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RESOLUTIONS AND OTHER ACTIONS OF INTERGOVERNMENTAL ORGANIZATIONS OF INTEREST TO PAHO

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* This document has been updated to include a revised version of Annex C.

A. SEVENTIETH WORLD HEALTH ASSEMBLY

1. The Seventieth World Health Assembly of the World Health Organization (WHO) was held 22-31 May 2017 in Geneva, Switzerland, and attended by representatives and delegates of 191 Member States. The Presidency of the Assembly rested with the Russian Federation, represented by Professor Veronika Skvortsova. Five countries served as vice-presidents: Cabo Verde, Cook Islands, Democratic People's Republic of Korea, Somalia, and Suriname, in representation of their respective regions.

2. Mr. Patrick Pengel, Minister of Health of Suriname, 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 several occasions. Hon. Molwyn Joseph, Minister of Health and Environment of Antigua and Barbuda, was elected Chairman of Commission B and led the commission's work for most of the sessions.

3. In her opening remarks, Professor Skvortsova thanked delegates for the election of the Russian Federation to preside over the World Health Assembly for the first time. She set the promotion of "health through the life course, as enshrined in the Sustainable Development Goals," as an objective for the Assembly. The President mentioned that Russia was proud of having organized the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease (NCDs) Control in 2011, which set the basis for the political declaration on control of NCDs adopted by the General Assembly of the United Nations at its special session. She expressed gratitude to Dr. Chan for her professionalism and personal dedication during her 10 years in office. In concluding her address, Dr. Skvortsova committed to do her best to ensure that the election for the next Director-General be conducted in a fair and transparent manner, and in strict compliance with the rules of procedure.

4. For her part, Dr. Margaret Chan, Director-General of WHO, addressed the Assembly for the last time as Director-General (*I*). After 10 years of service, her term concluded on 30 June 2017. She spoke briefly on how the global political and economic outlook has changed since she took office, addressing the 2008 financial crisis, international terrorism and violent extremism, and the attacks on health facilities and aid convoys. She mentioned the need to keep monitoring avian influenza and the Zika virus. Dr. Chan acknowledged that WHO was slow in recognizing the 2014 Ebola outbreak but also remarked on how quickly the Organisation made corrections and has since brought other outbreaks under control. The Director-General stated that "the world is better prepared but not nearly well enough."

5. Dr. Chan spoke to the relevance of WHO's work, referring to the Prequalification Programme for low-cost generic products and the progress towards elimination of ancient neglected tropical diseases. She referred to the 2010 World Health Report on health systems financing: the path to universal coverage as "the most influential publication issued during [her] administration". In referring to chronic noncommunicable diseases, she said that its rise was "the trend that most profoundly reshaped the mindset of public

health” and that she would like to see the implementation of the recommendations made by the Commission on Ending Childhood Obesity in their report to the Assembly. Dr. Chan regarded the global initiative Every Woman Every Child as “the most game-changing strategy during [her] administration”.

6. As the future of the Organisation continues to be shaped, the Director-General offered the following advice for consideration by Member States: *a)* continue to make reductions in inequalities a guiding ethical principle; *b)* continue to strengthen systems for civil registration and vital statistics and continue to make accountability frameworks an integral part of global health strategies; *c)* protect scientific evidence, as it is the bedrock of policy; *d)* push for innovation, as meeting the ambitious health targets in the Sustainable Development Goals depends on it; *e)* safeguard WHO’s integrity in all stakeholder engagements; FENSA is a prime instrument for doing so; *f)* listen to civil society, they are the ones who can give the people who suffer the most a face and a voice; and *g)* remember the people; behind every number is a person who defines our common humanity and deserves our compassion, especially when suffering or premature death can be prevented.

7. Finally, Dr. Margaret Chan, recognizing that it was the last time addressing the World Health Assembly as the Director-General, thanked the Member States, the Regional Directors, WHO’s staff, and her family for all the support received during the last ten years.

8. Many Delegates recognized and thanked Dr. Chan for her work in the subsequent plenary sessions.

9. The elections for the new Director-General post were carried out on the second day of the Assembly, 23 May. The afternoon session started with a 15 minute statement from each of the three candidates and followed without interruption until there was a final result. During the third round of voting, Dr. Tedros Adhanom Ghebreyesus, nominated by the Government of Ethiopia, was elected WHO Director-General for a mandate of five years starting 1 July 2017. In addressing the plenary, the newly elected Director-General emphasized that “all roads lead to universal coverage in health”. He thanked Member States for their support and said he took note of their recommendations. He stressed that he will need Member States’ “voices, commitment, and support” to ensure that WHO has the resources to deliver on its mission. He committed WHO to measure its outcomes and to provide value for money. To the partners, Dr. Tedros Adhanom Ghebreyesus said that the “challenges we face are too big to be solved by one sector alone” and that WHO will work as a good partner. He indicated to that he will seek advice from WHO staff and work to create a conducive environment. In closing, Dr. Tedros Adhanom Ghebreyesus invited all to work together for a healthier world (2).

10. The agenda of the Assembly included 70 general items, 44 of them related to technical and health issues (one included 13 progress reports on technical subjects); and 30 administrative, budgetary, and institutional items. As on previous occasions, these matters were dealt with in committees A and B, and in the plenary sessions.

11. The documents related to this report can be consulted at the WHO website: http://apps.who.int/gb/e/e_wha70.html.

12. A list of the resolutions and decisions 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 can be found in the Annex.

Other Matters: Executive Board

13. The 141st Session of the Executive Board was held on 1 June 2017. The chairmanship of the Executive Board rested with Dr. A. Hafeez, delegate of Pakistan. The following countries were elected as Vice-chairmen: Burundi, Canada, Fiji and Thailand. With the United States of America's term coming to an end, Brazil was selected to join Canada, Colombia, the Dominican Republic, Jamaica, and Mexico in occupying the six seats of the Board in representation of the Region of the Americas.

14. The agenda of the 141st Session of the Executive Board included 17 items, among them technical items such as the eradication of malaria and rheumatic heart disease; matters of management and governance including, among others, an item on governance reform and an evaluation of the election of the Director-General of WHO; and staffing matters including amendments to the Staff Regulations and Staff Rules and the statement by the representative of the WHO Staff Association.

15. Finally, the Board took note of the reports submitted and approved the date and location of the Seventy-first World Health Assembly, among other matters. It was agreed that the Seventy-first World Health Assembly will be held at the Palais des Nations, in Geneva, starting on 21 May 2018 and ending no later than 26 May 2018. The Board also decided that its 142nd Session will begin on 22 January 2018, at WHO headquarters in Geneva, ending no later than 27 January 2018; that the Programme, Budget and Administration Committee of the Executive Board will hold its 27th meeting on 18-19 January 2018, at WHO headquarters; and that its 28th meeting will be held 17-18 May 2018, at WHO headquarters in Geneva.

16. 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_eb141.html.

