FOIA Number: 2007-1550-F

FOIA MARKER

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OA/ID Number: 21068

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Folder Title:
Office of International and Refugee Health (OIRH) [1]

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. draft cable	DHHS:PHENRY to EUR/RUS:MYOVANOVITCH re Country Clearance Request (partial) (1 page)	05/11/2000	b(6)

COLLECTION:
Clinton Presidential Records

OA/Box Number: 21068

FOLDER TITLE:
Office of International and Refugee Health (OIRH) [1]

2007-1550-F
kc1285

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
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b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

THE WHITE HOUSE

WASHINGTON

September 24, 1999

Sonya Hunt Gray
Office of the Secretary
Office of Public Health and Science
Office of International and Refugee Health
Rockville, MD 20857

Dear Ms. Gray:

I am pleased to hear that you will be serving on a three-month detail to the Office of International and Refugee Health to work on the Leadership and Investment in Fighting an Epidemic (LIFE)/Global AIDS Initiative (GAI). Effective interagency collaboration is an integral component of the LIFE initiative and I am thrilled to have you on board.

I look forward to working with you in the coming months.

Sincerely,

Sandra Thurman
Director
Office of National AIDS Policy

September 23, 1999

Sonya Hunt Gray
Office of the Secretary
Office of Public Health and Science
Office of International and Refugee Health
Rockville, MD 20857

Dear Ms. Gray:

I am pleased to hear that you will be serving on a three-month detail to the Office of International and Refugee Health to work on the Leadership and Investment in Fighting an Epidemic (LIFE)/Global AIDS Initiative (GAI). Effective interagency collaboration is an integral component of the LIFE initiative and I am thrilled to have you on board.

I truly look forward to working with you in the coming months!

Sincerely,

Sandra Thurman
Director
Office of National AIDS Policy

Is this enough?
Saved under
interns - Erika -
letter to Sonya Hunt Gray.

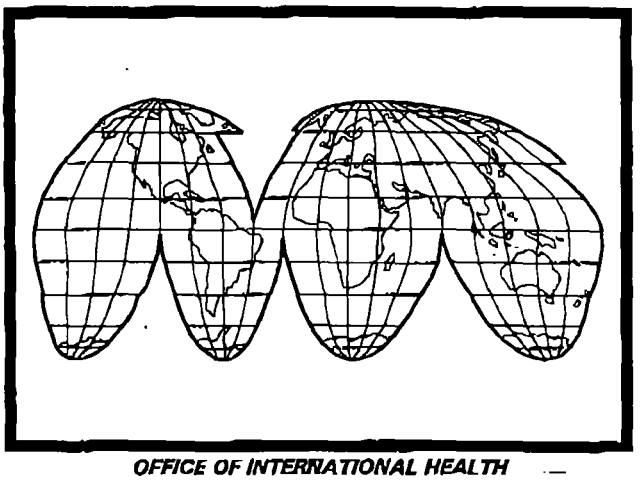
FACSIMILE TRANSMISSION SHEET

FROM:

ROSCOE MOORE, JR., D.V.M., Ph.D., D.Sc.
Assistant Surgeon General, USPHS
Associate Director for Development Support and African Affairs

5600 Fishers Lane
ROOM 18-87 PARKLAWN BUILDING
ROCKVILLE, MD 20857

TELEPHONE (301) 443-9942
FAX (301) 480-8382



OFFICE OF INTERNATIONAL HEALTH

TO: Sandy Thurman FAX NUMBER: 202-456-2438

DATE: 9-17-99 NUMBER OF PAGES: 3

☑ FYI ☐ FY ACTION
☐ AS REQUESTED ☐ AS DISCUSSED

MESSAGE:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Office of Public Health and Science
Office of International and Refugee Health
Rockville, MD 20857

DATE: September 16, 1999

TO: Addresses (see list)

Glad you're on board

FROM: Associate Director for Development Support and African Affairs

SUBJECT: Sonya Hunt Gray

The Office of International and Refugee Health (OIRH) is pleased to announce that Sonya Hunt Gray will be serving on a three-month detail from the HIV/AIDS Bureau (HAB), Health Resources and Services Administration (HRSA) to work on the Leadership and Investment in Fighting an Epidemic (LIFE)/Global AIDS Initiative (GAI).

Ms. Gray currently serves as a Project Officer in the Western Services Branch, Division of Service Systems. The Division of Service Systems is responsible for administering the Title I and Title II programs of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act.

Ms. Gray will serve as a liaison between OIRH and HRSA, as well as among OIRH and other agencies inside and outside the Department of Health and Human Services (DHHS). OIRH hopes that her detail will serve as a model for interagency collaboration and cooperation under LIFE/GAI.

Ms. Gray can be contacted at (301) 443-9942 phone, (301) 480-8382 fax, or sgray@osophs.dhhs.gov e-mail.

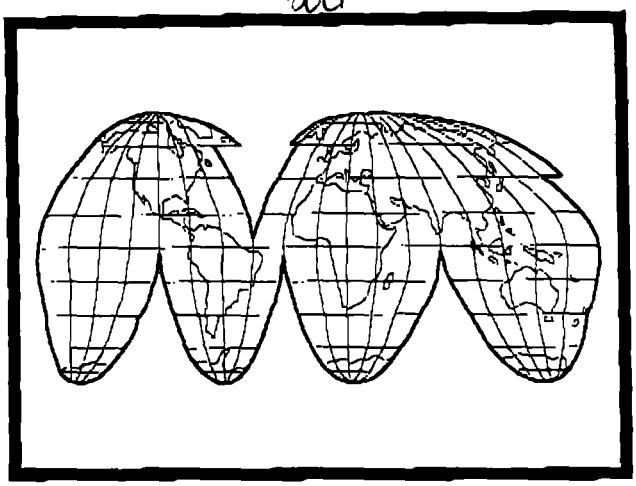
Rear Admiral Roscoe M. Moore, Jr.,
D.V.M., Ph.D., D.Sc.

Addressees

Victor Barnes, CDC/NCHSTP
Steve Blount, CDC/OGH
Carmine Bozzi, CDC/NCHSTP
Ross Cox, CDC/OGH
Kevin DeCock, CDC/NCHSTP
Paul Delay, USAID/HIV/AIDS
Barbara DeZalduondo, USAID/HIV/AIDS
Betsy D'Jamoos, OS/ASMB
Tim Dondero, CDC/NCHSTP
Helene Gayle, CDC/NCHSTP
Eric Goosby, OPHS/OHAP
Sonya Hunt Gray, OPHS/OIRH
Jim Harrell, ACF/ACYF
Nancy Hazleton, OPHS/OIRH
David Hohman, OS/OIA
Ishrat Husain, USAID/AFR
Martha Katz, CDC/OD
Dick Keenlyside, CDC/NCHSTP
Jeff Koplan, CDC/OD
Sarah Kovner, OS/IOS
Eve Lackritz, CDC/NCHSTP
Howard Lerner, HRSA/HAB
Marsha Martin, OS/IOS
Daniel Montoya, EOP/PACHA
Pat Montoya, ACF/ACYF
Tom Novonty, OPHS/OIRH
Joe O'Neill, HRSA/HAB
Greg Pappas, OPHS
Linda Reck, NIH/OAR
Alex Ross, USAID/AFR
David Stanton, USAID/HIV/AIDS
Hope Sukin, USAID/AFR
Todd Summers, EOP/ONAP
Linda Sussman, USAID/HIV/AIDS
Sandy Thurman, EOP/ONAP
Ron Valdiserri, CDC/NCHSTP
Deborah von Zinkernagel, OPHS/OHAP
Wendy Wertheimer, NIH/OAR
Jason Wright, OPHS/OIRH

5/15/00 - said 100k's good but we don't 'clear' cables

FACSIMILE TRANSMISSION SHEET



OFFICE OF INTERNATIONAL HEALTH

DEPT. OF HEALTH AND HUMAN SERVICES, PUBLIC HEALTH SERVICE
OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH, OFFICE OF INTERNATIONAL HEALTH
TEL: 301-443-6801
FAX: 301-443-6288

FROM: LINDA S. MCCLEARY

TO: S. THURMAN /Cheryl
WH/ONAP

CABLE NO: OIH-049

DATE: MAY ~~12~~ 15 2000

FAX NO.: 202-456-2439

PAGES: 3 **(INCLUDING COVER SHEET)**

☐ FYI
☐ AS REQUESTED

☐ FY ACTION
☐ AS DISCUSSED

MESSAGE: Please provide clearance and/or comments on the following cable and return by Fax to 301-443-6288 or call 301-443-6801 with clearance. Thank you.

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. draft cable	DHHS:PHENRY to EUR/RUS:MYOVANOVITCH re Country Clearance Request (partial) (1 page)	05/11/2000	b(6)

COLLECTION:
Clinton Presidential Records

OA/Box Number: 21068

FOLDER TITLE:
Office of International and Refugee Health (OIRH) [1]

2007-1550-F
kc1285

RESTRICTION CODES

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001

INITIALS	
APPR:	MY
DRAFT:	PH
CLR 1:	LS
CLR 2:	DA
CLR 3:	ST
CLR 4:	KT
CLR 5:	NCF

UNCLASSIFIED

DHHS/OS/OPHS/OIRH:PHENRY (OIH-049-00)
5/11/00 202-443-9426
EUR/RUS:MYOVANOVITCH

S/NIS:LSPIEGEL clear 5/12 EUR/PRA:DALARID clear 5/12 WH/ONAP/:STHURMAN
OES/E/EID:NCARTER-FOSTER OES/STC:KTHOMAS (INFO)
DHHS/OS/OIA: DHOHMAN (INFO) DHHS/NIH/FIC/NTOMITCH (INFO)

clear 5/12

PRIORITY MOSCOW

ATTN: SCIATT

E.O. 12958: N/A

TAGS: TBIO, OTRA, US, RS

SUBJECT: DHHS/OAR/2ND INTERNATIONAL HIV/AIDS SYMPOSIUM IN ST. PETERSBURG -- COUNTRY CLEARANCE REQUEST FOR TRAVELER MAY 16-26

1. WH/ONAP REQUESTS COUNTRY CLEARANCE FOR PAUL GAIST, PH.D., MPH, SENIOR POLICY ADVISOR/AGENCY REPRESENTATIVE FOR OFFICIAL TRAVEL TO ST. PETERSBURG, RUSSIA, MAY 16 - 26 TO PARTICIPATE IN MEETINGS FOCUSED ON HIV AND OTHER INFECTIOUS DISEASES AT THE 8TH INTERNATIONAL CONFERENCE "AIDS, CANCER AND RELATED PROBLEMS," SPONSORED BY DR. ANDREI KOZLOV OF THE RESEARCH INSTITUTE OF PURE BIOPREPARATIONS, ST. PETERSBURG, RUSSIA. NO EMBASSY ASSISTANCE IS REQUIRED. ONAP IS AWARE OF TRAVEL BLACKOUT.

2. LIST OF ONAP TRAVELER FOLLOWS:

A. PAUL A. GAIST, PH.D., SENIOR POLICY ADVISOR, WHITE HOUSE OFFICE OF NATIONAL AIDS POLICY

(b)(6)

ARRIVE MOSCOW MAY 17; DEPART MOSCOW MAY 26.

(b)(6)

3. PAYMENT FOR HOTELS WILL BE MADE BY THE INDIVIDUAL TRAVELER AND AUTHORIZATIONS HAVE BEEN INCORPORATED INTO TRAVEL ORDERS ISSUED BY USG. MEET AND GREET WILL BE ARRANGED THROUGH HOST. VISA APPLICATIONS ARE BEING HANDLED BY FOGARY INTENATIONAL CENTER, NATIONAL INSTITUTES OF HEALTH.

4. THIS CABLE HAS BEEN CLEARED WITH CHERYL BAUERLE, ASSOCIATE DIRECTOR, OFFICE OF NATIONAL AIDS POLICY, WHITE HOUSE.

5. PLEASE DIRECT CABLE REPLY TO WH/ONAP, ATTN: PAUL GAIST.
YY

MAY-03-00 15:32 FROM:

TO:

Called in Changes

Department of Health and Human Services
Office of International and Refugee Health
Office of the Americas and Middle East
5600 Fishers Lane, Rm. 18-74
Rockville, MD 20857
TEL#: 301-443-4010
FAX #: 301-443-4549

Facsimile Transmittal Sheet

☐

To:	See Below	**Fax:**	
From:	Richard Walling	**Date:**	May 2, 2000
Re:		**Pages:**	5

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

NAME:	FAX NO.	TEL NO.
David Satcher, ASH/SG	202-690-6960	202-690-7694
Kenneth Moritsugu, Deputy SG	301-443-3574	301-443-4000
Walter Batts, FDA	301-443-0235	301-827-4480
Stanley Bendet, ACF	202-205-9688	202-401-1224
Ken Bernard, NSC	202-456-9390	202-456-9298
Steve Blount, CDC	770-488-1004	770-488-1085
Neil Boyer, DOS/IO	202-647-8902	202-647-1044
Georgia Buggs, OMH/OPHS	301-594-0767	301-443-5084
Marla Bush, AOA	202-619-7586	202-619-3996
Faye Calhoun, NIAAA/NIH	301-443-7043	301-443-1269
Nancy Carter-Foster, DOS/STH	202-736-7336	202-647-2435
Bruce Chelikowsky, IHS	301-443-5697	301-443-1247
Barbara Cohen, OPS/OPHS	301-594-5980	301-594-4010
Carol Dabbs, USAID	202-216-3262	202-712-0473
Winston Dean, OSG	301-443-3574	301-443-4000

George Dines, HRSA	301-443-7834	301-443-6152
Dale Gibb, USAID	202-216-3702	202-712-4150
Eric Goosby, AIDS/OHAP	202-690-6584	202-690-5560
Miryam Granthon, ODPHP/OPHS	202-690-7054	202-690-6245
Sheila Harley, SAMHSA	301-650-0398	301-589-6760
Kathleen Hastings, FDA	301-443-6906	301-827-3349
Ruth Hegyeli, NHLBI	301-496-2734	301-496-5375
David Hohman, OS	202-690-7127	202-690-6174
Sharon Hrynkow, NIH	301-480-3414	301-496-5903
Wanda Jones, OWH/OPHS	202-401-4005	202-690-7650
Gerald Keusch, NIH	301-402-2173	301-496-1415
Robert Knouss, OEP	301-443-5146	301-443-9468
Thomas Kring, OPA/OPHS	301-594-5980	301-594-7610
John Lucas, FDA	301-443-0235	301-827-0917
Nicole Lurie, PDASH	202-690-6960	202-690-7694
Jay Merchant, HCFA	202-401-7438	202-690-6616
Jocelyn Mendelsohn, OGC	301-443-2639	301-443-1212
Winnie Mitchell, SAMHSA	301-443-1450	301-443-2324
Linda Myers, ODPHP/OPHS	202-690-7054	202-205-5757
Pat Needle, NIDA	301-402-5687	301-594-1928
Sam Notzon, CDC/NCHS	301-436-3568	301-436-7039
Stuart Nightingale, FDA	301-443-1309	301-827-6610
Chris Pascal, ORI	301-443-5351	301-443-5330
Norman Prince, PSC	301-443-0358	301-443-3921
Sandra Perlmutter, PCPFS	202-690-5211	202-690-5187
Juan Ramos, NIMH/NIH	301-443-8022	301-443-3533
Joy Riggs Perla, USAID	202-216-3702	202-712-4150
Richard Riseberg, OGC	301-443-2639	301-443-2644
Jonelle Rowe, OWH/OPHS	202-401-4005	202-205-2373
Clay Simpson, OMH	301-594-0767	301-443-5084
Sudha Srinivasan, NIH/FIC	301-480-3414	301-496-6688
Sandy Thurman, NAPO	202-456-2439	202-456-2437
Deborah Queenan, AHCPR	301-594-2155	301-594-1349
Craig Vanderwagen, IHS	301-594-6213	301-443-4644
Susan Wood, OWH/OPHS	202-260-6537	202-401-9546
	202-690-7172	

Our mission is to promote the health of the world's population by advancing the Department of Health and Human Service's global strategies and partnerships, thus serving the health of the people of the United States.

DEPARTMENT OF HEALTH AND HUMAN SERVICES Office of the Secretary

Office of Public Health and Science
Office of International and Refugee Health
Rockville, MD 20857

DATE: April 28, 2000

TO: DHHS International Representatives

SUBJECT: Final Version of "Mexico Ministerial Statement for the Promotion of Health" to be Signed at the 5th Global Conference on Health Promotion

FROM: Director, Office for the Americas and Middle East

We received today the attached memorandum from the Mexican Ministry of Health transmitting the "final" version of the "Mexico Ministerial Statement for the Promotion of Health" for the 5th Global Conference on Health Promotion. The Ministers of Health attending the meeting are being asked to sign the statement at the opening ceremony on June 5, 2000.

The 5th Global Conference on Health Promotion is an joint effort by the World Health Organization, the Pan American Health Organization and the Ministry of Health of Mexico. The conference is expected to attract over seventy ministers of health from around the world. The conference will be held in Mexico City June 5-9, 2000. Dr. David Satcher, Assistant Secretary for Health and Surgeon General will lead the U.S. Delegation. As Head of Delegation, he may be asked to sign the document on behalf Secretary Shalala.

Please review the document and provide me with comments on the possible implications to your OpDiv or Staff Office of our signing the statement. I am sending the document to Department of State for a position and advise on Dr. Satcher signing the statement

Thank you for your assistance in this manner. I can be reached at 301-443-4010 or by e-mail at rwalling@osophs.dhhs.gov.

Richard S. Walling

Attachment

Dick
Walling

UNOFFICIAL TRANSLATION

Mexico City, April 5th 2000.

MINISTER OF HEALTH

Dear Minister,

I am writing to you, following instructions from the Minister of Health of Mexico, Mr. José Antonio González Fernández, in order to present the final version of the **Mexico's Ministerial Statement on Health Promotion: *From Ideas to Action***. The Ministers of Health will sign this important document during the *Fifth Global Conference on Health Promotion, Mexico 2000*. Therefore, with the adoption of this Statement, the Ministers of Health will use health promotion as a central piece in their national strategies towards a more equitable society.

