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RESOLUTIONS AND OTHER ACTIONS OF INTERGOVERNMENTAL ORGANIZATIONS OF INTEREST TO PAHO

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*Original in Spanish: section A. Original in English: section B.

A. 69th WORLD HEALTH ASSEMBLY

1. The Sixty-ninth World Health Assembly of the World Health Organization (WHO) was held 23-28 May 2016 in Geneva (Switzerland) and attended by representatives and delegates of 186 Member States. The Presidency of the Assembly rested with Oman, represented by Dr. Ahmed Mohammed Al-Saidi. Five countries served as vice-presidents: Armenia, Chad, Malaysia, Panama, and Timor-Leste, in representation of their respective regions.

2. Dr. Francisco Javier Terrientes, Minister of Health of Panama, served as Vice President of the Assembly representing the Region of the Americas, and in that capacity had the opportunity to lead the plenary session of the Assembly on at least one occasion. Mr. Nicholas Steele, Minister of Health and Social Security of Grenada, was elected Vice President of Commission A and had the opportunity to lead the commission's work on several occasions.

3. This year, the Assembly's guest of honor was Christiana Figueres, Executive Secretary of the United Nations Framework Convention on Climate Change. In her address, Ms. Figueres thanked the millions of health professionals who showed their support for the Paris Agreement, thereby contributing to its approval.

4. The Executive Secretary pointed out the historic achievement of bringing together 155 Heads of State under one roof on one day on one topic, as well as having 195 governments reach a unanimous agreement. She said that at the rate the Agreement is being signed, it is likely to enter into force in 2018 instead of 2020, the date originally set—in other words, two years early.

5. Mrs. Figueres urged the participants to focus their attention on the two links between health and climate change. The first is that combating climate change by reducing emissions will prevent a worsening of health conditions. Regarding this, she said: "You know that one sixth of all illnesses and disabilities are currently due to vector-borne diseases and that the number will rise astronomically with climate change if it is not checked. You know, better than anyone else, that the burden is highest in developing countries where the mortality rate for these vector-borne diseases is 300 times that in developed countries." The second link she pointed out was that combating climate change improves health conditions: "Having cleaner air through the reduction of local pollution is very well known to you. Improving and restoring degraded lands for better food security and for water safety is also well known to you, and certainly improves health conditions."

6. She highlighted three areas of work in which the WHO Secretariat and the United Nations Framework Convention on Climate Change have been collaborating very closely to: *a)* explain the specific need to work on climate change because of its impact on health; *b)* strengthen the evidence base in country profiles; and *c)* monitor the progress of the Framework Convention on Climate Change.

7. Mrs. Figueres concluded her address by emphasizing that “if over the next five years we do not fundamentally change what we are doing in the energy sector, in the transportation sector, in the building sector and in all of those sectors that are emitting greenhouse gasses, we are in danger of reaching the tipping point in the atmosphere that will have a direct negative and profound impact on health around the planet for many, many decades – an impact from which many scientists believe we would not be able to recover.”

8. For her part, Dr. Margaret Chan, Director-General of WHO, touched on various issues in her address to the Assembly. She emphasized the achievements in the Millennium Development Goals, the danger of transboundary diseases, assessments of the response to the Ebola epidemic, establishment of the new health emergencies program, climate change, drugs, and antimicrobial resistance, among others.

9. Regarding the Millennium Development Goals, she said that we can celebrate the 19,000 fewer children dying every day, the 44% drop in maternal mortality, the 85% of tuberculosis cases that are successfully cured, the 60% decline in malaria mortality, and the rapid scale-up of antiretroviral therapy for people living with HIV (15 million now, up from just 690,000 in 2000).

10. The Director-General emphasized that in the world today, “an interconnected world characterized by extensive mobility of people and goods, few threats to health are local anymore. Air pollution is a transboundary hazard that affects the global atmosphere and contributes to climate change. Drug-resistant pathogens, including the growing number of “superbugs,” travel well internationally in people, animals and food. She emphasized that the outbreak of Zika virus disease took us by surprise, with no vaccines and no reliable or widely available diagnostic tests, and that to protect women of childbearing age, all that could be offered was advice, such as avoiding mosquito bites, delaying pregnancy, and not traveling to areas with ongoing transmission of the disease. She also mentioned the possible risk of explosive outbreaks of urban yellow fever, especially in Africa, but recalled that the world has had a safe, low-cost and effective vaccine that confers lifelong protection against this disease and that these vaccines should be used more widely to protect people living in endemic countries.

11. Touching on the subject of assessments of the response to the Ebola epidemic, Dr. Chan said she welcomed the current joint external evaluations that are looking at preparedness and response capacities in several countries, and that the evaluations need to continue with the utmost urgency, as a tool under WHO authority and coordination. She also referred to the reform of WHO’s work in health emergency management. The Secretariat’s report in Document A69/30 gives an overview of the design, oversight, implementation plan, and financing requirements of the new health emergencies program. The establishment of this program marks a fundamental change for WHO, in which the traditional technical and normative functions are augmented by the operational capacities needed to respond to outbreaks and humanitarian emergencies. The program’s design is aligned with the principles of a single program, with one clear line of authority, one

workforce, one budget, one set of rules and processes, and one set of standard performance metrics.

12. On a more general note, Dr. Chan said: “As the international community enters the era of sustainable development, the global health landscape is being shaped by three slow-motion disasters: a changing climate, the failure of more and more mainstay antimicrobials, and the rise of chronic noncommunicable diseases as the leading killers worldwide. These are not natural disasters. They are man-made disasters created by policies that place economic interests above concerns about human lives and the planet that sustains them.” She mentioned that all these aspects were included in the 2030 Agenda for Sustainable Development, whose purpose is to comprehensively and interactively tackle the root causes of the world’s many woes, from the degrading misery of poverty to the consequences of terrorism and violence. The Agenda puts the people left behind first.

13. The Director-General ended her intervention by thanking the Member States for recognizing the critical importance of strengthening health systems and embracing the vision of universal health coverage.

14. The agenda of the Assembly included 54 general items, 30 of them related to technical and health issues (one included 10 progress reports on technical subjects); and 24 administrative, budgetary, and institutional items. As on previous occasions, these matters were dealt with in committees A and B, and in the plenary sessions.

15. The documents related to this report can be consulted at the WHO website: http://apps.who.int/gb/e/e_wha69.html.

16. Table 1 below contains a list of the resolutions adopted by the World Health Assembly that are of interest to the Region, the related PAHO resolutions, some of the implications that the WHA resolutions have for the Region, and the progress that has been made on these subjects.¹

Other Matters: Executive Board

17. The 138th Session of the Executive Board was held on 30-31 May. The Presidency of the Executive Board rested with Dr. Ray Busuttil, delegate of Malta. Bahrain, China, Nepal, and the United States of America were elected for the vice-presidencies. Colombia, Jamaica, and Mexico were selected for the Executive Board, complementing Canada, the Dominican Republic, and the United States of America, as the six members representing the Region.