Action by the Pan American Sanitary Conference

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

Annex

References

1. World Health Organization. Opening address by Dr. Chan, WHO Director-General [Internet]. 70th World Health Assembly; 22 May 2017; Geneva, Switzerland. Geneva (Switzerland): WHO; 2017 (Document A70/3). Available at: http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_3-en.pdf
2. World Health Organization. World Health Assembly elects Dr Tedros Adhanom Ghebreyesus as new WHO Director-General [Internet]. 70th World Health Assembly; 23 May 2017; Geneva, Switzerland. Geneva (Switzerland): WHO; 2017 [Press Release]. Available at: <http://www.who.int/mediacentre/news/releases/2017/director-general-elect/en/>

Annex

Table 1. Resolutions Adopted by the 70th 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 Progress in the Region
WHA70.2 Appointment of the Director-General			Dr. Tedros Adhanom Ghebreyesus was appointed Director-General of the World Health Organization for a mandate of 5 years starting on 1 July 2017. Dr. Ghebreyesus accepted the appointment and signed his contract in a plenary session of the Assembly.
WHA70.5 Programme budget 2018–2019	Proposed programme budget 2018–2019 Documents A70/7 , A70/7 Add.1 Rev.1 , A70/59 , A70/INF./2 , A70/INF./5 and A70/INF./6	CE160/12 (2017) Proposed PAHO Program and Budget 2018-2019 CD55/INF/2, Rev.1 (2016) Process for the Development of the WHO Program Budget 2018-2019	The implications for the Region are presented in the context of the global proposal: <ul style="list-style-type: none"> • The WHO PB 2018-2019 integrated budget ceiling is proposed at US\$ 4.4 billion, representing a total budget increase of \$81.1 million or 2% from approved budget from biennium 2016-2017. • The AMRO component of the WHO Proposed Programme Budget 2018-2019 is \$190.1 million for base programs, representing a budget increase of \$12.0 million or 6.7% over the WHA approved budget of \$178.1 million for the Americas in biennium 2016-2017. • The WHO/AMRO component of the PAHO Program and Budget has increased from \$178.1 million or 29% of the \$612.8 million of PAHO Program and Budget for 2016-2017 to \$190.1 million or 31% of the \$619.6 million of Proposed PAHO Program and Budget 2018-2019.
WHA70.6 Human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth	Human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth Document A70/18	CE160/18 (2017) Strategy on Human Resources for Universal Access to Health CD52/6 and CD52.R13 (2013) Human Resources for Health: Increasing Access to Qualified Health Workers in	The health sector is known as one of the largest employers around the world. SDG 8 speaks to the need for inclusive economic growth to achieve sustainable development. The regional health workforce of the Americas alone is estimated to be close to 9.4 million, and is mainly feminine. The Commission calls for strengthened actions on the prevention and efficient provision of high-quality, affordable, integrated, community-based,

Resolution	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
		<p>Primary Health Care-based Health Systems</p> <p>CSP27/10 and CSP27.R7 (2007)</p> <p>Regional Goals for Human Resources for Health 2007-2015</p>	<p>people-centered primary and ambulatory care for underserved areas. This report has and will continue to provide important input and impetus to PAHO's efforts in Human Resources for Health, particularly as they relate to the Regional Strategy on Human Resources for Universal Health to be presented during the 2017 Pan American Sanitary Conference.</p>
<p>WHA70.7 Improving the prevention, diagnosis and clinical management of sepsis</p>		<p>CD54.R15 (2015) Plan of Action on Antimicrobial Resistance</p> <p>CD54/12, Rev. 1 (2015) Plan of Action on Antimicrobial Resistance</p>	<p>High-level commitment is facilitating interagency collaboration in line with a "One-health" approach on the development of the National Action Plans (NAPs) including specific interventions as integrated antimicrobial resistance (AMR) surveillance. Regional collaboration among FAO, OIE and PAHO has been strengthened in several joint activities and projects. Other stakeholders such as IICA or OIRSA have been involved.</p> <p>All PAHO Member States are committed to develop their own NAPs to address AMR. Achievements and advances on assuring the quality of antimicrobials, strengthening the regulatory agencies, promotion of rational use of medicines both in human and animal health, adequate infection prevention and control practices, and integrated AMR surveillance will serve as components to build on the NAPs.</p> <p>Efforts to reduce the burden of sepsis must go hand in hand with measures to minimize antimicrobial resistance and be consistent with the Global Action Plan on Antimicrobial Resistance. PAHO/WHO will take the opportunity of the World Antibiotic Awareness Week (Nov. 13-19) to increase awareness on sepsis, highlighting the crucial importance on rapid administration of appropriate antibiotics in order to reduce deaths from sepsis. Collaboration with the Global Sepsis Alliance, professional societies and academia will provide a solid background to raise awareness on the topic.</p>

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<p>WHA70.8 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</p>	<p>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 Documents A70/41 and A70/60</p>		<p>Delays in the receipt of assessed contributions may adversely affect the implementation of program activities. PAHO receives monthly remittances from WHO in respect of their annual allocation to AMRO/PAHO for WHO regional activities.</p> <p>Twenty-one Member States in the AMRO Region paid their 2016 WHO assessments in full. Outstanding WHO assessed contributions as of 31 December 2016 totaled \$43.2 million for the AMRO Region.</p> <p>There were no Member States from the Americas Region that was subject to article 7 of the Constitution as of 22 May 2017. Dominican Republic has a special arrangement to pay old debts. Puerto Rico is an Associate Member with more than 10 years of unpaid contributions.</p>
<p>WHA70.9 Scale of assessments for 2018-2019</p>	<p>Scale of assessments for 2018–2019 Documents A70/42 and EB140/2017/REC/1, resolution EB140.R6</p>	<p>CE160/13 (2017) New Scale of Assessed Contributions CD54/5, Rev. 1 (2015) New Scale of Assessed Contributions</p>	<p>WHO Member States approved an overall increase of 3% in assessed contributions for the period 2018-2019. This moderate increase represents about \$28.0 million over and above the 2016-2017 assessed contributions. While this increase may have a positive impact on flexible funding allocations to the Region of the Americas, the real impact will be felt by Member States, the contributors. Based on the New Scale of Assessed Contributions, fifteen of the 35 WHO Member States from the Americas will experience an increase, 11 will experience no change, and 9 will experience a decrease in their assessments with respect to the 2016-2017 biennium.</p>
<p>WHA70.11 Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018</p>	<p>Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018 Documents A70/27 and EB140/2017/REC/1, resolution EB140.R7</p>	<p>CE160/19 (2017) Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas CE160/INF/8-G (2017) Strategy and Plan of Action on Epilepsy: Midterm Review CD55/INF/12-C (2016) Plan of Action for the</p>	<p>The PAHO Regional NCD Plan of Action, 2013-2019 is being implemented in our Region, and in 2016 a midterm progress report was presented to the Directing Council. The report noted that almost all countries in the Region of the Americas show a stable or modest decline in premature NCD mortality, and that 14 countries and territories are on target to meet the overall regional NCD goal of a 15% reduction in premature mortality by 2019. Only about half of the countries/territories (22/38, 58%) report</p>

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		<p>Prevention and Control of Noncommunicable Diseases: Midterm Review</p> <p>CD53/INF/4, Rev. 1 (2014)</p> <p>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)</p> <p>Plan of Action for the Prevention and Control of Noncommunicable Diseases</p> <p>CSP28.R13 (2012)</p> <p>Strategy for the Prevention and Control of Noncommunicable Diseases</p>	<p>having an operational, multisectoral national NCD plan, strategy or policy. Progress has been slow in establishing NCD risk factor regulations and policies, and improving health services for NCDs.</p> <p>PAHO is providing technical assistance to Member States to realize the four time-bound commitments, as well as strengthen surveillance systems to be able to prepare for the third UN HLM on NCDs in 2018. Relevant monitoring information and technical tools have been disseminated widely to assist the national NCD program managers to reach the four time bound commitments. Also, a face-to-face meeting of national NCD program managers (CARMEN network) was held by PAHO in April 2016 to discuss their progress and challenges, in order to better prepare for the third UN High-level meeting on NCDs.</p> <p>All countries from the Region have recently completed the WHO National Country Capacity Survey, which will provide up-to-date information on country infrastructure, policies, plans, and services; and will be used to report on progress during the third UN High-level meeting on NCDs.</p> <p>PAHO is contributing to the planning of the global NCD forum in Montevideo, Uruguay and has disseminated information about the forum to Member States through the country offices. To date, only twelve countries from our Region have committed to attend the Montevideo meeting, and we continue to follow up with country offices to promote this event and stimulate participation. This will be a critical opportunity to advance multi-sector collaboration on NCDs.</p>

