



## **56th DIRECTING COUNCIL**

### **70th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS**

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### **RESOLUTIONS AND OTHER ACTIONS OF INTERGOVERNMENTAL ORGANIZATIONS OF INTEREST TO PAHO**

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**A. SEVENTY-FIRST WORLD HEALTH ASSEMBLY**

1. The Seventy-first World Health Assembly of the World Health Organization (WHO) was held 21-26 May 2018 in Geneva, Switzerland, and attended by representatives and delegates of 191 Member States. The President of the Assembly was Zimbabwe, represented by Dr. Pagwesese David Parirenyatwa. Five countries served as vice-presidents: Djibouti, Dominican Republic, Kazakhstan, Maldives, and the Philippines, in representation of their respective regions.

2. The Dominican Republic, represented by Dr. Rafael Sánchez Cárdenas, Minister of Public Health, 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. Ecuador served as Vice President of Committee A and El Salvador as Rapporteur of Committee B. The Americas was represented at the General Committee by Argentina, Barbados, Cuba, and the United States of America, as well as Dominican Republic in its role as Vice President of the Assembly; and in the Committee of Credentials by El Salvador and Jamaica.

3. In his opening remarks, Dr. Tedros Adhanom Ghebreyesus, Director-General of WHO, praised those that dedicated their lives in *pro* of the health of all and dedicated his speech to Dr. Carlo Urbani, the first to identify severe acute respiratory syndrome. The Director-General spoke of the responsibility that falls upon WHO and expressed his pride in the swift response regarding the most recent Ebola outbreak in the Democratic Republic of the Congo, noting that at this time the Organisation was in a much better place to deal with an outbreak than in 2014. Dr. Tedros enumerated several initiatives aimed at strengthening health systems in which WHO is involved, including: the High-Level Commission on Noncommunicable Diseases, the initiative on climate change and health in small island developing States, the Stop TB Partnership, an aggressive new initiative to jumpstart progress in the fight against malaria, a call to action to eliminate cervical cancer, and a new initiative to eliminate trans-fats from the global food supply by 2023, among others.

4. The Director-General addressed what he believed were the keys to success in order to deliver an impact in countries and make a measurable difference in the lives of the people served by WHO. One such key was the need for a stronger, transformed WHO, with the following as its foundation: *a*) the General Programme of Work (GPW); *b*) a transformation plan to make WHO more efficient and effective; *c*) a strong senior leadership team from all over the world; and *d*) the development of a new investment case that describes what a fully-funded WHO could achieve. In order to execute the GPW, the Director-General urged all countries to support WHO with high-quality, flexible funds, which some countries had already started doing.

5. Dr. Tedros spoke of the importance of political commitment, addressing his priority of engaging with leaders all over the world to advocate for political action on health, particularly on universal health coverage. Taking into account every country's unique

journey toward universal health coverage, Dr. Tedros believed the key was “primary care that delivers the services that people say they need, rather than the services someone else decides they should have” (1) The Director-General believed the upcoming Global Conference on Primary Healthcare in Kazakhstan in October would be a vital step and a second chance to deliver on the promise and commitment of Alma-Ata in 1978, which had failed to deliver thus far as a result of a lack of political commitment. The Director-General expressed that partnerships must be even deeper and stronger and noted the myriad other organizations from around the world with the same vision as WHO, which possess additional knowledge, skills, resources, and networks.

6. Dr. Tedros closed by noting the stories of triumph and hope encountered in his first year as Director-General, expressing that each experience is a reminder that targets, plans, strategies, guidelines, and meetings are not the foundation of WHO. Rather, the reason the Organisation exists is people: “to promote health, keep the world safe, and serve the vulnerable” (1).

7. The President of Rwanda, Paul Kagame, was a special guest at the opening session of the Assembly. In his keynote address, President Kagame emphasized that universal health coverage is the world’s priority and that strong political leadership would be necessary at every stage, and stressed the need to be reminded of the transformational nature of universal health coverage.

8. President Kagame continued his speech by signaling the reasons to strive for universal health coverage and highlighted: *a)* the affordability for countries at all income levels, as shown by examples throughout Africa; *b)* the early emphasis on primary healthcare as an effective strategy for rebuilding trust between citizens and government; and *c)* the forward-looking and entrepreneurship that is inspired by universal health coverage, allowing people to think of their future.

9. President Kagame closed by praising Dr. Tedros and WHO staff for the rapid and effective response to serious health emergencies in Africa over the past year, most recently the Ebola outbreak in the Democratic Republic of Congo.

10. During the Assembly, there was active participation and involvement from countries of the Region of the Americas in engaging in negotiations regarding resolutions and sponsoring side events. Speaking at the plenary of the Assembly, close to 30 Member States of the Americas reaffirmed their commitment to achieving, or strengthening, universal health. In a ceremony held during the Assembly, the Pro Palliative Care Unit Foundation of Costa Rica was awarded WHO’s Sasakawa Health Prize for its contribution to the rights of children with terminal illnesses.

11. The agenda of the Assembly included general items, some related to technical and health issues, as well as administrative, budgetary, and institutional items. As on previous occasions, these matters were dealt with in committees A and B, and in plenary sessions.

12. The documents related to this report can be consulted at the WHO website: [http://apps.who.int/gb/e/e\\_wha71.html](http://apps.who.int/gb/e/e_wha71.html).

13. A list of the resolutions and decisions adopted by the World Health Assembly that are of interest to the Region, the related PAHO resolutions, and some of the implications that the WHA resolutions have for the Region can be found in the Annex.

### **Other Matters: Executive Board**

14. The 143rd Session of the Executive Board was held on 28-29 May 2018. The Chair of the Executive Board was Ambassador Maria Nazareth Farani Azevêdo, of Brazil. With Canada's and the Dominican Republic's term coming to an end, Chile and the United States of America were elected to join Brazil, Colombia, Jamaica, and Mexico in occupying the six seats of the Board that represent the Region of the Americas. Furthermore, with the end of term of Dominican Republic, Brazil will occupy the second seat of the Americas in Programme, Budget and Administration Committee (PBAC). The region has two seats in the PBAC and the other is occupied by Mexico.

15. The agenda of the 143rd Session of the Executive Board included 14 items, including three on governance reform, one on hosted partnerships, and the statement by the representative of the WHO Staff Association, among others. In matters for information two items were discussed: the report on a meeting of expert committees and study groups, and the international classification of diseases.

16. Finally, the Board took note of the reports submitted and approved the date and location of the Seventy-second World Health Assembly. The Executive Board decided that the Seventy-second World Health Assembly be held at the Palais des Nations, in Geneva, starting on 20 May 2019 and ending no later than 28 May 2019. The Board also decided that its 144th Session would begin on 24 January 2019, at WHO headquarters in Geneva, and would end no later than 1 February 2019; that the Programme, Budget and Administration Committee of the Executive Board would hold its 29th meeting on 21-23 January 2019, at WHO headquarters in Geneva.

17. 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\\_eb143.html](http://apps.who.int/gb/e/e_eb143.html).

### **Action by the Directing Council**

18. The Directing Council is invited to take note of the resolutions in the Annex, consider their implications for the Region of the Americas, and provide any comments it deems relevant.

## References

1. World Health Organization. Opening address by Tedros Adhanom Ghebreyesus, WHO Director-General [Internet]. 71st World Health Assembly; 21 May 2018; Geneva, Switzerland. Geneva (Switzerland): WHO; 2018. Available at: <http://www.who.int/dg/speeches/2018/opening-world-health-assembly/en/>.