18. The agenda of the 138th Session of the Executive Board included 17 items, among them six technical items (dementia, improving access to assistive technology, preventing deafness and hearing loss, health and climate change, *mHealth*, and an update

¹ A more exhaustive analysis of the implications of the WHO Resolutions for the Region will be presented during the 55th Directing Council of PAHO to be held 26-30 September 2016.

on the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems); three administrative and financial items (evaluation, committees of the Executive Board, and the process for the election of the Director-General of WHO); seven constitutional and protocol-related items; and the statement by the representative of the WHO staff associations.

19. Finally, the Board took note of the reports submitted and approved the date and location of the Seventieth World Health Assembly, among other matters. It was agreed that the Seventieth World Health Assembly will be held at the Palais des Nations, in Geneva, starting on 22 May 2017 and ending no later than 31 May 2017. The Board also decided that its 140th Session will begin on Monday 23 January 2017, at WHO headquarters in Geneva, ending no later than 1 February; that the Programme, Budget, and Administration Committee of the Executive Board will hold its 25th meeting on 18-20 January 2017, at WHO headquarters; and that its 26th meeting will be held 18-19 May 2017, at WHO headquarters in Geneva.

20. The full versions of these reports, as well as other related documents, can be consulted at the WHO website: http://apps.who.int/gb/e/e_eb139.html.

Action by the Executive Committee

21. The Executive Committee is invited to take note of these resolutions, consider their implications for the Region of the Americas, and offer the recommendations it deems relevant.

Table 1. Resolutions Adopted by the 69th World Health Assembly, Documents of Reference, and Implications for the Region of the Americas

Resolution	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region ² Progress in the Region
WHA69.1 Strengthening essential public health functions in support of the achievement of universal health coverage	A69/15 Health in the 2030 Agenda for Sustainable Development	CD53/5, Rev. 2 and CD53.R14 (2014) Strategy for Universal Access to Health and Universal Health Coverage	During the 158th Session of the Executive Committee, the Pan American Sanitary Bureau (the Bureau) will present an information document on the implementation of measures to achieve the Sustainable Development Goals in the Region of the Americas in the Governing Bodies meetings in 2016. It will also study the mandates of the resolution adopted by the Assembly and will report on the implications for the Region to the 55th Directing Council, 68th Session of the WHO Regional Committee for the Americas.

² A more exhaustive analysis of the implications of the WHO Resolutions for the Region will be presented during the 55th Directing Council.

Resolution	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region ² Progress in the Region
<p>WHA69.2 Committing to implementation of the Global Strategy for Women's, Children's and Adolescents' Health</p>	<p>A69/16 Operational plan to take forward the Global Strategy for Women's, Children's and Adolescents' Health</p>	<p>CD49/12 and CD49.R14(2009) Plan of Action on Adolescent and Youth Health</p> <p>CD49/13 and CD49.R12(2009) Plan of Action for Implementing the Gender Equality Policy</p> <p>CD48/8 and CD48.R5 (2008) Regional Strategy for Improving Adolescent and Youth Health</p> <p>CD46/12 (2005) Proposed PAHO Gender Policy</p> <p>CD46.R16 (2005) Proposed PAHO Gender Equality Policy</p> <p>CSP26/16 and CSP26.R21 (2002) Women, Health, and Development</p>	<p>The Bureau is now carrying out a midterm review of the Plan of Action on Adolescent and Youth Health (Document CD49/12) for 2010-2018 and a progress report will be submitted to the Member States in the Governing Bodies meetings in 2016. This progress report will address the goals and indicators in accordance with the global strategy (and the SDGs).</p> <p>PAHO has participated intensely as a member of the regional inter-institutional group for the reduction of maternal mortality and as a member of the Latin American and Caribbean Newborn Health Alliance in the consultation process initiated in the WHO regions by the Partnership for Maternal, Newborn, and Child Health. PAHO has participated in and facilitated technical consultation on the global strategy in this Region.</p> <p>The global strategy is perfectly aligned with the PAHO Strategic Plan 2014-2019 and with the Regional Strategy and Plan of Action for Neonatal Health Within the Continuum of Maternal, Newborn, and Child Care, and the Plan of Action to Accelerate the Reduction of Maternal Mortality and Severe Maternal Morbidity.</p> <p>The Bureau will also study the mandates of the resolution adopted by the Assembly and will report on the implications for the Region to the 55th Directing Council, 68th Session of the WHO Regional Committee for the Americas.</p>
<p>WHA69.3 The global strategy and action plan on ageing and health 2016–2020: towards a world in which everyone can live a long and healthy life</p>	<p>A69/17 Multisectoral action for a life course approach to healthy ageing: draft global strategy and plan of action on ageing and health</p>	<p>CD54.R11 (2015) Strategy and Plan of Action on Dementias in Older Persons</p> <p>CD49.R15 (2009) Plan of Action on the Health of Older Persons, Including Active and Healthy Aging</p>	<p>Latin America and the Caribbean have undergone a rapid population aging process. In the 1950s there were 5.5 million older people, but by 2000 there were some 50 million. From 2000 on, this number will double every 25 years; 81% of people born in the Region will live beyond 80 years of age.</p> <p>Despite the tangible implications of this phenomenon for social protection and, in particular, for health systems in the Region of the Americas, and considering that</p>

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			<p>interest in population aging has increased to some degree in the Region, there is still no comprehensive regional vision for the health of older people.</p> <p>The Bureau will study the mandates of the resolution adopted by the Assembly and will report on the implications for the Region to the 55th Directing Council, 68th Session of the WHO Regional Committee for the Americas.</p>
<p>WHA69.4 The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond</p>	<p>A69/19 Role of the health sector in the sound management of chemicals</p>	<p>CE158/INF/7 Implementation of the Sustainable Development Goals in the Region of the Americas</p>	<p>The Bureau, together with WHO, will organize mechanisms for consultation on the priorities identified in the resolution by the Member States, including the implementation of measures to strengthen services and train health workers on the safe management various chemical substances.</p> <p>The Bureau will also study the mandates of the resolution adopted by the Assembly and will report on the implications for the Region to the 55th Directing Council, 68th Session of the WHO Regional Committee for the Americas.</p>
<p>WHA69.5 WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children</p>	<p>A69/9 Draft global plan of action on violence</p>	<p>CD54.R12 and CD54/9, Rev. 2 (2015) Strategy and Plan of Action on Strengthening the Health System to Address Violence against Women CD50.R16 (2010) Health, Human Security and Well-being CD48/20 (2008) Preventing Violence and Injuries and Promoting Safety: A Call for Action in the Region CD48.R11 (2008) Preventing Violence and Injuries and Promoting Safety: a Call for Action in the Region CD44.R13 (2003) Impact of Violence on</p>	<p>The issue of preventing violence, in particular against women, is high on the political agenda of the PAHO Member States, as the documents and resolutions adopted by the PAHO Governing Bodies demonstrate.</p> <p>Given the progressive and uniform position of the Region of the Americas, the proposals stated in PAHO's Strategy and Plan of Action on Strengthening the Health System to Address Violence against Women have influenced the contents of the global plan of action.</p> <p>The global plan of action also strengthens PAHO's position to cooperate in the prevention of interpersonal violence, with an emphasis on equity by promoting the incorporation of the human security approach into country health programs, in accordance with PAHO Resolution CD50.R16 on Health, Human Security, and Well-being.</p> <p>The Bureau will study the mandates of the</p>

