



**Pan American
Health
Organization**



**World Health
Organization**
REGIONAL OFFICE FOR THE Americas

54th DIRECTING COUNCIL

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RESOLUTIONS AND OTHER ACTIONS OF INTERGOVERNMENTAL ORGANIZATIONS OF INTEREST TO PAHO

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A. SIXTY-EIGHTH WORLD HEALTH ASSEMBLY

1. The Sixty-eighth World Health Assembly of the World Health Organization (WHO) was held 18-26 May 2015 in Geneva (Switzerland) and attended by representatives and delegates of 184 Member States. Mr. Jagat Prakash Nadda (India) acted as President of the Assembly. Five countries served as vice-presidents: Afghanistan, Barbados, China, San Marino, and Senegal, in representation of their respective regions.

2. The Minister of Health of Cuba, Dr. Roberto Morales Ojeda, opened the Assembly in his capacity as outgoing President. Dr. Eduardo Jaramillo, Director General of Health Promotion of the Ministry of Health of Mexico was elected President of Commission A, and Dr. Guy Fones of Chile acted as Rapporteur of Commission B. Mr. John David Edward Boyce, Minister of Health of Barbados, led the plenary session of the Assembly on several occasions, in his capacity as Vice President.

3. This year's guest of honor at the Assembly was Ms. Angela Merkel, Chancellor of the Federal Republic of Germany, the country currently holding the presidency of the Group of Seven (G7) countries. In her address, Ms. Merkel stressed that "...the human right to health can only be enforced if a sustainable health system is in place or is put in place in every country on Earth." She also mentioned three issues that she considers to be international public health priorities and that have been included in the G7 agenda: the lessons learned from the Ebola epidemic, poverty-related neglected tropical diseases, and resistance to antibiotics.

4. Ms. Merkel said that these three issues can only be successfully addressed if all countries' health systems are enabled to comply with the norms set in the International Health Regulations. She mentioned that the "disastrous outbreak of Ebola in West Africa made us painfully aware of how urgently the international community needs to act when crises strike." She referred to the need to establish some kind of global disaster response plan, and said the World Health Organization must play a key part in this. However, she emphasized that despite the importance of international cooperation, it is important not to lose sight of the need for all countries to strengthen their own health systems. She said that between this year and next, Germany would be providing affected countries with a total of 200 million euros. Of this sum, 70 million euros would be earmarked for the West African region to help build sustainable structures.

5. On the subject of poverty-related neglected tropical diseases, the Chancellor said that robust health systems are needed, with the right products from the pharmaceutical industry and the necessary logistics to distribute these products. As a result, she said, it is very important to collaborate closely with the countries affected in order not only to strengthen their health systems, but also to develop appropriate administrative structures.

6. On the subject of resistance to antibiotics, she mentioned the importance of agreeing on the strictest standards for their use, both to treat people and animals. She said

she was delighted that the World Health Assembly was considering approval of the first global action plan to address this problem and that, in her opinion, every country should have a plan of that sort.

7. In her address to the Assembly, WHO Director-General Dr. Margaret Chan provided information on the approach taken to the Ebola epidemic, plans to improve the approach to this type of emergency in the future, and the implementation of WHO reform. She also offered an overview of other important public health issues.

8. Regarding the epidemic caused by the Ebola virus, Dr. Chan said that the world was ill-prepared to respond to an outbreak that was so widespread, severe, sustained, and complex. She acknowledged that WHO was overwhelmed, as were all other agencies that respond to this kind of emergencies. She emphasized that the Ebola outbreak had accelerated the WHO reform process and that she has given top priority to changes in emergency operations. As a result, she said, she was making a number of fundamental changes to enable WHO to do its job well. She reported on the creation of a single new program for health emergencies that will unite all outbreak and emergency resources across the three levels of the Organization. She also reported the establishment of a US\$ 100 million¹ contingency fund, with the support of the Member States, financed by flexible voluntary contributions, to ensure the provision of the necessary resources to immediately mount an initial response.

9. The Director-General summarized the implemented changes as follows: *a)* creation of a unified WHO program for health emergencies, accountable to the Director-General; *b)* establishment of clear performance metrics for the program, built on partnerships with other responders; *c)* creation of a global health emergency workforce and the strengthening of the core and surge capacity of well-trained staff; *d)* development of new administrative processes to provide a rapid and effective response; and *e)* creation of a new \$100 million contingency fund.

10. Dr. Chan emphasized that in order to defend themselves against the threat of infectious disease, countries also need the core capacities stipulated in the International Health Regulations (2005). She also recognized that the Regulations are not performing with the effectiveness envisioned for this legal instrument that aids preparedness and promotes an orderly, rules-based response. She said that, as a result, changes are needed there as well, and that self-assessment of core capacities to implement the Regulations is not enough. Independent peer review is needed to ensure that these capacities meet international standards.

11. In her overview of other priority issues, Dr. Chan said that this has been a year of transition, and that the world has changed dramatically since the start of this century, when the Millennium Development Goals were put forward as the overarching framework for development cooperation. She acknowledged, with concern, that despite the Millennium Summit, where world leaders sought to create what they called “a more peaceful, prosperous, and just world,” that did not happen as planned. She spoke about

¹ Unless otherwise indicated, all monetary figures in this document are expressed in United States dollars.

major armed conflicts, the threat of climate change, the international spread of food and fuel crises, the world financial crisis, and the major social inequalities found in a large part of the world.

12. Dr. Chan explained that all the issues mentioned above are conditioning factors in the major challenges facing public health, such as obesity and noncommunicable diseases, mental health problems, low vaccination coverage, antimicrobial resistance, and appearance of new pathogens. She recognized, however, that the post-2015 development agenda, which will be finalized in September, was the result of the largest consultative process in the history of the United Nations and that health has a solid position on the agenda, since it is regarded as a desirable outcome in its own right, an input to other goals, and a reliable measure of how well sustainable development is progressing.

