(b) Give priority to the adoption of policies to resolve their health problems in a sustained manner, with a view to steadily improving the quality of life of their populations.

4. To request the Director:

(a) To provide the technical cooperation appropriate to support the countries regarding the renewal of the goal of HFA;

(b) To promote the mobilization of national and international resources to support renewal of the goal of HFA that target the design and application of appropriate strategies.

(Sixth plenary session, 25 September 1996)

CD39.R5 Acquired Immunodeficiency Syndrome (AIDS) in the Americas

THE XXXIX MEETING OF THE DIRECTING COUNCIL,

Having reviewed the report on acquired immunodeficiency syndrome (AIDS) in the Americas (Document CD39/17);

Considering that, while the spread of HIV/AIDS in the Americas has apparently been less rapid than in other Regions, the epidemic continues to affect an ever-growing number of men, women, and children;

Taking into account the difficulties in the start-up phase of the multi-agency and multisectoral response promoted by the Joint United Nations Program on HIV/AIDS (UNAIDS); and

Mindful of the need to ensure the continuity of national efforts in a climate of marked reductions in international technical and financial support,
RESOLVES:

1. To urge the Member Governments:

(a) To maintain and, if possible, increase the efforts of their national programs on AIDS prevention, mobilizing technical and financial resources in accordance with their capabilities and facilitating intersectoral cooperation in the struggle against AIDS;

(b) To support implementation of the PAHO Regional Plan of Action for the prevention of AIDS in the Americas, maintaining the public health perspective in national actions;

(c) To promote the approach and guidelines of UNAIDS, facilitating linkage between the agencies that participate in the Theme Groups and their respective national counterparts;

(d) To promote cooperation among countries in a spirit of Pan Americanism, identifying common areas of need and interest (training, surveillance, information exchange, technology transfer, joint development of policies and programs, education) for the prevention of AIDS in the Region.

2. To request the Director, within the framework of UNAIDS:

(a) To maintain and strengthen the cooperation of PAHO in the prevention and control of AIDS and sexually transmitted diseases in the Americas;

(b) To continue to identify and mobilize resources in support of the national programs and the initiatives for subregional cooperation and cooperation among countries.

(Ninth plenary session, 26 September 1996)


THE XXXIX MEETING OF THE DIRECTING COUNCIL,

Noting the opinion of the External Auditor on the satisfactory condition of the Organization’s accounts and the Organization’s continued compliance with the Financial Regulations and legislative authority,

**RESOLVES:**


2. To thank the External Auditor for his audit reviews during the past biennium and for presenting a clear and comprehensive report for the biennium 1994-1995.

3. To express concern that the rate of collection of quota assessments for the Organization, the Caribbean Epidemiology Center (CAREC), and the Caribbean Food and Nutrition Institute (CFNI) has declined, with a consequent weakening of their financial situation, and to urge the Member Governments to make every effort to pay their outstanding quota contributions as early as possible.

4. To note that the rate of collection of quota assessments for the Institute of Nutrition of Central America and Panama (INCAP) has greatly improved in 1995 and to recognize the efforts of the Member Governments of INCAP in that regard.

5. To urge the Member Governments to make their quota payments in as timely a manner as possible.

6. To request the Director to continue efforts to maintain a sound financial position for the Organization.

*(Ninth plenary session, 26 September 1996)*

**CD39.R7 Progress of Activities in Health Sector Reform**

**THE XXXIX MEETING OF THE DIRECTING COUNCIL,**

Having seen Document CD39/13, "Progress of Activities in Health Sector Reform";

Bearing in mind the Action Plan approved by the 1994 Summit of the Americas and Resolution CD38.R14 of the XXXVIII Meeting of the Directing Council on equitable access to basic health services; and
Considering the inequity in the distribution and utilization of resources still prevailing in the Americas, despite the attention that has been devoted to health sector reform in the Region in recent years,

RESOLVES:

1. To recognize the efforts undertaken by the countries in health sector reform and to acknowledge the bilateral and multilateral cooperation provided, while emphasizing the need for coordination of external support and respect for national autonomy and identity.