Resolution	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
		the Health of the Populations in the Americas	resolution adopted by the Assembly and will report on the implications for the Region to the 55th Directing Council, 68th Session of the WHO Regional Committee for the Americas.
<p>WHA69.6 Prevention and control of noncommunicable diseases: responses to specific assignments in preparation for the third High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable diseases in 2018</p>	<p>A69/10 Prevention and control of noncommunicable diseases: responses to specific assignments in preparation for the third High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable diseases in 2018</p>	<p>CD53/INF/4, Rev. 1 (2014) Report on the United Nations General Assembly High-level Meeting on the Progress Achieved in the Prevention and Control of Noncommunicable Diseases</p> <p>CD52.R9 (2013) Plan of Action for the Prevention and Control of Noncommunicable Diseases</p> <p>CSP28.R13 (2012) Strategy for the Prevention and Control of Noncommunicable Diseases</p> <p>CD51.R4 (2011) Strategy and Plan of Action on Urban Health</p> <p>CD51.R7 (2011) Plan of Action on Psychoactive Substance Use and Public Health</p> <p>CD51.R8 (2011) Strategy and Plan of Action on Epilepsy</p> <p>CD51.R14 (2011) Plan of Action to Reduce the Harmful Use of Alcohol</p> <p>CD50.R2 (2010) Strategy on Substance Use and Public Health</p> <p>CD50.R6 (2010) Strengthening the Capacity of Member States to Implement the Provisions and</p>	<p>PAHO is collaborating closely with the Member States to establish multisectoral plans on NCDs, strengthen services to treat NCDs and policies to reduce risk factors, and build surveillance capacity in order to be able to report on progress toward the global and regional targets and indicators for NCDs, in preparation for the third High-level Meeting of the United Nations General Assembly on NCDs in 2018. In 2016, PAHO will submit to the Directing Council a mid-term progress report on the regional plan of action on NCDs.</p> <p>The Bureau will study the mandates of the resolution adopted by the Assembly and will report on the implications for the Region to the 55th Directing Council, 68th Session of the WHO Regional Committee for the Americas.</p>

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		Guidelines of the WHO Framework Convention on Tobacco Control	
<p>WHA69.7 Addressing the challenges of the United Nations Decade of Action for Road Safety (2011–2020): outcome of the second Global High-level Conference on Road Safety – Time for Results</p>	<p>A69/13 Addressing the challenges of the United Nations Decade of Action for Road Safety (2011–2020): outcome of the second Global High-level Conference on Road Safety – Time for Results</p>	<p>CD54/INF/5-C (2015) Plan of Action on Road Safety CD51/7, Rev. 1 Plan of Action on Road Safety CD51.R6 Plan of Action on Road Safety</p>	<p>The Bureau will study the mandates of the resolution adopted by the Assembly and will report on the implications for the Region to the 55th Directing Council, 68th Session of the WHO Regional Committee for the Americas.</p>
<p>WHA69.8 Decade of Action on Nutrition</p>	<p>A69/7 A69/7 Add.1 A69/7 Add.2 Maternal, infant and young child nutrition</p>	<p>CD47.R8 (2006) Regional Strategy and Plan of Action on Nutrition in Health and Development, 2006-2015</p>	<p>In 2015 PAHO began to implement the strategic areas in the Every Newborn action plan linked with those included in the Regional Strategy and Plan of Action. PAHO will submit the report on the final evaluation of the Regional Strategy and Plan of Action for Neonatal Health Within the Continuum of Maternal, Newborn, and Child Care in the meetings of the Governing Bodies in 2016. The final report will include a recommendation to make national action plans converge and to update the post-2015 targets in accordance with the Every Newborn action plan.</p> <p>With regard to maternal anemia, several countries have registered reductions in anemia during pregnancy, but progress is not uniform. Data are limited on the incidence of low weight in newborns; however, the Region has lower rates than the other WHO regions, except Europe. Practically all countries in the Region have shown a reduction in the prevalence of stunting, with the exception of Guatemala, where nearly half of all the children suffer from stunting.</p> <p>The Bureau will study the mandates of the resolution adopted by the Assembly and will report on the implications for the Region to the 55th Directing Council, 68th Session of the WHO Regional</p>

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<p>WHA69.9 Ending inappropriate promotion of foods for infants and young children</p>	<p>A69/7 A69/7 Add.1 A69/7 Add.2 Maternal, infant and young child nutrition</p>	<p>CD53.R13 (2014) Plan of Action for the Prevention of Obesity in Children and Adolescents</p> <p>CSP28.R20 (2012) Strategy and Plan of Action for Integrated Child Health</p> <p>CD51/12 and CD51.R12 (2011) Plan of Action to Accelerate the Reduction in Maternal Mortality and Severe Maternal Morbidity</p> <p>CD50.R11 (2010) Strategy and Plan of Action for the Reduction of Chronic Malnutrition</p> <p>CD48.R4, Rev. 1 (2008) Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care</p> <p>CD47.R8 (2006) Regional Strategy and Plan of Action on Nutrition in Health and Development, 2006-2015</p>	<p>Committee for the Americas.</p> <p>Childhood obesity is a serious problem that continues to increase and, in 2014, the Member States of PAHO approved a Plan of Action for the Prevention of Obesity in Children and Adolescents. Of all the regions of the world, the Region of the Americas is the one that has implemented the most innovative legislation and policies for the prevention of childhood obesity. Advances have been made in some countries in increasing the prevalence of exclusive breastfeeding and support measures (Brazil, the United States, and Uruguay). However, other countries, particularly in the Caribbean, are lagging.</p> <p>The Bureau will study the mandates of the resolution adopted by the Assembly and will report on the implications for the Region to the 55th Directing Council, 68th Session of the WHO Regional Committee for the Americas.</p>
<p>WHA69.10 Framework of engagement with non-State actors</p>	<p>A69/6 Framework of engagement with non-State actors</p> <p>A69/60 Framework of engagement with non-State actors</p>	<p>CE158/INF/3 Update on WHO Reform</p> <p>CD54/6 (2015) WHO Reform</p> <p>CD53/15 (2014) WHO's Engagement with Non-state Actors (Regional Consultation)</p> <p>CD52.R15 (2013)</p>	<p>The Framework on Engagement with Non-State Actors was adopted by the 69th World Health Assembly. FENSA consists of overarching principles and four specific policies on engagement with nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions. Member States of the Region of the Americas pledged their commitment to implement FENSA after its approval by PAHO Governing</p>