Resolution	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
<p>WHA70.12 Cancer prevention and control in the context of an integrated approach</p>	<p>Cancer prevention and control in the context of an integrated approach Document A70/32</p>	<p>CE160/INF/6 (2017) Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control: Final Report</p> <p>CD48/6 and CD48.R10 (2008) Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control</p>	<p>Cancer is the second leading cause of death in most countries in the Americas. PAHO is working closely with WHO Headquarters to provide more technical assistance to Member States to realize the four time-bound NCD commitments, and 9 voluntary targets, as well as strengthen surveillance systems. Many of these commitments are directly related to cancer prevention and control, notably to reduce behavioral risk factors for cancer prevention; to increase HPV vaccination and HBV vaccination for cervical and liver cancer prevention, respectively; to strengthen screening services for cervical and breast cancer; to increase the utilization of the PAHO Strategic Fund for essential cancer medicines and other NCDs; and to improve quality and access to radiotherapy and chemotherapy services. A regional report on the progress in cervical cancer prevention and control will be presented to the PAHO Pan American Sanitary Conference in September 2017.</p> <p>PAHO welcomes the WHA resolution on cancer prevention and control. The resolution has been widely disseminated among stakeholders in the Region. Based on the needs for capacity building in the Region, PAHO is preparing to implement the actions identified in the resolution as part of the Biennial Work Plan 2018-2019. In addition, PAHO is collaborating more intensely with WHO and IARC as they develop and implement the global cancer control initiatives for roll out in our Region.</p>
<p>WHA70.13 Prevention of deafness and hearing loss</p>	<p>Prevention of deafness and hearing loss Documents A70/34 and EB139/2016/REC/1, resolution EB139.R1</p>	<p>CD53/7, Rev. 1 (2014) Plan of Action on Disabilities and Rehabilitation</p>	<p>PAHO has included initiatives on prevention of deafness and hearing loss as a priority in the life course since 2013. Several governing body documents and resolutions provide a mandate to Member States and to the secretariat to make progress in this important health topic in the life course. In 2017, 13 Member States in the Region are reporting progress in ear and hearing care.</p>

Resolution	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
<p>WHA70.14 Strengthening immunization to achieve the goals of the global vaccine action plan</p>	<p>Global vaccine action plan Document A70/25</p>	<p>CE160/16 (2017) Plan of Action for the Sustainability of Measles, Rubella and congenital Rubella Syndrome Elimination in the Americas</p> <p>CD55/INF/10, Rev. 1 (2016) Plan of Action for Maintaining Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Region of the Americas: Final Report</p> <p>CD54/7, Rev. 2 and CD54.R8 (2015) Plan of Action on Immunization</p> <p>CD52.R5 (2013) Principles of the Pan American Health Organization Revolving Fund for Vaccine Procurement</p> <p>CD52.R14 (2013) Evidence-based Policy-making for National Immunization Programs</p>	<p>In 2015 the Regional immunization Action Plan (RIAP) was approved by PAHO Member States at the 54th Directing Council as the adaptation of the GVAP for the America's Region. The Plan provides Member States with the rationale, guiding principles, strategic lines of action, objectives, and indicators to align the Region of the Americas with the Global Vaccine Action Plan 2011-2020 (GVAP).</p> <p>The Region of the Americas was the first one to eliminate Rubella and Congenital Rubella Syndrome (April 2015) and measles (2016).</p> <p>Despite this progress, there is still inequality in immunization coverage, both between countries and within each country. In 2015, the regional coverage for DPT3 was 91% but out of a total of nearly 15,000 municipalities of Latin America and the Caribbean, 8,456 (56%) reported vaccination coverage with DPT3 below 95%.</p> <p>To face these challenges and to sustain these gains the 29th Pan American Sanitary Conference will review the Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018-2023 and the Midterm Review of the Plan of Action on Immunization. The recommendations of these documents are aligned with the WHA70.14 and reinforce among others <i>a)</i> to coordinate across health systems, integrate routine immunization programs and other relevant sectors to achieving immunization goals and universal health coverage; <i>b)</i> to allocate adequate financial and human resources to immunization programs; and <i>c)</i> to strengthen mechanisms for monitoring immunization coverage with the purpose of guiding strategic and programmatic decisions that protect all populations.</p>
<p>WHA70.15 Promoting the health of refugees</p>	<p>Promoting the health of refugees and migrants</p>	<p>CD55/11, Rev.1 and CD55.R13 (2016)</p>	<p>In the Region of the Americas, migration is a growing phenomenon. PAHO resolution on Health of Migrants</p>

Resolution	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
and migrants	Document A70/24	Health of Migrants	(CD55.R13) proposes to formulate and implement health policies that are inclusive of these social groups. Document A70/24 explicitly mentions and highlights Resolution CD55.R13 when it describes the situation in the Region of the Americas. Furthermore, it assumes a position consistent with this resolution in identifying the main future priorities that should be assumed by the Member States, partners, and other strategic actors involved in the health of migrants.
WHA70.16 Global vector control response – an integrated approach for the control of vector borne diseases	Global vector control response Documents A70/26 Rev.1 , A70/26 Rev.1 Add.1 and A70/26 Rev.1 Add.2	CD55/16 and CD55.R6 (2016) Strategy for arboviral disease prevention and control CD55/15 and CD55.R9 (2016) Plan of Action for the Elimination of Neglected Infectious Diseases and Post-elimination Actions 2016-2022 CD55/13 and CD55.R7 (2016) Plan of action for malaria elimination 2016-2020	Resolution WHA70.16 urges Member States to develop and sustain capacities and strategies that are highly relevant in the context of the Americas and correspond to the main gaps in the vector control response in the Region. Likewise, the actions that the resolution requests from the Secretariat respond to areas that PAHO has prioritized and included in the agenda of technical cooperation with its regional partners, WHO and countries. Dengue remains the most prevalent arboviral disease in the Region, however the Americas has been particularly affected by the emergence of Chikungunya and Zika. The emergence and spread of arboviruses depends on the presence and abundance of vectors, which in turn is linked to various social, economic, and environmental factors on a regional and global scale. Strengthening countries' capacities in terms of neglected infectious disease entomology for the application of integrated vector management will contribute to achieving the public health goals of control or elimination of vector borne diseases such as Chagas disease, leishmaniasis and lymphatic filariasis, as established in PAHO's Plan of Action for the Elimination of Neglected Infectious Diseases and Post-elimination Actions 2016-2022. The Strategic Line of Action 3 of this Plan is to "Strengthen integrated vector management."

Resolution	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
			Malaria remains a major public health problem for vulnerable populations in the endemic countries of the continent; however, the massive reduction in disease transmission over the past 15 years demonstrates the viability of Member States' commitment to malaria elimination. In this context, closing the gaps in the vector control component in malaria is also a priority for the malaria response in the Region.

Table 2. Decisions Adopted by the 70th World Health Assembly, Documents of Reference, and Implications for the Region of the Americas

Decision	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
WHA70(9) Poliomyelitis: polio transition planning	Poliomyelitis Documents A70/14 y A70/14 Add.1 <ul style="list-style-type: none"> • Poliomyelitis update • Polio transition planning 	CE160/INF/8-F (2017) Plan of Action on Immunization: Midterm Review CD54/7, Rev. 2 and CD54.R8 (2015) Plan of Action on Immunization CD50.R5 (2010) Strengthening Immunization Programs	The last case of wild polio virus in the Region of the Americas was in 1991, and this Region was declared polio-free in 1994. 36 countries and territories in the Americas participated in the global switch from tOPV to bOPV. All countries have submitted at least one report on Phase I of GAP III: containment of WPV2/VDPV2 and Sabin2 polioviruses. Transition Planning: In the Americas, countries do not receive funds for contracting personnel, as in other regions. Therefore the reduction of funding will not impact health personnel in the Region. The support from GPEI and WHO to PAHO was crucial to the successful implementation of the introduction of the inactivated poliovirus vaccine (IPV) and the switch from trivalent to bivalent oral polio vaccine. The funds PAHO receives from GPEI and WHO each year are very important for the program, particularly for the strengthening of acute flaccid paralysis (AFP) surveillance, in order to detect poliovirus