I would also like to take this opportunity to thank you for all your support in the elaboration of this Statement. Your contributions were very useful for the enrichment of this final version.

In the name of my Government and myself, I would like to extend to you my highest considerations. I am looking forward to meeting you in Mexico City. We will be honored with your presence.

Sincerely,

MR. EDUARDO JARAMILLO NAVARRETE
GENERAL DIRECTOR FOR INTERNATIONAL AFFAIRS
MINISTRY OF HEALTH OF MEXICO

021420000155

FIFTH GLOBAL CONFERENCE ON HEALTH PROMOTION
Health Promotion: Bridging the Equity Gap
Mexico City, June 5th, 2000

MEXICO MINISTERIAL STATEMENT FOR THE PROMOTION OF HEALTH

From Ideas to Actions

Gathered in Mexico City on the occasion of the Fifth Global Conference on Health Promotion, the Ministers of Health who sign this Statement:

1. Recognize that the attainment of the highest possible standard of health is a positive asset for the enjoyment of life and necessary for social and economic development and equity.

2. Acknowledge that the promotion of health and social development is a central duty and responsibility of governments, that all sectors of society share.

3. Are mindful that, in recent years, through the sustained efforts of governments and societies working together, there have been significant health improvements and progress in the provision of health services in many countries of the world.

4. Realize that, despite this progress, many health problems still persist which hinder social and economic development and must therefore be urgently addressed to further equity in the attainment of health and well being.

5. Are mindful that, at the same time, new and re-emerging diseases threaten the progress made in health.

6. Realize that it is urgent to address the social, economic and environmental determinants of health and that this requires strengthened mechanisms of collaboration for the promotion of health across all sectors and at all levels of society.

7. Conclude that health promotion must be a fundamental component of public policies and programmes in all countries in the pursuit of equity and better health for all.

8. Realize that there is ample evidence that good health promotion strategies of promoting health are effective.

Considering the above, we subscribe to the following

ACTIONS

A. To position the promotion of health as a fundamental priority in local, regional, national and international policies and programmes.

B. To take the leading role in ensuring the active participation of all sectors and civil society, in the implementation of health promoting actions which strengthen and expand partnerships for health.

C. To support the preparation of country-wide plans of action for promoting health, if necessary drawing on the expertise in this area of WHO and its partners. These plans will vary according to the national context, but will follow a basic framework agreed upon during the Fifth Global Conference on Health Promotion, and may include among others:

- The identification of health priorities and the establishment of healthy public policies and programmes to address these. — them
- The support of research which advances knowledge on selected priorities.
- The mobilization of financial and operational resources to build human and institutional capacity for the development, implementation, monitoring and evaluation of country-wide plans of action.

evidence-based

D. To establish or strengthen national and international networks which promote health.

E. To advocate that UN agencies be accountable for the health impact of their development agenda.

F. To inform the Director General of the World Health Organization, for the purpose of her report to the 107th session of the Executive Board, of the progress made in the performance of the above actions.

Signed in Mexico City, on June 5th 2000, in Arabic, Chinese, English, French, Russian, Spanish, all texts being equally authentic.

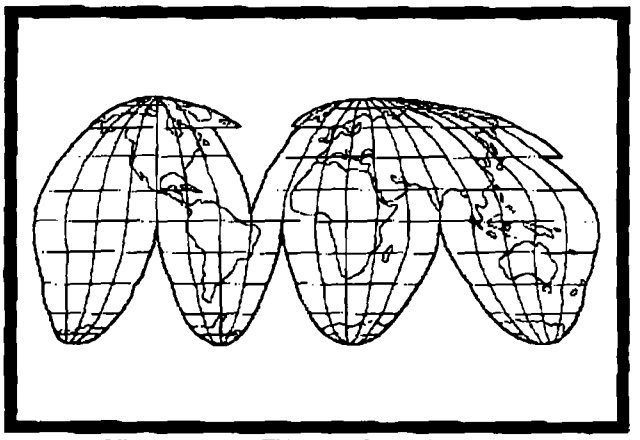
FACSIMILE TRANSMISSION SHEET

FROM: AMAL THOMAS

Office of International and Refugee Health

Department of Health and Human Services
5600 Fishers Lane
Rockville, Md. 20857
RM.18-105

TEL: 301-443-1774
FAX: 301-443-6288
E-Mail: ATHOMAS.OSOPHS
Internet:ATHOMAS@OSOPHS.DHHS.GOV



OFFICE OF INTERNATIONAL AND REFUGEE HEALTH

TO: Cheryl FAX NUMBER: 202-456-2439

DATE: 2/14/2000 NUMBER OF PAGES: 3
(INCLUDING COVER SHEET)

☐ FYI ☐ FY ACTION
☐ AS REQUESTED ☐ AS DISCUSSED

MESSAGE:

Cheryl,
As discussed, Dr. Novotny, our Deputy Assistant Secretary for Int'l and Refugee Helath, would like to invite Ms. Sandy Thurman to the mtg. of the Int'l Policy Council on Multilateral Affairs, which he chairs, on Wednesday, February 23, at 9:30 to talk about "new money for LIFE Initiative."

Attached is the list of attendees.
Note: Ms. Thurman was invited to this same mtg two months ago and talked about HIV/AIDS.

Pls. Let me know ASAP if she can attend so I can inform the participants.

Thanks

INTERNATIONAL POLICY COUNCIL ON MULTILATERAL AFFAIRS

POINTS OF CONTACT

Dr. Thomas Novotny, Chair
Office of International and Refugee Health
Parklawn Bldg., Rm. 18-105
5600 Fishers Lane
Rockville, MD 20857
Tel: 301-443-1774
Fax: 301-443-6288
Email: tnovotny@osophs.dhhs.gov

Dr. Ken Bernard
National Security Council
The White House
Washington, D.C. 20504
Tel: 202-456-9298
Fax: 202-456-9390
Email: kenneth_Bernard@nsc.eop.gov

Mr. David Hohman
HHH Bldg., Rm. 639II
Tel: 202-690-6174
Fax: 202-690-7127
Email: dhohman@osophs.dhhs.gov

Ms. Joy Riggs Perla
Office of Health and Nutrition
USAID
Ronald Reagan Int'l Trade Bldg.
Rm 3.07-100
1300 Pennsylvania Ave., N.W.
Washington, D.C. 20523
Tel: 202-712-4626
Fax: 202-216-3702
Email: jriggs-perla@usaid.gov

Dr. Jack Chow
U.S. Department of State
2201 C Street, NW
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Washington, D.C. 20520
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blackwoodas@state.gov

Ms. Mary Lou Valdez
Office of International and Refugee Health
Parklawn Bldg., Rm. 18-74
5600 Fishers Lane
Rockvillc, MD 20857
Tel: 301-443-4010
Fax: 301-443-4549
Email: mvaldez@osophs.dhhs.gov

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Office of Public Health and Science
Office of International and Refugee Health
Rockville, MD 20857

February 29, 2000

From: Deputy Assistant Secretary for
Office of International and Refugee Health

Subject: Country Clearance Request

To: International Representatives

OIRH is responsible for the coordination of Departmental international health activities that requires all country clearance cables to be sent by email to our office for processing. Once the cable is received in OIRH, we will obtain all necessary clearances. OIRH requires that email cables must be received at least two weeks prior to the date of travel, and a lead time of at least six weeks for all travel to India. Government employees are not permitted to travel without this clearance.

Please direct all staff responsible for preparing international travel, that cooperation with this timeline is a priority.

Thomas Novotny, M.D., M.P.H.

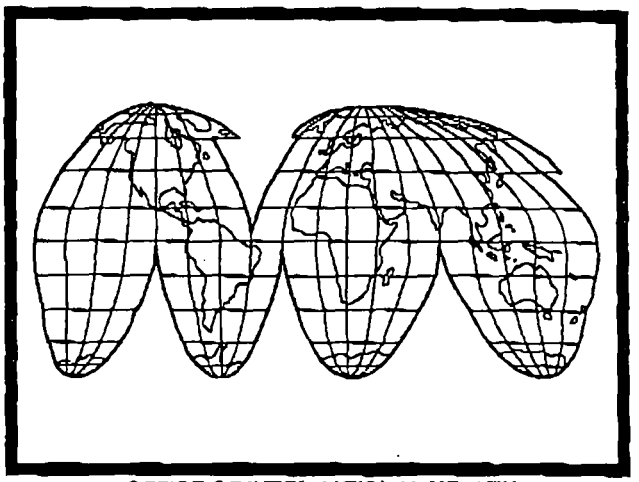
cc: David Hohman
Mary Lou Valdez

FACSIMILE TRANSMISSION SHEET

FROM:

Lou Valdez, MS
International Health Officer (Americas)
Office of International Health
U.S. Department of Health and Human Services
5600 Fishers Lane
Room 18-75 Parklawn Building
Rockwille, MD 20857

TELEPHONE (301) 443-4010
FAX (301) 443-4549



OFFICE OF INTERNATIONAL HEALTH

TO: DHHS International Reps Date August 27, 1999

The following cable from the Linda Vogel, Health Attache, U.S. Mission in Geneva outlines the results of WHO's recent review of collaborating centers. Since the Mission is requesting to discuss this with Tom Novotny DASH/OIRH on September 8, it would be helpful to have your insight and input as to (1) WHO's recommendations and U.S. Mission's concerns (2) challenges that your Agency/Office/Institute/Center have experienced as a WHO Collaborating Center and those you might foresee emerge with possible termination of designations, and (3) other issues that may also need to be raised with WHO regarding future designations.

If you could please disseminate the cable among your various Agency components, especially those that are currently designated as WHO Collaborating Centers. Comments can be forwarded to Lou Valdez at mvaldez@osophs.dhhs.gov or 301/443-4549 (fax)

Currently, OIRH only has a faxed version of the cable but once we receive the formal copy, we would be happy to provide you with a more legible version. Just contact Amal Thomas a t301/443-1772 or athomas@osophs.dhhs.gov

With the holiday and Tom's out-of-country travel, we would appreciate receiving comments by COB September 2. Thank you for your assistance!

cc: Tom Novotny
OIRH Senior Staff
Linda Vogel

UNITED STATES MISSION TO
INTERNATIONAL ORGANIZATIONS
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Page 1 of 8 Page(s) Date: August 27, 1999

FROM THE OFFICE OF:
Linda Vogel
Health Attaché

TO: Tom Novotny 301-443-6288
~~Lourdes Cruz 301-443-4549~~
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See attached cable!

UNCLASSIFIED

GENEVA 6513

From: USMISSION GENEVA
Subject: W.H.O. - RESULTS OF REVIEW OF COLLABORATING CENTERS

MRN: 6513
ICNbr:

Date/Time: 261417Z AUG 99
Precedence: ROUTINE

Cable Text:

UNCLAS GENEVA 06513
CABLE:
ACTION: PSA
INFO: PSAH PC LA IRM IEA DCM USIS RMA AMB

For: Tom Novotny
Lou Valdez
Dirck Walling
David Smith
Roscoe Moore
Peter Henry

From: Linda Vogel

[redacted] AGENCIES

E.O. 12958: N/A
TAGS: THIO, TPHY, WHO
SUBJECT: W.H.O. - RESULTS OF REVIEW OF COLLABORATING CENTERS

1. SUMMARY: EARLY IN HER TENURE, DR. GRO HARLEM BRUNDTLAND, DIRECTOR-GENERAL, WORLD HEALTH ORGANIZATION (W.H.O.) ANNOUNCED THAT, AS PART OF A BROADER ASSESSMENT OF W.H.O.'S EXTERNAL RELATIONS AND PARTNERSHIPS, THE SECRETARIAT WOULD REVIEW THE W.H.O. COLLABORATING CENTERS (CC'S). MISSION HAS OBTAINED THE SUMMARY (NOT OFFICIALLY RELEASED) OF RECOMMENDATIONS RESULTING FROM THAT REVIEW. THESE INCLUDE CRITERIA FOR SELECTION OF COLLABORATING CENTERS, A REVISED DESIGNATION PROCEDURE, GUIDELINES FOR MANAGEMENT OF THE COLLABORATION, AND AN INTERIM PROCESS TO RE-DESIGNATE OR TERMINATE CENTERS, PENDING FORMAL ACTION BY THE EXECUTIVE BOARD IN JANUARY 2000. IN GENERAL, THE RECOMMENDATIONS APPEAR TO BE LOGICAL AND BASED ON EXPERIENCE, BUT THEY DO RAISE SOME POLICY AND PROCESS QUESTIONS (SEE PARAS 12-14, 26-27 BELOW) FOR THE UNITED STATES. END SUMMARY.

BACKGROUND

2. THE W.H.O. CONSTITUTION HAS TWO KEY PROVISIONS WHICH SERVE AS A BASIS FOR THE DESIGNATION AND USE OF INSTITUTIONS AS COLLABORATING CENTERS. THESE ARE:

CHAPTER II - FUNCTION, ARTICLE 2:

"(S) TO ESTABLISH AND MAINTAIN EFFECTIVE COLLABORATION WITH THE UNITED NATIONS, SPECIALISED AGENCIES, GOVERNMENTAL HEALTH ADMINISTRATIONS, PROFESSIONAL GROUPS AND SUCH OTHER ORGANIZATIONS AS MAY BE DEEMED APPROPRIATE;

(J) TO PROMOTE CO-OPERATION AMONG SCIENTIFIC AND PROFESSIONAL GROUPS WHICH CONTRIBUTE TO THE ADVANCEMENT OF HEALTH;"

3. THE W.H.O. REGULATIONS FOR STUDY AND SCIENTIFIC GROUPS, SECTION 3. "W.H.O. COLLABORATING CENTRES" PROVIDES FOR THE DEFINITION AND FUNCTIONS OF COLLABORATING CENTERS, THEIR DESIGNATION AND MANAGEMENT. THE DEFINITION OF W.H.O. COLLABORATING CENTERS INCLUDED IN THESE REGULATIONS IS THE FOLLOWING:

"3.1 A W.H.O. COLLABORATING CENTRE IS AN INSTITUTION DESIGNATED BY THE DIRECTOR-GENERAL TO FORM PART OF AN INTERNATIONAL COLLABORATIVE NETWORK CARRYING OUT ACTIVITIES IN SUPPORT OF THE ORGANIZATION'S PROGRAM AT ALL LEVELS. A DEPARTMENT OR LABORATORY WITHIN AN INSTITUTION OR A GROUP OF FACILITIES FOR REFERENCE, RESEARCH OR TRAINING BELONGING TO DIFFERENT INSTITUTIONS MAY BE DESIGNATED AS A CENTER, WITH ONE INSTITUTION ACTING FOR THEM IN RELATIONS WITH THE ORGANIZATION."

"3.2 INSTITUTIONS SHOWING A GROWING CAPACITY TO FULFILL A FUNCTION OR FUNCTIONS RELATED TO THE ORGANIZATION'S PROGRAM, AS WELL AS INSTITUTIONS OF HIGH SCIENTIFIC AND TECHNICAL STANDING HAVING ATTAINED INTERNATIONAL RECOGNITION MAY QUALIFY FOR DESIGNATION AS W.H.O. COLLABORATING CENTERS."

WHA RESOLUTION WHA50.2

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3. WHA RESOLUTION WHA50.2 AND SUBSEQUENT DELIBERATIONS OF THE W.H.O. EXECUTIVE BOARD CALLED FOR BETTER USE OF COLLABORATING CENTERS AND A STUDY TO DETERMINE HOW THIS COULD BEST BE ACCOMPLISHED.

CURRENT STATISTICS

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4. AT THE TIME DR. BRUNDTLAND TOOK OFFICE THERE WERE APPROXIMATELY 1,300 COLLABORATING CENTERS, OF WHICH ABOUT 200 ARE IN THE UNITED STATES. APPROXIMATELY 120 OF THESE ARE IN THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DISTRIBUTED AMONG CDC, NIH AND FDA. U.S. W.H.O. CC'S IN OTHER FEDERAL AGENCIES INCLUDE DOD, DEPARTMENT OF ENERGY, AND PERHAPS OTHERS. CC'S ALSO INCLUDE U.S. UNIVERSITIES; SCHOOLS OF MEDICINE, NURSING, DENTISTRY AND VETERINARY MEDICINE; HOSPITALS; INDEPENDENT RESEARCH INSTITUTIONS AND SOME NGO'S (E.G. PATH IN SEATTLE).

5. AT THE PRESENT TIME, THE DESIGNATIONS FOR APPROXIMATELY 500 OF THE 1,300 COLLABORATING CENTERS, MENTIONED IN PARA 4 ABOVE, HAVE LAPSED AND ARE PENDING ACTION EITHER TO BE RE-DESIGNATE OR TERMINATED, PENDING THE OUTCOME OF THE REVIEW INITIATED BY DR. BRUNDTLAND.

CONCERNS OF THE BRUNDTLAND ADMINISTRATION

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6. DR. BRUNDTLAND AND HER SENIOR TEAM, INCLUDING REGIONAL

DIRECTORS, HAVE EXPRESSED SEVERAL CONCERNS ABOUT CURRENT ARRANGEMENTS FOR COLLABORATING CENTERS. WHILE STRONGLY IN FAVOR OF BUILDING PARTNERSHIPS, SOME FELT THAT THE LINES OF RESPECTIVE RESPONSIBILITIES OF HEADQUARTERS AND THE REGIONAL OFFICES HAD BECOME BLURRED. DELINEATION OF RESPONSIBILITY WAS COMPOUNDED BY THE FACT THAT SOME COLLABORATING CENTERS SERVE BOTH A REGIONAL AND A GLOBAL ROLE. ADDITIONALLY, SOME COLLABORATING CENTERS APPEARED TO SEE THE DESIGNATION AS AN HONOR RATHER THAN AS A RESPONSIBILITY TO CARRY OUT CERTAIN FUNCTIONS IN COOPERATION WITH W.H.O. THE NEED FOR AN "EXIT DOOR" FOR COLLABORATING CENTER RELATIONSHIPS WHICH DID NOT WORK OUT AS HOPED, HAS BEEN EVIDENT. SOME CENTERS HAD NOT ENGAGED IN ANY COLLABORATION WITH W.H.O. FOR YEARS, THINKING MORE IN TERMS OF WHAT W.H.O. COULD DO FOR THEM RATHER THAN WHAT THEY WERE COMMITTED TO DO TO COLLABORATE WITH W.H.O.