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		Cooperation for Health Development in the Americas	Bodies. Consequently, pursuant Article 14 of PAHO's Constitution and Rule 7 of the Rules of Procedure of the Directing Council, the Director of PAHO has included FENSA as an item in the provisional agenda of the 55th Directing Council to be held on 26-30 September 2016.
WHA69.11 Health in the 2030 Agenda for Sustainable Development	A69/15 Health in the 2030 Agenda for Sustainable Development	CE158/INF/7 Implementation of the Sustainable Development Goals in the Region of the Americas	<p>During the 158th Session of the Executive Committee, the Bureau will present an information document on the implementation of measures to achieve the Sustainable Development Goals in the Region of the Americas in the meetings of the Governing Bodies of 2016.</p> <p>The Bureau will also study the mandates of the resolution adopted by the Assembly and will report on the implications for the Region to the 55th Directing Council, 68th Session of the WHO Regional Committee for the Americas.</p>
WHA69.12 WHO programmatic and financial report for 2014–2015 including audited financial statements for 2015	A69/45 WHO programmatic and financial report for 2014-2015 including audited financial statements for 2015 A69/62 WHO programmatic and financial report for 2014-2015 including audited financial statements for 2015 A69/INF./3 Voluntary contributions by fund and by contributor, 2015	Official Document 351 Financial Report of the Director and Report of the External Auditor for 2015	<p>The Bureau will study the mandates of the resolution adopted by the Assembly and will report on the implications for the Region to the 55th Directing Council, 68th Session of the WHO Regional Committee for the Americas.</p>
WHA69.13 Status of collection of assessed contributions, including Member States in arrears in the payment of	A69/48 Status of collection of assessed contributions, including Member States in arrears in the payment of their	CE158/23 Report on the Collection of Assessed Contributions	<p>The Bureau will study the mandates of the resolution adopted by the Assembly and will report on the implications for the Region to the 55th Directing Council, 68th Session of the WHO Regional Committee for the Americas.</p>

Resolution	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
their contributions to an extent that would justify invoking Article 7 of the Constitution	contributions to an extent that would justify invoking Article 7 of the Constitution A69/63 Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution		
WHA69.14 Scale of assessments for 2017	A69/49 Scale of assessments	CD54/5, Rev. 1 (2015) New Scale of Assessed Contributions	The Bureau will study the mandates of the resolution adopted by the Assembly and will report on the implications for the Region to the 55th Directing Council, 68th Session of the WHO Regional Committee for the Americas.
WHA69.15 Report of the External Auditor	A69/50 Report of the External Auditor A69/64 Report of the External Auditor and Report of the Internal Auditor and External and internal audit recommendations: progress on implementation	Official Document 351 Financial Report of the Director and Report of the External Auditor for 2015	The Bureau will study the mandates of the resolution adopted by the Assembly and will report on the implications for the Region to the 55th Directing Council, 68th Session of the WHO Regional Committee for the Americas.
WHA69.16 Salaries of staff in ungraded posts and of the Director-General	A69/54 Amendments to the Staff Regulations and Staff Rules	CE158/31 Amendments to the PASB Staff Regulations and Rules	This resolution will be considered when adopting the resolution on the salaries of staff in ungraded posts and of the Director of the Pan American Sanitary Bureau.
WHA69.17 Amendments to the Staff Regulations: dispute resolution	A69/54 Amendments to the Staff Regulations and Staff Rules	CE158/31 Amendments to the PASB Staff Regulations and Rules	The Bureau will study the amendments to WHO Staff Regulations and Staff Rules and will report to the 55th Directing Council on the implications for the Region.
WHA69.18 Process for the	A69/57 Process for the		

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election of the Director-General of the World Health Organization	election of the Director-General of the World Health Organization		
<p>WHA69.19 Global strategy on human resources for health: workforce 2030</p>	<p>A69/38 Health workforce and services Draft global strategy on human resources for health: workforce 2030</p>	<p>CD54/INF/1 (2015) Regional Goals for Human Resources for Health 2007-2015: Final Report</p> <p>CD54/INF/1, Add. I (2015) Report on the Development of the Global Strategy on Human Resources for Health: Workforce 2030</p> <p>CD52/6 (2013) Human Resources for Health</p> <p>CD52.R13 (2013) Human Resources for Health: Increasing Access to Qualified Health Workers in Primary Health Care-based Health Systems</p> <p>CSP27/10 and CSP27.R7 (2007) Regional Goals for Human Resources for Health 2007-2015</p>	<p>The Region of the Americas is in the process of preparing the post-2015 regional agenda on human resources for health. The main strategic lines of this agenda were ratified at the Regional Meeting on Human Resources for Health held in Buenos Aires in September 2015. The new agenda on human resources for health in the Region of the Americas is being developed as the regional expression of the global strategy promoted by WHO, considering the characteristics, identity, and work carried out in the Region. The three strategic lines of the regional agenda on human resources for health are: strengthening the governance and stewardship capacity of the national authorities responsible for human resources for health; improving the availability and distribution of skilled and relevant personnel; and refocusing the training of health professionals on primary health care, with an emphasis on developing the social mission of medical schools.</p> <p>The Bureau will also study the mandates of the resolution adopted by the Assembly and will report on the implications for the Region to the 55th Directing Council, 68th Session of the WHO Regional Committee for the Americas.</p>