13. The Director-General also recognized several achievements during the last year: maternal and child mortality rates were falling at an unprecedented pace; AIDS reached a tipping point last year; there was a 47% reduction in mortality from malaria between 2000 and 2013, and an estimated 37 million lives were saved by effective diagnosis and treatment of tuberculosis over the same period; also, polio eradication was nearer than ever. She emphasized that at the end of April, the Region of the Americas became the first in the world to interrupt the transmission rubella: "...eliminating this disease and the related congenital rubella syndrome".

14. Dr. Chan finished her address by repeating that the Ebola outbreak had shaken WHO to its core. She said that it was the moment for world leaders to give WHO new relevance and empower it to lead in global health.

15. The agenda of the Assembly included 52 general items, 27 of them related to technical and health issues (one included 16 progress reports on technical subjects); and 25 administrative, budgetary, and institutional items. As on previous occasions, these matters were dealt with in committees A and B, and in the plenary sessions. The Assembly adopted 20 resolutions and seven decisions.

16. The full versions of these resolutions and decisions, along with other documents related to the World Health Assembly, can be consulted on the WHO website: http://apps.who.int/gb/e/e_wha68.html.

17. 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.

Other Matters: Executive Board

18. The 137th session of the Executive Board was held on 27-28 May. The Presidency of the Executive Board rested with South Africa. Andorra, Argentina, and the Republic of Korea were selected as Vice-Presidents. Canada and the Dominican Republic

were selected to as Executive Board members, complementing Argentina, Brazil, Suriname, and the United States of America as the six members from the Region.

19. The agenda of the 137th session of the Executive Board included 14 items, among them a report from the WHO Secretariat on the financing dialogue; the draft accountability framework for newborn health; a report on mycetoma (one of the group of neglected diseases); the President's report on the working group on strategic budget space allocation; a report on the development and governance of WHO guidelines; the annual evaluation report; and the presentation by the representative of the WHO staff associations.

20. The Board made seven decisions.

21. Finally, the Board took note of the reports submitted and approved the date and location of the Sixty-ninth World Health Assembly, among other matters. It was agreed that the Sixty-ninth World Health Assembly will be held at the Palais des Nations, in Geneva, starting on 23 May 2016 and ending no later than 28 May 2016. The Board also decided that its 138th session will begin on Monday 25 January 2016, at WHO headquarters in Geneva, ending no later than 30 January; that the Programme, Budget, and Administration Committee of the Executive Board will hold its 23rd meeting on 21-22 January 2016, at WHO headquarters; and that its 24th meeting will be held 19-20 May 2016, at WHO headquarters in Geneva.

22. The full versions of these reports, as well as other related documents, can be consulted on the WHO website: http://apps.who.int/gb/e/e_eb137.html.

Action by the Directing Council

23. The Directing Council 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 68th 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
<p>WHA68.1 Programme budget 2016–2017</p>	<p>A68/7 Proposed Programme Budget 2016–2017</p> <p>A68/7. Add.1 Draft resolution: Programme budget 2016–2017</p> <p>A68/55 Proposed programme budget 2016–2017</p> <p>A68/INF./7 Proposed programme budget 2016–2017: Process, costing and financing</p>	<p>CE156/INF/1 WHO Proposed Program Budget 2016-2017</p>	<p>The WHO Program budget 2016-2017 includes an 8% increase for base programs. This means that the budget space for the Region of the Americas should increase by \$13 million (also 8%). With this funding AMRO would scale up interventions in particular for: NCDs; maternal and child health to achieve unmet MDGs; health systems to enable universal health access to health/universal health coverage; enhanced capacity to respond to outbreaks and satisfy IHR requirements, and; emerging priorities such as antimicrobial resistance, hepatitis and chikungunya. These priority needs were derived from the regional country consultations during the bottom-up budget development process, and are closely aligned with Organization-wide priorities reflected in the proposed Program Budget 2016-2017.</p>
<p>WHA68.2 Global technical strategy and targets for malaria 2016–2030</p>	<p>A68/28 Malaria: draft global technical strategy: post 2015</p> <p>A68/28 Add.1 Report on financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Executive Board or Health Assembly</p>	<p>CD51/11 Strategy and Plan of Action on Malaria</p> <p>CD51.R9 Strategy and Plan of Action for Malaria</p> <p>CSP27/9 Malaria in the Americas: Progress Report</p> <p>CSP27.R11 Malaria in the Americas</p>	<p>All 21 malaria endemic countries in the Region of the Americas have made concerted efforts to achieve the 75% reduction in their malaria burdens by 2015. Thirteen achieved the goal by 2013 and three others are expected to do so by 2015. In 2014, Argentina requested the Director-General to initiate the process to certify elimination of the disease from the territory, and Paraguay is expected to follow suit in the near future. The Region's progress against malaria has contributed to greater global interest and has helped accelerate the efforts toward malaria elimination. Currently, 14 endemic countries of the Region have expressed their commitment to malaria elimination.</p> <p>PAHO's current Strategy and Plan of Action on Malaria covers the period 2011-2015; the global technical strategy will provide the architecture and will be used in the development of PAHO's regional strategy and plan for the period 2016-2020.</p>

Resolution	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
<p>WHA68.3 Poliomyelitis</p>	<p>A68/21 Poliomyelitis</p> <p>A68/21 Add.1 Poliomyelitis</p> <p>A68/21 Add.2 Report on financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Executive Board or Health Assembly</p> <p>A68/21 Add.3 Poliomyelitis: Temporary recommendations regarding the international spread of wild poliovirus: considerations concerning their continuation in light of Article 15.3 of the International Health Regulations (2005)</p>	<p>CD50.R5 Strengthening Immunization Programs</p>	<p>PAHO has aligned its efforts with the polio eradication endgame, in accordance with the guidelines of the Global Polio Eradication Initiative (GPEI) for achieving this target.</p> <p>All the countries of the Region have made the decision to replace the trivalent oral polio vaccine with the bivalent vaccine, in the context of the coordinated worldwide withdrawal of the type 2 component. As a result, they will introduce the vaccine IPV² before 31 December 2015, except for Curaçao, which will introduce it in January 2016.</p> <p>The countries of the Region have already received the guidelines and are preparing their plans for the change of vaccine, which is expected in the last two weeks of April. The plan includes the appropriate destruction of the tOPV³ vaccine, after the switch. All the countries of the Region will participate in the vaccine switch.</p> <p>No difficulty is foreseen in registering the bOPV⁴ vaccine in the countries, because most of them purchase the vaccine through the PAHO Revolving Fund. Peru uses a methodology that facilitates the registry of vaccines purchased through the Revolving Fund. Brazil and Mexico will use domestically produced vaccines.</p> <p>Due to the risk of an outbreak of cVDPV⁵ after the vaccine switch, PAHO is evaluating the feasibility of implementing environmental poliovirus monitoring with the support of the (U.S.) Centers for Disease Control and Prevention in the most vulnerable countries, such as Haiti.</p> <p>The last case caused by wild poliovirus type 2 occurred in Peru in 1989, while the last case of poliovirus wild type 1 was in 1991, also in Peru. Since then, the Region</p>