SUMMARY OF RECOMMENDATIONS FROM REVIEW

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7. THE W.H.O. SECRETARIAT HELD AN IN-HOUSE INTERREGIONAL MEETING ON W.H.O. COLLABORATING CENTERS ON MAY 26-29, 1999. THIS BODY REVIEWED THE FINDINGS AND THE DRAFT RECOMMENDATIONS "TO REACH A CONSENSUS ON A POSITION ACCEPTABLE TO ALL REGIONS AND HEADQUARTERS." THESE RECOMMENDATIONS HAVE NOW BEEN CONSIDERED FAVORABLY (PER THE SECRETARIAT) BY THE DIRECTOR-GENERAL'S CABINET AND BY THE MEETING WHICH THE DIRECTOR GENERAL HELD WITH ALL REGIONAL DIRECTORS IN EARLY JULY. THE NEXT OFFICIAL CONSIDERATION OF THE RECOMMENDATIONS WILL BE BY THE W.H.O. EXECUTIVE BOARD IN JANUARY 2000.

8. THERE APPEARS TO BE FULL AGREEMENT AT ALL LEVELS WITHIN W.H.O. THAT COLLABORATING CENTERS ARE AN IMPORTANT MECHANISM AND THAT THIS MECHANISM SHOULD BE CONTINUED.

GENERAL PRINCIPLES AGREED UPON

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9. THE SECRETARIAT HAS ADVISED THAT THE FOLLOWING GENERAL PRINCIPLES HAVE BEEN AGREED UPON:

A. COLLABORATING CENTERS SHOULD SERVE TWO FUNDAMENTAL NEEDS.

-- MAKE AN INPUT INTO PRIORITY WORK OF W.H.O. IN CLOSE COOPERATION WITH THE CONCERNED W.H.O. PROGRAM;

-- STRENGTHEN INSTITUTIONAL CAPACITY IN COUNTRIES.

B. DESIGNATION SHOULD BE LIMITED TO FOUR YEARS, WHICH COULD BE RENEWED ON THE BASIS OF STRINGENT AND TRANSPARENT REVIEW OF PERFORMANCE. MONITORING REVIEWS COULD BE CARRIED OUT ANNUALLY, WITH IN-DEPTH ASSESSMENT EVERY FOUR YEARS.

C. DESIGNATION AND RE-DESIGNATION SHOULD BE DRIVEN BY NEEDS. GEOGRAPHICAL AND SUBJECT BALANCE WOULD BE CONSIDERATIONS.

D. WHENEVER POSSIBLE, CENTERS SHOULD BE ORGANIZED IN NETWORKS.

E. THE RELATIONSHIP BETWEEN W.H.O. AND THE COLLABORATING CENTERS MUST BE MUTUALLY BENEFICIAL, ACTIVELY PURSUED AND SUPPORTED BY BOTH PARTIES.

CRITERIA FOR SELECTION/DESIGNATION

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10. THE FOLLOWING CRITERIA WOULD GUIDE SELECTION AND

DESIGNATION OF CC'S:

A. THE NEED TO HAVE COLLABORATING CENTERS IN SPECIFIC FIELDS THAT ARE RELEVANT AND CONTRIBUTING TO THE IMPLEMENTATION OF W.H.O. PROGRAM ACTIVITIES AND TO CARRY OUT ONE OR SEVERAL SPECIFIC TASKS RELATED TO THE PROGRAM OR KEY PRIORITIES IN PROGRAMS. IN PARTICULAR, ACTIVITIES WOULD NEED TO FALL WITHIN THE PRIORITIES OF THE PROGRAM BUDGET AND THEIR OUTPUT SHOULD BE PART OF OR CONTRIBUTE TO THE EXPECTED RESULTS OF THE PROGRAM.

B. THE SCIENTIFIC AND TECHNICAL STANDING OF THE INSTITUTION, INCLUDING SUCH FACTORS AS CAPACITY TO MAKE CONTRIBUTIONS AT THE INTERNATIONAL LEVEL; THE POSITION OCCUPIED IN THE COUNTRY'S HEALTH, SCIENTIFIC OR EDUCATIONAL STRUCTURES; EXPERTISE AND ABILITY TO PROVIDE LEADERSHIP.

C. CAPACITY FOR A TRUE INSTITUTIONAL COLLABORATION WITH W.H.O. BEYOND CONTACTS WITH AN INDIVIDUAL SCIENTIST OR EXPERT.

D. SPECIAL ATTENTION WOULD BE GIVEN, IN LESS DEVELOPED COUNTRIES, TO INSTITUTIONS WITH A STRONG POTENTIAL FOR EXCELLENCE, INCLUDING THE CAPACITY OF AN INSTITUTION TO STRENGTHEN THEIR COUNTRY'S RESOURCES IN TERMS OF INFORMATION, SERVICES, TRAINING AND RESEARCH TO SUPPORT HEALTH DEVELOPMENT.

E. WILLINGNESS TO INVEST THEIR OWN RESOURCES IN THE COLLABORATION, INCLUDING THE NEED FOR THE LEVEL OF COMMITMENT (STAFF, FUNDS, INFRASTRUCTURE) BY BOTH W.H.O. AND THE PROPOSED CENTER TO SUSTAIN COLLABORATION FOR A SUFFICIENT PERIOD OF TIME AND NOT JUST FOR A LIMITED TASK.

F. THE CAPACITY OF PROPOSED COLLABORATING CENTERS TO DEVELOP RELATIONS WITH OTHER INSTITUTIONS AND IMPROVE THEIR WORKING RELATIONS BY INTEGRATING A NETWORK OF INSTITUTIONS EXISTING OR TO BE DEVELOPED, WITH HELP OF THE ORGANIZATION, AT THE COUNTRY, INTER-COUNTRY, REGIONAL AND GLOBAL LEVELS. NEW INSTITUTIONS SHOULD BE HELPED IN DEVELOPING THEIR CAPACITY BY MORE EXPERIENCED ONES. LEAD CENTERS SHOULD BE SELECTED TO HELP THE MANAGEMENT OF NETWORKS AND FACILITATE COMMUNICATIONS AND ORGANIZATION OF MEETINGS.

CLASSIFICATION OF CENTERS

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11. DURING THE REVIEW, CONSIDERATION WAS GIVEN TO THE POSSIBILITY OF HAVING DIFFERENT TITLES FOR DIFFERENT LEVELS OF COLLABORATING INSTITUTIONS. IT WAS RECOMMENDED, HOWEVER, THAT, OTHER THAN PERHAPS THE DESIGNATION OF A "LEAD" COLLABORATING CENTER, THERE WOULD BE ONLY ONE TYPE OF DESIGNATION; I.E. "W.H.O. COLLABORATING CENTER."

PROPOSED REVIVAL OF NATIONAL INSTITUTIONS CONCEPT

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12. SECTION 4 OF THE "REGULATIONS FOR STUDY AND SCIENTIFIC GROUPS" ADDRESSES THE ISSUE OF: "NATIONAL INSTITUTIONS RECOGNIZED BY W.H.O." THE TWO KEY PROVISIONS ARE THE FOLLOWING:

"4.1 FOR COLLABORATIVE ACTIVITIES OF SUCH SCOPE OR NATURE AS MAY NOT WARRANT THE DESIGNATION OF A W.H.O. COLLABORATING CENTER, THE ORGANIZATION MAY PROPOSE THAT AN INSTITUTION THAT IS ABLE AND WILLING TO PARTICIPATE IN SUCH ACTIVITIES WITH W.H.O. BE DESIGNATED BY THE NATIONAL AUTHORITIES CONCERNED FOR THAT PURPOSE.

4.2 UPON DESIGNATION BY THE NATIONAL AUTHORITIES, SUCH

INSTITUTION SHALL BE FORMALLY ACKNOWLEDGED BY THE ORGANIZATION AS A NATIONAL INSTITUTION RECOGNIZED BY W.H.O. HOWEVER, NO REFERENCE TO W.H.O. MAY BE INCLUDED IN THE TITLE OF THE INSTITUTION."

13. THE QUESTION OF REVIVING THE USE OF THE CATEGORY OF "NATIONAL INSTITUTIONS RECOGNIZED BY W.H.O.," AS PROVIDED FOR IN SECTION 4 OF THE REGULATIONS, WAS ADDRESSED DURING THE REVIEW. THE REVIEWERS DID NOT BELIEVE THAT THE REVIVAL OF THIS DESIGNATION WOULD REPRESENT A HIERARCHICAL DISTINCTION BETWEEN SUCH DESIGNATED NATIONAL INSTITUTIONS AND COLLABORATING CENTERS, BUT RATHER AS A DIFFERENT MODE OF COLLABORATION.

14. MISSION COMMENT: MISSION BELIEVES THE REVIVAL OF THE CATEGORY OF "NATIONAL INSTITUTIONS RECOGNIZED BY W.H.O." RAISES A NUMBER OF QUESTIONS. FOR EXAMPLE, IS THIS THE DESIGNATION THAT WOULD BE PREFERRED FOR GOVERNMENTAL INSTITUTIONS? WHAT WOULD BE THE DIFFERENCES IN MODE OF COLLABORATION AS SEEN BY THE SECRETARIAT? COULD THE U.S. GOVERNMENT DESIGNATE A NON-GOVERNMENTAL ORGANIZATION AS SUCH A NATIONAL INSTITUTE? IF SO, WOULD THIS IMPLY A RESPONSIBILITY FOR THE DESIGNATING GOVERNMENT AGENCY? THERE ARE NO DOUBT OTHER QUESTIONS. END COMMENT.

DESIGNATION PROCEDURES

15. STANDARDIZATION OF PROCEDURES FOR DESIGNATION OF COLLABORATING CENTERS THROUGHOUT THE ORGANIZATION WAS RECOMMENDED. IN THIS CONNECTION, THE IMPORTANT ROLE OF THE W.H.O. COUNTRY DIRECTOR (WR) IN THE PRE-SELECTION PROCEDURE WAS EMPHASIZED, INCLUDING OBSERVATION OF THE PERFORMANCE OF A PROPOSED COLLABORATING CENTER FOR A "TRIAL PERIOD" OF TWO YEARS PRIOR TO OFFICIAL DESIGNATION.

16. THE FOLLOWING IS AN OUTLINE OF THE PROPOSED DESIGNATION PROCEDURES:

STEP 1. PROPOSAL. THERE WOULD BE THREE WAYS TO PROPOSE THE DESIGNATION OF A COLLABORATING CENTER:

-- PROPOSAL FROM AN INDIVIDUAL, AN INSTITUTION OR A GOVERNMENT.

-- PROPOSAL FROM WITHIN W.H.O. (COUNTRY DIRECTOR, TEAM LEADERS, DIRECTORS OF DEPARTMENTS AT HEADQUARTERS OR REGIONS, EXECUTIVE DIRECTORS AND REGIONAL DIRECTORS).
-- JOINT PROPOSALS FROM SEVERAL REGIONS OR REGIONS AND HEADQUARTERS.

STEP 2. ASSESSMENT OF WHETHER THE WORK OF THE INSTITUTION BEING PROPOSED WOULD FIT WITHIN W.H.O.'S GENERAL PRIORITIES AND THAT THE COLLABORATION WOULD BE NEED-DRIVEN.

STEP 3. AN INITIAL SITE VISIT TO BE PERFORMED BY THE COUNTRY DIRECTOR OR THE REGIONAL DIRECTOR AND INFORMAL CONSULTATION WITH THE GOVERNMENT.

STEP 4. A TRIAL PERIOD OF TWO YEARS, INCLUDING DEFINITION OF A TECHNICAL PROGRAM OF WORK, ALTHOUGH THE REGIONAL DIRECTOR WOULD HAVE THE AUTHORITY TO PROPOSE A WAIVER OF THE TRIAL PERIOD.

STEP 5. A SCREENING PROCESS (YET TO BE FULLY DEFINED) BASED ON CRITERIA TO BE DEVELOPED BY W.H.O. LEGAL COUNSEL AND A SET OF REQUIREMENTS, SUCH AS THOSE USED ALREADY IN REGIONS AND

HEADQUARTERS. THE FIRST LEVEL OF ANALYSIS WOULD BE A REGIONAL SCREENING COMMITTEE.

STEP 6. SUBMISSION OF RECOMMENDATIONS BY THE REGIONAL SCREENING COMMITTEE TO THE GLOBAL REVIEW COMMITTEE, WHICH WILL BE COMPRISED OF REPRESENTATIVES FROM EACH REGION AND FROM RELEVANT W.H.O. CLUSTERS. THESE MEETINGS WILL BE HELD VIA TELECONFERENCE.

STEP 7. RECOMMENDATION BY THE GLOBAL SCREENING COMMITTEE. THE THREE OPTIONS WOULD BE: APPROVAL, REQUEST FOR CLARIFICATION, REJECTION OF THE PROPOSAL.

STEP 8: IN THE CASE OF RECOMMENDED APPROVAL, REQUEST TO THE HOST GOVERNMENT FOR ITS OFFICIAL CONCURRENCE.

STEP 9. SUBMISSION OF FINAL RECOMMENDATION, ALONG WITH THE LETTER OF CONCURRENCE FROM THE HOST GOVERNMENT, TO THE GLOBAL SCREENING COMMITTEE.

STEP 10. IF APPROVED BY THE DIRECTOR-GENERAL, TRANSMITTAL OF A FORMAL LETTER OF DESIGNATION TO THE COLLABORATING CENTER, ALONG WITH A CERTIFICATE INDICATING THE DATES OF THE PERIOD OF DESIGNATION, RULES SPECIFYING THE USE OF THE TITLE, THE LOGO AND OFFICIAL LETTER-HEAD OF W.H.O. THE LATTER WOULD BE STRICTLY LIMITED TO USE RELATED TO W.H.O. COLLABORATIVE ACTIVITIES.

MANAGEMENT OF THE COLLABORATION

18. THE PRIMARY RESPONSIBILITY IN W.H.O. FOR MANAGEMENT OF THE COLLABORATION WOULD REST WITH THE TECHNICAL PROGRAM (EITHER AT HEADQUARTERS OR THE REGION) WHICH INITIATED THE DESIGNATION PROCESS FOR THE INSTITUTION.

19. WORK PLANS FOR COLLABORATING CENTERS WOULD, IN THE FUTURE, BE CLEARER IN TERMS OF SPECIFIC OBJECTIVES, TARGETS AND EXPECTED RESULTS.

20. GREATER ATTENTION WOULD BE PAID TO ANNUAL MONITORING AND TO THE "FINAL EVALUATION," AT THE END OF THE FOUR YEAR TERM OF DESIGNATION.

21. GREATER ATTENTION WOULD BE PAID BY THE SECRETARIAT TO FACILITATION OF NETWORKING BETWEEN AND AMONG CC'S.

RE-DESIGNATION OF COLLABORATING CENTERS

22. RE-DESIGNATION OF COLLABORATING CENTERS WOULD OCCUR ONLY AFTER A THOROUGH EVALUATION OF THE RESULTS, BOTH QUALITATIVE AND QUANTITATIVE, AND WOULD INCLUDE AN ASSESSMENT OF THE COLLABORATION ITSELF BETWEEN W.H.O. AND THE CENTER.

WHAT'S HAPPENING NOW AND NEXT?

23. A SMALL IN-HOUSE WORKING GROUP, INCLUDING EXPERTS FROM SEARO, EMRO, AMRO AND A HEADQUARTERS LEAD PERSON, IS WORKING TO ELABORATE MATERIALS ASSOCIATED WITH THE DESIGNATION OF COLLABORATING CENTERS, FORMATS FOR CENTER WORK PLANS, MONITORING AND EVALUATION, AND CRITERIA FOR RE-DESIGNATION OF

CENTERS.

24. OCTOBER 1999 EXECUTIVE BOARD RETREAT. HEALTH ATTACHE ASKED DR. BILL KEAN, W.H.O. EXTERNAL RELATIONS OFFICIAL, WHO HAS OVERALL RESPONSIBILITY FOR PARTNERSHIPS, INCLUDING COLLABORATING CENTERS, WHETHER THIS ISSUE WILL BE ON THE AGENDA FOR THE EXECUTIVE BOARD RETREAT. HE ADVISED THAT IT IS NOT REPEAT NOT A LINE ITEM ON THE AGENDA, BUT SAID IT COULD BE COVERED DURING THE DISCUSSION PERIOD. THE FORMAL DISCUSSION AND ACTION BY THE EXECUTIVE BOARD WILL OCCUR AT THE BOARD'S JANUARY 2000 MEETING.

PHASING IN THE NEW SYSTEM
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25. WHILE THE COLLABORATING CENTER REVIEW WAS BEING CARRIED OUT, DR. BRUNDTLAND HAD PLACED A MORATORIUM ON THE DESIGNATION OF NEW AND RE-DESIGNATION OF EXISTING COLLABORATING CENTERS. THE SECRETARIAT HAS, HOWEVER, RECOGNIZED THAT CONTINUATION OF THIS MORATORIUM COULD RESULT IN DIFFICULTIES.

26. THE FOLLOWING INTERIM MEASURES HAVE BEEN DECIDED UPON.

A. CENTERS WHOSE DESIGNATIONS HAVE LAPSED:

-- FOR THOSE WHERE THERE HAS BEEN NO RECENT ACTIVE COLLABORATION WILL BE TERMINATED, UNLESS OPPOSITION IS EXPRESSED WITH AN AMPLE JUSTIFICATION FOR CONTINUATION.

-- FOR THOSE WHERE THERE IS ACTIVE COLLABORATION, THE RE-DESIGNATION PROCESS WILL BE INITIATED..

B. CENTERS WHOSE DESIGNATIONS ARE ACTIVE (APPROXIMATELY 800):

-- FOR THOSE WHERE THERE HAS BEEN NO RECENT ACTIVE COLLABORATION, LETTERS OF ACKNOWLEDGEMENT BUT PROPOSING TERMINATION (RESPECTING THE RULE OF THREE MONTHS' NOTICE) WILL BE SENT.