**Table 1. Resolutions Adopted by the 71st 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><a href="#">WHA71.1</a> Thirteenth General Programme of Work, 2019-2023</p>	<p>Draft thirteenth general programme of work 2019-2023 Documents <a href="#">A71/4</a>, and EB142/2018/REC/1, resolution <a href="#">EB142.R2</a></p>	<p><a href="#">CD56/INF/2</a> (2018) Proposed Process for Development of the PAHO Strategic Plan 2020-2025</p>	<p>The 13th General Programme of Work (GPW13) sets the strategic vision and direction for the Organization for the next five years. A results framework defining the impact and outcome goals and targets of the 13th GPW is under development and is expected to be finalized by August 2018. At the request of the Executive Committee during its 162nd Session, Item 8.5 on WHO GPW13 Indicators was added to the Directing Council agenda. WHO staff will present this agenda item.</p> <p>The implications for the Region include programmatic, budget and chronological aspects. There will be an overlap in the final year (2019) of the implementation of the current PAHO Strategic Plan 2014-2019 and approved Program and Budget (PB) 2018-2019 (any changes will require Member States approval). Given the timing of the approval of the GPW13 in May 2018, it is not possible to introduce changes to the PB in time for meaningful implementation in 2019.</p> <p>Member States of the Americas Region will have an opportunity to consider new programmatic priorities in the PAHO Strategic Plan 2020-2025 (SP 20-25) and corresponding PBs. The new PAHO Strategic Plan will respond to both the GPW13 and the priorities set for the Region by Member States in the Sustainable Health Agenda for the Americas 2018-2030 (SHAA2030). PAHO does not anticipate major issues aligning with the GPW13 at the impact and outcome levels. It will be also necessary to ensure budgetary alignment of the PB 20-21 and PB 22-23.</p>

Resolution	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
<p><a href="#">WHA71.2</a> 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 <a href="#">A71/14</a> and <a href="#">A71/14 Add.1</a></p>	<p><a href="#">CSP29/11</a> (2017) Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018-2022</p> <p><a href="#">CD55/INF/12-C</a> (2016) Plan of Action for the Prevention and Control of Noncommunicable Diseases: Midterm Review</p> <p><a href="#">CD53/INF/4, Rev. 1</a> (2014) Report on the United Nations General Assembly High-level Meeting on the Progress Achieved in the Prevention and Control of Noncommunicable Diseases</p> <p><a href="#">CSP28.R13</a> (2012) Strategy for the Prevention and Control of Noncommunicable Diseases</p>	<p>This report describes the global NCD situation, progress in and barriers for reaching national NCD commitments, and actions needed by WHO and Member States in preparing for the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held on 27 September 2018.</p> <p>Ambassadors of Uruguay and Italy are co-facilitators of the UN High-Level Meeting. They are currently leading the negotiations for the zero draft Outcome Document, which is expected to call for greater political commitments for multi-sectoral interventions, health system strengthening, and innovative financing for NCDs.</p> <p>This High-Level Meeting will provide an opportunity to showcase progress in our Region on the four time-bound commitments of establishing national NCD plans, implementing risk factor reduction policies, improving health systems for NCD management, and surveillance.</p> <p>PAHO continues to support its Member States on NCDs, working closely with the national NCD program managers to prepare for participation in the High-Level Meeting.</p>
<p><a href="#">WHA71.3</a> Preparation for a high-level meeting of the General Assembly on ending tuberculosis</p>	<p>Preparation for a high-level meeting of the General Assembly on ending tuberculosis Documents <a href="#">A71/15</a>, <a href="#">A71/16</a>, <a href="#">A71/16 Add.1</a> and EB142/2018/REC/1, resolution <a href="#">EB142.R3</a></p>	<p><a href="#">CD54.R10</a> (2015) Plan of Action for the Prevention and Control of Tuberculosis</p> <p><a href="#">CD46.R12</a> (2005) Regional Strategy for Tuberculosis Control for 2005-2015</p>	<p>The resolution adopted urges Member States to support the preparations of the high-level meeting and pursue the implementation of all the commitments of the Moscow Declaration to End TB. It also requests the Director General of WHO to support the implementation of the Moscow Declaration in countries and to continue providing guidance and assistance to Member States on this matter.</p> <p>Member States of the Americas adopted the End TB Strategy through the current Plan of Action for the Prevention and Control of Tuberculosis and several of them have endorsed the Moscow</p>

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			<p>Declaration. The UNGA high-level meeting will allow for more political commitment for TB, wider participation of stakeholders, better accountability and a push to all countries in the continent to move forward towards eliminating TB as a public health problem and be the first Region in the world to do so.</p> <p>PAHO has participated and provided comments in the discussions of the draft multisectoral accountability framework to accelerate progress to end TB by 2030. This framework will be proposed in the Declaration of the UN High Level Meeting on TB next September.</p> <p>PAHO also conducted a briefing on the UN High-Level Meeting to UN missions from the Americas in New York City on 1 June, well attended by 25 countries. Advocacy for participation of countries at the highest possible level of government was conducted.</p>
<p><a href="#">WHA71.4</a> Cholera prevention and control</p>	<p>The Director-General's report during the WHA71 covered cholera prevention.</p>	<p><a href="#">CD41/16</a> (1999) Emerging and Re-emerging Infectious Diseases and Antimicrobial Resistance</p> <p><a href="#">CSP28/INF/3-F</a> (2012) Implementation of the International Health Regulations</p> <p><a href="#">CD51/INF/5-A</a> (2011) Immunization: Challenges and Outlook</p>	<p>The approved resolution urges Member States to strengthen national policies and plans regarding the prevention and management of cholera among others. The resolution also requests the Director-General to increase capacity to support countries to scale up their ability to implement and monitor interventions for cholera prevention, control and elimination.</p>
<p><a href="#">WHA71.5</a> Addressing the burden of snakebite envenoming</p>	<p>Global snakebite burden Documents <a href="#">A71/17</a> and EB142/2018/REC/1, resolution <a href="#">EB142.R4</a></p>	<p><a href="#">CD55/15</a> and <a href="#">CD55.R9</a> (2016) Plan of Action for the Elimination of Neglected Infectious Diseases and Post-Elimination Actions 2016-2022</p> <p><a href="#">RIMSA 15</a> (2008) Mentioned by the ministers of health and agriculture</p>	<p>The document offers a situation analysis of the issues around snakebite, such as poor availability and accessibility of appropriately manufactured and quality-assured products. Market weakness that hinders investment in research and development, particularly in relation to improving current treatments and developing the next generation of biotherapeutics to reduce cost, improve safety and increase effectiveness.</p>



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		<p><a href="#">Consulta técnica sobre accidentes con animales ponzoñosos en latinoamerica</a> (2007)</p>	<p>WHO has included snakebite envenoming as part of the Organization’s wider efforts to overcome the global impact of neglected tropical diseases, a diverse group of communicable and zoonotic diseases that prevail mainly under tropical and subtropical conditions. The Assembly is invited to note the report and provide further guidance on the Organization’s response to the global snakebite burden.</p> <p>This issue is of health importance for PAHO member countries because it is a neglected health problem in our Region, from the perspective of the epidemiological situation of accidents by venomous animals, as well as the distribution and production of sera and antivenoms.</p>
<p><a href="#">WHA71.6</a> WHO global action plan on physical activity 2018-2030</p>	<p>Physical activity for health Documents <a href="#">A71/18</a> and EB142/2018/REC/1, resolution <a href="#">EB142.R5</a></p>	<p><a href="#">CD56/INF/22-B</a> (2018) Plan of Action for the Prevention of Obesity in Children and Adolescents: Midterm review</p> <p><a href="#">CD53.R13</a> (2014) Plan of Action for the Prevention of Obesity in Children and Adolescents</p>	<p>The global action plan on physical activity contains four strategic objectives aiming at achieving a concrete 15% relative reduction on the global prevalence of physical inactivity in adults and adolescents by 2030 (using 2016 baseline): 1) creating an active society by promoting changes in social norms and attitudes towards physical activity; 2) creating active environments, spaces, and places; 3) creating and promoting access to opportunities and programs to help people engage in regular physical activity; and 4) strengthening leadership, governance, multisectoral partnerships, workforce capabilities, advocacy, and information systems to enable better governance of all physical activity related policies and its respective policy makers and leading sectors.</p> <p>All current and previous PAHO action plans and strategies on the prevention of obesity, NCDs, healthy cities, etc., are aligned with this global action plan on physical activity. The plan will help strengthening the policies and actions that had been put in place by PAHO and its Member States, and mainly, improve the governance of the required actions, as many of the structural actions to reduce the prevalence of physical inactivity are led by other sectors of the government.</p>