² IPV: Inactivated polio vaccine

³ tOPV: Trivalent oral polio vaccine

⁴ bOPV: Bivalent oral polio vaccine

⁵ cVDPV2: circulating vaccine-derived poliovirus

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			<p>has not had cases caused by wild poliovirus of any type.</p> <p>The regional report on the implementation of phase 1 of poliovirus containment was sent to WHO in 2010. In December 2014, WHO disseminated its Global Action Plan to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine uses (GAPIII). The guidelines for its implementation in the Region have been defined, and the national containment coordinators will receive training in August 2015 to implement these guidelines.</p>
<p>WHA68.4 Yellow fever risk mapping and recommended vaccination for travellers</p>	<p>A68/22 Implementation of the International Health Regulations (2005): Responding to public health emergencies</p> <p>A68/22 Add.1 Implementation of the International Health Regulations (2005): Report of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation</p>	<p>CD53/14 Advancing toward a Regional Position on International Health Regulations</p> <p>CD52/10 Implementation of the International Health Regulations</p> <p>CSP28/INF/3-F Progress Reports on Technical Matters: Implementation of the International Health Regulations</p> <p>CSP27.R13 International Health Security: Implementing the International Health Regulations (IHR [2005])</p>	<p>Following the adoption of Resolution WHA67.13 “Implementation of the International Health Regulations (2005)” in 2014, Resolution WHA68.4 “Yellow fever risk mapping and recommended vaccination for travelers” signals the recognition of the need repeatedly expressed by States Parties in the Americas for a transparent, standardized, and collaborative approach to the mapping of areas at risk for yellow fever transmission as well as for a more evidence based approach to inform practices related to the requirement of the International Certificate of Vaccination or Prophylaxis to grant entry. States Parties in the Region should carefully consider accountability mechanisms to monitor the transparent implementation of WHA68.4. It is worthwhile to remind that 11 January 2016 is the deadline for States Parties to communicate to the WHO Secretariat any reservations or objections regarding the amendment of Annex 7 “Requirements Concerning Vaccination or Prophylaxis for Specific Diseases” of the International Health Regulations approved through Resolution WHA67.13.</p>
<p>WHA68.5 The recommendations of the Review Committee on Second Extensions</p>	<p>A68/22 Implementation of the International Health Regulations (2005): Responding to public health emergencies</p>	<p>CD53/14 Advancing toward a Regional Position on International Health Regulations</p>	<p>The conclusions and recommendations of the IHR Review Committee, adopted through Resolution WHA68.5, are driven by the principle that strengthening and maintaining core capacities should be viewed as a continuous process for all</p>

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for Establishing National Public Health Capacities and on IHR Implementation	A68/22 Add.1 Implementation of the International Health Regulations (2005): Report of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation	CD52/10 Implementation of the International Health Regulations CSP28/INF/3-F Progress Reports on Technical Matters: Implementation of the International Health Regulations CSP27.R13 International Health Security: Implementing the International Health Regulations (IHR [2005])	<p>countries, regardless of any deadline, and as part of the health system strengthening process.</p> <p>The way forward resulting from the conclusions of the meeting was captured in the Recommendations of the IHR Review Committee, indicating a more transparent and operational approach to monitoring the implementation of the IHR.</p> <p>In order to structure and implement the monitoring framework to be adopted by the 69th World Health Assembly, through the respective regional committees, the States Party have been invited to declare their position on the concept paper on the IHR Monitoring Scheme post-2016 (See Document CD54/INF/4, Add. I).</p> <p>At present, it is not known what impact the recommendations of the IHR Review Committee—convened as a result of the Ebola virus outbreak—may have on the future of the current IHR.</p>
WHA68.6 Global vaccine action plan	A68/30 Global vaccine action plan	CD52.R5 Principles of the Pan American Health Organization Revolving Fund for Vaccine Procurement CD52.R14 Evidence-based Policy-making for National Immunization Programs CSP28.R14 Plan of Action for Maintaining Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Region of the Americas CD51.R9 Strategy and Plan of Action for Malaria CD50.R5 Strengthening Immunization Programs	<p>PAHO has relied on the Regional Immunization Vision and Strategy (RIVS) which expires in 2015. Following the expiration of RIVS, PAHO has been preparing to adapt the global vaccine action plan (GVAP) to the regional context to address the specific challenges of the countries in the Americas to achieve their national goals as well as regional and global goals. PASB will present a new Plan of Action on Immunization for 2015-2020 to the 54th Directing Council for approval.</p>