2. To emphasize the Organization’s leadership and coordination function in the programming and execution of health sector activities.

3. To urge Member Governments:
   (a) To reaffirm their political commitment to health sector reform, including population-based public health approaches, as a strategy for making health systems more equitable, efficient, and effective in response to the health needs of the peoples of the Americas;
   (b) To continue to exchange experiences and report on the progress and problems of the national processes of health sector reform.

4. To request the Director:
   (a) To continue to cooperate with national processes of health sector reform, through the appropriate regional and country units of the Organization;
   (b) To proceed with the continuous monitoring of and periodic reporting on progress and problems faced by national processes of health sector reform in the Region;
   (c) To foster networking—including the evolving inter-American network as called for at the Summit of the Americas—among governments, private sector institutions, nongovernmental organizations, and other interested parties, as a mechanism for exchange of information and expertise on health sector reform.

(Ninth plenary session, 26 September 1996)
THE XXXIX MEETING OF THE DIRECTING COUNCIL,

Having reviewed the document "Implementation of the Regional Plan of Action on Violence and Health" (Document CD39/14);

Taking into account the recent resolution on "Support for Mine-Clearing in Central America," adopted by the General Assembly of the Organization of American States;

Considering the impact of violence on the health and well-being of people and on the economies of countries;

Noting that the various manifestations of violence appear to be widespread in the Region of the Americas; and

Stressing the need to develop programs to control and prevent violence,

RESOLVES:

1. To note with satisfaction the Program of Support for Mine-Clearing in Central America that the Organization of American States has been successfully conducting for the benefit of the affected population.

2. To approve the activities proposed in Document CD39/14.

3. To urge the Member Governments:

(a) To formulate national intersectoral plans of action geared toward the prevention of violence, emphasizing a public health approach;

(b) To create a registry and perform a detailed analysis of mortality from external causes, in compliance with the recommendations of the Workshop on Epidemiological Surveillance of Homicides and Suicides (1995);

(c) To conduct studies to measure social attitudes towards, perceptions of, and costs of violence;
(d) To strengthen monitoring and control actions in the area of psychosocial human development, with emphasis on socioaffective and cognitive aspects of human development;

(e) To formulate and implement policies for the prevention of violence in the family and the school;

(f) To invite the media to join in efforts to reduce violence and to incorporate health topics in their programming;

(g) To obtain the resources necessary for such activities, either directly or through multilateral, bilateral, and nongovernmental agencies.

4. To request the Director, within available resources:

(a) To continue to provide technical cooperation in order to strengthen the ability of the Member Governments to perform epidemiological surveillance of violent acts;

(b) To continue to promote research that will shed light on the nature and determinants of violence in each country;

(c) To promote technical cooperation among countries and dissemination of information about successful experiences in the area of violence prevention.

(Ninth plenary session, 26 September 1996)

CD39.R9 Expanded Program on Immunization: Elimination of Measles from the Americas

THE XXXIX MEETING OF THE DIRECTING COUNCIL,

Having reviewed the report of the Director on the progress made by the Expanded Program on Immunization and the regional initiative for the elimination of measles from the Americas by the year 2000 (Document CD39/18);

Noting with satisfaction that all countries are committed to the strategies outlined in the Plan of Action for Measles Elimination in the Americas by the year 2000, and the remarkable progress which has been attained; and
Observing that in spite of this progress much still remains to be done, and that
the number of children susceptible to measles infection continues to grow in many
countries,

RESOLVES:

1. To express its deep appreciation to the Governments of Spain and the United
States of America for the support recently committed to the measles elimination initiative,
and to urge other collaborating governments and organizations to follow this example.

2. To urge all countries to assign the necessary human and financial resources to the
Program, particularly those needed for the purchase of vaccines and syringes, as well as
the recurrent costs for surveillance of vaccine-preventable diseases, particularly measles
and poliomyelitis.