-- FOR THOSE WHERE THERE IS ACTIVE COLLABORATION, THE SECRETARIAT WILL WAIT FOR THE NEW RULES TO BE ENACTED BY EXECUTIVE BOARD IN JANUARY 2000.

MISSION COMMENTS
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26. MISSION BELIEVES THAT, FOR THE MOST PART, THE PROPOSED PRINCIPLES, CRITERIA, PROCESS, ETC. ARE REASONABLE. HOWEVER, WE HAVE SOME CONCERNS, INCLUDING THE FOLLOWING:

-- AS NOTED IN PARAGRAPHS 12-14 WE HAVE QUESTIONS ABOUT THE PROPOSED REVIVAL OF THE NATIONAL INSTITUTION DESIGNATIONS.

-- THE PROPOSED DESIGNATION PROCEDURES COULD BE QUITE LENGTHY. CONSIDERING THE INITIAL PERIOD FOR ASSESSMENT AND REVIEW COUPLED WITH A TWO-YEAR TRIAL PERIOD, IT COULD TAKE THREE-TO-FOUR YEARS FOR A DESIGNATION TO OCCUR.

-- WE BELIEVE WE NEED TO KNOW WHICH U.S. CC DESIGNATIONS W.H.O. PLANS TO TERMINATE, BOTH BECAUSE ABOUT 130 OF THESE ARE IN THE USG BUT BECAUSE THERE IS A NEED TO HELP AVOID A BUILDUP OF ILL-WILL AMONG NON-GOVERNMENTAL INSTITUTIONS WHOSE

DESIGNATIONS MAY BE TERMINATED.

27. MISSION HAS INFORMALLY REQUESTED FROM W.H.O. AN UPDATED LIST OF U.S. COLLABORATING CENTERS, INCLUDING THOSE WHOSE DESIGNATIONS HAVE LAPSED AND THOSE WHOSE DESIGNATIONS ARE STILL ACTIVE. THIS WILL INCLUDE ANNOTATION OF WHICH ONES ARE ACTIVELY COLLABORATING AND WHICH ARE NOT. AT THIS TIME, THE W.H.O. PROGRAM EXECUTIVE DIRECTORS AND THE REGIONAL OFFICES ARE REVIEWING THE LIST OF LAPSED CENTERS TO RECOMMEND WHICH ONES SHOULD RECEIVE TERMINATION LETTERS. HEALTH ATTACHE HAS TALKED WITH DR. BILL KEAN, WHO HAS OVERALL RESPONSIBILITY FOR THIS EXERCISE. HE FULLY UNDERSTANDS THE NEED FOR THE USG TO KNOW THE STATUS OF THE U.S. COLLABORATING CENTERS. THIS WILL AFFORD HHS THE OPPORTUNITY TO SHARE THE INFORMATION WITH THE PHS AGENCIES AND TO GET INPUT FROM THEM TO SHARE, AS NEEDED AND APPROPRIATE, WITH THE SECRETARIAT, INCLUDING CONSULTATIONS AS APPROPRIATE WITH PAHO AND/OR HEADQUARTERS. HHS MIGHT, SIMILARLY, SHARE THIS INFORMATION WITH DOD, DOE AND OTHER AGENCIES AS NEEDED. WITH RESPECT TO NON-GOVERNMENTAL U.S. COLLABORATING CENTERS, IT WILL BE HELPFUL FOR DEPARTMENT AND HHS TO KNOW PLANNED TERMINATIONS, SINCE THERE MAY WILL BE PROTESTS FROM SOME INSTITUTIONS. DEPARTMENT AND HHS NEED TO BE PREPARED TO ADDRESS THE CONCERNS OF THESE INSTITUTIONS IN AN APPROPRIATE MANNER.

28. MISSION SUGGESTS THAT DR. THOMAS NOVOTNY, DEPUTY ASSISTANT SECRETARY FOR INTERNATIONAL HEALTH, HHS, CONSIDER DISCUSSION OF THE COLLABORATING CENTER ISSUE WHILE HE IS IN GENEVA IN SEPTEMBER.
ARISTTI
BT
#6513
NNNN

End Cable Text

CDC

CENTERS FOR DISEASE CONTROL
AND PREVENTION

National Center for HIV, STD, & TB Prevention

Office of the Director

FAX TRANSMITTAL COVER SHEET

From the desk of
Ronald O. Valdiserri, M.D., M.P.H.
Deputy Director
Phone: (404) 639-8002
Fax: (404) 639-8600

Date: August 26, 1999

No. of pages 2 including cover

TO: *Todd Summers*
FAX: *(202) 456-2438*

Message: Per our conversation

Thanks, Ron

AUG 13 1999

HIV Budget Review Process

In November 1998 CDC began a detailed review of all intramurally and extramurally funded HIV/AIDS activities. This review initially was begun by an internal CDC work group (consisting of representatives from each CIO that receives HIV funds); however, in June 1999 it was augmented by an external Working Group of the Advisory Committee for HIV and STD Prevention. (ACHSP), the HIV Priorities Working Group. The Working Group is composed of various external experts in the field of HIV/AIDS with membership comprising Advisory Committee members and other recommended experts. It is chaired by an Advisory Committee member.

The overall purpose of this review is to advise CDC on its ongoing process to better describe the agency's HIV prevention budget to identify program gaps and shortfalls. The product will be a detailed "snapshot" of CDC's entire HIV prevention portfolio for fiscal year 1999, using a variety of project-level descriptors. The review is consistent with CDC's ongoing policy of ensuring that all programs keep pace with the changing trends of the HIV/AIDS epidemic (i.e., highly effective treatment, changing demographics, new effective prevention technologies, etc.). CIOs are currently cataloguing and categorizing all CDC HIV/AIDS activities using project and budget information to complete the information on CDC's HIV portfolio.

This Working Group has met twice, first to review the data collection instrument and then to review preliminary project and budget data. The group is scheduled to meet at least once more this calendar year to review additional data and to provide their assessment of program gaps. They will then make recommendations through the ACHSP, upon which resource priorities for the coming year budget cycle can be based.

Proposed IOM Study:

At the same time, CDC is moving forward in discussions with the Institute of Medicine to conduct a study of the "National Vision for HIV Prevention." The focus of the study would be on multi-sectorial HIV prevention efforts in the United States, including those underway at public health institutions including CDC; the role of the media; the involvement of the medical community; and other social organizations such as schools and faith communities, and the relevance of these activities/sectors in light of the changes occurring in the U.S. epidemic. The purpose of this study would be to assess current prevention efforts in the United States, and how they should evolve in the next five years to reflect changes in the epidemic and in biomedical and behavioral interventions used in dealing with HIV. The proposal will require that the IOM committee: (1) seek formal input from the ACHSP as part of its fact-finding efforts; (2) consult with ACHSP about membership of the IOM Committee; and (3) convene a joint meeting between the ACHSP and the IOM.

Relationship Between the HIV Budget Review and the Proposed IOM Study

At its June 24 meeting, the CDC Advisory Committee on HIV and STD Prevention provided general support for conducting a broad study on the national vision for HIV prevention in the

next five years. On July 27, when ACHSP's HIV Priorities Working Group met, members agreed that CDC should pursue discussions with the IOM about this study. Further, the Working Group expressed its intent to share the results of the HIV Prevention Budget Review with the IOM when results become available.

ROUTING AND TRANSMITTAL SLIP DATE 11/10/99

	Initials	Date
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REMARKS

Please find attached, several documents of interests:

1. Fighting Malaria through Public-Private Teamwork

2. WHO framework convention on tobacco control

3. Statement by WHO Director-General during the 51st Session WHO Regional Committee for the Americas -- 41st PAHO Directing Council

FROM:

Loretta Ellison
Team Assistant

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Author: Tnovotny@worldbank.org at INTERNET
Date: 11/5/99 8:53 PM
Priority: Normal
TO: Loretta Ellison at ~OIRH, ntf1@cdc.gov at INTERNET
Subject: Fighting Malaria Through Public-Private Teamwork

Hi..please forward to IREPS and to OIRH Africa, and Nick to interested CDC staff. thanks.
---------- Forwarded by Thomas Novotny/Person/World Bank on 11/05/99 08:52 PM ----------

Julie Mclaughlin
11/05/99 12:04 PM
Extn: 84679 AFTH1

To: Hnpfam, Afr Staff
cc:

Subject: Fighting Malaria Through Public-Private Teamwork

In case you missed this in TODAY:

Fighting Malaria Through Public-Private Teamwork
New WHO venture aims to develop anti-malarial drugs
One million people die from malaria each year while another 500 million get sick from the illness, which has recently developed a resistance to well-tried malaria treatments.

But this week, in a first for international public health, public agencies and the private-sector created a unique mechanism for developing anti-malarial drugs which may have an affect on the illness.

The problem with getting malaria drugs to victims is that the public sector has maintained funding for basic science and clinical research but lacks the expertise, mechanisms, and resources to discover, develop, register and commercialize new products. But through the new initiative, the private and public sectors are able to bring together the best of each others? strengths, and contribute to the Roll Back Malaria goal of halving the global malaria burden by the year 2010 and sustaining this effort into the future.

The Medicines for Malaria Venture (MMV), launched Wednesday in New York, aims to secure, on average, the registration of one new anti-malarial drug every five years, ensuring new anti-malarials are brought to the market and are accessible to those that need them.

MMV has been created because the increased costs of developing and registering pharmaceutical products, coupled with the prospects of inadequate commercial returns, have resulted in the withdrawal of the majority of research-based pharmaceutical companies from Research and Development (R&D) investment in tropical diseases and especially from discovery research activities,? said Dr. Gro Harlem Brundtland, WHO Director-General, as she and the cosponsors launched MMV.

Initial cosponsors of MMV are the WHO, the International Federation of Pharmaceutical Manufacturers Associations (IFPMA), the World Bank, the government of the Netherlands, the UK Department for International Development, the Swiss Agency for Development and Cooperation, the Global Forum for Health Research, the Rockefeller Foundation, and the global Roll Back Malaria Partnership.

Under MMV, three drug discovery projects have already been identified and will be funded for a total of $4 million through 2000. MMV will provide the support necessary for such projects to maximize the potential for development, registration, and commercialization of promising anti-malarial medicines. It will also seek resources from governments, foundations, and philanthropic

organizations that share its public health goals, as well as from the pharmaceutical industry, whose commitment to the partnership is reflected through its donations of drug discovery expertise and related technology.

Helpful links: For more information on the MMV, go to http://www.malariamedicines.org. To learn more about the World Bank?s work in vaccines, go to http://www.worldbank.org/html/extdr/am99/pbvaccines.htm.

Thomas Novotny
Centers for Disease Control and Prevention Liaison

WORLD HEALTH ORGANIZATION

WORKING GROUP ON THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

(Draft) A/FCTC/WG1/7
28 October 1999

WHO framework convention on tobacco control

Report of the first meeting of the working group

25-29 October 1999

Agenda item 1. Opening of the meeting by Dr Gro Harlem Brundtland, Director-General

1. Dr Brundtland, Director-General of WHO, opened the meeting with an overview of the impact of tobacco on death and disease. The problem extended beyond the bounds of public health, and beyond national frontiers. WHO now led the United Nations Ad Hoc Interagency Task Force on Tobacco Control. Dr Brundtland hoped that the current meeting, the first in which WHO exercised its constitutional mandate to negotiate a legally-binding treaty, would change the course of public health.

Agenda item 2. Election of officers

2. The following officers were elected: Dr Leppo (Finland), Chairman; Dr da Costa e Silva (Brazil), Vice-Chairman; Dr Chan (China), Vice-Chairman; Dr Mochizuki (Japan), English-language Rapporteur; Dr Chaouki (Morocco), French-language Rapporteur.

Agenda item 3. Adoption of the agenda and timetable (Document A/FCTC/WG1/1)

3. The Chairman suggested that items 10 to 13 be taken up on Thursday, along with item 9. The agenda and timetable were adopted as amended.

Agenda item 4. Method of work of the working group

4. The Chairman noted that, by resolution WHA52.18, the Health Assembly had established the working group on the WHO framework convention on tobacco control pursuant to Rule 42 of its Rules of Procedure. As a subsidiary body of the Health Assembly, the working group was governed by those Rules of Procedure. It was to provide not detailed text but a list of proposed draft elements of the framework convention.

Agenda item 5. Overview of the WHO framework convention on tobacco control process

(a) Summary of work to date and resolution WHA52.18

5. Resolution WHA52.18 outlined an integrated process for developing the framework convention and any related protocols. Dr Bettcher, Tobacco Free Initiative, reviewed earlier WHO resolutions on the subject which might guide the working group.

(b) Summary reports from the recent WHO regional committees

6. Dr Bettcher reported on the recent WHO regional committees and provided information on forthcoming meetings.

(c) Report concerning the first meeting of the Ad Hoc Interagency Task Force on Tobacco Control

7. Dr Yach, Project Manager, Tobacco Free Initiative, reported on the first meeting (29-30 September 1999) of the Ad Hoc Interagency Task Force on Tobacco Control, established through United Nations Economic and Social Council resolution E/1999/56 of 30 July 1999, and led by WHO.[1] The Task Force replaced the UNCTAD focal point for tobacco.

8. Focal points from WHO regions and representatives of several countries reported on intercountry and interministerial activities in support of the framework convention, which was seen also as a rallying point for national work on tobacco control. The contribution of nongovernmental organizations was acknowledged.

Agenda item 6. Technical briefings

(a) Treaties make a difference (Document A/FCTC/WG1/4)

9. Professor Laurence Boisson de Chazournes, Professor of International Law, University of Geneva, showed how framework conventions allowed action to be taken in stages, at different speeds in different countries, consolidating consensus with regular meetings, in a way that permitted amendments, and facilitated adoption of additional protocols. The framework convention made for general cooperation, and the details were set out in protocols. That type of instrument had proved its worth in disarmament and environmental protection.

(b) Treaty-making process (Document A/FCTC/WG1/5)

10. Professor Paul Szasz, New York University, outlined WHO's constitutional authority to adopt international treaties and described the various stages of the treaty-making process. He outlined the tasks before the working group in relation to the future timetable for the framework convention.

[1] United Nations Ad Hoc Interagency Task Force on Tobacco Control, Report of the First Session, UNICEF, New York, 29-30 September 1999.

(c) Public health context (Document A/FCTC/WG1/3)

11. Dr Alan Lopez, Evidence for Health Policy, provided a briefing on the individual risk to health of smoking and on the implications of the smoking epidemic for public health. There was abundant evidence that smoking greatly increased the risk for such diseases as lung cancer and cardiovascular disease, resulting in high excess mortality. Public health measures could substantially reduce the burden of disease attributable to tobacco. Local evidence of the health impact of tobacco use was stressed as an effective tool to promote national policy.

12. Ms Roberta Walburn, Tobacco Free Initiative, described the process by which the internal documentation of tobacco companies had been placed in the public domain as part of the legal action brought by the State of Minnesota, United States of America, against some tobacco companies ("the industry"). The suit had focused on the conduct of the industry, and particularly what it knew, and at what date, about the dangers of smoking. The more than 35 million pages of documents had shown that the industry had been aware of the health hazards of smoking and the addictive nature of nicotine. Evidence had also been found of strategies to neutralize the efforts of WHO and other organizations.

13. Representatives of Member States stressed the potential value of the working group's efforts in improving national control activities.

(d) Economics of tobacco control (Document A/FCTC/WG1/2)

14. Dr Prabhat Jha, Evidence and Information for Policy, highlighted the salient findings of the World Bank's recent book on *Curbing the Epidemic: Governments and the Economics of Tobacco Control*, which provided a clear rationale for government intervention. The central message of the study was that a number of tobacco control interventions - notably higher taxation - had proved successful and were cost-effective. Developing countries could save millions of lives, especially among the poor, if they controlled tobacco use. At the same time, the impact of reducing or eliminating tobacco consumption or production would have little impact on employment, and that impact would be very gradual.

15. Representatives stressed the importance of applying taxation equally to different tobacco products to discourage users from shifting from one product to another.

(e) Strengthening national legislation

16. Ms Judy Obitre Gama, Lecturer in International Law, Makerere University, Kampala, Uganda, showed how various international treaties had helped to strengthen national legislation, and described the relationship between international and national law.

17. In the discussion, the value of establishing a national institution or committee to drive the framework convention process forward, raise awareness, and prepare for changes in national legislation was further stressed.

Agenda item 7. Technical briefing/discussion: preparation of the proposed draft elements of the framework convention (Document A/FCTC/WG1/6)

Section I. Preamble, objectives, principles and definitions

18. Participants made a number of general comments on the framework convention as a whole and expressed views on the elements in section I, covering the preamble, objectives and principles of the framework convention.

19. An inclusive approach that draws upon input from a wide variety of sectors was essential at national and international levels. At national level it was vital to maintain close linkages between the administration and elected bodies of Member States and to maximize involvement of nongovernmental organizations in the process.

20. The framework convention should contain general provisions, with protocols spelling out detailed obligations. An incremental approach was needed that built upon the Health Assembly's past resolutions as a minimum starting point, taking into account the particular circumstances of developing countries.

21. Complementary national and international approaches were needed that built on WHO's past resolutions, which reflected a comprehensive approach to tobacco control.

22. Several countries urged that the provisions of the framework convention should be worded in a manner that would allow broad acceptance from as many countries as possible. One country expressed concern about reference to creation of rights such as "the right to a smoke-free environment".

23. Several delegations said that the framework convention should be flexible to the needs and realities of countries, especially developing countries.

24. Many countries expressed general support for items contained in section I of the document.

25. Some delegations suggested that issues related to testing and measurement standards, package design and labelling, pricing, full disclosure of tobacco product contents (including additives) should be considered for inclusion as obligations in the framework convention and not wait for inclusion in protocols.

Preamble

26. Primary attention should be given to the health effects of tobacco use and the harmful effects on national economies. The importance of a focus on youth, women, disadvantaged groups and indigenous people was highlighted. Positive health images should be developed aimed at youth. For that to occur, the framework convention should make reference to other conventions that addressed youth behaviour, such as the Convention on the Rights of the Child.

27. Other suggested additions to the preamble included referring to the right to health in the WHO Constitution: "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".