Decision	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
			emergence or low density transmission and maintain general outbreak response capacity; as well as for implementing strategies to maintain and achieve >95% polio3 vaccination coverage. There should be continued advocacy to keep GPEI support until the world has achieved certification of polio eradication.
WHA70(10) Review of the Pandemic Influenza Preparedness Framework	Review of the Pandemic Influenza Preparedness Framework Documents A70/17 and A70/57	CD45.R8 (2004) Disaster Preparedness and Response CD44.R8 (2003) Influenza Pandemic: Preparation in the Hemisphere	<p>The Nagoya Protocol's provisions overlap considerably with the access and benefit sharing system under the PIP Framework, its implementation may introduce uncertainty in relation to the sharing of influenza viruses, since numerous bilateral transactions could be required to be negotiated, which could delay the access to viruses.</p> <p>Regional implications will be known only after the completion of the WHO special study assessing the implications of the Nagoya Protocol on the sharing of influenza viruses.</p> <p>Regional implications of the PIP Framework include that the regional has benefited from more than US\$ 1 million being invested annually to strengthen influenza surveillance from the PIP Framework Partnership Contribution and the region's 28 National Influenza Centers are sharing seasonal influenza viruses on an annual basis.</p>
WHA70(11) Implementation of the International Health Regulations (2005)	Implementation of the International Health Regulations (2005) Documents A70/15 and A70/16	CD55/12, Rev. 1 (2016) Implementation of the International Health Regulations (IHR) CD54/INF/4 (2015) International Health Regulations and Ebola Virus Disease (Hyperlink to the PAHO Web page on Ebola) CD54/INF/4, Add. I (2015) Regional Consultation on the IHR Monitoring Scheme post-2016	<p>Only one of the two main points regarding actions at WHO Governing Bodies level, which emerged from the Formal Regional Consultation on the IHR (held in Miami, USA, 1-3 August 2016), endorsed through Decision CD55(D5), seems to have been captured by the WHA Document A70/16:</p> <ul style="list-style-type: none"> - The five-year global strategic plan to be submitted to the 71st WHA in 2018. Member States of the Region of the Americas had stressed the importance of: <i>a)</i> focusing the plan on national core capacities; <i>b)</i> bridging the gap between capacity building under the IHR and health system strengthening; and <i>c)</i> having the plan considered for adoption by the WHA in order to foster country ownership.

Decision	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
		<p>CD53/14 (2014) Advancing toward a Regional Position on International Health Regulations</p> <p>CD52/10 (2013) Implementation of the International Health Regulations</p> <p>CSP28/INF/3-F (2012) Implementation of the International Health Regulations</p> <p>CSP27.R13 (2007) International Health Security: Implementing the International Health Regulations (IHR [2005])</p>	<p>- With respect to the second point—presenting the IHR Monitoring and Evaluation Framework as a separate document for approval by the World Health Assembly as mandated by Article 54 of the IHR—the 70th World Health Assembly was divided. Thus, Decision WHA70(11) defers further consideration to the WHO Regional Committees for the third year in a row.</p> <p>In a subsequent formal IHR Regional Consultation (held in Sao Paulo, Brazil, 17-19 July 2017) countries agreed to request to the 29th Pan American Sanitary Conference/69th Regional Committee of WHO for the Americas, to once again, formally reiterate and transmit to WHO Governing Bodies, the position of States Parties in the Americas regarding the course of action of the IHR Monitoring and Evaluation Framework. Member States from the Americas have stressed the importance of complying with Article 54 of the IHR in order to implement a more robust and collectively accepted IHR Monitoring and Evaluation Framework, including compulsory (State Party Annual Report) and voluntary (after Action Review, Simulation exercises, Joint External Evaluation) components.</p> <p>Failing to separate the courses of the Five-year Global Strategic Plan and the IHR Monitoring and Evaluation Framework could undermine the confidence of States Parties in the IHR, and, unnecessarily, further protract and deepen the polarization of WHO Member States with respect to the application of Article 54 at Governing Bodies level.</p>
<p>WHA70(15) Appointment of representatives to the WHO Staff Pension Committee</p>			<p>The Assembly appointed Dr. Gerardo Lobin Burgos of Colombia as representative (of the Americas) to the WHO Staff Pension Committee until May 2019.</p>

Decision	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
WHA70(16) Infrastructure fund	Proposed Infrastructure Fund (consolidating the Real Estate Fund and IT Fund) Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventieth World Health Assembly Documents A70/54 and A70/65		PAHO Master Capital Investment Fund (MCIF) already includes information technology as a sub fund. The Fund also includes: Real estate maintenance and improvements; Vehicle replacement; Purchase of new premises or real estate; and Human resources strategy. PAHO's MCIF is currently financed by ad hoc contributions from surpluses, as compared to WHO's proposal to fund from POC and PSC.
WHA70(17) Draft global action plan on the public health response to dementia	Draft global action plan on the public health response to dementia Documents A70/28 and EB140/2017/REC/1, decision EB140(7)	CE160/INF/8-H (2017) Plan of Action on Mental Health: Midterm Review CE160/INF/8-I (2017) Plan of Action on Disabilities and Rehabilitation: Midterm Review CD54/8, Rev.1 and CD54.R11 (2015) Strategy and Plan of Action on Dementias in Older Persons CD49.R15 (2009) Plan of Action on the Health of Older Persons, Including Active and Healthy Aging	PAHO has approved an Action Plan on Dementia in Older Adults in 2015. The identified strategic areas of action are similar, with WHO's having a broader scope – not only older adults –, and specific emphasis in research and innovation; and awareness and friendliness, not explicitly mentioned in PAHO's plan. The global attention on dementia should contribute to move ahead the Regional agenda. PAHO is involved in most of the initiatives listed under the draft global action plan. PAHO contributed in the development of the Inter-american convention on protecting the human rights of older persons (a-70). A regional workshop on dementia to follow up and monitor these two plans will be organized in collaboration with WHO.
WHA70(18) Public health dimension of the world drug problem	Public health dimension of the world drug problem Document A70/29	CD55/INF/12-E (2016) Plan of Action on Psychoactive Substance Use and Public Health: Midterm Review CD52/INF/4-E (2013) Progress Report: Plan of Action on Psychoactive Substance Use and Public Health	The decision can potentially strengthen WHO activities in promoting public health strategies and interventions in addressing the world drug problem, particularly in the areas of prevention and treatment of drug use disorders where the last WHA resolution was adopted more than 25 years ago. A focus of PAHO activities in this area is on health system and services responses, which is complementary to the UNODC and OAS relevant activities. A memorandum of understanding between

Decision	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
			WHO and UNODC on this matter, was submitted in February 2017. This agreement provides specific areas of intervention that could be addressed by PAHO in partnership with UNODC and OAS.
<p>WHA70(19) Report of the Commission on Ending Childhood Obesity: implementation plan</p>	<p>Report of the Commission on Ending Childhood Obesity: implementation plan Document A70/31</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>PAHO and Member States' work in the Region has been providing leadership to tackle the obesity epidemic. Hence the recommendations of the Commission came out very well aligned with PAHO's Plan of action for the prevention of obesity in children and adolescents, issued two years before the EChO report. Actions and policies implemented by Member States include fiscal measures (e.g. taxation of sugary drinks), regulation of labeling (e.g. nutritional warning labels), marketing, and settings (e.g. schools, workplaces), plus actions to promote (e.g. education, campaigns), support (e.g. legislation to extend maternity leave) and protect (e.g. regulation of the marketing of breastmilk substitutes) breastfeeding.</p> <p>The EChO report (2016) corroborated and strengthened the technical-scientific and political basis of PAHO's plan of action and work, and this new document (A70/31) is expected to exert similar effect, in confirming the path taken by PAHO and its Member States, and in supporting the expansion and acceleration of actions and policies in place or about to be taken into effect.</p>
<p>WHA70(20) Strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control</p>	<p>Strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control Document A70/33</p>	<p>CE160/19 (2017) Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas</p>	<p>It is crucial that there continue to be efforts to strengthen synergies between the WHA and the COP to the WHO FCTC; especially that COP decisions are presented at WHA.</p> <p>It should be noted that Parties of our Region had opposite positions. Efforts to have a regional position in support of the countries that had voluntarily presented declarations of conflict of interest forms did not reach consensus. It would be important to strengthen the dialogue among AMR Member States in order to advance on this important matter.</p>