Resolution	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
		CD50.R17 Strategy and Plan of Action for Chagas Disease Prevention, Control, and Care	
WHA68.7 Global action plan on antimicrobial resistance	A68/19 Antimicrobial resistance: Summary report on progress made in implementing resolution WHA67.25 on antimicrobial resistance A68/20 Antimicrobial resistance: Draft global action plan on antimicrobial resistance A68/20 Corr.1 Antimicrobial resistance: Draft global action plan on antimicrobial resistance	CD41/16 Emerging and Reemerging Infectious Diseases and Antimicrobial Resistance CD41.FR Emerging and Reemerging Infectious Diseases and Antimicrobial Resistance	<p>At the 51st Directing Council (2011), Member States requested the Pan American Sanitary Bureau (PASB) to prepare a regional strategy and plan of action for the containment of antimicrobial resistance that would serve as a guide for national policies and operating plans.</p> <p>The last PAHO/WHO TAG on Antimicrobial Resistance Meeting (December 2013) defined the elements for a national plan to contain antimicrobial resistance, linking social mobilization, national governance, medicines quality and access, surveillance, epidemiology, communication and education, standardization of best clinical practices, laboratory quality assurance, knowledge management and infection control interventions.</p> <p>This year the PAHO Governing Bodies will discuss the regional plan of action to contain antimicrobial resistance. The strategic lines of action align with the objectives of the global action plan, but specific objectives and indicators were developed based on the Region's achievements and needs.</p>
WHA68.8 Health and the environment: addressing the health impact of air pollution	A68/18 Health and the environment: addressing the health impact of air pollution	CD53/INF/6-A Progress Reports on Technical Matters: Strategy and Plan of Action on Climate Change CD51.R15 Strategy and Plan of Action on Climate Change	<p>Resolution WHA68.8 marks the most high level health action on air pollution to date. This resolution is extremely relevant for the Region of the Americas, as it is estimated that in this Region, at least 100 million inhabitants are exposed to unsatisfactory air quality levels, and this is associated with nearly 152,000 deaths per year attributable to ambient air pollution, and 81,300 attributable to indoor air pollution.</p> <p>In most countries, the standards setting exposure limits do not comply with WHO guidelines. Compliance with regulations is also difficult to measure, as only 88 cities from 13 low and middle income countries</p>

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			<p>in Latin America and the Caribbean have monitoring data on ambient air pollution, compared to 535 cities in the 4 high income countries. Nearly 9% of the population in the Americas is exposed to toxic fumes of solid fuels combustion for cooking. However, 47% of the people exposed live in six countries (Guatemala, Haiti, Honduras, Nicaragua, Paraguay and Peru), where live only 8% of the Region's population.</p> <p>The implementation of the resolution in the Region of the Americas will require: strengthening capacity of PAHO's Member States for intersectoral work to scale up programs to reduce the impact of air pollution on health; improving air pollution monitoring; systematizing health data collection and analysis; and consolidating the existing information on national legislation, plans, policies and programs on air pollution in the Region.</p>
<p>WHA68.9 Framework of engagement with non-State actors</p>	<p>A68/5 Framework of engagement with non-State actors</p> <p>A68/53 Framework of engagement with non-State actors</p>	<p>CD53/15 WHO's Engagement with Non-state Actors (Regional Consultation)</p> <p>CD52.R15 Cooperation for Health Development in the Americas</p>	<p>When the Framework of engagement with non-State actors is approved by the WHA, PAHO's Governing Bodies may consider adopting the Framework and adapting the procedures applicable to PAHO, given the nature of the Organization.</p>
<p>WHA68.10 Financial report and audited financial statements for the year ended 31 December 2014</p>	<p>A68/38/ Financial Report</p> <p>A68/57 Financial report and audited financial statements for the year ended 31 December 2014</p> <p>A68/INF./1 Annex to the Financial Report for the year ended 31 December 2014: Voluntary contributions by fund and by contributor</p>	<p>Official Document 349 Financial Report of the Director and Report of the External Auditor for 2014</p>	<p>In accordance with the commitment referenced in paragraph 56 of A68/38, PASB has configured the financial module of the PASB Management Information System (PMIS), which is scheduled to go live in January 2016, to provide enhanced capabilities for AMRO financial reporting to WHO.</p>

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<p>WHA68.11 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>A68/39 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>A68/58 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>CE156/20 Report on the Collection of Assessed Contributions</p>	<p>According to the resolution adopted by the Assembly, only Haiti from the Americas Region would not have the right to vote at the opening of the Sixth-ninth World Health Assembly. However, at the time of revision of this item of the agenda during the Assembly, a clarification was made that Haiti had complied with its responsibilities. Therefore, this Member State should not have any problem at the opening of the Sixth-ninth World Health Assembly.</p> <p>Regarding to PAHO, at the time of this report, no Member State is subject to application of Article 6B of the PAHO Constitution.</p>
<p>WHA68.12 Scale of assessments for 2016–2017</p>	<p>A68/40 Scale of assessments for 2016–2017</p>	<p>CD54/5 New Scale of Assessed Contributions</p>	<p>PASB will present to the Directing Council an updated Scale of Assessments for 2016-2017 taking into account the latest approved OAS scale of assessments (as indicated in Document CD54/5).</p>
<p>WHA68.13 Report of the External Auditor</p>	<p>A68/41 Report of the External Auditor</p> <p>A68/59 Report of the External Auditor</p>	<p>Official Document 349 Financial Report of the Director and Report of the External Auditor for 2014</p>	<p>As stated in paragraph 19 of A68/41, WHO's External Auditor will continue to rely on the judgment of PAHO's External Auditor with respect to PAHO's accounting for AMRO funds.</p>
<p>WHA68.14 Appointment of the External Auditor</p>	<p>A68/43 Appointment of the External Auditor</p>	<p>CE156/28 Update on the Appointment of the External Auditor of PAHO for 2016-2017</p>	<p>This Resolution does not have any implications to the Region.</p>
<p>WHA68.15 Strengthening emergency and essential surgical care and anaesthesia as a component of</p>	<p>A68/31 Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage</p>	<p>CD53/5, Rev. 2 Strategy for Universal Access to Health and Universal Health Coverage</p>	<p>The emergency and essential surgical care and anesthesia are viewed in the Region as a component of the overall healthcare services and thus, as part of efforts and activities for improving hospital services, quality of care, and equitable provision of health services.</p>