28. Evidence-based interventions at the international level were deemed to be important.

29. The important role of all stakeholders and sectors of society in tobacco control was stressed.

30. The importance was also stressed of taking account of social, economic and agricultural impacts of tobacco control, especially in developing countries, within subregions of certain countries and within regions. Further, explicit attention should be given to the dependence of certain countries on tobacco growing and to the need to highlight strategies to reduce that impact in the long term.

31. The increased impact of tobacco use in developing countries should be stressed. Further, the implications of tobacco companies based in developed countries marketing in developing countries needed attention. All forms of tobacco use should be included in the framework convention. Those included smokeless tobacco and water pipes, in addition to cigarettes and beedis.

32. Consideration should be given to treatment of tobacco dependence and protection from environmental tobacco smoke.

33. Several delegations stressed that the framework convention should emphasize demand reduction strategies. Multisectoral approaches, planned over the long term, were needed to address supply side aspects of tobacco control. Particular attention should be given to smuggling as a supply side measure.

34. The role, behaviour and accountability of the tobacco industry should be stressed.

35. The special circumstances of developing countries and their need for assistance in implementing the framework convention should be taken into account.

36. "Inequity" and "scientific evidence" ought to be highlighted in the preamble.

37. Several delegations stressed that all countries should take immediate action to strengthen and implement comprehensive, multisectoral tobacco control strategies.

Objectives

38. A revised text version of the objective was suggested by some countries and regional economic integration organizations, as follows:

> The aim of this Convention and its related protocols is to establish and agree on international responses to achieve a reduction in tobacco use in order to reduce the public health, social and economic consequences of tobacco consumption, and to provide the mechanism for implementing such responses through the engagement of the Contracting Parties.

39. Another suggested revision of the objective was the following:

> The ultimate objective of the Convention and any appended texts is to engage in integrated tobacco control efforts so as to put an end to tobacco use in any form and begin this by stemming tobacco consumption and to find palliative measures in respect of tobacco use and the health damaging effects with a view to protecting human health.

40. Some countries recommended that time-bound qualitative and quantitative targets for tobacco use be developed for the framework convention.

Principles

41. A principle of "polluter pays" should be developed as a means of holding the tobacco industry accountable for the harm it caused.

42. Building national capacity for tobacco control in developing countries, especially in public health law, should accompany development of the framework convention.

43. The right of the public to information on the health effects of tobacco should be noted.

44. The working group heard statements from a number of observers, including representatives of a number of nongovernmental organizations, who expressed strong support for the framework convention process. The representatives of nongovernmental organizations stressed the important role nongovernmental organizations could play in achieving the strongest possible outcome, and called for rapid action.

Section II. Obligations

45. There was broad general support for the five subitems used. Many countries considered that issues listed under obligations provide a useful starting point for developing obligations under the framework convention. Under section I several additional possible items for inclusion under obligations were raised. Final wording on the subitems might need to be adjusted. Specific areas of support for inclusion are mentioned below. The need to avoid pre-emption (having obligations under the framework convention that block stronger national action) was stressed.

46. Items in paragraphs 29 and 37 needed to be differently organized, certain items being moved to protocols and others placed under obligations. Some merging of items under these paragraphs was felt to be possible.

47. Some countries felt that supply side measures, particularly those related to tobacco farming and alternative livelihoods, should be limited under obligations and belonged under protocols. Others suggested that certain aspects of smuggling could be included as an obligation.

National measures to control tobacco use

48. Many speakers stressed the need for comprehensive tobacco control measures to be implemented at national level for inclusion in this section. The importance of countries establishing and adequately funding a national coordinating mechanism was stressed. Usually these mechanisms should be led by the health ministry but be inclusive of other relevant ministries and existing institutions of society. A proportion of the excise tax could be used as a possible means of funding tobacco control.

49. In addition to national measures, international cooperative support (including financial assistance) to developing countries was needed to build capacity in research, policy development and implementation.

50. A ban on sales to children and a ban on duty-free sales were suggested by some countries for inclusion under obligations.

51. Certain countries felt that countries that exported manufactured tobacco products had a special responsibility to provide support to developing countries.

52. Some countries recommended that a distinction be made between essential national measures required for all countries (for example, surveillance, monitoring and programme evaluation) and optional national measures that could be initially executed at a regional level.

53. Some countries suggested that provision for smoke-free environments should be included under national measures.

54. It was recommended that regulation of the content of tobacco products should be included under national measures. The scientific basis for such regulation will be addressed in a forthcoming meeting in Oslo (February 2000).

Education, training and public awareness

55. Items listed were generally supported. A particular focus should be given to ensuring that children and youth are fully informed about the risks of tobacco use and protected from tobacco industry marketing through all media. Countries differed with regard to whether advertising restrictions should be the subject of protocols or obligations. There was support for positive health images to be portrayed through the globally communicated worlds of art and entertainment.

General cooperation

56. Further, regional approaches to price harmonization were being pursued within certain regions and were felt to have wide application.

Cooperation in scientific research

57. There was broad support for this subitem as stated in the document. Special attention was given to the need for cooperation in developing a scientific basis for regulating tobacco products.

Exchange of information

58. A mechanism to share positive and negative experiences of policy implementation, as well as epidemiological information related to health effects, should be included in the obligations.

Additional comments

59. It was recommended that where possible, agreed texts from other treaties should be used.

60. Several countries supported the need for technical and financial support to allow all countries to participate fully in the framework convention process, from development to implementation.

61. Several countries recommended that the implications of provisions of the framework convention for WTO agreements required specification.

Section III. Institutions

62. The creation of institutions was described.

63. Many speakers stressed that their comments were of a provisional nature, but there were signs of consensus on some basic principles: (1) the institutional set-up would ultimately be dictated by the functions of the treaty; (2) in order to cut costs and overlapping, existing structures should be used where possible, and meetings should be arranged around existing events, such as the Health Assembly.

64. The specific issues were that a conference of parties was needed. The secretariat could be provided by WHO. A scientific advisory mechanism should provide strong multidisciplinary support, but there were differing views as to how. Speakers agreed that effective implementation was essential, but whether to set up an implementation committee was a question that might be left to the conference of parties. Many countries stressed the need for a financial support mechanism - a matter that others preferred to defer, although it was seen by many as important in ensuring the participation of countries that otherwise would not be able to participate fully. The establishment of a tobacco control fund was advocated, to help with a parallel process between WHO and nongovernmental organizations.

Section IV. Implementation mechanisms

65. Discussion of sections IV, V and VI of document A/FCTC/WG1/6 was introduced by Professor Szasz, New York University.

66. Many countries indicated that national reporting and international review were essential to the convention. Nevertheless, reporting requirements should be well designed and cost effective. Several countries called for transparent reporting procedures and unlimited access to every State report by any State Party.

67. Several countries advocated a dispute resolution mechanism that produced binding decisions; others preferred non-binding procedures. One country favoured the involvement of the International Court of Justice, whereas another opposed it. One country favoured conciliation procedures, but another was against compulsory conciliation. Another suggested that compliance mechanisms should focus on implementation rather than on dispute resolution procedures. One country noted that the United Nations Charter provided a possible model for dispute resolution.

68. One country suggested that an implementation mechanism should be addressed in a protocol, whereas most said it should be included in the framework convention. One country maintained that tobacco exporting countries should be held accountable.

Section V. Law-making procedures

69. It was noted that, given consensus, it might be possible to negotiate protocols concurrently with the framework convention. One country spoke in favour of deferring discussion of protocols.

70. A regional economic integration organization stated that two protocols should be adopted concurrently with the framework convention. One country suggested that desirable aspects of comprehensive tobacco control measures - such as a model legislation - be listed in a non-binding annex or addendum to the framework convention.

Section VI. Final clauses

71. A number of countries said it was too soon to address many issues involved in the final clauses.

72. Several countries suggested that the framework convention should allow for reservations. Some stated that the framework convention should allow for denunciation whereas others said it should not.

73. One country suggested that entry-into-force requirements for the framework convention and for the protocols need not be identical. Another stated that the final clauses of the framework convention should not be required to apply to protocols. One country suggested that the United Nations act as depository.

74. One country stated that entry-into-force provisions should be modelled on the Kyoto Protocol to the Climate Change Convention: in addition to a particular number of State signatories, a significant proportion of producer countries and consumer countries ought to ratify the framework convention.

Agenda item 8. Technical briefing/discussion: possible protocols (Document A/FCTC/WG1/3)

(a) Subjects of possible protocols
(b) Relation of possible protocols to the framework convention

75. It was pointed out that protocols could be adopted either at the same time as the framework convention or at a later stage. New protocols could be negotiated as new knowledge arose. The question of which subjects were included in the framework convention itself and which were the subject of protocols was a matter for the decision of Member States. Attention was drawn to the series of topics set out in the background document, which focused on key areas for tobacco control from the public health viewpoint.

Procedural issues

76. Many countries considered that it was too early in the framework convention process to discuss procedural or substantive aspects of potential protocols in detail. A number of countries and a regional economic integration organization stated that such discussions should be deferred to the intergovernmental negotiating body.

77. A number of countries suggested that it might be possible to adopt concurrent protocols, depending upon political will. However, some countries noted that there was a potential difficulty in negotiating protocols at the same time as the framework convention until the content of the framework convention was more clearly defined.

78. Some countries stated that parties to the framework convention should not be required to become parties to any protocol, i.e. adherence to protocols should be optional. One country suggested that the protocols should be open to all countries, and not just to parties to the framework convention.

79. Several countries stressed that financial and technical assistance would be necessary to assist developing countries to negotiate and implement protocols. A country and a regional economic integration organization emphasized that protocols should not restrict countries from taking stronger measures than those required in the framework convention or protocols.

Substantive issues

General comments

80. A number of countries stressed that protocols should focus on items on which there was political consensus. One delegation stated that protocols should be addressed during the negotiation phase according to the following criteria: (1) impact; (2) feasibility; and (3) need for international action. Countries from different regions expressed support for this formulation.

81. Several countries considered that the relationship between the framework convention and WTO treaties, as well as other multilateral agreements, needed further consideration.

Themes

82. Many countries expressed the view that it was premature at the present stage in the process to define and limit the subject matter of protocols and that the question should be left open. The potential subjects should not be limited to those enumerated in document A/FCTC/WG1/3.

83. Among specific topics mentioned for possible inclusion in protocols were:

- tobacco price and tax policies;
- environmental tobacco smoke;
- protecting children and adolescents;
- smuggling of tobacco products;
- sale of duty-free tobacco products;
- advertising, promotion and sponsorship;
- testing and reporting of tobacco product ingredients;
- tobacco industry regulation;
- information exchange;
- health education and research;
- agricultural policies;
- product regulation;
- evidence-based prevention and treatment programmes.

84. A number of countries emphasized the importance of adopting protocols on tax and price policies. On the other hand, one country stated that increased taxes at high levels would encourage smuggling, while another suggested that they were unfeasible or would have inflationary effects. One country suggested that all tobacco products and associated paraphernalia should be addressed in a protocol addressing pricing.

Other countries pointed out that taxes were already a very high percentage of tobacco prices in their countries. One country expressed concern that there was insufficient research to justify tax increases and that such increases would be a burden on the poor. However, several countries emphasized that the recent World Bank report provided significant evidence to allay concerns about the desirability of tax policies for all countries. One country considered that tax and price policies should be addressed at the regional level.

85. A number of countries expressed support for a possible protocol on advertising, sponsorship and promotion but disagreed on the potential content. Some emphasized that the evidence base fully supported the importance of complete bans on advertising. Several countries stated that an advertising protocol should address both direct and indirect advertising. Other countries suggested that a more flexible approach to advertising and promotion should be included in a protocol. One country noted that constitutional requirements might prohibit a complete ban.

86. Several countries suggested the inclusion of counter-advertising in an advertising protocol, but noted that financial assistance would be needed to implement a protocol in this area. Another country suggested that a possible consensus on the subject might include a ban on all advertising and promotion aimed at children.

87. A number of countries emphasized the global nature of smuggling and the need for a protocol on this topic. Some countries emphasized the importance of contraband cigarettes in their markets. It was reported that, in one country alone, over 80% of branded cigarettes were smuggled. Another country observed that small packets of cigarettes were being smuggled into its territory, and that those activities were being supported by tobacco companies themselves.

88. Countries also stressed the importance of a protocol on packaging and labelling of tobacco products. It was noted that the size of warning labels was directly related to the effectiveness of those measures. In response to a question, it was noted that some countries were advocating warning labels covering 60% of the large surface areas of cigarette packets.

89. A number of countries expressed support for protocols that addressed environmental tobacco smoke and the protection of children and adolescents.

90. Several countries supported the regulation of tobacco products, including full disclosure of ingredients and additives, in a protocol. It was suggested that the regulation of new tobacco products should include a provision requiring manufacturers to prove the safety of new tobacco products before they were licensed for sale to consumers.

91. A number of countries emphasized the importance of transparency and information sharing. One country considered that issues regarding information sharing should be addressed in the framework convention itself, and that a separate protocol was not needed. Another country stated that the suggested protocol should be renamed "Information sharing, education and awareness". Another country proposed the creation of a new protocol on education and training.

92. A number of countries addressed the question of a protocol on agriculture. One country noted that subsidies for tobacco growing could be eliminated immediately in developed countries, but needed to be phased out gradually in developing countries. Another country suggested that such a protocol would need to provide for gradual implementation.

93. A country emphasized the importance of regulating the tobacco industry through protocols. It was suggested that the industry should be prohibited from marketing products in developing countries in a

manner different from its practices in industrialized countries. Another country supported that suggestion. One country proposed the inclusion of the regulation of tobacco retailers through licensing.

94. Dr Leppo resumed the chair. He gave the floor to Dr Chan, Vice-Chairman, to recapitulate discussion of item 8, subjects of possible protocols and their relation to the framework convention, a subject on which 30 delegates had spoken.

Agenda item 9. Administrative arrangements: discussion of the work plan and timetable for developing the proposed draft elements of the framework convention (Document A/FCTC/WG1/5)

Agenda item 10. Role of the secretariat

Agenda item 11. Participation in the framework convention process: the use of electronic communication

Agenda item 12. Working group budget

Agenda item 13. Next meeting of the working group

95. The Chairman turned to agenda items 9 to 13, administrative matters. The secretariat presented the items: distribution of tasks, the role the secretariat could play until the next Health Assembly, and any additional documentation the working group might require. Several Member States had requested background on the technical briefings on health and economic effects, which the secretariat could provide. As regards electronic communication, the secretariat would strive to provide documentation in the six official languages on the Internet in good time, and in readily accessible electronic format.

96. Since the working group was a subsidiary body of the Health Assembly, in accordance with resolution WHA50.1 travel expenses for least developed countries would be reimbursed. A Director-General's trust fund was being set up under the WHO Voluntary Fund to enable other developing countries to take part in meetings. It was hoped that Member States would contribute generously to it. The suggested date for a second meeting was between Monday, 6 March, and Friday, 17 March 2000, midway between the 105th session of the Executive Board and the Fifty-third World Health Assembly.

97. The Chairman said that if the working group was satisfied that that information covered items 11 and 12 of the agenda ("Participation in the framework convention process: the use of electronic communication", and "Working group budget"), the meeting would move on to consider items 9, 10 and 13 together.

98. To questions on the working group budget, the secretariat replied that US$ 125 000 had been budgeted to enable least developed countries to participate in the process, and a total of US$ 1 000 000 for the entire negotiation process in 2000-2001 including meetings. Additional funding was available or being sought for scientific and technical meetings in New Delhi and in Norway and for work in countries, where legislative and economic interventions should be developed in tandem with the framework convention process.

99. Numerous countries commented on the high quality of the background documentation prepared by the secretariat. The working group, after a comprehensive exchange of views during which the Legal Counsel explained that the Executive Board could express views but not rule on the matter, decided to hold

a second meeting, between the 105th session of the Executive Board and the Fifty-third World Health Assembly, taking care that the meeting not coincide with the Muslim Feast of Sacrifice.

100. Many countries commented on the considerable progress achieved by the working group and questioned the purpose of a second meeting. The predominant view was that a second meeting of the working group would ensure fuller participation of States, and of the relevant sectors within States. In order to ensure continuity of work, one delegation recommended that Member States designate the same delegates for the second meeting. The second meeting should neither repeat the work of the first meeting nor encroach on the negotiation process. It should consider further elaboration of the proposed draft elements of the framework convention and protocols, indicating where general agreement was reached, and prepare a text, including possible options for consideration, for the Health Assembly and subsequent negotiation. Documentation would be prepared by the secretariat in close collaboration with the bureau.

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WHO/DG/SP/92
Check against delivery

51st Session WHO Regional Committee for the Americas
41st PAHO Directing Council

Statement by

Dr Gro Harlem Brundtland
Director-General

San Juan, Puerto Rico
27 September - 1 October 1999

World Health Organization

Dr Gro Harlem Brundtland
Director-General
World Health Organization

27 September 1999

51st Session WHO Regional Committee for the Americas
41st PAHO Directing Council
San Juan, Puerto Rico 27 September - 1 October 1999

Honorable Governor,
Mr President,
Ministers,
Dr Alleyne
Excellencies,
Ladies and gentlemen,

It gives me great pleasure to be with you here in San Juan, thirty-five years after I landed with my fellow students from Harvard School of Public Health for a one week field trip to the exotic islands of Puerto Rico. The beauty and serenity of this island belies the fury with which the natural elements can wreak havoc in this part of the world. While we can all enjoy our stay here, we should keep in mind the suffering and the tremendous damage caused by storms like Mitch and his siblings over the past few years. I would like to congratulate this Region on the tremendous effort it has made - and the solidarity it has shown - in building up health systems devastated by these recent and repeated major hurricanes.

Year 2000 is now only a few months away and the world is taking stock. We who devote our work to health can celebrate many remarkable achievements. But there is also a legacy. More than a billion people who are poor - a substantial number of whom live in this Region - will enter the next century without having shared in the gains of the health revolution of the 20th century.

That we have to change. With a combination of vision, commitment, effective organization, and working together, we can achieve notable accomplishments in the years ahead. The knowledge which produced the revolution of past decades can still bring the excluded billion into our midst.

Mr President,

Today I wish to take the opportunity to share with you how I see the role of the World Health Organization in this major transition. You know our mandate and I can assure you of our commitment: We are after a better deal for world health. A better deal with the prime purpose of delivering a better, healthier future to all, but especially to the poor.