3. To call to the attention of all countries that have accumulated a large number of
susceptible children the urgency of implementing "follow-up" measles campaigns
targeting all children 1-4 years of age, regardless of previous vaccination status.

4. To request the Director to continue his efforts to ensure support for the Plan of
Action for the Elimination of Measles from the Americas by the year 2000.

(Tenth plenary session, 26 September 1996)

CD39.R10 Tuberculosis in the Americas

THE XXXIX MEETING OF THE DIRECTING COUNCIL,

Having reviewed Document CD39/20 on tuberculosis in the Americas;

Acknowledging the declaration by the World Health Organization that tuberculosis
represents a global health emergency and the establishment by the World Health
Assembly of global control targets for the year 2000: cure of 85% of new sputum
smear-positive cases detected and detection of 70% of these newly infectious cases;

Convinced that tuberculosis continues to pose a grave threat to the public’s health
and development in the Region;

Considering that conditions exist in many areas of the Region that have been
shown to facilitate the resurgence of the disease and the emergence of drug resistance; and
Recognizing that the proven cost-effective tuberculosis control strategy, DOTS—"directly observed treatment, short-course"—has been successfully implemented in some countries in the Region, thereby providing powerful models for adaptation to other countries,

RESOLVES:

1. To urge Member Governments:
   (a) To adopt the DOTS strategy and its five principal components of: government commitment to a tuberculosis program; case detection through predominantly passive case-finding; standardized and directly-observed short-course treatment for all pulmonary smear-positive cases; regular drug supply; and a program monitoring and evaluation system;
   (b) To evaluate tuberculosis control programs using the principal indicators of cure and case detection rates, in order to quickly identify and resolve problems as well as report on progress towards the year 2000 global tuberculosis control targets;
   (c) To collaborate with each other in these activities;
   (d) To promote the involvement of communities, local governments, nongovernmental organizations, and bilateral and multilateral institutions in these efforts.

2. To request the Director, as resources permit:
   (a) To provide relevant technical information, training, and tools for effective tuberculosis control to Member Governments, with particular attention to countries with moderate and high tuberculosis incidence;
   (b) To provide technical cooperation in the creation and expansion of DOTS demonstration areas, with a focus on high-incidence countries;
   (c) To continue to build consensus and cooperation within and among countries for the control of tuberculosis by fostering the development of advisory groups, organizing meetings, supporting intercountry visits and operational research, and advocating for efficient and effective investment in control programs;
   (d) To continue to focus attention on and encourage the scientific community of the countries to develop new and better vaccines against tuberculosis.

(Tenth plenary session, 27 September 1996)
CD39.R11  Aedes aegypti

THE XXXIX MEETING OF THE DIRECTING COUNCIL,

Having seen the document "Study on the Feasibility of Eradicating Aedes aegypti" (Document CD39/16);

Considering the increasing incidence of dengue and dengue hemorrhagic fever in the Region of the Americas and the potential danger of a re-emergence of urban yellow fever;

Recognizing the importance of these diseases for public health in the Region and their impact on the economies of the Hemisphere; and

Taking into consideration the report of the task force established to study the feasibility, timeliness, and appropriateness of drawing up a hemispheric plan for the eradication of Aedes aegypti,

RESOLVES:

1. To urge Member Governments:

(a) To collaborate in the definition of the general guidelines for a hemispheric plan to expand and intensify efforts to combat Aedes aegypti with a view to its eventual eradication in the Americas through persistent country-level efforts;

(b) To prepare national plans to expand and intensify efforts to combat Aedes aegypti with a view to its eventual eradication in the Americas;

(c) To utilize the mass media to inform and educate the population and strengthen community participation in the integrated activities to combat the vector;

(d) To promote epidemiological, entomological, and environmental surveillance;

(e) To strengthen national laboratories so that they can support the hemispheric plan.