Resolution	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
universal health coverage		CD53.R14 Strategy for Universal Access to Health and Universal Health Coverage CSP27/16 Regional Policy and Strategy for Ensuring Quality of Health Care, Including Patient Safety CSP27.R10 Regional Policy and Strategy for Ensuring Quality of Health Care, Including Patient Safety	
WHA68.16 Salaries of staff in ungraded posts and of the Director-General	A68/46 Amendments to the Staff Regulations and Staff Rules	CE156/30 Amendments to the PASB Staff Regulations and Rules	This resolution is taken into consideration at the time of approving the resolution on salaries of staff in ungraded posts and of the Director at PASB.
WHA68.17 Amendments to the Staff Regulations	A68/46 Amendments to the Staff Regulations and Staff Rules	CE156/30 Amendments to the PASB Staff Regulations and Rules	PASB will study the WHO Amendments to the Staff Regulations and will report to the 54th Directing Council on the implications for the Region.
WHA68.18 Global strategy and plan of action on public health, innovation and intellectual property	A68/35 Global strategy and plan of action on public health, innovation and intellectual property	CD48.R15 Public Health, Innovation and Intellectual Property: A Regional Perspective	This issue continues to be a political priority to all Member States. Without innovation, without intensive use of technology and without alliances, it would be impossible to achieve the strategic directions. Moreover, to ensure universal access to health and universal health coverage it will be necessary in the short, medium and long term the implementation of actions to create and develop innovative capacity in research and development; improve, promote and accelerate technology transfer; encourage and support the implementation and management of intellectual property; improve the dissemination of all health products and medical devices and ensure access.
WHA68.19 Outcome of the Second International Conference on Nutrition	A68/8 Outcome of the Second International Conference on Nutrition	CD47.R8 Regional Strategy and Plan of Action on Nutrition in Health and Development, 2006-2015	The second International Conference on Nutrition Rome Declaration on Nutrition and Framework for Action is highly relevant to PAHO. The measures it calls for are aligned with three of PAHO governing body documents. PAHO's

Resolution	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
		<p>CD50.R11 Strategy and Plan of Action for the Reduction of Chronic Malnutrition</p> <p>CD53.R13 Plan of Action for the Prevention of Obesity in Children and Adolescents</p>	<p>Member States are promoting the following actions to increase healthy food consumption and physical activity: <i>a)</i> promotion of breastfeeding and a healthy diet; <i>b)</i> improvement of food, nutrition, health, and physical activity in school settings; <i>c)</i> promotion and implementation of tax policies and regulations on advertising, aimed at regulating the marketing and labeling of food with high caloric content and low nutritional value; <i>d)</i> promotion of healthy food with regard to its consumption, access, and availability; <i>e)</i> adoption of policies to promote physical activity; <i>f)</i> strengthening of nutritional surveillance systems, and monitoring and evaluation of corresponding programs; and <i>g)</i> promotion of research on nutrition and its determinants.</p>
<p>WHA68.20 Global burden of epilepsy and the need for coordinated action at the country level to address its health, social and public knowledge implications</p>	<p>A68/12 Global burden of epilepsy and the need for coordinated action at the country level to address its health, social and public knowledge implications</p>	<p>CD53/8, Rev. 1 Plan of Action on Mental Health</p> <p>CD53.R7 Plan of Action on Mental Health</p> <p>CD51.R8 Strategy and Plan of Action on Epilepsy</p>	<p>The PAHO Directing Council approved a Strategy and Plan of Action on Epilepsy in 2011 (PAHO adopted that initiative before WHO and other Regions). PAHO is working with other partners (as the International League against Epilepsy and the International Bureau for Epilepsy) in the implementation of the Plan of Action.</p> <p>A Collaborating Center (the Chilean League against Epilepsy, Chile) was established in 2014 and another organization recently began the same process (School of Neurology, Honduras) in order to help implement the Plan of Action.</p>

**Table 2. Resolutions and decisions approved by the
137th session of the Executive Board**

Decisions EB137/DIV/2	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
EB137/(7) Strategic budget space allocation	EB137/6 Strategic budget space allocation	CD54/6 WHO Reform	<p>The second financing dialogue is scheduled for 5–6 November 2015. Since the first dialogue, there have been improvements in the alignment of funding with the programme budget 2014–2015, the level of flexibility of funding and the level of predictability at the start of the biennium. A consolidated financial strategy will be presented to the Executive Board at its 138th session. Additionally, the Executive Board adopted a revised model for a Strategic Budget Space Allocation for technical cooperation at country level. It is designed to be more objective and timely.</p>

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

1. This document presents the resolutions of relevance for the activities of the Pan American Health Organization (PAHO) that were adopted during the 45th Regular Session of the General Assembly of the Organization of American States (OAS), held at its Washington, D.C. headquarters from 15 to 16 June 2015. The agenda, details of the documents, and resolutions can be accessed at: <http://www.oas.org/en/45ga/>.

2. The meeting was attended by the ministers of foreign affairs of the Member States of the Americas and other official delegates. Also in attendance were the representatives of the governments accredited as Permanent Observers and those of the agencies of the Inter-American system, including PAHO and the entities that comprise the Summit Implementation Review Group. Haiti's Minister of Foreign Affairs was elected President of this regular session of the General Assembly.

3. The theme of this General Assembly was "Present and Future of the OAS." During the Assembly, the heads of delegation expressed their support for and confidence in the new Secretary General, Luis Almagro, and offered recommendations for the renewal of the OAS, emphasizing the importance of the Organization's financial sustainability.

4. The recommendations and resolutions of this session had been discussed and agreed upon by the Permanent Council and included a resolution on the modernization and reorganization of the General Secretariat in accordance with the strategic vision and for the strengthening of the Inter-American system.¹

5. Notable among the eight resolutions adopted by the General Assembly during this session was the approval by the OAS Member States of the Inter-American Convention on Protecting the Human Rights of Older Persons, which to date has been signed by the governments of Argentina, Brazil, Chile, Costa Rica, and Uruguay. For the Convention to enter into force, a minimum of two signatory countries must have ratified it.

6. The purpose of the Convention—the first international instrument of its kind in world—is to promote, protect, and ensure the recognition and the full enjoyment and exercise, on an equal basis, of all human rights and fundamental freedoms of older persons, in order to contribute to their full and active inclusion, integration, and participation in society. The Convention urges the Member States to adopt the legislative measures or other provisions that may be necessary to give effect to the human rights and freedoms of older persons. These include access to palliative care, independence and autonomy, a life free from violence, the enjoyment of good health and active aging, special protection in residences and services that provide long-term care, the right to give

¹ [AG/RES 2876 \(XLV-O/15\)](#)

free and informed consent on health matters, to make decisions, and to expressly indicate in advance their will. Since 2012, PAHO, as the specialized health agency of the Inter-American system, advised the OAS working group charged with drafting this convention.