As Director-General of WHO, I have seen it as one of my prime tasks to improve the effectiveness of our Organization's work. Working together more effectively, as one WHO, is key. We - WHO - cannot do everything, but what we decide to do, we must do well. It goes for all of us: In times of many conflicting challenges we must all learn to *focus* on the health issues that matter most - and we must reach out and convince our partners to do likewise. Reaching out to civil society, NGOs, our UN partners and to the private sector - as we do it in this Region - increases the impact we can make.

Let me share with you today our assessment of our work with the American Region, based on four global strategic directions.

First, we have to reduce the burden of excess mortality, morbidity and disability, especially that suffered by poor and marginalized populations.

On many fronts, the American Region can stand as an example for hope and optimism. Through systematic and effective intervention, this Region has achieved some impressive improvements in health over the past few years. These improvements show that what often seem like endless fights against diseases that constantly defeat us can be winnable battles, if we only take a systematic, result oriented approach to them.

This Region has now been polio-free for five years, a real inspiration to the countries and regions in the world which still battle this crippling disease.

Although we have good reasons to celebrate, we must remember that this is a fragile victory as long as polio still is a problem in other parts of the world. We will urge countries not to let up on their surveillance efforts. In a global village where any country can be reached in less than twenty-four hours, no country is safe from polio unless all countries are safe.

We may have reason to celebrate another great success and inspiration, as measles may be eliminated in this Region by next year.

Malaria continues to be a major health problem. In three weeks many of you will meet in Lima to develop a common strategy to fight malaria in the Amazon basin. WHO will introduce our Roll Back Malaria Initiative at this meeting as a framework for the common strategy. We look forward to this meeting. I am confident it will pave the way towards a reduced economic, social and health burden of malaria on the population.

Mr President,

Formidable long-term sustained efforts are needed in the global response to HIV/AIDS. WHO's commitment is unshakeable. We are addressing it on every front, from issues of blood safety and mother-to-child transmission, to the use of anti-retroviral treatments and the care of people living with HIV, and of course, the dual epidemics of HIV and tuberculosis. We will push for new drugs and eventually the vaccine against HIV. And we will push for every deal that can make these innovations available for all.

I am greatly encouraged by the fact that Ministries of Health in several countries in the Region are providing antiretroviral treatments free to people living with HIV. These bold initiatives should be widely applauded.

At the same time intensive negotiations with industry need to continue to find ways to provide HIV drugs to all patients, irrespective of where they live and what they can afford to pay. These mechanisms have to address the three basic strategic objectives, namely: affordability, reliable health systems and adequate financing.

PAHO's initiative to start a revolving fund for bulk purchases of antiretroviral drugs is an additional important option to improve access.

It is also encouraging to see the strong national Sexually Transmitted Disease control programmes that have been developed in the Region. One may consider the elimination of congenital syphilis as a feasible target for many countries in the Region in the next 5 years.

Two public health interventions need particular attention: The first is to develop voluntary HIV testing and counselling as an entry point for HIV prevention, for reduction of mother to child transmission and for HIV care.

The second intervention is the urgent need to scale up Sexually Transmitted Infections prevention and care through public and private outlets.

Even without HIV as its deadly ally, tuberculosis is a major global threat to health, and demands an urgent and massive response. I have made the project against TB a priority. Last month, I moved all of WHO's TB control efforts under the single umbrella of the Stop TB Initiative. It will redouble its efforts to bring new partners into the coalition working to control TB, and aims to double the world wide expenditure on TB control within three years.

In many countries in this Region, the public sector is increasing case finding and cure rates for TB. It is the private sector which is now lagging behind. Since the private sector often dominate health services for the poorest in many countries, too few people with TB are receiving proper care. We must bring the private sector and the voluntary agencies with us if we are going to succeed in our DOTS strategy. We must all commit ourselves to achieving 100% coverage with the DOTS, or Directly Observed Treatment Short Course, TB control strategy by the year 2005.

Mr President,

Progress in Integrated Management of Childhood Illness has been impressive in the Region, implemented in 19 countries. In Bolivia, the "Seguro Basico de Salud" includes free attention and treatment for children with IMCI classifications. This is the first country anywhere in the world to explicitly include IMCI in a health insurance scheme.

The Region has been so successful in building a network of skilled consultants that they are regularly used by other Regions and Headquarters promoting the exchange of experience across WHO Regions. This Region has also become a center for IMCI related clinical research and development of educational material. These are great achievements which can be used as examples to follow for other regions.

We will intensify our work on reducing maternal mortality. To push the agenda on reproductive health forward, WHO has developed a strategy to make pregnancy safer. The Making Pregnancy Safer Initiative will encourage governments and our international partners to ensure that safe motherhood is placed high on the political agenda, a matter of social responsibility and economic good sense.

Immunization remains one of the most cost-effective public health interventions there is. Over the last year, the issue of vaccines and immunization has been reviewed by WHO with the major partners - UNICEF, the World Bank, bilateral donors, and the private sector.

We have agreed to establish a Global Alliance for Vaccines and Immunization to push for a renewed effort to develop new vaccines and to help increase immunization rates all over the world. WHO will be chairing this Alliance in its first two years.

Mr President,

Let me briefly move to the **second** strategic direction. Focusing on the things that matter does not just mean diseases. There is also the need to **counter potential threats to health** that result from economic crises, unhealthy environments and risky behaviour.

We need to strengthen the focus on how sectors outside the health sector have a major impact on health. In the environmental field, air pollution is an ever-growing problem in cities in this Region. For the tens of millions who crowd into the slums of these mega-cities, the effects of pollution, crowding and lack of proper sanitation are the largest threats to their health. Neither health interventions nor economic growth will on their own solve these problems. It will take active government intervention - concerted policies towards sustainable development and vigorous enforcement - before we will see any meaningful improvements in the overall health situation for the urban poor.

Talking about air pollution - there is another threat that is already with us in a big way - an emerging epidemic about to hit the developing world. I am referring to tobacco.

The tobacco industry is conducting a major offensive. It is now focusing its attention and advertising power on the developing world - and especially on women and children.

Young generations are lighting a fuse. The explosion will kill one out of two smokers and load new, expensive and totally avoidable burdens on the health sector.

Let's be frank. Adolescents are being lured into tobacco addiction. In most countries, as many as nine out of ten addicted smokers say they started before the age of 18. We are not talking about free choice. We are talking about a violation of children's rights.

I am greatly encouraged by the suit launched by the US Justice Department last week to seek compensation for the huge medical costs tobacco-related diseases place on federal health care. The way American states and now the federal government calls a spade a spade is an inspiration to governments all over the world.

Yet, suing tobacco companies for the damage they cause is not enough. Strict tobacco advertising legislation and information campaigns are necessary if we want to reduce smoking prevalence among our populations.

In May, the World Health Assembly endorsed our work to create a WHO Framework Convention on Tobacco Control. We will welcome representatives from the Americas at the meeting in Geneva of the working group on the Convention in a few weeks. I especially welcome the recommendations from the meeting of the Working Group of Regional Lawmakers, that took place in Chile a month ago. The three-year plan of action agreed on at this meeting will help the work on the Framework Convention considerably.

Mr President,

The **third** strategic focus concerns health systems to which WHO will give renewed priority.

Building on the impressive achievements of the last half century, health systems must assure protection for all within - of course - limits set by available resources. This is the key message of the New Universalism that WHO spelled out in this year's World Health Report. We must develop a process of priority setting which is evidence based, ethically grounded and socially acceptable. Our best hope lies in a health system that makes the improvement of health status and the recognition of health inequalities its defining goal. A health system that responds to the legitimate needs of the population. A system that protects people from financial loss due to health care costs and that distributes such economic burdens fairly.

There will be tough choices: not just in deciding which services should be covered but in determining how health care should be financed. Health care has to be paid for - but solidarity through some form of pre-payment system places less of a burden on the poor than systems which rely on out-of-pocket payment. A growing body of evidence suggests that pre-payment is an efficient as well as an equitable policy.

Countries are now looking to WHO for guidance on health sector reform. They want to engage us in how to handle the rapid growth of private medical care and to harness the energies of the private sector for public goals. We will respond to that call, and we are considerably expanding our capacity to do that.

We need to be able to understand why one country's health system performs better than another. A better understanding - of success, failure and best practice - needs to underpin the new agenda for health systems reform. To indicate the importance of this subject, the whole of the forthcoming World Health Report 2000 is being dedicated to it.

Mr President,

The **fourth** direction concerns the development agenda itself. I have pledged to do what I can to place health at the core of that agenda.

Research illustrates clearly how illness is not only a result of poverty - but can also cause it. What we are increasingly seeing is that improved health conditions can turn this vicious circle around. Healthier, better fed people are more productive and can focus their resources on improving their livelihood.

Ministers,

You have to face many players in development - and we all are facing many players in international health. As the lead agency in health with a broad mandate, WHO needs to refine its role and see how we can best be of use to our Member States. Let me share with you some of the issues. They will indeed be brought to your attention as we start planning for the 2002-2003 budget.

In each area - be it HIV/AIDS, or making pregnancy safer - we need to ask ourselves where WHO's comparative advantage really lies. Which functions are we best equipped to perform? Which are better left to other organizations? Or where can we call on our collaborating centres?

WHO is a technical agency, not a major donor. We also need to think of ourselves as a *catalyst* - forging alliances and building consensus in many different contexts - at national and international level. This catalytic role lies at the heart of all our core functions, and will be a dominant theme as we prepare our coming budget.

In too many countries our resources are divided between too many disparate activities, and there is not enough coordination between our activities. We are in the process of changing that, and I hope you will support this process.

Mr President,

I would like to conclude with some comments on the World Health Assembly budget resolution, and the work that is now underway in response to it. The Assembly decided not to compensate us for cost increases. And in addition we were asked to shift resources from so-called low priority areas to high priority areas.

It has been a tough task. But I believe we have found a realistic way forward, one which avoids cutting our key activities.

You know where I stand: WHO's most important tasks lie in countries, and our budgets and joint efforts will reflect this. The efficiency shifts we have to make in the 2000-2001 budget will not lead to a reduction in spending at the country level. But throughout WHO, we can become more efficient.

In reviewing the options for efficiencies, I have looked first at measures that are applicable across the whole of WHO. We are concentrating on cutting our travel bill, for example, and taking a critical look at what we publish and what we procure.

Globally, I have decided on a figure for efficiency measures of around 50 to 60 million US dollars at this stage, in line with what the World Health Assembly called for. I would ask for your cooperation as Ministers when it comes to focusing the funding that this will free up for priority health areas within your country.

Mr President,
Excellencies,
Ladies and Gentlemen,

This is a Region of extreme contrasts, stretching from Pole to Pole, both geographically and when it comes to health. Highly equitable health systems neighbour some of high inequality. Poverty lives next door to tremendous wealth. Success stories in health abound, but so do failed policies.

Big or small, rich or poor, together you have achieved remarkable success. An important reason for this has been the last decade's renewed respect for human rights and popular democracy. These two basic institutions are crucial in improving health and reducing poverty. The progress over the past few years have proven that only when there is commitment among the leaders to respect the will and the basic rights of its people, can real development take place.

This Region has the human and financial resources to eradicate poverty and create a world where all its citizens enjoy the basic human rights of health and nourishment. The progress so far makes me optimistic. I am confident that you will succeed, and WHO stands ready to support you.

Thank you.

FACSIMILE TRANSMISSION SHEET

FROM:

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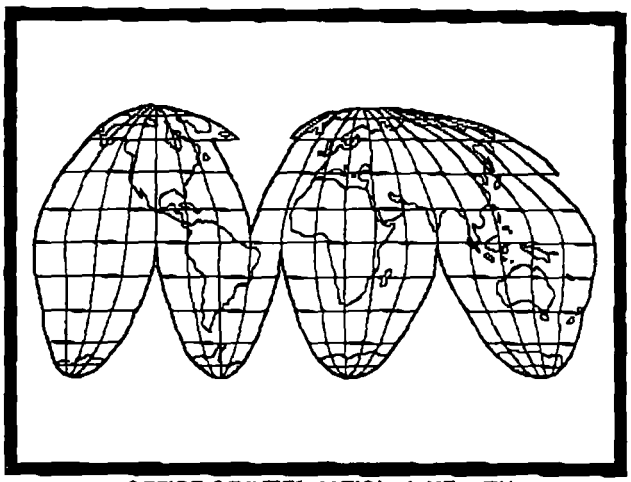

OFFICE OF INTERNATIONAL HEALTH

TO: DHHS International Reps Date August 27, 1999

The following cable from the Linda Vogel, Health Attache, U.S. Mission in Geneva outlines the results of WHO's recent review of collaborating centers. Since the Mission is requesting to discuss this with Tom Novotny DASH/OIRH on September 8, it would be helpful to have your insight and input as to (1) WHO's recommendations and U.S. Mission's concerns (2) challenges that your Agency/Office/Instititute/Center have experienced as a WHO Collaborating Center and those you might foresee emerge with possible termination of designations, and (3) other issues that may also need to be raised with WHO regarding future designations.

If you could please disseminate the cable among your various Agency components, especially those that are currently designated as WHO Collaborating Centers. Comments can be forwarded to Lou Valdez at mvaldez@osophs.dhhs.gov or 301/443-4549 (fax)

Currently, OIRH only has a faxed version of the cable but once we receive the formal copy, we would be happy to provide you with a more legible version. Just contact Amal Thomas a t301/443-1772 or athomas@osophs.dhhs.gov

With the holiday and Tom's out-of-country travel, we would appreciate receiving comments by COB September 2. Thank you for your assistance!

cc: Tom Novotny
OIRH Senior Staff
Linda Vogel

UNITED STATES MISSION TO
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Page 1 of 8 Page(s) Date: August 27, 1999

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See attached cable!

UNCLASSIFIED

GENEVA 6513

From: USMISSION GENEVA
Subject: W.H.O. - RESULTS OF REVIEW OF COLLABORATING CENTERS

MRN: 6513
ICNbr:

Date/Time: 261417Z AUG 99
Precedence: ROUTINE

Cable Text:

UNCLAS GENEVA 06513
CABLE:
ACTION: PSA
INFO: PSAH PC LA IRM IEA DCM USIS RMA AMB

For: Tom Novotny
Lou Valdez
Dirk Walling
David Smith
Roscoe Moore
Peter Henry

From: Linda Vogt

[redacted] AGENCIES

E.O. 12958: N/A
TAGS: TRIO, TPHY, WHO
SUBJECT: W.H.O. - RESULTS OF REVIEW OF COLLABORATING CENTERS

1. SUMMARY: EARLY IN HER TENURE, DR. GRO HARLEM BRUNDTLAND, DIRECTOR-GENERAL, WORLD HEALTH ORGANIZATION (W.H.O.) ANNOUNCED THAT, AS PART OF A BROADER ASSESSMENT OF W.H.O.'S EXTERNAL RELATIONS AND PARTNERSHIPS, THE SECRETARIAT WOULD REVIEW THE W.H.O. COLLABORATING CENTERS (CC'S). MISSION HAS OBTAINED THE SUMMARY (NOT OFFICIALLY RELEASED) OF RECOMMENDATIONS RESULTING FROM THAT REVIEW. THESE INCLUDE CRITERIA FOR SELECTION OF COLLABORATING CENTERS, A REVISED DESIGNATION PROCEDURE, GUIDELINES FOR MANAGEMENT OF THE COLLABORATION, AND AN INTERIM PROCESS TO RE-DESIGNATE OR TERMINATE CENTERS, PENDING FORMAL ACTION BY THE EXECUTIVE BOARD IN JANUARY 2000. IN GENERAL, THE RECOMMENDATIONS APPEAR TO BE LOGICAL AND BASED ON EXPERIENCE, BUT THEY DO RAISE SOME POLICY AND PROCESS QUESTIONS (SEE PARAS 12-14, 26-27 BELOW) FOR THE UNITED STATES. END SUMMARY.

BACKGROUND

2. THE W.H.O. CONSTITUTION HAS TWO KEY PROVISIONS WHICH SERVE AS A BASIS FOR THE DESIGNATION AND USE OF INSTITUTIONS AS COLLABORATING CENTERS. THESE ARE:

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CHAPTER II - FUNCTION, ARTICLE 2:

"(B) TO ESTABLISH AND MAINTAIN EFFECTIVE COLLABORATION WITH THE UNITED NATIONS, SPECIALISED AGENCIES, GOVERNMENTAL HEALTH ADMINISTRATIONS, PROFESSIONAL GROUPS AND SUCH OTHER ORGANIZATIONS AS MAY BE DEEMED APPROPRIATE;

(J) TO PROMOTE CO-OPERATION AMONG SCIENTIFIC AND PROFESSIONAL GROUPS WHICH CONTRIBUTE TO THE ADVANCEMENT OF HEALTH;"

3. THE W.H.O. REGULATIONS FOR STUDY AND SCIENTIFIC GROUPS, SECTION 3. "W.H.O. COLLABORATING CENTRES" PROVIDES FOR THE DEFINITION AND FUNCTIONS OF COLLABORATING CENTERS, THEIR DESIGNATION AND MANAGEMENT. THE DEFINITION OF W.H.O. COLLABORATING CENTERS INCLUDED IN THESE REGULATIONS IS THE FOLLOWING:

"3.1 A W.H.O. COLLABORATING CENTRE IS AN INSTITUTION DESIGNATED BY THE DIRECTOR-GENERAL TO FORM PART OF AN INTERNATIONAL COLLABORATIVE NETWORK CARRYING OUT ACTIVITIES IN SUPPORT OF THE ORGANIZATION'S PROGRAM AT ALL LEVELS. A DEPARTMENT OR LABORATORY WITHIN AN INSTITUTION OR A GROUP OF FACILITIES FOR REFERENCE, RESEARCH OR TRAINING BELONGING TO DIFFERENT INSTITUTIONS MAY BE DESIGNATED AS A CENTER, WITH ONE INSTITUTION ACTING FOR THEM IN RELATIONS WITH THE ORGANIZATION."