Resolution	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
<p>WHA69.20 Promoting innovation and access to quality, safe, efficacious and affordable medicines for children</p>	<p>A69/42 Addressing the global shortages of medicines, and the safety and accessibility of children's medication</p>	<p>CE158/15 Access and Rational Use of Strategic and High-Cost Medicines and Other Health Technologies</p>	<p>PAHO will present a policy paper on this issue at the meetings of the Governing Bodies of 2016: Access and Rational Use of Strategic and High-Cost Medicines and Other Health Technologies.</p> <p>In the Region, both large and small countries have been suffering from a drug shortage, mainly involving older, generic, and relatively attainable products. There is special concern with respect to pediatric medicines and certain drugs that are classified as essential, such as penicillin. The Region has successfully addressed some of these problems of scarcity through a comprehensive strategy. For example, joint drug purchases, such as the Strategic Fund, can play a key role by guaranteeing a continuous supply at the country level while offering manufacturers a centralized point for predicting demand and greater commercial interest in certain products. The Bureau will study the mandates of the resolution adopted by the Assembly and will report on the implications for the Region to the 55th Directing Council, 68th Session of the WHO Regional Committee for the Americas.</p>
<p>WHA69.21 Addressing the burden of mycetoma</p>	<p>A69/35 Mycetoma</p>		<p>Mycetoma has occasionally been reported in the biomedical literature in Argentina, Brazil, Chile, Colombia, Honduras, Jamaica, Mexico, and Venezuela. Mexico is the country with the highest number of reported cases. However, mycetoma (together with podocniosis, a disease that presents a similar pathogenesis) has not been reported to PAHO as a public health problem by any ministry of health in the Region in any recent decade and, consequently, has not been prioritized for technical cooperation. However, the Bureau will study the mandates of the resolution adopted by the Assembly and will report on the implications for the Region to the 55th Directing Council, 68th Session of the WHO Regional Committee for the Americas.</p>

Resolution	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
<p>WHA69.22 Global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, for the period 2016-2021</p>	<p>A69/31 Draft global health sector strategies HIV, 2016–2021</p> <p>A69/32 Draft global health sector strategies Viral hepatitis, 2016–2021</p> <p>A69/33 Draft global health sector strategies Sexually transmitted infections, 2016-2021</p>	<p>CD54/13, Rev. 1 and CD54.R7 (2015) Plan of Action for the Prevention and Control of Viral Hepatitis</p> <p>CD50/15 Strategy and Plan of Action for the Elimination of Mother-to-child Transmission of HIV and Congenital Syphilis</p> <p>CD46/20 and CD46/20, Add. I (2005) Access to Care for People Living with HIV/AIDS</p>	<p>PAHO will present a new plan of action on HIV infection and sexually transmitted infections (STI) for the period 2016-2021 at the meetings of the Governing Bodies in 2016. This consolidated document will include:</p> <ul style="list-style-type: none"> ➤ the Plan of Action for the Control of HIV and STIs 2016-2021 (with the elimination of mother-to-child transmission); ➤ the final report on the Regional Strategic Plan for HIV/AIDS/STI (2006-2015); and ➤ the final report on the Strategy and Plan of Action for the Elimination of Mother-to-child Transmission of HIV and Congenital Syphilis. <p>The Bureau will study the mandates of the resolution adopted by the Assembly and will report on the implications for the Region to the 55th Directing Council, 68th Session of the WHO Regional Committee for the Americas.</p>
<p>WHA69.23 Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination</p>	<p>A69/40 Follow-up to the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination – Report of the open-ended meeting of Member States</p>		<p>WHO reported on the beginning of the first phase of the Global Observatory on Health Research and Development. This phase includes compiling and comparing available data on funding for health research and development, health products in the preparatory phase, clinical trials, and research publications. The model is based to a great extent on PAHO's Regional Platform on Access and Innovation for Health Technologies (PRAIS). In the Region, PAHO administers PRAIS, which includes publications and opportunities for interaction on related subjects.</p> <p>The Bureau will study the mandates of the resolution adopted by the Assembly and will report on the implications for the Region to the 55th Directing Council, 68th Session of the WHO Regional Committee for the Americas.</p>
<p>WHA69.24 Strengthening integrated, people-centred health services</p>	<p>A69/39 Framework on integrated, people-centred health services</p>	<p>CD54/INF/1 (2015) Regional Goals for Human Resources for Health 2007-2015:</p>	<p>The Framework on integrated, people-centred health services has undergone broad consultation since 2013. As the report states, the different regions, including the Region of the Americas,</p>

Resolution	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
		<p>Final Report CD54/INF/1, Add. I (2015) Report on the Development of the Global Strategy on Human Resources for Health: Workforce 2030 CD52/6 (2013) Human Resources for Health CD52.R13 (2013) Human Resources for Health: Increasing Access to Qualified Health Workers in Primary Health Care-based Health Systems CSP27/10 y CSP27.R7 (2007) Regional Goals for Human Resources for Health 2007-2015</p>	<p>have achieved significant progress and most of what is proposed in the document comes from the collective learning and experience of the regions. Accordingly, this framework should not be regarded as a new initiative for the Region of the Americas. In fact, the Strategy for Universal Access to Health and Universal Health Coverage includes in its four strategic lines the initiatives proposed in this framework.</p> <p>The Bureau will study the mandates of the resolution adopted by the Assembly and will report on the implications for the Region to the 55th Directing Council, 68th Session of the WHO Regional Committee for the Americas.</p>
WHA69.25 Addressing the global shortage of medicines and vaccines	A69/42 Addressing the global shortages of medicines, and the safety and accessibility of children's medication	CE158/15 Access and Rational Use of Strategic and High-cost Medicines and Other Health Technologies	PAHO will present a policy paper on this issue at the meetings of the Governing Bodies in 2016: Access and Rational Use of Strategic and High-cost Medicines and Other Health Technologies. The implications for the Region previously written for WHA69.20 would also apply to this resolution. However, the Bureau will study the mandates of the resolution adopted by the Assembly and will report on the implications for the Region to the 55th Directing Council, 68th Session of the WHO Regional Committee for the Americas.

B. SUBREGIONAL ORGANIZATIONS

Introduction

1. The purpose of this progress report is to inform Member States of the progress made since the last report presented in 2015 with regard to public health-related agreements and resolutions, in the framework of subregional integration processes, of interest to the Governing Bodies of the Pan American Health Organization (PAHO) and the various international cooperation agencies.
2. This report also covers the progress made in activities carried out as part of cooperation agreements between PAHO and subregional integration entities.

Background

3. The framework for subregional technical cooperation is supported by Resolution CD45.R6, adopted by the Directing Council in 2004. With the adoption of this resolution, subregional technical cooperation was included in the budget policy in order to promote the strengthening of PAHO's collaboration in integration processes in the three subregions: Central America, the Caribbean, and South America.