7. The resolutions selected are those of interest to the Governing Bodies of PAHO and related to its work as the specialized health agency of the Inter-American system.

8. The 46th Regular Session of the General Assembly will be held in Santo Domingo, Dominican Republic, on 13 and 14 June 2016.

Action by the Directing Council

9. The Directing Council is invited to take note of this report.

Annex

Resolutions adopted by the 45th Regular Session of the OAS General Assembly of relevance for PAHO¹ activities

Resolutions of the OAS General Assembly	Relation to PAHO activities
<p style="text-align: center;">AG/RES.2878 (XL-0/15) PLAN OF ACTION OF THE SOCIAL CHARTER OF THE AMERICAS</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 style="text-align: center;">AG/RES. 2875 (XLV-O/15) INTER-AMERICAN CONVENTION ON PROTECTING THE HUMAN RIGHTS OF OLDER PERSONS</p>	<p>Linkage with the healthy lifecourse program: “Health and Aging” (Resolution CSP26.R20 [2002])</p> <p>“Plan of Action on the Health of Older Persons, Including Active and Healthy Aging” (Resolution CD49.R15 [2009])</p> <p>Linkage with the Program on Gender, Diversity, and Human Rights: “Health and Human Rights” (Resolution CD50.R8 [2010])</p>

¹ Taken from the resolutions adopted by the OAS Secretariat. Available at: <http://scm.oas.org/ag/documentos/Index.htm#VolumenAP>

C. SUBREGIONAL ORGANIZATIONS

Introduction

1. The purpose of this progress report is to inform the Member States of the progress made in the 2014-2015 biennium 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/WHO 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 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
- Bolivarian Alliance for the Peoples of Our America (ALBA)
- Amazon Cooperation Treaty Organization (ACTO)

Integration Entities in Central America***Central American Integration System (SICA)-COMISCA¹***

COMISCA		
Technical and political forum	PAHO-related agreements and resolutions	Subregional impact and progress
42nd meeting of COMISCA (June 2015)	Resolution No. 11: Request for technical and financial support from technical cooperation agencies, especially the Pan American Health Organization, during the formulation of the COMISCA Health Plan 2016-2020.	Promotes harmonization with the PAHO Strategic Plan 2014-2019 and, within the framework of actions to strengthen subregional integration institutions, supports COMISCA in the evaluation of the Health Plan 2010-2015 and the formulation of the Health Plan for Central America 2016-2020.
	Resolution No. 13: Regional Strategy on Drugs.	Support to the Subregional Technical Commission on Drugs (CTSM) in the preparation of the draft Regional Drug Strategy aligned with the WHO and PAHO frameworks.
	Resolution No. 15: Human Resources for Health.	Support to the Subregional Technical Commission on Human Resources for Health for the preparation of studies on physician and nurse mobility and for the catalogue of certification processes and

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

COMISCA		
Technical and political forum	PAHO-related agreements and resolutions	Subregional impact and progress
		mutual recognition of degrees among Central American countries.
Special Meeting of COMISCA (28 September 2014)	Resolution No. 4: Calling on international cooperation agencies to accompany and support the implementation of the Regional Health Policy 2015-2022.	The SICA Regional Health Policy, approved by COMISCA in September 2014, was presented to the Summit of the Presidents of SICA (held in Belize in December 2014) and approved at that meeting. The policy represents progress in the formulation of a subregional cooperation strategy.

*RESSCAD*²

RESSCAD		
Technical and political forum	PAHO-related agreements and resolutions	Subregional impact and progress
Agreements of the XXX RESSCAD, held 17-18 October 2014 in San Salvador (El Salvador)	Agreement 3, numeral 6: on universal health coverage: request that PAHO provide technical cooperation to support the development of participatory processes aimed at establishing the national roadmap toward universal access to health and universal health coverage.	PAHO has provided technical and financial support for national consultations for the preparation of the Strategy for Universal Access to Health and Universal Health Coverage. Nineteen countries and territories have finalized their national consultations. Central American countries have made progress in the preparation of the roadmap to achieve universal access to health and universal health coverage.
	Agreement 4, numeral 3: on strengthening the national regulatory authorities: prepare cooperation agreement between SE-COMISCA, the national regulatory authorities, and PAHO, in order to strengthen the national regulatory authority in all countries.	On 27-28 November 2014, with the participation of staff members of the national drug regulatory authorities with experience in bioequivalence, a workshop was held to prepare the proposal for Central American technical regulation of bioequivalence; this will be

² Link to consult information on RESSCAD: <http://www.paho.org/resscad/>.

RESSCAD		
Technical and political forum	PAHO-related agreements and resolutions	Subregional impact and progress
		presented to the Council of Ministers of Economy (COMIECO) in order to take the next step toward approval and implementation, since that entity issues all technical standards for drug quality and efficacy.
	Agreement 4, numeral 4: with the support of PAHO-SE-COMISCA, the Central American proposals for technical regulations on interchangeability, drug surveillance, and good storage and distribution practices will be coordinated with the national regulatory authorities so that SE-COMISCA can present them to SIECA in 2015.	The standards for good storage and distribution practices were presented in 2014 so that the corresponding technical regulations can be issued in the first half of 2015.
	Agreement 5, numeral 1: on communicable diseases (Chikungunya virus and Ebola virus disease): Revisit the recommendations of the IHR Emergency committee and the PAHO document on Ebola virus disease (September 2014). ³	PAHO/WHO mobilized a technical team to prepare the response to possible cases of Ebola virus disease in Latin America and the Caribbean, in the framework of the International Health Regulations (IHR, 2005).
	Agreement 7: on the function of RESSCAD with respect to the SICA Regional Health Policy: PAHO/WHO technical cooperation for the working group (PPT RESSCAD, PPT CISSCAD, PPT FOCARD-PHC, and SE-COMISCA) to formulate the proposal for structure, organization, and governance of the health sector.	The working group has been formed, consisting of PPT XXXI RESSCAD (Honduras), PPT XXIX (Guatemala), PPT XXX (El Salvador), PPT CISSCAD, PPT FOCARD-PHC, SE COMISCA, and PAHO. The proposal will be submitted for review in June 2015.