"3.2 INSTITUTIONS SHOWING A GROWING CAPACITY TO FULFILL A FUNCTION OR FUNCTIONS RELATED TO THE ORGANIZATION'S PROGRAM, AS WELL AS INSTITUTIONS OF HIGH SCIENTIFIC AND TECHNICAL STANDING HAVING ATTAINED INTERNATIONAL RECOGNITION MAY QUALIFY FOR DESIGNATION AS W.H.O. COLLABORATING CENTERS."

WHA RESOLUTION WHA50.2
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3. WHA RESOLUTION WHA50.2 AND SUBSEQUENT DELIBERATIONS OF THE W.H.O. EXECUTIVE BOARD CALLED FOR BETTER USE OF COLLABORATING CENTERS AND A STUDY TO DETERMINE HOW THIS COULD BEST BE ACCOMPLISHED.

CURRENT STATISTICS
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4. AT THE TIME DR. BRUNDTLAND TOOK OFFICE THERE WERE APPROXIMATELY 1,300 COLLABORATING CENTERS, OF WHICH ABOUT 200 ARE IN THE UNITED STATES. APPROXIMATELY 120 OF THESE ARE IN THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DISTRIBUTED AMONG CDC, NIH AND FDA. U.S. W.H.O. CC'S IN OTHER FEDERAL AGENCIES INCLUDE DOD, DEPARTMENT OF ENERGY, AND PERHAPS OTHERS. CC'S ALSO INCLUDE U.S. UNIVERSITIES; SCHOOLS OF MEDICINE, NURSING, DENTISTRY AND VETERINARY MEDICINE; HOSPITALS; INDEPENDENT RESEARCH INSTITUTIONS AND SOME NGO'S (E.G. PATH IN SEATTLE).

5. AT THE PRESENT TIME, THE DESIGNATIONS FOR APPROXIMATELY 500 OF THE 1,300 COLLABORATING CENTERS, MENTIONED IN PARA 4 ABOVE, HAVE LAPSED AND ARE PENDING ACTION EITHER TO BE RE-DESIGNATE OR TERMINATED, PENDING THE OUTCOME OF THE REVIEW INITIATED BY DR. BRUNDTLAND.

CONCERNS OF THE BRUNDTLAND ADMINISTRATION
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6. DR. BRUNDTLAND AND HER SENIOR TEAM, INCLUDING REGIONAL

DIRECTORS, HAVE EXPRESSED SEVERAL CONCERNS ABOUT CURRENT ARRANGEMENTS FOR COLLABORATING CENTERS. WHILE STRONGLY IN FAVOR OF BUILDING PARTNERSHIPS, SHE FELT THAT THE LINES OF RESPECTIVE RESPONSIBILITIES OF HEADQUARTERS AND THE REGIONAL OFFICES HAD BECOME BLURRED. DELINEATION OF RESPONSIBILITY WAS COMPOUNDED BY THE FACT THAT SOME COLLABORATING CENTERS SERVE BOTH A REGIONAL AND A GLOBAL ROLE. ADDITIONALLY, SOME COLLABORATING CENTERS APPEARED TO SEE THE DESIGNATION AS AN HONOR RATHER THAN AS A RESPONSIBILITY TO CARRY OUT CERTAIN FUNCTIONS IN COOPERATION WITH W.H.O. THE NEED FOR AN "EXIT DOOR" FOR COLLABORATING CENTER RELATIONSHIPS WHICH DID NOT WORK OUT AS HOPED, HAS BEEN EVIDENT. SOME CENTERS HAD NOT ENGAGED IN ANY COLLABORATION WITH W.H.O. FOR YEARS, THINKING MORE IN TERMS OF WHAT W.H.O. COULD DO FOR THEM RATHER THAN WHAT THEY WERE COMMITTED TO DO TO COLLABORATE WITH W.H.O.

SUMMARY OF RECOMMENDATIONS FROM REVIEW

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7. THE W.H.O. SECRETARIAT HELD AN IN-HOUSE INTERREGIONAL MEETING ON W.H.O. COLLABORATING CENTERS ON MAY 28-29, 1999. THIS BODY REVIEWED THE FINDINGS AND THE DRAFT RECOMMENDATIONS "TO REACH A CONSENSUS ON A POSITION ACCEPTABLE TO ALL REGIONS AND HEADQUARTERS." THESE RECOMMENDATIONS HAVE NOW BEEN CONSIDERED FAVORABLY (PER THE SECRETARIAT) BY THE DIRECTOR-GENERAL'S CABINET AND BY THE MEETING WHICH THE DIRECTOR GENERAL HELD WITH ALL REGIONAL DIRECTORS IN EARLY JULY. THE NEXT OFFICIAL CONSIDERATION OF THE RECOMMENDATIONS WILL BE BY THE W.H.O. EXECUTIVE BOARD IN JANUARY 2000.

8. THERE APPEARS TO BE FULL AGREEMENT AT ALL LEVELS WITHIN W.H.O. THAT COLLABORATING CENTERS ARE AN IMPORTANT MECHANISM AND THAT THIS MECHANISM SHOULD BE CONTINUED.

GENERAL PRINCIPLES AGREED UPON

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9. THE SECRETARIAT HAS ADVISED THAT THE FOLLOWING GENERAL PRINCIPLES HAVE BEEN AGREED UPON:

A. COLLABORATING CENTERS SHOULD SERVE TWO FUNDAMENTAL NEEDS.

-- MAKE AN INPUT INTO PRIORITY WORK OF W.H.O. IN CLOSE COOPERATION WITH THE CONCERNED W.H.O. PROGRAM;

-- STRENGTHEN INSTITUTIONAL CAPACITY IN COUNTRIES.

B. DESIGNATION SHOULD BE LIMITED TO FOUR YEARS, WHICH COULD BE RENEWED ON THE BASIS OF STRINGENT AND TRANSPARENT REVIEW OF PERFORMANCE. MONITORING REVIEWS COULD BE CARRIED OUT ANNUALLY, WITH IN-DEPTH ASSESSMENT EVERY FOUR YEARS.

C. DESIGNATION AND RE-DESIGNATION SHOULD BE DRIVEN BY NEEDS. GEOGRAPHICAL AND SUBJECT BALANCE WOULD BE CONSIDERATIONS.

D. WHENEVER POSSIBLE, CENTERS SHOULD BE ORGANIZED IN NETWORKS.

E. THE RELATIONSHIP BETWEEN W.H.O. AND THE COLLABORATING CENTERS MUST BE MUTUALLY BENEFICIAL, ACTIVELY PURSUED AND SUPPORTED BY BOTH PARTIES.

CRITERIA FOR SELECTION/DESIGNATION

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10. THE FOLLOWING CRITERIA WOULD GUIDE SELECTION AND

DESIGNATION OF CC'S:

A. THE NEED TO HAVE COLLABORATING CENTERS IN SPECIFIC FIELDS THAT ARE RELEVANT AND CONTRIBUTING TO THE IMPLEMENTATION OF W.H.O. PROGRAM ACTIVITIES AND TO CARRY OUT ONE OR SEVERAL SPECIFIC TASKS RELATED TO THE PROGRAM OR KEY PRIORITIES IN PROGRAMS. IN PARTICULAR, ACTIVITIES WOULD NEED TO FALL WITHIN THE PRIORITIES OF THE PROGRAM BUDGET AND THEIR OUTPUT SHOULD BE PART OF OR CONTRIBUTE TO THE EXPECTED RESULTS OF THE PROGRAM.

B. THE SCIENTIFIC AND TECHNICAL STANDING OF THE INSTITUTION, INCLUDING SUCH FACTORS AS CAPACITY TO MAKE CONTRIBUTIONS AT THE INTERNATIONAL LEVEL; THE POSITION OCCUPIED IN THE COUNTRY'S HEALTH, SCIENTIFIC OR EDUCATIONAL STRUCTURES, EXPERTISE AND ABILITY TO PROVIDE LEADERSHIP.

C. CAPACITY FOR A TRUE INSTITUTIONAL COLLABORATION WITH W.H.O. BEYOND CONTACTS WITH AN INDIVIDUAL SCIENTIST OR EXPERT.

D. SPECIAL ATTENTION WOULD BE GIVEN, IN LESS DEVELOPED COUNTRIES, TO INSTITUTIONS WITH A STRONG POTENTIAL FOR EXCELLENCE, INCLUDING THE CAPACITY OF AN INSTITUTION TO STRENGTHEN THEIR COUNTRY'S RESOURCES IN TERMS OF INFORMATION, SERVICES, TRAINING AND RESEARCH TO SUPPORT HEALTH DEVELOPMENT.

E. WILLINGNESS TO INVEST THEIR OWN RESOURCES IN THE COLLABORATION, INCLUDING THE NEED FOR THE LEVEL OF COMMITMENT (STAFF, FUNDS, INFRASTRUCTURE) BY BOTH W.H.O. AND THE PROPOSED CENTER TO SUSTAIN COLLABORATION FOR A SUFFICIENT PERIOD OF TIME AND NOT JUST FOR A LIMITED TASK.

F. THE CAPACITY OF PROPOSED COLLABORATING CENTERS TO DEVELOP RELATIONS WITH OTHER INSTITUTIONS AND IMPROVE THEIR WORKING RELATIONS BY INTEGRATING A NETWORK OF INSTITUTIONS EXISTING OR TO BE DEVELOPED, WITH HELP OF THE ORGANIZATION, AT THE COUNTRY, INTER-COUNTRY, REGIONAL AND GLOBAL LEVELS. NEW INSTITUTIONS SHOULD BE HELPED IN DEVELOPING THEIR CAPACITY BY MORE EXPERIENCED ONES. LEAD CENTERS SHOULD BE SELECTED TO HELP THE MANAGEMENT OF NETWORKS AND FACILITATE COMMUNICATIONS AND ORGANIZATION OF MEETINGS.

CLASSIFICATION OF CENTERS

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11. DURING THE REVIEW, CONSIDERATION WAS GIVEN TO THE POSSIBILITY OF HAVING DIFFERENT TITLES FOR DIFFERENT LEVELS OF COLLABORATING INSTITUTIONS. IT WAS RECOMMENDED, HOWEVER, THAT, OTHER THAN PERHAPS THE DESIGNATION OF A "LEAD" COLLABORATING CENTER, THERE WOULD BE ONLY ONE TYPE OF DESIGNATION; I.E. "W.H.O. COLLABORATING CENTER."

PROPOSED REVIVAL OF NATIONAL INSTITUTIONS CONCEPT

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12. SECTION 4 OF THE "REGULATIONS FOR STUDY AND SCIENTIFIC GROUPS" ADDRESSES THE ISSUE OF: "NATIONAL INSTITUTIONS RECOGNIZED BY W.H.O." THE TWO KEY PROVISIONS ARE THE FOLLOWING:

"4.1 FOR COLLABORATIVE ACTIVITIES OF SUCH SCOPE OR NATURE AS MAY NOT WARRANT THE DESIGNATION OF A W.H.O. COLLABORATING CENTER, THE ORGANIZATION MAY PROPOSE THAT AN INSTITUTION THAT IS ABLE AND WILLING TO PARTICIPATE IN SUCH ACTIVITIES WITH W.H.O. BE DESIGNATED BY THE NATIONAL AUTHORITIES CONCERNED FOR THAT PURPOSE.

4.2 UPON DESIGNATION BY THE NATIONAL AUTHORITIES, SUCH

INSTITUTION SHALL BE FORMALLY ACKNOWLEDGED BY THE ORGANIZATION AS A NATIONAL INSTITUTION RECOGNIZED BY W.H.O. HOWEVER, NO REFERENCE TO W.H.O. MAY BE INCLUDED IN THE TITLE OF THE INSTITUTION."

13. THE QUESTION OF REVIVING THE USE OF THE CATEGORY OF "NATIONAL INSTITUTIONS RECOGNIZED BY W.H.O.," AS PROVIDED FOR IN SECTION 4 OF THE REGULATIONS, WAS ADDRESSED DURING THE REVIEW. THE REVIEWERS DID NOT BELIEVE THAT THE REVIVAL OF THIS DESIGNATION WOULD REPRESENT A HIERARCHICAL DISTINCTION BETWEEN SUCH DESIGNATED NATIONAL INSTITUTIONS AND COLLABORATING CENTERS, BUT RATHER AS A DIFFERENT MODE OF COLLABORATION.

14. MISSION COMMENT: MISSION BELIEVES THE REVIVAL OF THE CATEGORY OF "NATIONAL INSTITUTIONS RECOGNIZED BY W.H.O." RAISES A NUMBER OF QUESTIONS. FOR EXAMPLE, IS THIS THE DESIGNATION THAT WOULD BE PREFERRED FOR GOVERNMENTAL INSTITUTIONS? WHAT WOULD BE THE DIFFERENCES IN MODE OF COLLABORATION AS SEEN BY THE SECRETARIAT? COULD THE U.S. GOVERNMENT DESIGNATE A NON-GOVERNMENTAL ORGANIZATION AS SUCH A NATIONAL INSTITUTE? IF SO, WOULD THIS IMPLY A RESPONSIBILITY FOR THE DESIGNATING GOVERNMENT AGENCY? THERE ARE NO DOUBT OTHER QUESTIONS. END COMMENT.

DESIGNATION PROCEDURES

15. STANDARDIZATION OF PROCEDURES FOR DESIGNATION OF COLLABORATING CENTERS THROUGHOUT THE ORGANIZATION WAS RECOMMENDED. IN THIS CONNECTION, THE IMPORTANT ROLE OF THE W.H.O. COUNTRY DIRECTOR (WR) IN THE PRE-SELECTION PROCEDURE WAS EMPHASIZED, INCLUDING OBSERVATION OF THE PERFORMANCE OF A PROPOSED COLLABORATING CENTER FOR A "TRIAL PERIOD" OF TWO YEARS PRIOR TO OFFICIAL DESIGNATION.

16. THE FOLLOWING IS AN OUTLINE OF THE PROPOSED DESIGNATION PROCEDURES:

STEP 1. PROPOSAL. THERE WOULD BE THREE WAYS TO PROPOSE THE DESIGNATION OF A COLLABORATING CENTER:

-- PROPOSAL FROM AN INDIVIDUAL, AN INSTITUTION OR A GOVERNMENT.

-- PROPOSAL FROM WITHIN W.H.O. (COUNTRY DIRECTOR, TEAM LEADERS, DIRECTORS OF DEPARTMENTS AT HEADQUARTERS OR REGIONS, EXECUTIVE DIRECTORS AND REGIONAL DIRECTORS).
-- JOINT PROPOSALS FROM SEVERAL REGIONS OR REGIONS AND HEADQUARTERS.

STEP 2. ASSESSMENT OF WHETHER THE WORK OF THE INSTITUTION BEING PROPOSED WOULD FIT WITHIN W.H.O.'S GENERAL PRIORITIES AND THAT THE COLLABORATION WOULD BE NEED-DRIVEN.

STEP 3. AN INITIAL SITE VISIT TO BE PERFORMED BY THE COUNTRY DIRECTOR OR THE REGIONAL DIRECTOR AND INFORMAL CONSULTATION WITH THE GOVERNMENT.

STEP 4. A TRIAL PERIOD OF TWO YEARS, INCLUDING DEFINITION OF A TECHNICAL PROGRAM OF WORK, ALTHOUGH THE REGIONAL DIRECTOR WOULD HAVE THE AUTHORITY TO PROPOSE A WAIVER OF THE TRIAL PERIOD.

STEP 5. A SCREENING PROCESS (YET TO BE FULLY DEFINED) BASED ON CRITERIA TO BE DEVELOPED BY W.H.O. LEGAL COUNSEL AND A SET OF REQUIREMENTS, SUCH AS THOSE USED ALREADY IN REGIONS AND

HEADQUARTERS. THE FIRST LEVEL OF ANALYSIS WOULD BE A REGIONAL SCREENING COMMITTEE.

STEP 6. SUBMISSION OF RECOMMENDATIONS BY THE REGIONAL SCREENING COMMITTEE TO THE GLOBAL REVIEW COMMITTEE, WHICH WILL BE COMPRISED OF REPRESENTATIVES FROM EACH REGION AND FROM RELEVANT W.H.O. CLUSTERS. THESE MEETINGS WILL BE HELD VIA TELECONFERENCE.

STEP 7. RECOMMENDATION BY THE GLOBAL SCREENING COMMITTEE. THE THREE OPTIONS WOULD BE: APPROVAL, REQUEST FOR CLARIFICATION, REJECTION OF THE PROPOSAL.

STEP 8: IN THE CASE OF RECOMMENDED APPROVAL, REQUEST TO THE HOST GOVERNMENT FOR ITS OFFICIAL CONCURRENCE.

STEP 9. SUBMISSION OF FINAL RECOMMENDATION, ALONG WITH THE LETTER OF CONCURRENCE FROM THE HOST GOVERNMENT, TO THE GLOBAL SCREENING COMMITTEE.

STEP 10. IF APPROVED BY THE DIRECTOR-GENERAL, TRANSMITTAL OF A FORMAL LETTER OF DESIGNATION TO THE COLLABORATING CENTER, ALONG WITH A CERTIFICATE INDICATING THE DATES OF THE PERIOD OF DESIGNATION. RULES SPECIFYING THE USE OF THE TITLE, THE LOGO AND OFFICIAL LETTER-HEAD OF W.H.O. THE LATTER WOULD BE STRICTLY LIMITED TO USE RELATED TO W.H.O. COLLABORATIVE ACTIVITIES.

MANAGEMENT OF THE COLLABORATION

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18. THE PRIMARY RESPONSIBILITY IN W.H.O. FOR MANAGEMENT OF THE COLLABORATION WOULD REST WITH THE TECHNICAL PROGRAM (EITHER AT HEADQUARTERS OR THE REGION) WHICH INITIATED THE DESIGNATION PROCESS FOR THE INSTITUTION.

19. WORK PLANS FOR COLLABORATING CENTERS WOULD, IN THE FUTURE, BE CLEARER IN TERMS OF SPECIFIC OBJECTIVES, TARGETS AND EXPECTED RESULTS.

20. GREATER ATTENTION WOULD BE PAID TO ANNUAL MONITORING AND TO THE "FINAL EVALUATION," AT THE END OF THE FOUR YEAR TERM OF DESIGNATION.