Situation Analysis

4. Through the signing of specific agreements and memoranda of understanding, PAHO currently provides technical cooperation to the subregional integration processes mentioned below. This report includes a table showing the new developments and progress made in the implementation of priority resolutions emanating from these integration processes, their relation to PAHO activities, and the measures that the Organization has supported.

a) Central America

- Central American Integration System (SICA): Council of Ministers of Health of Central America and the Dominican Republic (COMISCA)
- Meeting of the Health Sector of Central America and the Dominican Republic (RESSCAD)
- Mesoamerica Project

b) Caribbean

- Caribbean Community (CARICOM): Council for Human and Social Development (COHSOD)

c) South America

- Andean Community: Andean Health Agency/Hipólito Unanue Agreement (ORAS/CONHU)

- Southern Common Market (MERCOSUR): Meeting of Ministers of Health of MERCOSUR and Working Subgroup on Health No. 11 (SGT 11)
- Union of South American Nations (UNASUR): South American Health Council
- Pacific Alliance: Council of Vice Ministers of Health
- Amazon Cooperation Treaty Organization (ACTO)
- Bolivarian Alliance for the Peoples of Our America (ALBA)

Integration Entities in Central America

Central American Integration System (SICA)-COMISCA³

COMISCA		
Technical and political forum	PAHO-related agreements and resolutions	Subregional impact and progress
43rd meeting of COMISCA (December 2015)	Approval of the Health Plan for Central America and the Dominican Republic 2016-2020	The Health Plan for Central America and the Dominican Republic 2016-2020 is fully aligned with the PAHO Strategic Plan 2014-2019. Both plans were the framework for the preparation of PAHO's Subregional Biennial Work Plan 2016-2017 for this subregion.
	San Salvador Declaration: "towards equity and social justice through a regional approach to the social determinants of health"	Member States committed politically to include a determinants of health approach in all SICA policies and to carry out studies and analyses of the determinants of health to develop policies oriented toward justice, equity, and social cohesion.
Special Meeting of COMISCA (February 2016)	Approval of the Subregional Plan for the Prevention and Control of the Zika Virus in Central America and Dominican Republic	The plan is oriented to work among the Member States of SICA on common issues. Multiple subregional plans may create duplication of efforts and competition for scarce resources, including the same target audiences.

³ Link to information on SICA: <http://www.sica.int/>.

RESSCAD⁴

RESSCAD		
Technical and political forum	PAHO-related agreements and resolutions	Subregional impact and progress
Agreements of the 31st RESSCAD, held 15-16 October 2015 in Tegucigalpa, Honduras	Agreement 1, on the complementary roles between RESSCAD and COMISCA	Member States will continue working under the leadership of Nicaragua as pro tempore president of RESSCAD in the preparation of a policy document defining the role of the two entities. The consultation should include the views of the <i>Foro Centroamericano y República Dominicana de Agua Potable y Saneamiento</i> (FOCARD-APS) and the <i>Consejo de Instituciones de Seguridad Social de Centroamérica y República Dominicana</i> (CISSCAD), and the proposal should respond to the legal framework of SICA.
	Agreement 3, related to the creation or strengthening of the national regulatory authorities	Member States agreed to implement strategies aimed at the establishment of administrative and economic independent regulatory agencies, according to the respective national legal frameworks.
	Agreement 5, related to the protocol for control of illicit trade of tobacco products	Member States agreed to map the capacities of the countries for developing national plans and to implement activities aimed at sensitizing and promoting political actions for ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products.
	Agreement 6, related to the strengthening of the International Health Regulations (IHR) core capacities	Member States agreed to participate in WHO meetings to discuss the tools for monitoring and evaluating the capacities of countries for the implementation of the IHR.
	Agreement 7, related to the	Member States agreed to

⁴ Link to information on RESSCAD: <http://www.paho.org/resscad/>.

RESSCAD		
Technical and political forum	PAHO-related agreements and resolutions	Subregional impact and progress
	importance of the regulatory function in the monitoring of pesticide use	strengthen the technical capacity of staff for monitoring the use of pesticides and to map the existing resources in the subregion for the identification of a reference institution.

*Mesoamerica Project*⁵

Mesoamerica Project		
Technical and political forum	PAHO-related agreements and resolutions	Subregional impact and progress
Mesoamerica Project	Agreement between PAHO and the Mexican Agency for International Development Cooperation (AMEXCID)	PAHO provided support for the preparation of national plans on malaria, dengue, chikungunya, and Zika virus; road safety; and primary health care.

PAHO Support through the Subregional Integration Process to Address the Zika Virus in Central America

5. In the framework of joint regional actions between the countries of the Central American Integration System (SICA), an extraordinary virtual meeting of Heads of State and Government was held on 2 February 2016 to discuss the Zika virus epidemic and its association with neurological disorders and congenital malformations. It was agreed that COMISCA would develop a plan of action, based primarily on guidelines and resolutions of the World Health Organization (WHO) and the International Health Regulations (IHR). The Pan American Sanitary Bureau (PASB) Director and the Director of PASB's Department of Communicable Diseases and Health Analysis presented the general guidelines on the response to the epidemic.

6. In this regard, COMISCA, with technical support from the PAHO/WHO Representative Office in Honduras, using these guidelines along with those from the Mesoamerican Master Plan for the Integrated Management, Prevention and Control of Dengue and Chikungunya, and the Integrated Management Strategy for Dengue Prevention and Control (EGI-D), developed the *Plan de acción para la prevención y control del virus Zika en Centroamérica y República Dominicana* [Plan of Action for the Prevention and Control of the Zika Virus in Central America and the Dominican Republic].

⁵ Link to information on the Mesoamerica Project:
http://www.proyectomesoamerica.org/joomla/index.php?option=com_content&view=article&id=229&Itemid=57

*Caribbean Integration Entities**CARICOM*⁶

7. The institutional council within CARICOM in which the Ministers of Health meet is the Council for Human and Social Development (COHSOD). COHSOD is responsible for the promotion of health, education, and living and working conditions in the Caribbean Community.

8. The Ministers of Health traditionally meet at PAHO Headquarters just before the Pan American Sanitary Conference or the Directing Council; the most recent Special COHSOD meeting took place on 26-27 September 2015 in Washington, D.C.

9. The Heads of Government of CARICOM met in Placencia, Belize, for the 27th Intersessional Meeting. Among the issues discussed was the Zika virus currently affecting the Region.

CARICOM		
Technical and political forum	PAHO-related agreements and resolutions	Subregional impact and progress
Twenty-eighth Meeting of the Council for Human and Social Development (Health): COHSOD, 26-27 September 2015	Caribbean Cooperation in Health IV	The Caribbean Cooperation in Health (CCH) is the framework that guides public health in the Caribbean Community. CCH III came to an end in 2015, and its evaluation has been completed. The priority action areas for its successor, CCH IV, were developed with the Chief Medical Officers of Health. CCH IV will also inform the development of the PAHO Caribbean Subregional Cooperation Strategy.
	Elimination of mother-to-child transmission of HIV (EMTCT)	PAHO support for the implementation of the regional Strategy and Plan of Action for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis includes annual monitoring of progress as well as guiding and coordinating the pre-validation process in collaboration with key

⁶ Link to information on CARICOM: www.caricom.org.