³ Advancing toward a Regional Position on the International Health Regulations (Document [CD53/14](#)).

*Mesoamerica Project*⁴

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 provides support in the preparation of the master plans for dengue, chikungunya, malaria, and road safety.

*Caribbean Integration Entities**CARICOM*⁵

5. 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.

6. The ministers of health traditionally meet at PAHO Headquarters just before the Pan American Sanitary Conference or the Directing Council; the most recent meeting took place on 27-28 September 2014, in Washington, D.C., and was designated as a Special COHSOD.

7. On 4 November 2014, the Heads of Government of the Caribbean Community (CARICOM) met in Port-of-Spain (Trinidad and Tobago) in the framework of the 17th Special Meeting. The heads of government addressed public health problems, focusing on the two public health challenges currently facing the community: Ebola virus disease and the outbreak of chikungunya virus.

CARICOM		
Technical and political forum	PAHO-related agreements and resolutions	Subregional impact and progress
Special COHSOD, 27-28 September 2014	Prioritize areas of study and the inclusion of technical staff in cooperation activities: there was agreement on promoting greater cooperation between PAHO and the Caribbean Public Health Agency (CARPHA) to help the Member States take innovative steps to respond to the new challenges.	

⁴ Link to consult information on the Mesoamerica Project: http://www.proyectomesoamerica.org/joomla/index.php?option=com_content&view=article&id=229&Itemid=57.

⁵ Link to consult information on CARICOM: www.caricom.org.

CARICOM		
Technical and political forum	PAHO-related agreements and resolutions	Subregional impact and progress
	The need for a policy on alcohol use in the Caribbean: maintain the reduction of harmful alcohol use as a public health priority in the Caribbean.	The Plan of Action to Reduce the Harmful Use of Alcohol (approved by PAHO in 2011) was reviewed.
	Strengthen social protection and the prevention of violence-related injuries through implementation of a regional framework. Align the regional plan for the prevention of violence-related injuries with the CCH IV and the post-2015 development agenda.	
	Update the HIV treatment guidelines on the initiative to eliminate mother-to-child transmission: with PAHO support, promote the mobilization of resources to finance technical cooperation.	
	Approval was given for the project's content and for implementation of the Memorandum of Understanding signed in 2013 by Argentina/ CARICOM-CARPHA/ PAHO.	
17th Special Meeting of the Conference of Heads of Government of CARICOM (4 November 2014)	The heads of government emphasized that disease response should be a community effort and that no CARICOM Member State should fight these public health problems on its own. The Meeting approved the measures adopted to date by CARPHA, PAHO, the Organization of Eastern Caribbean States (OECS), the Secretariat, and the Government of Cuba, in order to establish and strengthen regional capacities to address Ebola virus disease. ⁶	The meeting resulted in a 10-point action plan to stop Ebola, which included the following components, among others: Establish a Regional Coordinating Mechanism on Ebola (RCME), chaired by CARPHA and including CARICOM and the secretariats of the OECS, IMPACS, and CDEMA; Cuba would also be invited to participate. The RCME will be directly responsible for preparing a comprehensive regional strategy to address

⁶ Link to consult information on:
http://www.caricom.org/jsp/pressreleases/press_releases_2014/pres243_14.jsp?null&prnf=1.

CARICOM		
Technical and political forum	PAHO-related agreements and resolutions	Subregional impact and progress
		<p>preparedness for Ebola virus disease in collaboration with PAHO/WHO. PAHO/WHO, United Nations, and other development partners and contributors would also be invited to a meeting to be held within a month to increase the effectiveness of the collective response.</p> <p>Several CARICOM Member States were among the countries in which PAHO/WHO, in collaboration with CARPHA, conducted evaluations of preparedness for Ebola virus disease in the framework of the International Health Regulations (2005).</p> <p>PAHO/WHO also carried out technical cooperation activities with the Member States concerning integrated vector control measures for outbreaks of chikungunya virus.</p>
23rd Meeting of Chief Medical Officers, St. George's, Grenada, 22-23 June 2015	Adoption of a proposal by the CARICOM Secretariat to review Caribbean Cooperation in Health (CCH III) and identify mechanisms to involve stakeholders in CCH IV.	
	Review of the work of CARPHA.	PAHO has received the report on the first year of implementation of the PAHO-CARPHA work plan for the biennium 2014-2015.
	Review of progress with respect to achievements related to the Declaration of Port-of-Spain on noncommunicable diseases.	A meeting of stakeholders on noncommunicable diseases was held in Bridgetown, Barbados, on 8-9 June 2015 to discuss the intensification of efforts to address noncommunicable diseases.
	In addition, issues related to the United Nations post-2015	

CARICOM		
Technical and political forum	PAHO-related agreements and resolutions	Subregional impact and progress
	Development Agenda, especially Goal 3, its targets, and the monitoring and evaluation framework, were discussed.	
	Also discussed were several priority matters for CARICOM stemming from the 68th World Health Assembly.	

Integration Entities in South America

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

8. As part of the Andean Integration System of the Andean Community, 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 was held in the Galapagos Islands (Ecuador), 26-27 March 2014. The XXXV REMSAA will be held in Cochabamba, Bolivia, on 21 September 2015.

ORAS-CONHU		
Technical and political forum	PAHO-related agreements and resolutions	Subregional impact and progress
REMSAA meeting of 27 March 2014	REMSAA resolution XXXIV/488: A request that the PAHO Strategic Fund, through the Executive Secretary of ORAS/CONHU, prequalify drugs identified in the countries as being hard to acquire due to their strategic and essential nature and their high cost.	In accordance with the Action Plan on Andean Drug Policy, in the second half of 2014 a proposal on drug access strategy was prepared, to be presented at the next REMSAA; the plan incorporates elements of procurement through the Strategic Fund, consolidation of needs for hard-to-acquire and orphan drugs, prequalification of drugs, and encouragement for industry to manufacture hard-to-acquire drugs.
	REMSAA resolution XXXIV/490: Support for the preparation,	An action plan on intercultural health has been prepared. Its

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

⁸ Link to consult information on: <http://www.orasconhu.org/remsa/resoluciones-8/>.