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<p><a href="#">WHA71.7</a> Digital health</p>	<p>mHealth Document <a href="#">A71/20</a></p>	<p><a href="#">CD51/13</a> (2011) eHealth Strategy and Plan of Action (2012-2017)</p> <p><a href="#">CD55/INF/12-A</a> (2016) Strategy and Plan of action on eHealth: Midterm review</p>	<p>The report <a href="#">A71/20</a> looks to increase Member States' capacity to implement digital health solutions to accelerate progress towards achieving universal health coverage. The report also puts focus on access, integration, optimization, and prioritization of digital technologies for health, including health information systems.</p> <p>This report is pertinent and it is aligned with PAHO's priorities on this topic. According to the International Telecommunication Union (ITU), the Americas Region has a penetration of 108 mobile lines per 100 inhabitants, which presents an opportunity for the Region to take advantage of this kind of technology for improving health.</p> <p>These documents are aligned with PAHO's work on e-Health and health information systems, through the initiative Information Systems for Health (IS4H), that introduces a framework of action and a common understanding of the specific components of information systems for health.</p> <p>It is aimed at improving decision and policy making mechanisms in the countries through health systems that will ensure universal, free and timely access to quality and open data, and strategic information using the most cost-effective ICT tools.</p>
<p><a href="#">WHA71.8</a> Improving access to assistive technology</p>	<p>Improving access to assistive technology Documents <a href="#">A71/21</a> and EB142/2018/REC/1, resolution <a href="#">EB142.R6</a></p>	<p><a href="#">CD53.R12</a> (2014) Plan of Action on Disabilities and Rehabilitation</p>	<p>This resolution on Assistive Technology (AT) includes devices such as wheelchairs, hearing aids, eye glasses and communication software which help people with difficulties in functioning to maintain or increase their independence and optimize well-being. Therefore, it has the potential to impact a significant number of people across the Region including people with disabilities, older people, people with chronic diseases, or people with short-term injuries or impairments.</p>

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			<p>The resolution calls on Members States to increase policies and programs ensuring access to AT. It also calls for increased research, data, and international and regional collaboration. There is a request for a global report on AT in 2021.</p> <p>Thirty-two countries in the Region have ratified the UN Convention on the Rights of Persons with Disabilities, which includes ensuring access to assistive technology. Many countries, however, do not have plans or strategies relating to rehabilitation or the provision of assistive technologies, and those that do can often find the cost of procuring materials prohibitively expensive.</p> <p>In the regional Plan of Action on Disabilities and Rehabilitation 2014-2019, there is a target to ensure that at least 20% of countries in the Region include AT as part of their service delivery systems. As of the mid-term review in 2017, 26% had achieved this target.</p> <p>Provision of AT has both a technical and logistical component. Trained professionals such as prosthetists and orthotists and occupational therapists are required for production and/or delivery of AT. There is a general gross shortage of these professionals.</p> <p>Logistically there is also an urgent need to consider how AT products and or materials are procured within the Region, with many lessons that can be learned from the existing structures within the medicines and other health technologies sectors.</p>
<a href="#">WHA71.9</a> Infant and young child feeding	Maternal, infant and young child nutrition Comprehensive implementation plan on maternal, infant and young child nutrition: biennial report Document <a href="#">A71/22</a>	<a href="#">CD53.R13</a> (2014) Plan of Action for the Prevention of Obesity in Children and Adolescents  <a href="#">CSP28.R20</a> (2012)	Document <a href="#">A71/22</a> describes the progress made in carrying out the comprehensive implementation plan on maternal, infant and young child nutrition. It also provides information on the status of the national measures to give effect to the International Code of Marketing of Breast Milk Substitutes, adopted in resolution <a href="#">WHA34.22</a> (1981) and updated through

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	<p>Safeguarding against possible conflicts of interest in nutrition programmes Document <a href="#">A71/23</a></p>	<p>Strategy and Plan of Action for Integrated Child Health <a href="#">CD51/12</a> and <a href="#">CD51.R12</a> (2011) Plan of Action to Accelerate the Reduction in Maternal Mortality and Severe Maternal Morbidity  <a href="#">CD50.R11</a> (2010) Strategy and Plan of Action for the Reduction of Chronic Malnutrition  <a href="#">CD48.R4, Rev. 1</a> (2008) Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care</p>	<p>subsequent relate WHA resolutions and describe the progress made in drawing up technical guidance on ending the inappropriate promotion of food for infants and young children, as welcome with appreciation by the WHA resolution <a href="#">WHA69.9</a> (2016).</p> <p>The document can strengthen PAHO’s work on protecting food and nutrition policies from industry interference. The document offers a thorough decision-making process, so another implication of the document for the Americas is that PAHO will be able to use the document as a reference to produce concrete tools that will help government officials and also PAHO focal points to establish safeguards against conflicts of interest in nutrition policies and programs at country and subregional level.</p> <p>Document A71/23 presented a tool to analyze possible conflicts of interests at country level, when countries want to engage in partnerships with non-State Actors. It was developed at WHO and will be piloted in each Region (Brazil in the Americas).</p>
<p><a href="#">WHA71.13</a> Reform of the global internship programme</p>			<p>The resolution calls for improvements to the internship programme.</p> <p>Currently, PAHO participates in the Global Call for Interns to build on its roster of diverse candidates and continue to establish agreements with universities for the recruitment of interns.</p>

Resolution	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
<p><a href="#">WHA71.14</a> Rheumatic fever and rheumatic heart disease</p>	<p>Rheumatic fever and rheumatic heart disease Documents <a href="#">A71/25</a> and EB141/2017/REC/1, resolution <a href="#">EB141.R1</a></p>	<p>No regional resolutions on this topic.</p>	<p>This is a report to the World Health Assembly that describes the global situation on rheumatic fever and rheumatic heart disease, the public health strategies for its prevention, control and potential elimination, challenges to reduce the burden of RHD, and recommended actions for Member States and WHO to improve the public health response to RHD.</p> <p>In the Americas, there are approximately 12,846 deaths from RHD per year, representing 0.19% of all deaths. People in marginalized communities, including indigenous populations are disproportionately affected by this disease.</p>
<p><a href="#">WHA71.16</a> Poliomyelitis – containment of polioviruses</p>	<p>Eradication of poliomyelitis Documents <a href="#">A71/26</a>, <a href="#">A71/26 Add.1</a> and <a href="#">A71/26 Add.2</a></p>	<p><a href="#">CSP29/16</a> (2017) Situation Update on the Challenges of Supplying Inactivated Polio Vaccine to Maintain Eradication of the Disease in the Region of the Americas</p> <p><a href="#">CSP29/INF/7(F)</a> (2017) Plan of Action on Immunization: Midterm Review</p> <p><a href="#">CD54/7, Rev. 2</a> and <a href="#">CD54.R8</a> (2015) Plan of Action on Immunization</p> <p><a href="#">Regional Plan for Containment of Poliovirus in the Americas</a>, <a href="#">Regional-GAPIII</a> (2015)</p> <p><a href="#">CD50.R5</a> (2010) Strengthening Immunization Programs</p>	<p>The resolution <a href="#">WHA71.16</a> urges Member States to accelerate the containment of poliovirus activities to prepare and secure a lasting polio-free world.</p> <p>Countries of the Americas have advanced with the Regional Plan for Containment of Poliovirus in the Americas (Regional-GAPIII), that was endorsed by the Technical Advisory Group of Immunization in 2015 and it's aligned with the WHO Global Action Plan to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use (GAPIII).</p> <p>Regional-GAPIII includes an inventory of facilities with wild and Sabin polioviruses types 1, 2, and 3. All countries of the Region have presented at least two national reports on the survey process, inventory of facilities and final disposal of the materials identified.</p> <p>By the 9th Regional Certification Commission (RCC) meeting held in February 2018, a total of seven countries had designated 32 poliovirus essential-facilities (PEFs). By June 2018 the number of PEF was reduced to 20 and it is expected to continue decreasing.</p>