2. To request the Director, as resources permit:

(a) To form a task force of professionals from the member countries to develop the hemispheric plan;
(b) To support, advise, and cooperate with the Member Governments in the preparation and execution of their respective national plans;

(c) To present to the Directing Council at the earliest opportunity an assessment of the epidemiological situation of dengue, dengue hemorrhagic fever, and yellow fever in the Hemisphere, as well as a progress report on the implementation of the hemispheric plan;

(d) To make efforts to obtain external resources to support the countries in the execution of the hemispheric plan based on national plans of action;

(e) To promote and support technical cooperation among the countries in the development of the national plans that comprise the hemispheric plan.

(Tenth plenary session, 27 September 1996)

CD39.R12 Diabetes in the Americas

THE XXXIX MEETING OF THE DIRECTING COUNCIL,

Having reviewed Document CD39/19, which addresses the growing importance of diabetes in the burden of disease in the Americas;

Noting that promotion of healthy diets and regular exercise can reduce the incidence of non-insulin-dependent diabetes, and that improved quality of care, including patient education, will reduce the incidence of complications among all persons with diabetes;

Recognizing, as a fundamental principle of diabetes care, that insulin must be available for all persons in need;

Recognizing, also, that persons with diabetes, despite their abilities, sometimes suffer from discrimination in employment; and

Noting with appreciation the new relationship between PAHO and the International Diabetes Federation (Resolution CE118.R8) to develop joint technical cooperation, and the successful formulation of a Declaration of the Americas on Diabetes as the first product of this partnership,
RESOLVES:

1. To urge Member States:
   
   (a) To recognize that diabetes is a health problem of increasing regional importance;
   
   (b) To adopt the Declaration of the Americas on Diabetes as a guide for national program development.

2. To urge the participation of all partners in the mobilization of resources, in addition to training, research, dissemination of information, and direct technical cooperation within and among Member States.

3. To recommend to the Director that PAHO continue strengthening its collaboration with diabetes associations and other nongovernmental organizations, promote an integrated approach to noncommunicable diseases within which diabetes would be addressed, and support the development of national diabetes programs.

   (Tenth plenary session, 27 September 1996)

Decisions

CD39(D1) Adoption of the Agenda

Pursuant to Rule 10 of the Rules of Procedure, the Directing Council, at its first plenary session, adopted the provisional agenda (Document CD39/1, Rev. 2) presented by the Director, with one modification. It was decided to postpone consideration of item 3.5 of the provisional agenda (Amendment of the Rules of Procedure of the PAHO Governing Bodies) until the XL Meeting of the Directing Council in 1997.

   (First plenary session, 23 September 1996)

CD39(D2) Composition of the Management Advisory Committee of the WHO Action Programme on Essential Drugs

Barbados was elected Member Government from the Region of the Americas to the Management Advisory Committee of the WHO Action Programme on Essential Drugs for the period 1 January 1997 to 31 December 1999.

   (Third plenary session, 24 September 1996)
Uruguay was elected Member Government entitled to designate a representative to the International Coordination Council of the Pan American Institute for Food Protection and Zoonosis for the period 1 January 1997 to 31 December 1999.

(Third plenary session, 24 September 1996)
IN WITNESS WHEREOF, the President of the Directing Council and the Secretary ex officio, Director of the Pan American Sanitary Bureau, sign the present Final Report in the English and Spanish languages, the two texts being equally authentic.

DONE in Washington, D.C., United States of America, on this twenty-seventh day of September, nineteen hundred and ninety-six. The Secretary shall deposit the original texts in the archives of the Pan American Sanitary Bureau and shall send copies thereof to the Member Governments of the Organization.

Erasmo Vásquez
President of the XXXIX Meeting
of the Directing Council
Representative of the Dominican Republic

______________________________
George A. O. Alleyne
Secretary ex officio of the
XXXIX Meeting of the Directing Council
Director of the
Pan American Sanitary Bureau