21. GREATER ATTENTION WOULD BE PAID BY THE SECRETARIAT TO FACILITATION OF NETWORKING BETWEEN AND AMONG CC'S.

RE-DESIGNATION OF COLLABORATING CENTERS

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22. RE-DESIGNATION OF COLLABORATING CENTERS WOULD OCCUR ONLY AFTER A THOROUGH EVALUATION OF THE RESULTS, BOTH QUALITATIVE AND QUANTITATIVE, AND WOULD INCLUDE AN ASSESSMENT OF THE COLLABORATION ITSELF BETWEEN W.H.O. AND THE CENTER.

WHAT'S HAPPENING NOW AND NEXT?

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23. A SMALL IN-HOUSE WORKING GROUP, INCLUDING EXPERTS FROM SEARO, EMRO, AMRO AND A HEADQUARTERS LEAD PERSON, IS WORKING TO ELABORATE MATERIALS ASSOCIATED WITH THE DESIGNATION OF COLLABORATING CENTERS, FORMATS FOR CENTER WORK PLANS, MONITORING AND EVALUATION, AND CRITERIA FOR RE-DESIGNATION OF

CENTERS.

24. OCTOBER 1999 EXECUTIVE BOARD RETREAT. HEALTH ATTACHE ASKED DR. BILL KEAN, W.H.O. EXTERNAL RELATIONS OFFICIAL, WHO HAS OVERALL RESPONSIBILITY FOR PARTNERSHIPS, INCLUDING COLLABORATING CENTERS, WHETHER THIS ISSUE WILL BE ON THE AGENDA FOR THE EXECUTIVE BOARD RETREAT. HE ADVISED THAT IT IS NOT REPEAT NOT A LINE ITEM ON THE AGENDA, BUT SAID IT COULD BE COVERED DURING THE DISCUSSION PERIOD. THE FORMAL DISCUSSION AND ACTION BY THE EXECUTIVE BOARD WILL OCCUR AT THE BOARD'S JANUARY 2000 MEETING.

PHASING IN THE NEW SYSTEM

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25. WHILE THE COLLABORATING CENTER REVIEW WAS BEING CARRIED OUT, DR. BRUNDTLAND HAD PLACED A MORATORIUM ON THE DESIGNATION OF NEW AND RE-DESIGNATION OF EXISTING COLLABORATING CENTERS. THE SECRETARIAT HAS, HOWEVER, RECOGNIZED THAT CONTINUATION OF THIS MORATORIUM COULD RESULT IN DIFFICULTIES.

26. THE FOLLOWING INTERIM MEASURES HAVE BEEN DECIDED UPON.

A. CENTERS WHOSE DESIGNATIONS HAVE LAPSED:

-- FOR THOSE WHERE THERE HAS BEEN NO RECENT ACTIVE COLLABORATION WILL BE TERMINATED, UNLESS OPPOSITION IS EXPRESSED WITH AN AMPLE JUSTIFICATION FOR CONTINUATION.

-- FOR THOSE WHERE THERE IS ACTIVE COLLABORATION, THE RE-DESIGNATION PROCESS WILL BE INITIATED..

B. CENTERS WHOSE DESIGNATIONS ARE ACTIVE (APPROXIMATELY 800):

-- FOR THOSE WHERE THERE HAS BEEN NO RECENT ACTIVE COLLABORATION, LETTERS OF ACKNOWLEDGEMENT BUT PROPOSING TERMINATION (RESPECTING THE RULE OF THREE MONTHS' NOTICE) WILL BE SENT.

-- FOR THOSE WHERE THERE IS ACTIVE COLLABORATION, THE SECRETARIAT WILL WAIT FOR THE NEW RULES TO BE ENACTED BY EXECUTIVE BOARD IN JANUARY 2000.

MISSION COMMENTS

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26. MISSION BELIEVES THAT, FOR THE MOST PART, THE PROPOSED PRINCIPLES, CRITERIA, PROCESS, ETC. ARE REASONABLE. HOWEVER, WE HAVE SOME CONCERNS, INCLUDING THE FOLLOWING:

-- AS NOTED IN PARAGRAPHS 12-14 WE HAVE QUESTIONS ABOUT THE PROPOSED REVIVAL OF THE NATIONAL INSTITUTION DESIGNATIONS.

-- THE PROPOSED DESIGNATION PROCEDURES COULD BE QUITE LENGTHY. CONSIDERING THE INITIAL PERIOD FOR ASSESSMENT AND REVIEW COUPLED WITH A TWO-YEAR TRIAL PERIOD, IT COULD TAKE THREE-TO-FOUR YEARS FOR A DESIGNATION TO OCCUR.

-- WE BELIEVE WE NEED TO KNOW WHICH U.S. CC DESIGNATIONS W.H.O. PLANS TO TERMINATE, BOTH BECAUSE ABOUT 120 OF THESE ARE IN THE USG BUT BECAUSE THERE IS A NEED TO HELP AVOID A BUILDUP OF ILL-WILL AMONG NON-GOVERNMENTAL INSTITUTIONS WHOSE

UNCLASSIF ED

DESIGNATIONS MAY BE TERMINATED.

27. MISSION HAS INFORMALLY REQUESTED FROM W.H.O. AN UPDATED LIST OF U.S. COLLABORATING CENTERS, INCLUDING THOSE WHOSE DESIGNATIONS HAVE LAPSED AND THOSE WHOSE DESIGNATIONS ARE STILL ACTIVE. THIS WILL INCLUDE ANNOTATION OF WHICH ONES ARE ACTIVELY COLLABORATING AND WHICH ARE NOT. AT THIS TIME, THE W.H.O. PROGRAM EXECUTIVE DIRECTORS AND THE REGIONAL OFFICES ARE REVIEWING THE LIST OF LAPSED CENTERS TO RECOMMEND WHICH ONES SHOULD RECEIVE TERMINATION LETTERS. HEALTH ATTACHE HAS TALKED WITH DR. BILL KEAN, WHO HAS OVERALL RESPONSIBILITY FOR THIS EXERCISE. HE FULLY UNDERSTANDS THE NEED FOR THE USG TO KNOW THE STATUS OF THE U.S. COLLABORATING CENTERS. THIS WILL AFFORD HHS THE OPPORTUNITY TO SHARE THE INFORMATION WITH THE PHS AGENCIES AND TO GET INPUT FROM THEM TO SHARE, AS NEEDED AND APPROPRIATE, WITH THE SECRETARIAT, INCLUDING CONSULTATIONS AS APPROPRIATE WITH PAHO AND/OR HEADQUARTERS. HHS MIGHT, SIMILARLY, SHARE THIS INFORMATION WITH DOD, DOE AND OTHER AGENCIES AS NEEDED. WITH RESPECT TO NON-GOVERNMENTAL U.S. COLLABORATING CENTERS, IT WILL BE HELPFUL FOR DEPARTMENT AND HHS TO KNOW PLANNED TERMINATIONS, SINCE THERE MAY WELL BE PROTESTS FROM SOME INSTITUTIONS. DEPARTMENT AND HHS NEED TO BE PREPARED TO ADDRESS THE CONCERNS OF THESE INSTITUTIONS IN AN APPROPRIATE MANNER.

28. MISSION SUGGESTS THAT DR. THOMAS NOVOTNY, DEPUTY ASSISTANT SECRETARY FOR INTERNATIONAL HEALTH, HHS, CONSIDER DISCUSSION OF THE COLLABORATING CENTER ISSUE WHILE HE IS IN GENEVA IN SEPTEMBER.
ARIETTI
BT
#6513
NNNN

End Cable Text

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of the Secretary

Office of Public Health and Science
Office of International and Refugee Health
Rockville, MD 20857

Date: December 2, 1999

To: International Health Representatives (IREPS)

From: Loretta Ellison
Team Assistant

Subject: December IREPS Meeting

The IREPS meeting will be held on **Thursday, December 9**, convening at 1:30 p.m. in the **Parklawn Building, Conference Room 17-05** and envisioned with the **HHH Building, Conference Room 735G** and **Koger Davidson Building, Conference Room A**. Unfortunately, Dr. Gerald Keusch, Director, Fogarty International Center is unable to speak at this month's meeting.

Please review the attached draft agenda for this meeting. Any items you wish to add to the agenda, either for the next meeting or following meetings should be forwarded to me.

If you have any questions, please feel free to contact me on (301)443-1774.

Attachments

IREPS Meeting Agenda
Thursday, December 9 @ 1:30 p.m.

Parklawn Building
Conference Room 17-05
Rockville, MD

Envisioned with
HHH Building
Conference Room 735G
Washington, DC

Koger Center Davidson Building
OD Conference Room A
Atlanta, GA

1.	Welcome	Tom Novotny
2.	World Bank Cooperative Agreement	Tom Novotny/Terry Gay
3.	OIRH Mission Statement	Dick Walling
4.	Update on HHS/USTR Drug Policy Issues	Tom Novotny
5.	Update on LIFE Initiative	Roscoe Moore
6.	Review of WHO Executive Board Agenda, Delegation, etc.	Tom Novotny/Lou Valdez
7.	Recap of PAHO SPP	Lou Valdez
8.	Pacific Basin Initiative	Tom Novotny
9.	Other comments from the group	

HHS INTERNATIONAL REPRESENTATIVES MEETING
NOVEMBER 4, 1999 @ 1:30 p.m.

MEETING HIGHLIGHTS/ACTIONS

Attendees:

Guest Speaker – Ambassador Thomas Loftus

CDC – Jay McAuliffe, Kristen McCall and Nick Farrell

HHH – David Hohman, Linda Hoffman, Jay Merchant, Stanley Bendet, Damon Lombard and Nancy Carter-Foster

Parklawn – Lou Valdez, Amal Thomas, Erika Elvander, Roscoe Moore, Beth Mazzella, Sam Notzon, Marguerite Pappaioanou, Juan Ramos, Sylvia Kiel, John Lucas, Amar Bhat, Stuart Nightingale, Richard Needle, Cille Kennedy, Erika Barth, Paul Gaist, Martha Dee Kent, Bruce Chelikowsky, Terry Gay, George Dines, Peter Henry and Linette Araki

The meeting opened with David Hohman expressing his appreciation to Roscoe for providing lunch downtown.

Dr. Moore announced Gerald Keusch as the guest speaker at the next IREPs meeting (Thursday, December 7 @ 1:30 p.m. – **since changed**).

Lou Valdez introduced Ambassador Loftus.

AMBASSADOR THOMAS LOFTUS

Ambassador Loftus' job is to deal with administration and everyone else. He stated that everyone at WHO looks forward to working with Tom Novotny. Ambassador Loftus has found it to be pleasurable getting to know the U.S. team (Ken Bernard, Linda Vogel, Neil Boyer, Stu Nightingale, David Hohman and Lou Valdez).

WHO Office in Washington, DC

The Washington office is small consisting of 3 people. Ambassador Loftus brings WHO to a higher level, making sure political problems do not impede business. He also wants to ensure a special relationship between WHO and the US, in order to deal with the private sector. He deals with Executive Board issues, ensuring no surprises and desired outcomes.

Last 15 months

A lot has happened over the past year at WHO under the directorship of Dr. Gro Harlem Brundtland.

Ambassador Loftus touched on the following issues:

- ***Reform*** – no theory or real chart. Dr. Brundtland "keeps the beat" and makes sure that the music starts and stops at the same time. She has worked to slim down and shape up WHO. She has formed a cabinet, which makes the major decisions. She has placed six women into high-level positions.

- ***Private Sector*** -- WHO has embraced the private sector. There will be a second Industry CEO Roundtable to discuss forming and strengthening partnerships. The strategy of the roundtables is to have CEOs meet face to face with Dr. Brundtland in order to discuss problems and prevention.

Note: A transition team was formed before Dr. Brundtland arrived. A number of major reforms were carried out by the team.

3 Priorities for the 21st Century: Malaria, Tobacco and TB (new strategies)

Special programs have been created for the following three priorities:

- ***Roll Back Malaria (RBM)*** – WHO has concentrated on malaria for 50 years. RBM combines high-tech and low-tech interventions. There is a focus on vaccines.

- ***Tobacco Free Initiative*** – Tobacco was described as the scourge of the next century. Dr. Brundtland has stated that tobacco "should not be advertised, glamorized or subsidized."

    - WHO will partner with the public and private sectors in targeting countries for tobacco control, paying particular attention to the tobacco industry.

- ***Proposed Framework Convention*** – WHO has utilized its constitutional power to initiate a treaty process. 100 nations met in Geneva to decide the content of the convention. It is estimated that the negotiations for the convention will take about 3 years to complete.

The World Bank – WHO partnered with the World Bank to produce a breakthrough study on tobacco. The study recommends increasing the price of tobacco to reduce consumption.

International Monetary Fund (IMF) – The IMF will work with WHO to help set a standard in countries for a minimum public health system.

HIV/AIDS

UNAIDS and WHO are forming a new partnership to address global HIV/AIDS in a comprehensive manner. Dr. Brundtland has stated that the two agencies need to focus on practical results.

Closing:

In two weeks WHO and USAID will host their first meeting of Bilateral donors in Washington, DC. This meeting will help coordinate global AIDS efforts.

Dr. Brundtland stressed the importance of U.S. support to fund polio eradication. The goal is still global polio eradication in the year 2000. Several new assignees from CDC will be posted around the globe.

Dr. Brundtland has successfully found partners across the globe. She has aimed the message at the highest political level. An example is HIV/AIDS in Africa.

Ambassador Loftus thanked the IREPS for the invitation.

FRAMEWORK CONVENTION ON TOBACCO CONTROL -- Mike Eriksen, CDC

Mike Eriksen worked with Dr. Novotny for five days in Geneva. DHHS was the lead agency at the meeting (mentioned above).

There were over 100 countries at the meeting. Most of the delegates from ministries of health were very positive about tobacco control. The U.S. delegation benefited from an extensive interagency process from which grew a guidance document to use in the discussion.

During the last day of the working group, it was suggested to have a second meeting in Geneva in Spring. The Canadian delegation felt there was no need for a second meeting. It was felt that the participants should move forward drafting the framework convention.

African and Asian countries need more time to bring something to the table. The U.S. delegation eventually supported a second meeting in the Spring (mid-March 2000). There was some coverage of the meeting in the Financial Times and New York Times (it was somewhat critical of the US position). The major issue was the proposed ban on advertising, which the US is unable to support. A major question was how we support developing countries in their tobacco control efforts.

ACTION: Dr. Eriksen is to provide OIRH with the WHO prepared summary and cable which is to be sent to the IREPS.

ACTION: Dr. Novotny is to provide a summary of the Framework Convention in electronic form when it is developed, which is to be sent to the IREPS.

INTERNATIONAL POLICY COUNCIL ON MULTILATERAL AFFAIRS (IPC/MA)

David Hohman reported on the first meeting of the IPC/MA. Secretary Shalala reiterated her view that global health represented an important agenda for the Department. She stressed the importance of cooperation throughout DHHS.

Executive Board

The U.S. delegation to the Executive Board will be headed by Tom Novotny. USAID, DOS and the U.S. Mission will assist Dr. Novotny during the next meeting in January 2000.

Executive Board Retreat

Dr. Novotny will attend the WHO Executive Board Retreat.

ACTION: Dr. Novotny is to provide a report on the Executive Board Retreat, which is to be sent to the IREPS.

It was reported that Jack Chow has succeeded in increasing funding for global health at HHS and will be working at the Department of State as a liaison with HHS.

The following are the members of the IPC/MA:

Chair – Tom Novotny
USAID – Joy Riggs Perla
NSC – Ken Bernard
DoS - Neil Boyer
DoS - Jack Chow
OS - David Hohman
OIRH - Lou Valdez, Amal Thomas

COMMEMORATION OF THE 75th ANNIVERSARY OF THE PAN AMERICAN SANITARY CODE

Lou Valdez reported that the original document was signed by Hugh Cummings in 1924, in Havana, Cuba.

Dr. Moritsugu did a wonderful job representing the Department. The DSG was well received and Sir George Alleyne and the ministers of health were appreciative of the U.S. presence. Bilateral discussions were generally avoided, because they might lead to some conflicting issues.

ACTION: Lou Valdez is to provide remarks by Dr. Moritsugu to Bruce Chelikowsky.

PAHO DIRECTING COUNCIL

Lou Valdez provided the resolutions in which agencies may have an interest (they are available at the PAHO website).

- The PAHO budget will increase 2.9%. The U.S. voted against on the budget.
- ***The upcoming Subcommittee on Planning and Program Meeting*** will be December 2 -- 3 in Washington, DC (the documents are not yet available)
- The US has been elected the Rappatour for the Executive Committee.

ACTION: The documents are to be provided to the IREPS.

LEADERSHIP AND INVESTMENT IN FIGHTING AN EPIDEMIC (LIFE) INITIATIVE

Dr. Moore reported in mid-July that the Administration proposed -- $100 million for the LIFE Initiative.

USAID, DHHS, CDC has the lead and DoD are the partners in LIFE. LIFE will address HIV/AIDS in India and thirteen African countries. The elements of LIFE are prevention caring for children affected by HIV/AIDS, care and treatment, and capacity and infrastructure development.

HHS is collaborating primarily with UNAIDS and USAID to convene a meeting with various donor countries (e.g., Canada, Sweden and Germany) in November.

Dr. Moore stated that more details will be forthcoming.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of the Secretary

Office of Public Health and Science
Office of International and Refugee Health
Rockville, MD 20857

Date: December 2, 1999

To: IREPS

From: Deputy Assistant Secretary for International and Refugee Health

Subject: International Health Representatives Meetings
2000 CALENDAR

The following is a calendar for the International Health Representatives Meetings for calendar year 2000. Following the practice established last year, the meeting will generally be held on the second Thursday of each month from 1:30-2:30 p.m. You will be notified of the meeting rooms with each meeting announcement.

January 13, 2000

February 10, 2000

March 9, 2000

April 13, 2000

May 11, 2000

June 8, 2000

July 13, 2000

August 10, 2000

September 14, 2000

October 12, 2000

November 9, 2000

December 14, 2000

We will do our best to stick with this schedule, but there is always the possibility that a specific meeting may have to be canceled due to circumstances at the time. All addressees of this memorandum will be notified by telephone or fax if that occurs.

Thomas Novotny, M.D., M.P.H.