Resolution	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
			<p>Five countries have already nominated their National Authority for Containment (NAC). Each candidate facility must formally engage in the CCS to retain poliovirus type 2 and submit to their NAC an application for participation, which is the first step of the global certification process, as soon as possible and no later than 31 December 2019.</p> <p>The RCC requested that all countries submit updated containment reports by August 2018, with a complete inventory for type 2 polioviruses and advance with inventories for polioviruses types 1 and 3, and destroy all unneeded type 1, 2, and 3 materials. These updated country reports will be reviewed at the 10th RCC meeting planned for October 2018.</p> <p>PAHO staff will continue working with all countries of the Region promoting the containment of all polioviruses, and implementation of the resolution <a href="#">WHA71.16</a> to minimize the risk of reintroduction of poliovirus.</p>

**Table 2. Decisions Adopted by the 71st 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
<p><a href="#">WHA71(8)</a> Addressing the global shortage of, and access to, medicines and vaccines</p>	<p>Addressing the global shortage of, and access to, medicines and vaccines Documents <a href="#">A71/12</a> and EB142/2018/REC/1, decision <a href="#">EB142(3)</a></p>	<p><a href="#">CSP29/16</a> (2017) Situation Update on the Challenges of Supplying Inactivated Polio Vaccine to Maintain Eradication of the Disease in the Region of the Americas</p> <p><a href="#">CD55/10, Rev. 1</a> and <a href="#">CD55.R12</a> (2016) Access to and rational use of strategic and high-cost medicines and other health technologies</p>	<p>The new global strategy on access to medicines will build on previous WHO Medicines Strategies, integrate existing resolutions, and lay the foundation for the future work.</p> <p>Member States can avail of the PAHO Strategic Fund to resolve, in so far as possible regional shortage of medicines. The Strategic Fund can pool demand, identify potential suppliers, and work with NRAs of Regional Reference in ensuring quality. Very positive experience in this area has been achieved with Benzimidazole and Benzathine Penicillin, and strengthening the Strategic Fund mechanism to access high-cost medicines.</p>
<p><a href="#">WHA71(9)</a> Global strategy and plan of action on public health, innovation and intellectual property: overall programme review</p>	<p>Global strategy and plan of action on public health, innovation and intellectual property Documents <a href="#">A71/13</a> and EB142/2018/REC/1, decision <a href="#">EB142(4)</a></p>	<p><a href="#">CD51/INF/5-B</a> (2011) Implementation of the Global Strategy and Plan of Action on Public Health, Innovation, and Intellectual Property</p> <p><a href="#">CD48.R15</a> (2008) Public Health, Innovation and Intellectual Property: A Regional Perspective</p>	<p>The document reports the activity of the expert review panel approved by resolution <a href="#">WHA68.18</a> to conduct an overall program review of the global strategy and plan of action, its aims and objectives, and recommend a way forward, including details of what elements or actions should be added, enhanced or concluded until 2022.</p> <p>The report includes recommendations for each of the 8 elements of GSPOA for the period of 2018-2022 and with an estimated budget of US\$31.5 million (US\$ 16.3 million for the high priority actions). The budget is not covered within existing resources.</p> <p>The priority actions include many important measures that would be very useful in the Region.</p>

Decision	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
<p><a href="#">WHA71(11)</a> Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits</p>	<p>Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits</p>	<p><a href="#">CD45.R8</a> (2004) Disaster Preparedness and Response</p> <p><a href="#">CD44.R8</a> (2004) Influenza Pandemic: Preparation in the Hemisphere</p>	<p><b><i>Progress in the Region</i></b></p> <ul style="list-style-type: none"> <li>- There are currently more than 100 hospitals in 20 countries conducting routine sentinel surveillance for influenza</li> <li>- There are currently 25 National Influenza Centers (NICs) and one WHO Collaborating Center (CC) for Influenza Surveillance in the Region</li> <li>- More than 20 countries routinely share epidemiologic/virologic data with PAHO to determine patterns of influenza circulation</li> <li>- More than 1,000 samples are submitted from Latin American and the Caribbean NICs and national laboratories to the WHO CC at CDC Atlanta for characterization annually</li> <li>- 14 countries are routinely reporting epidemiologic data to the global data sharing platform FluID</li> </ul> <p><b><i>Implications for the Region</i></b></p> <ul style="list-style-type: none"> <li>- PAHO as a regional office has received PIP Framework Partnership Contribution Funds annually since 2014 and in 2018, and a total of eight countries in the region are receiving Framework funds (Bolivia, Colombia, Costa Rica, Dominican Republic, El Salvador, Haiti, Nicaragua, and Suriname).</li> </ul> <p>Additionally, all Member States in the Region must comply with the WHA resolution adopted in 2011 to support virus and benefit sharing.</p>
<p><a href="#">WHA71(15)</a> Implementation of the International Health Regulations (2005): five-year global strategic plan to improve public health preparedness and response, 2018-2023</p>	<p>Documents <a href="#">A71/7</a>, <a href="#">A71/8</a> and Decision <a href="#">EB142(1)</a></p>	<p><a href="#">CD56/INF/9</a> (2018) Implementation of the International Health Regulations (IHR)</p> <p><a href="#">CSP29/INF/6</a> (2017) Implementation of the International Health Regulations (IHR)</p>	<p>The Five-Year Global Strategic Plan to Improve Public Health Preparedness and Response, 2018-2023 (5Y-GSP, presented as Annex to Document <a href="#">A71/8</a>) was welcomed. PASB will continue to provide support to States Parties in their efforts to apply, implement, and comply with the IHR according to the following governance documents:</p>



Decision	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region Progress in the Region
		<p>Report of the <a href="#">Formal Regional Consultation on the International Health Regulations</a>, Sao Paulo, Brazil, 17-19 July 2017</p> <p><a href="#">CD55/9</a> (2016) Resilient Health Systems</p> <p><a href="#">CD55.R8</a> (2016) Resilient Health Systems</p>	<ul style="list-style-type: none"> <li>- PAHO Program and Budget 2018-2019, <a href="#">Official Document 354</a>, adopted by Member States through Resolution <a href="#">CSP29.R6</a>;</li> <li>- Sustainable Health Agenda for the Americas 2018-2030, Document <a href="#">CSP29/6, Rev. 3</a>, adopted by Member States through Resolution <a href="#">CSP29.R2</a>;</li> <li>- WHO Programme budget 2018–2019, Document <a href="#">A70/7</a>, adopted by Member States through Resolution <a href="#">WHA70.5</a>;</li> <li>- WHO Thirteenth General Programme of Work, 2019–2023, Document <a href="#">A71/4</a>, and adopted by Member States through Resolution <a href="#">WHA71.1</a>.</li> </ul> <p>In terms of States Parties' IHR related reporting obligations to the World Health Assembly, the States Parties Annual Report remains the only IHR requirement, pursuant to Article 54.1 and Resolution WHA61.2. The revised proposed format, resulting from a global consultative process, is available at: <a href="http://www.who.int/ihr/publications/WHO-WHE-CPI-2018.16/en/">http://www.who.int/ihr/publications/WHO-WHE-CPI-2018.16/en/</a>.</p>