Decision	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
<p>WHA70(21) Member State mechanism on substandard/spurious/falsely-labelled/falsified/counterfeit medical products</p>	<p>Member State mechanism on substandard/spurious/falsely-labelled/falsified/counterfeit medical products Documents A70/23, A70/23 Add.1 and EB140/2017/REC/1, decision EB140(6)</p>		<p>PAHO has been providing technical cooperation in the field of SSFFC through the Regional Network of SSFFC focal points within the Pan-American Network for Drug Regulatory Harmonization (PANDRH). The network members developed technical guidance documents and a workshop model aimed at building national multi-institutional capacity</p> <p>Countries of the Americas have been increasing capacity in the field.</p>
<p>WHA70(22) Progress in the implementation of the 2030 Agenda for Sustainable Development</p>	<p>Progress in the implementation of the 2030 Agenda for Sustainable Development Document A70/35</p>	<p>CE160/14 (2017) Sustainable Health Agenda for the Americas 2018-2030</p> <p>CD55/INF/6 (2016) Implementation of the Sustainable Development Goals in the Region of the Americas</p>	<p>The Region of the Americas has been a leader in promoting equity-focused public health programming in recent decades. PAHO has published a document, “Preparing the Region of the Americas to achieve the SDG on Health”, designed to support Member States in aligning the targets and indicators under SDG 3 to existing frameworks.</p> <p>The new Sustainable Health Agenda for the Americas 2018-2030, being developed by Member States, articulates how the Region will achieve the health-related SDGs by 2030.</p> <p>The next PAHO Strategic Plan (2020-2025) will even more explicitly incorporate SDG targets into the Organization’s corporate objectives.</p>
<p>WHA70(23) The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond</p>	<p>The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond Documents A70/36 and A70/36, Add. I</p>	<p>CD55/INF/6, Add. I (2016) Report on the Development of the Roadmap on: The Role of the Health Sector in the Strategic Approach to International Chemicals Management Towards the 2020 Goal and Beyond</p>	<p>A report on the development of the draft road map was included in the agenda of the 55th Directing Council of PAHO/68th Session of the Regional Committee of WHO for the Americas as an information document (Report on the Development of the Roadmap on the Role of the Health Sector in the Strategic Approach to International Chemicals Management – SAICM towards the 2020 Goal and Beyond).</p> <p>The PAHO Virtual Campus has been used for virtual communication on policy and capacity building to strengthen the role of the health sector in chemical safety, including a regional dialogue to discuss Resolution WHA69.4.</p>

Resolutions and Decisions Adopted by the 141st Executive Board, Documents of Reference, and Implications for the Region of the Americas

Resolution	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
<p>EB141.R1 Rheumatic fever and rheumatic heart disease</p>	<p>EB141/4 Rheumatic heart disease</p>	<p>None specific to rheumatic heart disease, but cardiovascular diseases is one of the four NCDs addressed in the regional NCD plan of action:</p> <p>CD52.R9 (2013) Plan of Action for the Prevention and Control of Noncommunicable Diseases</p>	<p>Although the Region of the Americas is not among the regions with very high rates of rheumatic heart disease, PAHO will join the WHO's global response for the prevention, control and elimination of rheumatic heart disease. Plans to contribute to the development and implementation in the Region of the technical documents and guidelines on clinical management and provide technical support to Member States as needed.</p> <p>Cardiovascular disease prevention and control is a high priority in our Region, given that it is the leading cause of death. PAHO is providing technical support to Member States to reduce risk factors and to strengthen diagnosis, treatment and management of persons with cardiovascular diseases, with a focus on hypertension control. In this context, PAHO will integrate rheumatic heart disease prevention and control activities as part of its technical cooperation activities on CVD.</p>

B. FORTY-SEVENTH REGULAR SESSION OF THE GENERAL ASSEMBLY OF THE ORGANIZATION OF AMERICAN STATES

Background

1. This document presents the resolutions of relevance for the activities of the Pan American Health Organization (PAHO) adopted during the Forty-seventh Regular Session of the General Assembly of the Organization of American States (OAS), held in the city of Cancun, Quintana Roo, Mexico, from 19 to 21 June 2017. The agenda, detailed documents, and resolutions can be consulted at: www.oas.org/en/47ga/.
2. The ministers of foreign affairs of the Member States of the American hemisphere and other official delegates attended the meeting, as did representatives of the governments accredited as permanent observers and representatives of Inter-American System agencies, among them PAHO and the bodies that compose the Summit Implementation Review Group. The Secretary of Foreign Affairs of Mexico, His Excellency Luis Videgaray, was elected president of this regular session of the General Assembly.
3. The theme of the General Assembly was “Strengthening Dialogue and Concerted Action for Prosperity”. The President of Mexico, Enrique Peña Nieto, opened the meeting along with the Secretary General of the OAS, Luis Almagro, and the Secretary for Foreign Affairs of the host country.
4. The majority of the recommendations and resolutions had been discussed and agreed upon earlier by the Permanent Council. The items on which a consensus had not been reached and new items proposed by the Member States were discussed by the General Committee of the Assembly or in special working groups that met in parallel with the plenary meeting.
5. This year, significant discussions took place surrounding Venezuela, but agreement was not reached on either of the two declarations that were presented.
6. As the host country, Mexico introduced for the first time in a General Assembly the modality of interactive discussion panels, such as: Integral Development and Hemispheric Prosperity; Opportunities and Challenges for the Leadership of Women in the Americas; Human Rights, Democracy and the Rule of Law; and Multidimensional Security. These sessions were organized with the objective of engaging in deeper discussions around structural and priority topics of the OAS and its Member States.
7. During the Ministerial session of the Summit Implementation Review Group (SIRG), the Minister of Foreign Affairs of Peru, host country of the VIII Summit of the Americas, announced that the theme of the 2018 Summit will be “Democratic Governance against Corruption”.

8. The OAS General Assembly elected members to the following decentralized and autonomous organs: The Inter-American Commission on Human Rights (IACHR); the Inter-American Judicial Committee; the Administrative Tribunal; the Justice Studies Center of the Americas; and the Board of External Auditors.

9. The OAS General Assembly made the decision to double the regular fund for resources allocated to the two bodies of the Inter-American Human Rights System with a gradual increase of thirty-three percent per year for IACHR and the Inter-American Court of Human Rights, which will double the budget by the end of three years.

10. The resolutions of interest to the Governing Bodies of the Pan American Health Organization and related to its work as the specialized health agency of the Inter-American System have been selected (see table below).

11. The Forty-eighth Regular Session of the General Assembly of the Organization of American States will be held in Washington D.C., in June 2018.