CARICOM		
Technical and political forum	PAHO-related agreements and resolutions	Subregional impact and progress
		partners. To date, eight Caribbean countries have applied to the PASB Director for validation, and an additional 17 have prepared reports that show progress towards the EMTCT targets. A cluster approach for the validation of small countries and territories is being utilized. The United Kingdom Overseas Territories and the Eastern Caribbean States are finalizing their reports with the aim of completing the validation process by June 2016.
	Progress toward Universal Health Coverage: The Noncommunicable Disease Challenge	The meeting highlighted the enormous toll exacted by noncommunicable diseases in the Caribbean and the threat these diseases pose to the achievement of universal access to health and universal health coverage. It recognized the efforts being made by countries towards universal health coverage and emphasized the various actions required to reform the health system to arrive at universal coverage. An evaluation of the Port-of-Spain Declaration has been completed, and the findings will be presented to COHSOD.
	Vaccines and Immunization: Policy Matters: Elimination of Measles and the Introduction of Inactivated Poliovirus Vaccine	There are concerns about the declining immunization coverage and indicators for surveillance of measles, rubella, and polio. Countries that have not yet done so were encouraged to introduce HPV into routine vaccination programs. Additionally, countries were urged to comply with the requirements

CARICOM		
Technical and political forum	PAHO-related agreements and resolutions	Subregional impact and progress
		of the Polio Eradication and Endgame Strategic Plan 2013-2018.
	Regional Health Information System Task Force and its strategic remit	The Caribbean Sub-Regional Health Information System Strengthening Framework has been developed with the support of the PAHO Caribbean Subregional Program Coordination Office. This framework aims to identify the specific components of health information systems that require strengthening in the Caribbean and to define standards and best practices to address them effectively. In collaboration with the Caribbean Public Health Agency (CARPHA), a Technical Working Group has been established to support its implementation.
	Health systems strengthening	In collaboration with CARPHA, efforts are underway to establish a Technical Working Group to address information systems in health and a Caribbean Regulatory System to address medicines and health technologies regulation. Additionally, CARPHA is working on the establishment of a Caribbean Public Health Laboratory Network.
	International Health Regulations	Member States were urged to adopt the IHR as a tool to support continuous public health preparedness and to become members of the International Atomic Energy Agency (IAEA) and other relevant international organizations so that they can

CARICOM		
Technical and political forum	PAHO-related agreements and resolutions	Subregional impact and progress
		develop capacities to deal with radio-nuclear and chemical hazards. They were also encouraged to participate in the global IHR Monitoring Framework post-2016.
27th Intersessional Meeting of the Conference of Heads of Government of the Caribbean Community (CARICOM), 16-17 February 2016, Placencia, Belize	Heads of Government declaration on a course of action to address the Zika virus	The Heads of Government agreed on actions that CARICOM Member States would take to confront the Zika virus, including public education and implementation of measures at ports of entry, health facilities, schools, hotels, and tourism facilities. The second week of May is to be designated as Caribbean Mosquito Awareness Week.

PAHO Support through the Subregional Integration Process to Address the Zika Virus in the Caribbean

10. PAHO through its Subregional Program Coordination Office in Barbados has been working on providing risk communication information to CARICOM and CARPHA. The program also sponsored the participation of three intensive care specialists/neurologists from Guyana, Jamaica, and Trinidad and Tobago in a study tour at the University Hospital of Martinique from 17 to 18 March 2016, to learn from its experiences in the clinical management of Guillain-Barre Syndrome.

11. The first Caribbean Mosquito Awareness Week was held 9-15 May 2016, as a result of joint collaboration between PAHO, CARPHA, and CARICOM to strengthen existing initiatives and mobilize the public to take action to eliminate mosquito breeding sites in public and private places. PASB provided support for the development of communication materials and a media toolkit.

12. PAHO in collaboration with CARPHA, U.S. Centers for Disease Control and Prevention, and Public Health Agency of Canada organized a training workshop for a total of ten laboratory technologists from six countries who are actively involved in Zika surveillance and polymerase chain reaction (PCR) testing. Other similar capacity building workshops are being planned in the areas of surveillance for epidemiologists and for obstetrician and neonatal clinicians to review and discuss the new protocols for the clinical management of pregnant women and newborns in the response to the Zika outbreak.

Integration Entities in South America

*Andean Community (CAN)—Andean Health Agency/Hipólito Unanue Agreement (ORAS-CONHU)*⁷

13. As part of the Andean Integration System, the Andean Health Agency/Hipólito Unanue Agreement (ORAS/CONHU) acts as executive secretariat for the Meeting of Ministers of Health of the Andean Area (REMSAA).⁸ PAHO participates in these meetings as the technical advisory agency on health. The most recent REMSAA meeting was held in Cochabamba, Bolivia, on 14 October 2015. The XXXVI REMSAA meeting will be held in Venezuela on a date to be confirmed.

ORAS-CONHU		
Technical and political forum	PAHO-related agreements and resolutions	Subregional impact and progress
XXXV REMSAA meeting of 14 October 2015	REMSAA resolution XXXV/496: approval of the Andean Plan for Health in Border Areas 2016-2018 and identification of key partners for implementation	In accordance with the Action Plan on Andean Drug Policy, a proposal on drug access strategies was prepared in the second half of 2014 to be presented at the next REMSAA meeting. Border health is a priority for South America because of the vulnerability of its population. PAHO's subregional work plan in South America has prioritized this issue for the current biennium.
	REMSAA resolution XXXV/497: elimination of rabies transmitted by dogs	Rabies is a neglected zoonotic disease that especially affects communities in the Andean countries with inadequate access to health services. This resolution can support PAHO's initiative to implement the action plan approved by the 49th Directing Council (2009) of PAHO and strengthen the Regional Information System for the Epidemiological Surveillance of Rabies in the Americas (SIRVERA).
	REMSAA resolution XXXV/498:	This resolution promotes the

⁷ Link to information on ORAS-CONHU: <http://www.orasconhu.org/>.

⁸ Link to information on REMSAA resolutions: <http://www.orasconhu.org/reuniones-ordinarias>.

ORAS-CONHU		
Technical and political forum	PAHO-related agreements and resolutions	Subregional impact and progress
	inclusive disaster risk management plan for persons with disabilities	use of the International Classification of Functioning, Disability and Health (ICF) in the Andean countries in order to standardize concepts and criteria and align them with resolutions adopted by the World Health Assembly and the Directing Council of PAHO.
	REMSAA resolution XXXV/499: maternal health (resolution requesting ORAS-CONHU to prepare an Andean plan on maternal health with an intercultural approach)	The Region has recognized the persistent challenge of reducing maternal mortality. In the Andean Area, it is a key challenge considering the region's intercultural diversity. The PAHO-ORAS partnership can play an important role in addressing this issue.
	REMSAA resolution XXXV/500: safe blood in the Andean Subregion (resolution requesting that the Andean Technical Committee prepare a subregional plan on safe blood based on PAHO Resolution CD53.R6 [2014])	Universal access to blood transfusions and safe blood products is essential in universal health coverage, and PAHO is promoting the implementation of the 2014-2019 plan of action. The REMSAA resolution is important for implementation of the regional plan of action in the Andean countries.