## **B. FORTY-EIGHTH 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-eighth regular session of the General Assembly of the Organization of American States (OAS), held at its Washington, D.C. headquarters on 4-5 June 2018.<sup>1</sup>
2. The meeting was attended by Ministers of Foreign Affairs of the OAS Member States and other official delegates, representatives of governments accredited as permanent observers, representatives of agencies in the inter-American system, including PAHO, and entities belonging to the Summit Implementation Review Group. The Minister of Foreign Affairs of Paraguay, H.E. Mr. Eladio Loizaga, was elected president of this regular session of the General Assembly.
3. There was no predefined theme for this assembly, given the expectation that much of the discussion in the plenaries would center around the situation in Venezuela.
4. The OAS Secretary General, Mr. Luis Almagro Lemes, presented the opening remarks, which focused on the values of freedom, democracy, and the importance of combating corruption.
5. Most of the recommendations and resolutions had been discussed and agreed upon earlier by the Permanent Council. The exceptions were a resolution on Venezuela and a declaration regarding the situation in Nicaragua. 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 sessions.
6. The situation in Venezuela was addressed by many delegations during their opening statements, triggering outspoken discussions that lasted the entire meeting. The dynamic of the plenary sessions was characterized by statements from the delegates alternating with responses from the head of the Venezuelan delegation, Minister of Foreign Affairs, H.E. Mr. Jorge Arreaza. Mr. Arreaza noted that the regional economic blockade and diplomatic isolation were causing hardship for Venezuela.
7. At the end of the Assembly, the member states passed a resolution (19 in favor, 4 against, and 11 abstentions) on the situation in Venezuela (AG/RES. 2929 [XLVIII-O/18]), which states that “an unconstitutional alteration of the constitutional order of the Bolivarian Republic of Venezuela has occurred.” Among other provisions, it calls upon the

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<sup>1</sup> The agenda, detailed documents, and resolutions can be consulted at:  
<http://www.oas.org/en/48ga/>.

Government of Venezuela to allow the entry of humanitarian aid and to “implement epidemiological surveillance measures to prevent the aggravation of the humanitarian and public health crisis, particularly against the reappearance of diseases such as measles, malaria, and diphtheria.”

8. Following the vote on the resolution, the delegate from Venezuela took the floor for final remarks and specifically emphasized the health consequences of the economic blockade. By way of example, he pointed out that the measures had held up the procurement of 300,000 doses of insulin, antimalarials, cancer drugs, and vaccines that are procured through the PAHO Revolving Fund. He also mentioned that a vaccination campaign was currently ongoing, adding that Venezuela had received support from PAHO and that the Organization’s Director would be visiting Venezuela the following week to help promote the campaign.

9. Another resolution approved by the General Assembly, “Strengthening Multi-Sectoral Responses to the Crisis of Non-Communicable Diseases in the Americas,” was proposed by Barbados. The text had been drafted with PASB technical support following a joint high-level session of the OAS Permanent Council (PC) and the Inter-American Council for Integral Development (CIDI). The meeting, organized by PASB, Barbados, and the OAS Secretariat, took place on 19 March 2018 and was attended by representatives of 30 Member States.

10. The OAS General Assembly elected members to the following autonomous and/or decentralized bodies: the Inter-American Commission on Human Rights (IACHR), the Inter-American Court of Human Rights, the Inter-American Juridical Committee, the Justice Studies Center of the Americas, the OAS Board of External Auditors, and the Administrative Tribunal.

11. A selected list of 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 is given in the table below.

12. The venue for the forty-ninth regular session of the General Assembly remained undecided because no proposals had been received from member states as of the end of the forty-eighth regular session.

#### **Action by the Directing Council**

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

**Table. Resolutions adopted by the forty-eighth regular session of the OAS General Assembly of relevance for PAHO activities**

Resolutions of the OAS General Assembly	Linkage to PAHO activities
<p><a href="#">AG/RES. 2915 (XLVIII-O/18)</a></p> <p>Coordination of Volunteers in the Hemisphere in Response to Disasters and the Fight Against Hunger and Poverty – White Helmets Initiative</p>	<p>Health Emergencies Department</p> <p>Health and Human Rights (Resolution <a href="#">CD50.R8</a> [2010]) (Document <a href="#">CD50/12</a> [2010])</p>
<p><a href="#">AG/RES.2916 (XLVIII-O/18)</a></p> <p>Advancing Hemispheric Initiatives on Integral Development</p>	<p>Health Promotion and Social Determinants of Health Unit</p> <p>Health and Human Rights (Resolution <a href="#">CD50.R8</a> [2010])</p> <p>Establishment of SDG Alliance</p> <p>Policy on Ethnicity and Health (2017) (Resolution <a href="#">CSP29.R3</a>)</p> <p>Health, Human Security, and Well-being (Resolution <a href="#">CD50.R16</a> [2010]) (Document <a href="#">CD50/17</a> [2010])</p>
<p><a href="#">AG/RES. 2919 (XLVIII-O/18)</a></p> <p>Strengthening Multi-Sectoral Responses to the Crisis of Non-Communicable Diseases (NCDs) in the Americas</p>	<p>Noncommunicable Diseases and Mental Health Department</p> <p>Under PAHO and Barbados leadership, the Inter-American Task Force on Noncommunicable Diseases convened a joint high-level session of the OAS Permanent Council (PC) and the Inter-American Council for Integral Development (CIDI). The resolution is an outcome of that initiative.</p>
<p><a href="#">AG/RES. 2921 (XLVIII-O/18)</a></p> <p>Incorporating Multidimensional Criteria in Measuring Poverty and Development</p>	<p>Health Promotion and Social Determinants Unit</p> <p>Health and Human Rights (Resolution <a href="#">CD50.R8</a> [2010]) (Document <a href="#">CD50/12</a> [2010])</p>
<p><a href="#">AG/RES. 2928 (XLVIII-O/18)</a></p> <p>Promotion and Protection of Human Rights</p>	<p>Health and Human Rights (Resolution <a href="#">CD50.R8</a> [2010]) (Document <a href="#">CD50/12</a> [2010])</p>

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Resolutions of the OAS General Assembly	Linkage to PAHO activities
<p data-bbox="349 428 714 457"><a href="#">AG/RES. 2929 (XLVIII-O/18)</a></p> <p data-bbox="289 499 773 529">Resolution on the Situation in Venezuela</p>	<p data-bbox="846 346 1227 375">Health Emergencies Department</p> <p data-bbox="846 417 1365 478">Activities of the PAHO Revolving Fund and the PAHO Strategic Fund</p> <p data-bbox="846 520 1268 611">Health of Migrants (Resolution <a href="#">CD55.R13</a> [2016]) (Document <a href="#">CD55/11, Rev. 1</a>[2016])</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 2017 with respect 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 tables 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); Regional Intersectoral Forum for the Health of Central America and the Dominican Republic; Central American Economic Integration System (SIECA)
- Mesoamerica 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)

- 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
- Amazon Cooperation Treaty Organization (ACTO)

### *Integration Entities in Central America*

#### *Central American Integration System (SICA)<sup>1</sup>*

5. The Pan American Health Organization/World Health Organization (PAHO/WHO) provides technical cooperation to various entities (bodies, secretariats, and specialized institutions) of SICA. However, given the binding nature of the resolutions, this report focuses on the Council of Ministers of Health.

#### *Council of Ministers of Health of Central America (COMISCA)*

6. COMISCA is part of the political body of the SICA, whose purpose is to identify and prioritize regional health issues. COMISCA constitutes the main regional forum for analysis, deliberation, and presentation of proposals by the ministers of health. The last two regular meetings of COMISCA were held in the capital of Panama on 5 December 2017 and in Santo Domingo, Dominican Republic, on 21 June 2018. On 4 December 2017, a cooperation agreement was signed by the Executive Secretariat of COMISCA and PAHO/WHO, establishing the framework for cooperation and coordination to strengthen the joint activities of the two organizations, including the joint preparation (currently in progress) of the Subregional Cooperation Strategy for Central America and the Dominican Republic. This cooperation agreement complements the provisions of the cooperation agreement between PAHO/WHO and the General Secretariat of SICA, signed in 1995.