Action by the Pan American Sanitary Conference

12. The Conference is invited to take note of this report.

Table: Resolutions adopted by the Forty-seventh Regular Session of the OAS General Assembly that are related to PAHO activities

Resolutions of the OAS General Assembly	Relation to PAHO activities
<p style="text-align: center;">AG/RES.2898 (XLVII-O/17)</p> <p style="text-align: center;">2019: INTERNATINOAL YEAR OF INDIGENOUS LANGUAGES</p>	<p>Linkage with the Gender and Cultural Diversity Unit</p> <p>Health of the Indigenous Peoples in the Americas (Resolution CD47.R18 [2006]) (Document CD47/13 [2006])</p> <p>Health and Human Rights (Resolution CD50.R8 [2010]) (Document CD50/12 [2010])</p> <p>Policy on Ethnicity and Health (Document CSP29/7 [2017])</p>
<p style="text-align: center;">AG/RES. 2902 (XLVII-O/17)</p> <p style="text-align: center;">SUPPORT AND FOLLOW-UP TO THE SUMMITS OF THE AMERICAS PROCESS</p>	<p>Linkage with the Department of External Relations, Partnerships, and Resource Mobilization.</p> <p>PAHO support to Member States in the implementation of the health related mandates of the Summits of the Americas.</p> <p>PAHO monitoring and reporting on the implementation of health related mandates through the OAS Joint Summit Working Group (JSWG) and Summit Implementation Review Group (SIRG)</p>
<p style="text-align: center;">AG/RES.2907 (XLVII-O/17)</p> <p style="text-align: center;">ADVANCING HEMISPHERIC SECURITY: A MULTIDIMENSIONAL APPROACH</p>	<p>Linkage with the Office of Sustainable Development and Health Equity</p> <p>Health, Human Security and Well-being (Resolution CD50.R16 [2010]) (Document CD50/17 [2010])</p>

Resolutions of the OAS General Assembly	Relation to PAHO activities
<p style="text-align: center;">AG/RES. 2913 (XLVII-O/17)</p> <p style="text-align: center;">PLAN OF ACTION OF THE AMERICAN DECLARATION ON THE RIGHTS OF INDIGENOUS PEOPLES (2017-2021)</p>	<p>Linkage with the Gender and Cultural Diversity Unit</p> <p>Health of the Indigenous Peoples in the Americas (Resolution CD47.R18 [2006]) (Document CD47/13 [2006])</p> <p>Health and Human Rights (Resolution CD50.R8 [2010]) (Document CD50/12 [2010])</p> <p>Policy on Ethnicity and Health (Document CSP29/7 [2017])</p>
<p style="text-align: center;">AG/RES. 2910 (XLVII-O/17)</p> <p style="text-align: center;">MIGRATION IN THE AMERICAS</p>	<p>Linkage with the Gender and Cultural Diversity Unit</p> <p>Linkage with the Department of Health Systems and Services</p> <p>Health of Migrants (Resolution CD55.R13 [2016]) (Document CD55/11, Rev. 1 [2016])</p> <p>Health and Human Rights (Resolution CD50.R8 [2010]) (Document CD50/12 [2010])</p>
<p style="text-align: center;">AG/RES. 2908 (XLVII-O/17)</p> <p style="text-align: center;">PROMOTION AND PROTECTION OF HUMAN RIGHTS</p>	<p>Linkage with the Gender and Cultural Diversity Unit</p> <p>Health and Human Rights (Resolution CD50.R8 [2010]) (Document CD50/12 [2010])</p>
<p style="text-align: center;">AG/RES. 2911 (XLVII-O/17)</p> <p style="text-align: center;">PROGRESS TOWARD ACCOUNTABILITY, EFFICIENCY AND EFFECTIVENESS, AND RESULTS IN THE OAS GENERAL SECRETARIAT</p>	<p>Linkage with Program and Budget.</p> <p>The Pan American Sanitary Code states that the scale of assessments to be applied to Member States of the Pan American Health Organization for approval of its program budget will be based on the assessment scale adopted by the OAS for its membership.</p>

Resolutions of the OAS General Assembly	Relation to PAHO activities
	<p>This resolution instructs the OAS Permanent Council to make a proposal for the modification of the Methodology for calculating the scale of quotas assessments. This will have a direct impact on PAHO's scale of assessments beyond 2018.</p> <p>This resolution approved a transitional quota scale for 2018 which must be adopted by PAHO for the 2018 budget year.</p> <p>New Scale of Assessed Contributions (Document CSP29/5 [2017])</p>
<p>AG/RES. 2904 (XLVII-O/17)</p> <p>ADVANCING HEMISPHERIC INITIATIVES ON INTEGRAL DEVELOPMENT</p>	<p>Linkage with PAHO's department of Public Health Emergencies (PHE), Office of Sustainable Development and Health Equity (SDE), and Knowledge Management, Bioethics and Research (KBR)</p> <p>Linkage with the Health Agenda for the Americas</p> <p>Linkage with the Strategic Plan of the Pan American Health Organization 2014-2019</p> <p>Linkage with the establishment of the SDG Alliance</p> <p>Linkage with PAHO's work on the 2030 Agenda including SDG 6 on clean water and sanitation.</p> <p>Health of Migrants (Resolution CD55.R13 [2016]) (Document CD55/11, Rev. 1 [2016])</p> <p>Strategy and Plan of Action on Climate Change (Resolution CD51.R15 [2011]) (Document CD51/6, Rev. 1 [2011])</p>

C. SUBREGIONAL ORGANIZATIONS

Introduction

1. The purpose of this report is to inform the Member States of relevant developments since the last report presented in 2016 with regard to public health-related agreements and resolutions within the framework of subregional integration processes of interest to the Governing Bodies of the Pan American Health Organization (PAHO).

2. This report also covers the progress made in activities carried out as part of cooperation agreements between PAHO and subregional integration entities.

3. The framework for subregional technical cooperation is supported by Resolution CD45.R6 (1), 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 collaboration in integration processes in three subregions: Central America, the Caribbean, and South America.

4. Through the signing of specific agreements and memorandums of understanding, PAHO currently provides technical cooperation to the subregional integration organizations mentioned below. This report includes a table showing the new developments and progress made in the implementation of priority resolutions emanating from these integration bodies, 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)
- Mesoamerican Integration and Development Project (MIDP)

b) Caribbean

- Caribbean Community (CARICOM): Council for Human and Social Development (COHSOD); Council for Trade and Economic Development (COTED)

c) South America

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

c) **South America** (*cont.*)

- Southern Common Market (MERCOSUR): Meeting of Ministers of Health of MERCOSUR and Working Subgroup on Health 11 on Health (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)¹: COMISCA*

5. COMISCA is the forum that brings together the Central American Ministers of Health. The Pan American Health Organization/World Health Organization (PAHO/WHO), as the lead agency in health matters in the Region, participates in meetings of the Council by invitation of the presidency pro tempore or the COMISCA Executive Secretariat.

6. COMISCA convenes regular sessions twice a year in the countries that hold the presidency pro tempore. The presidency rotates among the member countries every six months. The 45th Meeting of COMISCA was held on 6 December 2016 in Managua, Nicaragua.

COMISCA		
Technical and political forum	PAHO-related agreements and resolutions	Subregional impact and progress
XLV Meeting of COMISCA, held on 6 December 2016 in Managua, Nicaragua	Ending Preventable Maternal and Child Deaths: A Promise Renewed	The Member States agreed to include the assessment and monitoring of health inequalities, especially those related to women, children, and adolescents, in their respective health information systems.
	Transformation of RESSCAD into the Regional Intersectoral Forum for Health of Central America and the Dominican Republic	The Member States approved the proposal for transformation of RESSCAD and thanked PAHO for its contribution to 32 years of RESSCAD.

¹ Link to information on SICA: <http://www.sica.int/>.

COMISCA		
Technical and political forum	PAHO-related agreements and resolutions	Subregional impact and progress
	Comprehensive proposal for joint negotiations and procurement of medicines	The Member States approved the sixth version of the harmonized list of medicines and asked the Executive Secretariat of COMISCA for a revised proposal for the joint financing of medicines.
XLVI Meeting of COMISCA, held on 21-22 June 2017 in San José, Costa Rica	PAHO strategy and resolution on Health in all Policies	Approval of general guidelines for operation of the Intersectoral Forum for Health. In addition, substance abuse prevention will be included as one of the topics to be discussed in the Forum.
	Impact on regional efforts and mechanisms for negotiating and procuring strategic medicines, including the PAHO Strategic Fund for Medicines	Approval of comprehensive proposal for creation and financing of the COMISCA Joint Negotiation model
	Ongoing PAHO technical cooperation with COMISCA and strengthening of support for technical committees	Dr. Alejandro Solís Martínez elected to serve as COMISCA Executive Secretary for the next four years

Meeting of the Health Sector for Central America and the Dominican Republic (RESSCAD)²

7. The Ministers of Health of Central America and the Dominican Republic, along with the social security and water and sanitation institutions, participated in the RESSCAD meeting. PAHO serves as the technical secretariat for this forum. Meetings are held once a year. The last meeting was held on 20-21 October 2016 in Managua, Nicaragua.