Southern Common Market (MERCOSUR):⁹ Meeting of Ministers of Health of MERCOSUR and Working Subgroup on Health No. 11 (SGT 11)

14. Health issues are addressed by Working Subgroup No. 11 (Health) and in the Meeting of Ministers of Health of MERCOSUR and Associated States (the Meeting). The Working Subgroup is a technical body made up of representatives of the States Parties of MERCOSUR. Its main objective is the formulation and harmonization of common regulations in MERCOSUR in each area of jurisdiction. The main objective of the Meeting is to harmonize strategic policies linked with public health and align them with regional priorities, as well as developing plans and programs of action for their joint implementation. It has a Coordinating Committee and 12 Intergovernmental Commissions. The Member States rotate the pro tempore presidency every six months—

⁹ Link to information on MERCOSUR: <http://www.mercosur.int/>.

Brazil held it in the first half of 2015 and Paraguay in the second half of 2015. Meetings are held in the country that acts as president pro tempore. PAHO participates as the technical advisory agency on health.

MERCOSUR		
Technical and political forum	PAHO-related agreements and resolutions	Subregional impact and progress
Extraordinary meeting of MERCOSUR and Associated States and other Members of the Community of Latin American and Caribbean States (CELAC), 3 February 2016, Montevideo, Uruguay	Ministerial declaration on diseases transmitted by the <i>Aedes aegypti</i> mosquito: dengue, chikungunya, and Zika virus	Regarding concerns about the threat posed by the Zika virus in Central and South America, the Ministers of Health declared the importance of strengthening vector control and promoting South-South cooperation with PAHO's technical support.

*Union of South American Nations (UNASUR)*¹⁰

15. UNASUR's South American Health Council (CSS) is made up of a Coordinating Committee, a Technical Secretariat, and five technical groups. The Technical Secretariat, consisting of the president pro tempore and representatives of two countries (past and future presidents pro tempore), convenes and supports the Council's meetings. In April 2016, Venezuela became president pro tempore for a period of one year. The last meeting of the South American Health Council was held on 11 September 2015 in Montevideo, Uruguay.

UNASUR		
Technical and political forum	PAHO-related agreements and resolutions	Subregional impact and progress
Declaration of the IX Meeting of UNASUR's South American Health Council (CSS) (11 September 2015)	Agreement No. 1: high-cost medicines. The Ministers decided to create an ad hoc committee to negotiate prices for medicines in order to promote universal access to medicines for UNASUR countries.	There is concern in all South America countries regarding access to medicines, especially those of high cost. Through PAHO's Strategic Fund, the procurement of essential medicines and basic public health products takes on a new perspective as it is accompanied by technical support from PASB in the management of supply systems and the acquisition of low-cost products that

¹⁰ Link to information on the South American Health Council: www.unasursg.org.

UNASUR		
Technical and political forum	PAHO-related agreements and resolutions	Subregional impact and progress
		meet international quality standards.
	Agreement No. 5: memorandum of understanding (MOU) between PAHO and UNASUR for collaboration through projects and activities	This MOU, which is in the process of formal approval, will enhance collaboration between PAHO and UNASUR to address health challenges in South America. The strengthening of the subregional level of technical cooperation in PAHO will facilitate implementation of the MOU.
	Agreement No. 7: maternal mortality. The Council expressed concern about the new methodology implemented by WHO/UN/Maternal Mortality Estimation Inter-agency Group to measure maternal mortality.	The 54th Directing Council of PAHO discussed this issue and adopted Resolution CD54.R18 (2015), which calls on the interagency group to return to the method for estimating maternal mortality used during the period 1990-2015.

*Pacific Alliance*¹¹

16. The Pacific Alliance is a Latin American trade bloc that currently consists of four Member States—Chile, Colombia, Mexico, and Peru—that all border the Pacific Ocean. Health has been included in the Alliance’s agenda in vice ministerial meetings held in Colombia (22 June 2015) and Peru (29 February 2016).

Pacific Alliance: Council of Vice Ministers of Health		
Technical and political forum	PAHO-related agreements and resolutions	Subregional impact and progress
Declaration of the 1st Vice Ministerial Meeting of Health, 22 June 2015, Bogotá, Colombia	The Vice Ministers defined the health agenda of the Pacific Alliance, including access to medicines and quality of health services.	The issues included in the agenda of the Pacific Alliance are important to advance the Regional Strategy for Universal Health, and the collaboration network of Member States provides a unique opportunity to enhance partnerships with key players in the region
Declaration of the 2nd Vice Ministerial Meeting of Health, 29 February 2016, Lima, Peru	The Vice Ministers requested technical assistance from PAHO, Inter-American Development Bank (IDB), and Organization for Economic Cooperation and Development (OECD) to implement the Alliance’s	

¹¹ Link to information on the Pacific Alliance: <https://alianzapacifico.net/#inicio>.

Pacific Alliance: Council of Vice Ministers of Health		
Technical and political forum	PAHO-related agreements and resolutions	Subregional impact and progress
	health agenda with respect to access to medicines and quality of health services. They also included the recommendation to implement the Health Services Network for Latin America with OECD and recommended the formulation of a plan of action for 2016-2017.	(OECD, Asia-Pacific Economic Cooperation, IDB, etc.).

*Bolivarian Alliance for the Peoples of Our America (ALBA-TCP)*¹²

17. The Alliance was founded in Havana, Cuba, on 14 December 2004 through an agreement between Venezuela and Cuba. The South American countries that are members of ALBA-TCP are Bolivia, Ecuador, and Venezuela.

PAHO Support through Subregional Integration Processes to Address the Zika Virus in South America

18. In February 2016, during the CELAC meeting, the Ministers of Health of MERCOSUR, UNASUR, and CELAC held an emergency meeting to discuss the Zika virus emergency. The PASB Director participated in this meeting by providing relevant information on the epidemic and supported the agreements made.

19. The PAHO South American Subregional Work Plan 2016-2017 includes a component on the promotion of South-South cooperation and the prevention and control of communicable diseases, which responds well to the call made by the Ministers of Health of MERCOSUR and Associated States on 3 February 2016, for PAHO to support the promotion of South-South cooperation on the Zika emergency.

Proposal

20. Identify, in each subregion, the common priorities among the integration processes in which PASB could provide technical cooperation, in order to avoid duplication of effort and to maximize the use of technical and financial resources.

21. Establish an information and monitoring system on an easy-to-access platform that enables the Member States and PASB to monitor compliance with the resolutions, agreements, and memoranda signed by the Organization and the subregional integration processes.

¹² Link to information on ALBA: www.portalalba.org.

Action by the Executive Committee

The Executive Committee is invited to take note of this report and to formulate the recommendations it deems relevant.

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