7. The Nutrition Institute of Central America and Panama (INCAP) is a SICA institution that specializes in food and nutrition. Founded on 14 September 1949, based in Guatemala and with offices in each of its other Member States: Belize, Costa Rica, El Salvador, Honduras, Nicaragua, Panama and Dominican Republic. Since its inception and until 2010 PAHO served as the administrator of INCAP and at the same time as participating member of the Directing and the Advisory Councils. Starting in 2010 the INCAP-PAHO relationship is governed by a Memorandum of Understanding for collaboration; the current MOU ends in December, 2019. Every two years a biennial work plan responding to PAHO's Strategic Plan is prepared and implemented with PAHO's technical advice. During 2017 operational plans for the reduction of child and adolescent obesity, the accreditation of Baby friendly hospitals, update of the micronutrients

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<sup>1</sup> More information on SICA is available at: <http://www.sica.int/>.

deficiency prevention strategy and training on the criteria for the humanization of baby delivery and breast feeding, were included as part of the PAHO-INCAP work plan.

8. The INCAP Directing Council is the highest governance body of the Institute; it is comprised of the ministers of health of the eight Member States and the Director of the Pan American Sanitary Bureau. INCAP's mission is to support the efforts of Member States, providing technical cooperation to achieve and maintain Food and Nutrition Security of their populations, through its basic functions of research, information and communication, technical assistance, training and mobilization of human resources, and mobilization of financial and non-financial resources. INCAP's Directing Council met in April 2018 in Panama, where resolutions on breast feeding and food labeling were approved.

<b>COMISCA</b> XLVIII Regular Meeting of COMISCA Santo Domingo, Dominican Republic, 21 June 2018	
<b>PAHO-related agreements and resolutions</b>	<b>Subregional impact and progress</b>
<p>COMISCA Resolution 02-2018</p> <p>Approve the results of the Second Regional Intersectoral Forum for Health of Central America and the Dominican Republic, with regard to:</p> <ul style="list-style-type: none"> <li>– The preparation of a preliminary proposal for updating the regional plan for lowering adolescent pregnancy, to be completed by December 2018.</li> <li>– The preparation of a regional study on equity and adolescent fertility, to create a baseline for the SICA region for monitoring inequalities and impacts in this population, with PAHO support.</li> </ul>	<p>The intersectoral forum is an important body for exploring subregional health issues in greater depth and thus requires close cooperation between PAHO (regional and subregional level) and the Executive Secretariat of COMISCA. Some countries question the frequency with which the forum is held (each semester), since it implies intense coordination and additional pressure on the <i>pro tempore</i> presidency.</p> <p>PAHO/WHO provided significant technical cooperation to COMISCA for the development of an adolescent pregnancy monitoring and evaluation strategy in the period 2016-2017, in collaboration with the United Nations Population Fund (UNFPA). The two organizations are well-positioned to respond to this resolution and develop an equity-based situation analysis.</p>
<p>COMISCA Resolution 03-2018</p> <p>Resolution on the creation of regional technical commissions, technical committees, regional mechanisms (networks), regional forums, and specialized COMISCA bodies and approval of general guidelines for their organization and operation.</p>	<p>The PAHO/WHO Subregional Program for Central America (CAM) works directly with COMISCA'S subregional technical commissions and mechanisms and has made an effort to link the respective operating plans in several of them. The commissions will participate in the review of these guidelines, making it important for PAHO to monitor this process to adapt to this new scenario.</p>



<b>PAHO-related agreements and resolutions</b>	<b>Subregional impact and progress</b>
<p>COMISCA Resolution 04-2018</p> <ul style="list-style-type: none"> <li>– Approval of the proposal that COMISCA be the community organization with the authority to adopt health regulations in the SICA region.</li> <li>– Final review and adjustments to Central America’s technical regulations on front-of-package nutritional warning labels and pharmacovigilance and good storage and distribution practices.</li> </ul>	<p>The proposal on front-of-package nutritional warning labels was sent for review by the Council of Ministers of Economic Integration (COMIECO). INCAP, together with CAM and the regional team of PAHO’s Risk Factors and Nutrition Unit, has continuously monitored this technical proposal, with support from COMISCA’s Technical Commission on Chronic Diseases and Cancer (CTCC).</p> <p>The adoption of front-of-package labeling in the SICA countries is one of the best practices recommended by PAHO/WHO for improving information about ultraprocessed foods. If approved by COMIECO, it will make it possible to create a subregional system that provides reliable information to guide consumers in their purchasing decisions, in addition to promoting consistency and homogeneity among the SICA member countries. The labeling regulation will help with the definition of products subject to regulatory policies, such as restrictions on advertising and publicity; the prohibition of sales and distribution in schools, health facilities, and workplaces; and the imposition of taxes. Front-of-package nutritional warning labels do not constitute a technical barrier to trade; furthermore, the population’s right to health should prevail over commercial interests. It is important to dialogue with COMISCA to encourage the ministers to play a more active role in the labeling issue.</p>

<b>PAHO-related agreements and resolutions</b>	<b>Subregional impact and progress</b>
<p>COMISCA Resolution 05-2018</p> <p>I. Approve the technical proposal to address malaria through a gender, intercultural, and human rights approach within the framework of the Health Plan for Central America and the Dominican Republic.</p>	<p>The technical proposal on malaria draws on the subregional documents of the SICA Regional Health Policy 2015-2022, the SICA Regional Gender Equality Policy, and the Health Plan for Central America and the Dominican Republic 2016-2020. The good practices implemented by PAHO/WHO at the regional and subregional level through the EMMIE Project (which ended in 2017-2018) and the newly implemented Regional Malaria Elimination Initiative (RMEI) are opportunities for joint efforts to which PAHO can make significant contributions in the subregion. The subregional team actively participates in the Regional Coordination Mechanism (MCR) and the Executive Secretariat of COMISCA to monitor the activities in the work plan and the regional malaria plan.</p> <p>This topic has yet to be addressed in the definition of priorities with the Technical Commission on Gender and Health; however, CAM will pay attention in the ongoing dialogue on the implications of commitments in this area.</p>
<p>COMISCA Resolution 06-2018</p> <p>The following documents were approved:</p> <p>I. Strategy on Medicines and Other Health Technologies for Central America and the Dominican Republic 2018-2021.</p> <p>II. Harmonized List of Medicines, eighth version.</p> <p>III. Regional Technical Guidelines for the Implementation of Pharmacovigilance Activities in Hospital Settings</p>	<p>CAM contributed to the evaluation of the Strategy on Medicines for Central American and the Dominican Republic 2015-2017, and the contextual framework and scope of the Strategy on Medicines and other Health Technologies for Central America and the Dominican Republic 2018-2021 were defined. Strategic lines and indicators were prioritized and a map of the strategy and monitoring mechanism was prepared. Support was also provided for the definition of regional technical guidelines for pharmacovigilance activities in hospital settings.</p> <p>It should be noted that the Harmonized List of Medicines is a duplication of PAHO's ongoing work with the Strategic Fund, which was indicated in a timely manner.</p>