² Link to information on RESSCAD [\[in Spanish\]: http://www.paho.org/resscad/](http://www.paho.org/resscad/).

RESSCAD		
Technical and political forum	PAHO-related agreements and resolutions	Subregional impact and progress
Agreements of the 32nd RESSCAD, held on 20-21 October 2016 in Managua, Nicaragua	Agreement 1, on the transformation of RESSCAD into the Regional Intersectoral Forum for Health of Central America and Dominican Republic	The Regional Intersectoral Forum for Health of Central America and the Dominican Republic will expand the participation of SICA entities beyond the health sector and will seek to improve coordination with COMISCA. COMISCA will serve as secretariat of the Forum. PAHO is called to provide technical advice to the Forum.
	Agreement 2, on the contribution of social security towards universal health in Central America	The need for the systematic collection of the several health reform processes and the sharing of experiences was recognized. PAHO technical cooperation is requested for the systematic collection of information.
	Agreement 3, on the health of undocumented migrants	The member states agreed to amply disseminate PAHO Resolution CD55.R13 (2016) and to advocate for a public health approach to the topic.
	Agreement 4, on a comprehensive and public health approach to substance abuse	The member states agreed to develop a subregional plan, taking country experiences into consideration, and to use PAHO Resolution CD51.R9 (2011) as a reference framework.

Mesoamerican Integration and Development Project: Mesoamerican Public Health System³

8. The Mesoamerican Project is a mechanism developed by 10 Mesoamerican countries to strengthen regional integration and promote economic and social development in the participating countries. The objective is to improve conditions and human prosperity among the population. It was officially launched by the Presidents and Heads of State and Government at the Tenth Tuxtla Dialogue and Agreement Mechanism Summit, held in Tabasco, Mexico, on 27-28 June 2008.

Mesoamerican Public Health System

9. Colombia assumed the presidency pro tempore in August 2016 during a workshop to review the procedures for the system. Honduras held the presidency during the first

³ Link to information on the Mesoamerica Integration and Development Project: <http://www.proyctomesoamerica.org/joomla>.

half of 2017. The Mesoamerica Integration and Development Project updated its strategic plan and launched a new communications strategy. Both the economic and the social arms of the project carried out initiatives in the areas of commerce, agriculture, communications, and infrastructure. In November 2016, the Mexican Agency for International Development Cooperation (AMEXCID) held a workshop on the design and development of a financial platform for funding the Master Mesoamerica Projects. In addition, the Mexican Secretariat of Health, with support from the Mexican Agency for International Development Cooperation (AMEXCID), convened a meeting of Mesoamerican Ministers of Health in Mexico City on 25-26 April 2017 to discuss the subject of health and migration. The Ministers of Health agreed to develop mechanisms and instruments for improving the health of migrants, their families, and communities. PAHO provided technical support and encouraged alignment between the meeting's Ministerial Declaration on Migration and Health in Mesoamerica with the PAHO resolution on the Health of Migrants.

Caribbean Integration Entities

*Caribbean Community (CARICOM)*⁴

10. The CARICOM Ministers of Health come together to meet as 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.

11. The COHSOD meetings are traditionally held at PAHO Headquarters prior to the Pan American Sanitary Conference or the Directing Council. The most recent meeting took place on 24-25 September 2016 in Washington, D.C.

12. The CARICOM Heads of Government met in Georgetown, Guyana, for the 28th Intersessional Meeting in February 2017. Parallel to the Heads of Government meeting, CARICOM organized a Forum of Caribbean First Ladies/Spouses of the CARICOM Heads of Government to discuss the *Every Caribbean Girl, Every Caribbean Woman Initiative*. The Heads of Government welcomed the establishment of the Forum of CARICOM First Ladies and Spouses of Heads of State and Government Network and agreed to champion the initiative and other activities focused on addressing violence against women and women's and children's health.

13. The CARICOM Heads of Government met in St. George's, Grenada, for the 38th Regular Meeting of the CARICOM Conference of Heads of Government on 4-6 July 2017. The Conference took note of the tenth anniversary of the First Summit of CARICOM Heads of Government on Chronic Noncommunicable Diseases and the Declaration of Port of Spain, which emanated from that meeting. The participants recognized that the Community had not made sufficient progress toward implementing the actions recommended in the Declaration. The Heads of Government supported the use of intersectoral approaches to address current health challenges and noted with

⁴ Link to information on CARICOM: www.caricom.org.

concern that obesity in children represents the greatest threat to the health of future generations. The participants agreed to support the strengthening of domestic food production and urged the promotion of physical exercise in school-age children and acceleration of the public education program on healthy lifestyles.

CARICOM		
Technical and political forum	PAHO-related agreements and resolutions	Subregional impact and progress
Thirtieth Meeting of COHSOD: Health, 24-25 September 2016	Caribbean Cooperation in Health IV (CCH IV): Framework for coordinated action on health in the Caribbean	CCH IV was endorsed. It was requested that Chief Medical Officers be provided with additional resources to ensure effective implementation. The meeting also emphasized the need for increased capacity of the CARICOM Secretariat for the implementation of CCH IV.
	PAHO Subregional Cooperation Strategy	The Subregional Cooperation Strategy was endorsed as the PAHO response in support of CCH IV and PAHO/WHO technical cooperation in the subregion.
	Elimination of mother-to-child transmission of HIV (EMTCT)	To date, two of the United Kingdom Overseas Territories in the Caribbean have been approved for certification of EMTCT and two more are expected to be reviewed in April 2017. The validation process for the Eastern Caribbean countries is expected to begin shortly.
	Noncommunicable diseases	The meeting presented the findings from the evaluation of the 2007 Heads of Government NCD Summit Declaration. It also committed to implement policies to address NCDs agreed upon by the Heads of Government in 2016. The Chairs of COHSOD and the Council for Trade and Economic Development (COTED) were requested to establish a regional multisectoral task force to monitor progress in the implementation of these priorities and report annually to the Heads of Government Conference.

CARICOM		
Technical and political forum	PAHO-related agreements and resolutions	Subregional impact and progress
	Poliomyelitis	Countries were urged to increase efforts to achieve at least 95% polio vaccination coverage in all health districts. They were also urged to comply with the requirements of the Polio Eradication and Endgame Strategic Plan 2013-2018, as well as the timeline for the submission of country plans.
	Harmonization of the health information system	Information Systems for Health (ISH), a comprehensive proposal developed by PAHO in collaboration with the Caribbean Technical Working Group on Information Systems for Health, was presented. The Member States agreed to champion ISH in the Caribbean and endorsed a high-level meeting on the subject. That meeting was held in Kingston, Jamaica, on 7–8 November 2016.
	Health financing options	Member States were encouraged to find efficiencies in health financing, to strengthen primary health care, and to move towards integrated health service delivery networks. They were requested to consider carrying out fiscal space studies for health and to consider a high-level dialogue on improving efficiency in health services delivery and sustainable financing.
	Regional health security: International Health Regulations (IHR)	Member States noted the progress made by States Parties in the implementation of the IHR and noted the increased number of Caribbean countries that have become members of the International Atomic Energy Agency (IAEA) to develop capacities to deal with radionuclear and chemical hazards. They were encouraged to participate in the global IHR Monitoring Framework post 2016.

CARICOM		
Technical and political forum	PAHO-related agreements and resolutions	Subregional impact and progress
	Regional health security: Global Health Security Agenda (GHTA) proposal from the United States of America	The Government of the United States presented the GHTA, which calls for the development of a five-year roadmap for CARICOM with regional stakeholders and partners, including the UK and Canada. Note was taken of the GHTA, and its complementarity with the WHO International Health Regulations was recognized. Member States were encouraged to participate in joint external evaluations.
	Progress on the Caribbean Regulatory System (CRS), an effort to register essential generic medicines and carry out pharmacovigilance of these medicines in CARICOM	The Caribbean Public Health Agency (CARPHA), with technical support from PAHO, is in the initial phases of implementing the CRS. The COHSOD meeting reaffirmed its support for the Initiative and encouraged Ministers to engage with the CRS by signing the individual member state memorandums of understanding with CARPHA and to designate a focal point.