ORAS-CONHU		
Technical and political forum	PAHO-related agreements and resolutions	Subregional impact and progress
	implementation, monitoring, and evaluation of the Andean Intercultural Health Policy.	progress was reviewed at the meeting held on 30-31 March 2015 in Peru with the active participation of PAHO/WHO.
	REMSAA resolution XXXIV/491: Implementation of the Andean Policy on Disability.	The resolution promotes the 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/WHO.

Southern Common Market (MERCOSUR):⁹ Meeting of Ministers of Health of MERCOSUR and Associated States (RMSMyEA) and Working Subgroup No.11 “Health” (SGT 11)

9. Health issues are addressed in Working Subgroup No. 11 (Health) and in the Meeting of Ministers of Health of MERCOSUR and Associated States (the Meeting). The first of these 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, and 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—Brazil held it in the first half of 2015 and Paraguay is holding it 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
XXXVII Regular Meeting of Ministers of Health of MERCOSUR and Associated States, held on 11 June 2015	Ministerial Declaration on the need to prioritize implementation of the MERCOSUR donation and transplant registry (DONASUR) in the States Parties and Associated States.	Strengthening DONASUR is a subregional priority, and the declaration expresses this position. It also requests PAHO support for this implementation process.

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

MERCOSUR		
Technical and political forum	PAHO-related agreements and resolutions	Subregional impact and progress
	MERCOSUR/RMS/Agreement No. 01/15: MERCOSUR-UNASUR complementarity and coordination in bodies and forums that address health issues.	Considering PAHO/WHO's interaction with MERCOSUR and UNASUR, the execution of this agreement is especially important for ensuring more effective and strategic work and collaboration between these integration agencies and PAHO/WHO to promote health.
	MERCOSUR/RMS/Agreement No. 03/15: Recommendation on policies and regulatory measures for obesity prevention and control.	The agreement recommends promoting and establishing policies and regulatory measures for obesity prevention and control, in line with the agreements of WHO, PAHO, and the Plan of Action for the Prevention of Obesity in Children and Adolescents. This agreement includes actions taken individually by countries and puts them on the subregional agenda.
	MERCOSUR/RMS/Agreement No. 04/15: Economic and social costs associated with tobacco.	The agreement identifies mechanisms to guarantee the economic and financial sustainability of national tobacco control policies, in line with the Framework Convention on Tobacco Control and the recommendations of the Conference of the Parties (COP) to the Convention.
	Declaration of the Ministers of Health of MERCOSUR to approve the Memorandum of Understanding on Cooperation between MERCOSUR and PAHO.	With the Memorandum of Understanding signed by the Director of PAHO and the Ministers of Health of MERCOSUR on 11 June 2015, the Ministers declared their interest in adopting

MERCOSUR		
Technical and political forum	PAHO-related agreements and resolutions	Subregional impact and progress
		resolution GMC No.18/15. This agreement is important for PAHO/WHO's work with MERCOSUR.

*Union of South American Nations (UNASUR)*¹⁰

10. 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 December 2014, Uruguay became president pro tempore for a period of one year. The next meeting of the South American Health Council will be held on 11 September 2015 in Montevideo.

UNASUR		
Technical and political forum	PAHO-related agreements and resolutions	Subregional impact and progress
Declaration of the South American Health Council: Preparedness and response to Ebola virus disease and cooperation with African countries (2 December 2014)	Agreement No.1: Task the Coordinating Committee of the South American Health Council to prepare, within 60 days, a Framework for UNASUR Cooperation consistent with the PAHO/WHO Strategic Plan, in order to strengthen national and regional capabilities aimed at preventing and combatting Ebola virus disease as an event of international concern, or any extraordinary event of a similar nature, including the key elements of epidemiological surveillance, laboratory diagnosis, clinical treatment, and risk communication.	PAHO/WHO mobilized a technical team for preparedness in the response to possible cases of Ebola virus disease in Latin America and the Caribbean, within the framework of the International Health Regulations (RSI, 2005).

*Bolivarian Alliance for the Peoples of Our America (ALBA-TCP)*¹¹

11. The Alliance was founded in Havana, Cuba, on 14 December 2004, through an agreement between Venezuela and Cuba.

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

¹¹ Link to consult information on ALBA: www.portalalba.org.

ALBA-TCP		
Technical and political forum	PAHO-related agreements and resolutions	Subregional impact and progress
Resolution of the Special Summit of 20 October 2014 in Havana (Cuba) on the response to the threat of Ebola virus disease	Numeral 18: Task the Ministers of Health of the countries of ALBA-TCP to prepare an action plan in light of the proposals of the technical meeting of specialists and administrators, and to immediately implement them in coordination with PAHO/WHO. It was agreed that the plan should be presented for consideration by the Heads of State and of Government of ALBA-TCP.	PAHO/WHO mobilized a technical team for preparedness in the response to possible cases of Ebola virus disease in Latin America and the Caribbean, within the framework of the International Health Regulations (RSI, 2005).

Amazon Cooperation Treaty Organization (ACTO) ¹²

12. The Amazon Cooperation Treaty (ACT), signed in July 1978 by Bolivia, Brazil, Colombia, Ecuador, Guyana, Peru, Suriname, and Venezuela, is the legal instrument that recognizes the transborder nature of the Amazon region. In 1995, the Amazon countries decided to strengthen the Amazon Cooperation Treaty institutionally with the creation of a Permanent Secretariat as a legal entity. The decision was implemented in 1998, with the approval of the Protocol of Amendment to the ACT, which officially instituted the Amazon Cooperation Treaty Organization (ACTO) as the mechanism responsible for enhancing and strengthening cooperation processes developed in the context of the Treaty.

13. Within the framework of the new Strategic Agenda 2012-2020, PAHO/WHO carries out technical cooperation activities with the Permanent Secretariat of ACTO, through its Coordinating Office for Health.

Proposal

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

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

Action by the Directing Council

16. The Directing Council is invited to take note of this report and to formulate the recommendations it deems relevant.

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¹² Link to consult information on OTCA: <http://otca.info/portal/index.php?p=index>.