PAHO-related agreements and resolutions	Subregional impact and progress
<p>COMISCA Resolution 07-2018, on health research priorities in the SICA region:</p> <p>I. Consider the Regional Agenda of Health Research Priorities approved; its five lines of action are:</p> <ol style="list-style-type: none"> <li>i. Policies and programs for health promotion and the prevention of harm to health.</li> <li>ii. Disease profiles by population group for the definition of intervention strategies.</li> <li>iii. Quality and patient friendliness in the health system and services.</li> <li>iv. An inclusive health system.</li> <li>v. A timely response to national and regional health emergencies.</li> </ol> <p>II. Instruct the Technical Commission on Health Research (CTIS) to consider the agenda in its operational planning for research in Central America and the Dominican Republic that yields scientific evidence in the priority lines of action and facilitates decision-making at the regional level.</p>	<p>Having a subregional agenda of research priorities makes it possible to offer the subregion guidelines to generate knowledge and channel sources of financing. The research priorities are broad enough to tackle these general lines of action from different perspectives with an integrative approach.</p> <p>CAM is in talks with the Technical Commission on Gender and Health to develop a new gender and health profile for Central America that will stress inequities and gaps for different populations within the context of gender equality and the framework of ethnicity and rights.</p> <p>With respect to line 4 on an inclusive health system, COMISCA participated in the validation of the first regional report on LGBTI access and use of the health services (<i>Addressing the causes of disparities in access and use of the health services by LGBTI persons</i>).</p>
<p>COMISCA Resolution 08-2018</p> <ul style="list-style-type: none"> <li>– Approve the second version of the harmonized list of laboratory reagents within the framework of COMISCA’s joint negotiations.</li> <li>– Given its competencies, instruct the Laboratory Network of Central America and the Dominican Republic (REDLAB) to determine the pertinent factors for including the rapid hepatitis and syphilis test in the third</li> </ul>	<p>CAM did not participate in the approval of the second version of the harmonized list of laboratory reagents. PAHO/WHO should monitor this process to prevent duplication of the work of the Strategic Fund, which also procures laboratory reagents.</p> <p>Rapid hepatitis C and syphilis tests have been introduced in the Strategic Fund and are available in the countries. In the subregion, has been provided with the MCR for the production of evidence with respect to viral hepatitis B and C and the epidemiological analysis of syphilis, giving priority to pregnant women. With support from the regional team, the subregional</p>

<b>PAHO-related agreements and resolutions</b>	<b>Subregional impact and progress</b>
<p>version of the harmonized list of laboratory reagents.</p> <ul style="list-style-type: none"> <li>– Declare the equipment of the SICA countries' satellite monitoring system an asset of public health interest to include it in the COMISCA's joint negotiation mechanism.</li> <li>– Instruct the Executive Secretariat of COMISCA to coordinate the technical and administrative process with the Central American Fisheries and Aquaculture Organization (OSPESCA) and engage in joint negotiations with the teams of the SICA countries' monitoring system.</li> </ul>	<p>team should intensify activities to improve the diagnostic algorithms for viral hepatitis, access to hepatitis C drugs, the development of burden-of-disease projections, and the strengthening of epidemiological surveillance of hepatitis B and C. Capacity- and skill-building for health professionals is an important strategy for the sustainability of these activities.</p> <p>While the joint negotiation mechanism for procuring equipment and services for the SICA countries' satellite monitoring system is an important mechanism for guaranteeing the source and safety of seafood products through their traceability and helps ensure the physical integrity and safety of fishermen and -women in the subregion, its interest to public health is still a matter of debate. Furthermore, this type of acquisition implies knowledge and experience in areas beyond the sphere of public health.</p>
<p>COMISCA Resolution 09-2018</p> <ul style="list-style-type: none"> <li>– Recognize the importance of tuberculosis elimination and the sustainability of supranational laboratories. The Executive Secretariat is instructed to work with the Laboratory Network of Central America and the Dominican Republic (REDLAB) and the directors of the national tuberculosis programs to develop a regional position on this issue, which should be presented to the Heads of State and Government during the United Nations (UN) General Assembly in September 2018 in New York, United States.</li> <li>– On 13 August 2018, hold a special virtual meeting of COMISCA, whose sole agenda item will be approval of the regional position on tuberculosis elimination and the sustainability of supranational laboratories.</li> </ul>	<p>In conjunction with the MCR, the region has supported monitoring of the Program for Strengthening the Tuberculosis Laboratory Network in the Region of the Americas. The subregion only has activities for human development in laboratories and the shipment of samples to each of these laboratories. Still pending is the tuberculosis program directors' integration in a joint subregional team that supports the implementation of these and other strategies needed to accelerate the End TB strategy.</p>

PAHO-related agreements and resolutions	Subregional impact and progress
<p>– Instruct the Executive Secretariat of COMISCA to take the pertinent action with the Executive Secretariat of the Council of Ministers of the Treasury and Finance of Central America and the Dominican Republic (SECOSEFIN) to consider proposals for facilitating the transfer of samples between supranational laboratories.</p>	

<p style="text-align: center;"><b>COMISCA</b> XLVII Regular Meeting of COMISCA Panama, 5 December 2017</p>	
PAHO-related agreements and resolutions	Subregional impact and progress
<p>Approval of the proposal for the strengthening and financial sustainability of the COMISCA model for joint negotiation of drug prices and procurement, which includes the participation of non-SICA-member health institutions as users of this joint negotiation mechanism.</p>	<p>To a greater or lesser extent, all SICA member countries use the PAHO Strategic Fund to purchase medicines and PAHO maintains an open dialogue with the Executive Secretariat of COMISCA to identify opportunities for joint work. Furthermore, the countries receive continuous technical cooperation to manage supplies and estimate national needs in order to improve the planning and scheduling of purchases and avoid stock-outs. Close coordination with COMISCA is needed in order to create synergies and avoid duplication of efforts between the joint negotiation model and the PAHO Strategic Fund.</p>
<p>Review and analysis of the proposed regulations for front-of-package nutritional labeling, requesting that INCAP provide evidence and technical support for the process, and also requesting that the Executive Secretariat of COMISCA monitor the coordination with the SICA Secretariat, the General Secretariat of SIECA, INCAP, and the <i>pro tempore</i> presidencies of COMISCA and COMIECO.</p>	<p>PAHO, through its participation in INCAP's Directing Council and Advisory Committee, and through the technical assistance provided at the country level, helps define standards for front-of-package nutritional labeling that is compatible with the commitments made by the SICA member countries to the Governing Bodies of PAHO and WHO.</p>

<b>PAHO-related agreements and resolutions</b>	<b>Subregional impact and progress</b>
<p>Approval of the joint approach to requesting Global Fund grants to combat HIV/AIDS in Central America and the Dominican Republic, in order to ensure cost-effective interventions.</p>	<p>The document on the joint approach was prepared with the technical support of PAHO/WHO, the Global Fund team, the MCR, and strategic partners in the subregion. The document was harmonized in accordance with WHO health strategies and the PAHO Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections 2016-2021, and was validated by the technical team of the Executive Secretariat of COMISCA and the MCR. The joint approach complements the PAHO Plan of Action 2016-2021 by focusing on combination prevention. It will also help combat mother-to-child transmission of HIV and congenital syphilis, bringing the countries closer to the elimination of this type of transmission. The joint approach allows the countries of the Central American subregion to advance with standardized and harmonized criteria, identify gaps between countries and, finally, formulate strategies to close these gaps.</p>
<p>Approval of proposed strategic guidelines resulting from the First Regional Intersectoral Forum for the Health of Central America and the Dominican Republic, held in Panama on 24-25 October 2017, which address the health of migrants, healthy diet, environment (air, water, and soil; and control of antimicrobial resistance), and mental health, as follows:</p> <p>Formulation of a regional policy focused on the social determinants of health and human rights for an intersectoral approach to the health of migrants that includes sustainable financing and the promotion of solidarity among SICA members.</p>	<p>The recommendation to formulate a regional policy on the health of migrants provides the opportunity for PAHO to give technical cooperation within the framework of implementation of policy paper CD55/11, Rev.1 (Health of Migrants) and Resolution CD55.R13, adopted by the 55th Directing Council of PAHO, and to move forward in the implementation of the Declaration on Health and Migration in Mesoamerica.</p>