Integration Entities in South America

*Andean Community (CAN): Andean Health Agency–Hipólito Unanue Agreement (ORAS-CONHU)*⁵

14. In 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).⁶ PAHO participates in these meetings as the technical advisory agency on health. An umbrella memorandum of understanding was signed between PAHO and ORAS-CONHU on 16 March 2017. The XXXVI REMSAA meeting was held in Venezuela on 5 May 2017, at which time Bolivia transferred the pro tempore presidency of REMSAA to Venezuela. The next REMSAA meeting will be held in Lima, Peru, in 2018.

⁵ Link to information on ORAS/CONHU [in Spanish]: <http://www.orasconhu.org/>.

⁶ Link to information on REMSAA resolutions [in Spanish]: <http://www.orasconhu.org/reuniones-ordinarias>.

ORAS-CONHU		
Technical and political forum	PAHO-related agreements and resolutions	Subregional impact and progress
XXXVI REMSAA: 5 May 2017	Blood donation	The current Andean Subregional Plan for a Joint Effort on HIV/Blood Transfusion Safety was extended until 2020, and it was agreed to hold World Blood Donor Day 2017 on 14 June 2017 in the Andean region.
	Viral hepatitis B and C	The Member States agreed to develop a baseline showing the current status of viral hepatitis B and C in the Andean countries and prepare plans to address the situation, including an analysis of the best way to purchase antiviral medicines, with technical support from PAHO/WHO.
	Containment of costs and access to medicines	The Member States approved the Andean Policy on Medicines 2017, prepared by ORAS-CONHU with technical support from PAHO/WHO, and requested the Andean Technical Committees on Medicines and Health Economics to work together on finding information and evidence to address this issue.
	Plan to eliminate human rabies	The Member States approved the Andean Action Plan for the Elimination of Human Rabies 2017-2019 and created the Andean Commission on Human Rabies Elimination.
	Health aspects of disaster risk management	The Member States approved the formulation of the Andean Plan for Disaster Risk Management 2018-2022, which is consistent with the UNASUR Plan, and appointed a High-Level Health Sector Commission to set intersectoral policy and strategies in the event of an emergency or disaster.
	End tuberculosis	The Member States agreed to create an Andean Working Group on Tuberculosis to prepare the Andean Plan to End Tuberculosis 2018-2025 within the global framework to end tuberculosis by 2035, and to

ORAS-CONHU		
Technical and political forum	PAHO-related agreements and resolutions	Subregional impact and progress
		strengthen national capacity to coordinate, evaluate, and monitor actions aimed at meeting the goals set forth in the program “Strengthening Tuberculosis Laboratory Networks in the Americas.”
	Andean plan to prevent and reduce adolescent pregnancy	The Member States approved the Andean Plan to Prevent and Reduce Adolescent Pregnancy 2017-2021, as well as the promotion of strategic alliances to implement it.
	Health of migrants in the Andean Subregion	The Member States approved the inclusion of health of migrants in the Andean Health Plan for Border Areas (PASAFRO).
	Andean intercultural health policy: incorporation of Afro-descendants in health plans and maternal health plans with an intercultural approach	The Member States approved the Andean Health Plan for Afro-descendants 2017-2021 and the Andean Plan for Maternal Health with an Intercultural Approach, while also creating an Andean working group for implementing the process.
	Catastrophic diseases	The Member States included high-cost catastrophic diseases in the ORAS-CONHU Strategic Plan 2018-2022, recognizing that it is as an important issue for health systems in the Andean countries.

Southern Common Market (MERCOSUR):⁷ Meeting of Ministers of Health of MERCOSUR and Working Subgroup 11, on Health (SGT 11)

15. Health issues were addressed by Working Subgroup 11 on Health at 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 within 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 to develop plans and programs of action for their joint implementation. The Member States rotate the pro tempore presidency every six months. Venezuela held the presidency in the second half of 2016 and Argentina held it in the first

⁷ Link to information on MERCOSUR, in Spanish: <http://www.mercosur.int/>.

half of 2017. Meetings are held in the country that holds the presidency pro tempore. PAHO participates as the technical advisory agency on health. An umbrella memorandum of understanding was signed between PAHO and MERCOSUR on 11 June 2015. The XL Meeting of the MERCOSUR Ministers of Health was held in Buenos Aires, Argentina, on 16 June 2017, at which time the pro tempore presidency was transferred to Brazil. The next meeting will be held on 7 December 2017 in Brazil.

MERCOSUR		
Technical and political forum	PAHO-related agreements and resolutions	Subregional impact and progress
XL MERCOSUR Meeting of Ministers of Health: 16 June 2017	Promotion of cooperation between transfusional medicine networks; support for regional harmonization initiatives	The Member States agreed to conduct trainings related to strengthening the donation and transplantation of human tissues at the subregional level.
	International Health Regulations	The Member States agreed to organize a technical cooperation workshop to strengthen compliance with the International Health Regulations in the Region.
	Access to medicines	The Member States recognized that the supply of essential medicines is one of the pillars of primary health care and noted that it is the responsibility of the States to guarantee access to medicines that are affordable, safe, and effective.

*Union of South American Nations (UNASUR)*⁸

16. UNASUR has a South American Council on Health (CSS), which is made up of the Coordinating Committee, the Technical Secretariat, five technical groups, six networks, and the South American Institute of Governance in Health (ISAGS). The Technical Secretariat, consisting of representatives from three Member States (the Member holding the current pro tempore presidency and the Members holding the past and future pro tempore presidencies), convenes and supports the Council's meetings. The presidency of the CSS corresponds to the Minister of Health of the same country that occupies the pro tempore presidency of UNASUR. The pro tempore presidency of UNASUR is held successively by each Member State, in alphabetical order, for one-year periods. The most recent meeting of the CSS was held on 31 March 2017 in Quito, Ecuador; agreements were being finalized. The pro tempore presidency, which has a term of one year, was held by Venezuela from April 23, 2016 to April 17, 2017. Argentina currently holds the pro tempore presidency, starting on April 18, 2017. The pro tempore

⁸ Link to information on the UNASUR, in Spanish: www.unasursg.org.

president is responsible for coordinating the activities of all entities and directing the Technical Secretariat.

*Pacific Alliance*⁹

17. The Pacific Alliance is a Latin American trade bloc that currently consists of four Member States that border the Pacific Ocean: Chile, Colombia, Mexico, and Peru. Health has been included on the Alliance's agenda at vice ministerial meetings held in Colombia (22 June 2015) and Peru (29 February 2016). No date has been identified for the next ministerial meeting.

*Bolivarian Alliance for the Peoples of Our America–People's Trade Agreement (ALBA-TCP), Technical Working Group*¹⁰

18. The Alliance was founded in Havana, Cuba, on 14 December 2004 through an agreement between Venezuela and Cuba. The current membership includes 11 Latin American and Caribbean countries. The South American members of ALBA-TCP are Bolivia, Ecuador, and Venezuela.

19. At the XIV ALBA-TCP Summit, held on 5 March 2017 in Caracas, Venezuela, a new Executive Secretary of the Alliance was named. There were no health-related resolutions from that meeting.

Action by the Pan American Sanitary Conference

20. The Conference is invited to take note of this report and to formulate any recommendations it deems relevant.

References

1. Pan American Health Organization. Regional program budget policy [Internet]. 45th Directing Council of PAHO, 56th Session of the Regional Committee of WHO for the Americas; 2004 Sep 27-Oct 1; Washington, DC. Washington, DC: PAHO; 2004 (Document CD45.R6) [cited 2017 Apr 10]. Available from: <http://www1.paho.org/english/gov/cd/CD45.r6-e.pdf>

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⁹ Link to information on the Pacific Alliance, in Spanish: <https://alianzapacifico.net/#inicio>.

¹⁰ Link to information on ALBA, in Spanish: www.portalalba.org.