<b>PAHO-related agreements and resolutions</b>	<b>Subregional impact and progress</b>
<p>Healthy diet: The summit of Heads of State and Government of the Region was requested to adopt the Policy on Food and Nutrition Security in Central America and the Dominican Republic 2012-2032, to formulate a legal framework for regional action for a healthy and sustainable diet throughout the life course, and to issue a regional declaration on the importance of promoting a sustainable healthy diet with an intersectoral approach throughout the Region.</p>	<p>The recommendation to adopt a policy on food and nutrition security offers the opportunity to work with the respective subregional entities, together with INCAP, in order to harmonize the various existing mandates at the regional and world levels and in Central America in particular.</p>
<p>Antimicrobial resistance: review and harmonization of strategies, plans, and programs in order to formulate an intersectoral regional plan to control antimicrobial resistance (PAHO/WHO, International Regional Organization for Plant Protection and Animal Health [RIOPPAH], United Nations Food and Agriculture Organization [FAO], World Organization for Animal Health [OIE], and the health, environment, and agriculture sectors).</p>	<p>This recommendation creates the opportunity for PAHO/WHO technical cooperation on this subject, involving intersectoral coordination with different SICA entities to promote implementation of PAHO Resolution CD54.R15, Plan of Action on Antimicrobial Resistance and the Global Action Plan on Antimicrobial Resistance (Document WHA68.7), respectively.</p>
<p>Environmental health: it was recommended that a regional policy on water, sanitation, air, and soil be prepared, as well as the corresponding investment plan; integrated management of garbage and solid waste; management of the agrochemical substances and creation of regional strategic partnerships for the exchange of information on environmental indicators that have an impact on health.</p>	<p>The recommendation creates an opportunity for intersectoral work within SICA, with the Regional Technical Team for Water and Sanitation (ETRAS) and other technical units participating in the preparation of this policy.</p>

PAHO-related agreements and resolutions	Subregional impact and progress
Mental health: It was requested that a regional mental health policy be developed to guide the implementation of regional strategies, plans, and programs, ensuring an approach that takes into account intersectoral and intercultural factors, human rights, gender, and social determinants.	PAHO supports the SICA member countries and entities of the integration mechanism in the implementation of mental health activities, including the reorganization of mental health services in primary care, adolescent health, data collection and analysis, and the recommendations arising from the XXVII, XXVIII, XXX, and XXXII Meeting of the Health Sector of Central America and the Dominican Republic (RESSCAD) <sup>2</sup> on the subject. This creates an opportunity to implement the Plan of Action on Mental Health for 2015-2020 (Document CD53/8, Rev. 1) and also to ensure that the illicit drug problem is included in the health agenda of the countries of the Region and that this problem is defined as a public health issue in drug control policies.

*Mesoamerican Integration and Development Project: Mesoamerican Public Health System<sup>3</sup>*

9. 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 (SMSP)*

10. The purpose of the Mesoamerican Public Health System (SMSP) is to respond to the main common challenges in public health and to strengthen the national health systems through selected interventions and operational support of the Mesoamerican Institute of Public Health (IMSP), established on 3 July 2009. Costa Rica took the *pro tempore* chair in August 2017, during the Second Meeting of National Coordinators of the Mesoamerican Public Health System, held in Cali (Colombia), where the next steps were also defined in the process of restructuring of the SMSP. In June 2017, the SMSP was strengthened with: the establishment of a Mesoamerican Strategic Framework for Public Health; technical endorsement of the SMSP operational regulations, to be submitted for the approval of the Council of Ministers; mapping of the advances made in the implementation of national health plans; and a road map to manage the resources needed to finance SMSP activities. In September 2017, the VIII Meeting of the Council of Ministers of the SMSP was held in

<sup>2</sup> More information on RESSCAD is available at: <http://www.paho.org/resscad/>.

<sup>3</sup> More information on the Mesoamerican Integration and Development Project is available at: <http://www.proyectomesoamerica.org/>.



Washington, D.C., where the SMSP operational regulations were updated and the Mesoamerican Strategic Framework for Public Health was approved.

11. El Salvador assumed the *pro tempore* presidency on 1 July 2018 during the III Meeting of National Coordinators of the Mesoamerican Public Health System, held in Bogota, Colombia. At this meeting, the participants agreed to review the master plans that describe national contributions to the achievement of regional indicators and to coordinate the activities of the Mesoamerican Network on Health and Migration with the Executive Secretariat of COMISCA and “ensure their due linkage”. The Pan American Sanitary Bureau was also called upon to “actively support the implementation of SMSP activities and monitor fulfillment of the established mandates and commitments”.

<b>Mesoamerican Integration and Development Project: Mesoamerican Public Health System</b>	
VIII Meeting of the Council of Ministers of the SMSP, Washington, D.C., 24 September 2017	
PAHO-related agreements and resolutions	Subregional impact and progress
Updating of the SMSP operational regulations	Updating the operational regulations strengthens SMSP’s institutionality and lays the groundwork for its linkage with other international institutions and organizations, creating an opportunity to formalize the relationship between the Meeting of Ministers of Health of Mesoamerica and PAHO.
Approval of the Mesoamerican Strategic Framework for Public Health.	As a planning instrument, this framework will help to more clearly define the areas of collaboration between the Mesoamerican Public Health System and PAHO, in addition to those already defined in the Mesoamerican Master Plans.

### ***Caribbean Integration Entities***

#### ***Caribbean Community (CARICOM)<sup>4</sup>***

12. The CARICOM Community (CARICOM), a grouping of 20 countries (15 Member States and five Associate Members), came into being in July 1973 with the signing of the Treaty of Chaguaramas, which defines its structure, which consists of organs, bodies and institutions. The organs are the Conference of Heads of Government and the Ministerial Councils, which have responsibility for key policy areas and are the decision-making bodies of CARICOM. The CARICOM Community Strategic Plan 2015-2019, operationalizes its pillars: economic integration; foreign policy coordination; human and social development; and security.

<sup>4</sup> More information on the CARICOM is available at: [www.caricom.org](http://www.caricom.org).

13. The CARICOM Conference of Heads of Government meets twice a year: an inter-sessional meeting and a regular meeting. CARICOM convenes an annual Council for Human and Social Development (COHSOD), which is responsible for the promotion of health, education, and living and working conditions in the Caribbean Community. The chair rotates among the member countries every year. COHSOD meetings are traditionally held at PAHO Headquarters prior to the Pan American Sanitary Conference or the Directing Council.

14. PAHO's relationship with CARICOM is defined by a Memorandum of Understanding, signed in 1983. The PAHO Subregional Program Coordination Office is the Organization's main interlocutor with CARICOM; and through its technical cooperation, PAHO supports the development and implementation of the Caribbean Cooperation in Health, the functional cooperation strategy for health adopted by CARICOM Ministers of Health. The PAHO Subregional Cooperation Strategy for 2016-2019 is fully aligned with the CARICOM Caribbean Cooperation in Health strategy for 2016-2025.

15. The Caribbean Public Health Agency (CARPHA) is an institution of the Caribbean Community (pursuant to Article 21 of the Revised Treaty of Chaguaramas) established in 2011. The Twenty-Eighth Conference of Heads of Government of the Caribbean Community in July 2007 approved the integration of the five Caribbean Regional Health Institutions into a single agency, CARPHA. Two of the Regional Health Institutions, the Caribbean Epidemiology Centre (CAREC) and the Caribbean Food and Nutrition Institute (CFNI) were administered by PAHO. PAHO's 50th Directing Council adopted Resolution CD50.R14, which requested PAHO to work with the CARICOM Secretariat to transfer the relevant functions and resources of CAREC and CFNI to CARPHA.

16. Since CARPHA's establishment in 2012, a framework agreement between CARPHA and PAHO has been in place that defines the relationship between the two institutions. Under this framework agreement, CARPHA and PAHO jointly prepare biennial work plans where PAHO provides financial support towards strategic objectives based on the two parties' respective roles, responsibilities, and objectives.

<b>CARICOM</b> 39th Regular Meeting of the CARICOM Conference of Heads of Government Montego Bay, Jamaica, 4-6 July 2018	
<b>PAHO-related agreements and resolutions</b>	<b>Subregional impact and progress</b>
10th anniversary of the First Summit of CARICOM Heads of Government on Chronic Noncommunicable Diseases and the Declaration of Port of Spain:  39th Regular Meeting of the Conference of Heads of Government convened in July 2018 and "encouraged Member States"	In support of the recent Heads of Government decision points, WHO/PAHO is supporting CARICOM with the preparations for the Third High-Level Meeting on NCDs including technical inputs to the negotiation of the Outcome Political Document as well as support towards the organization of the side events.

<b>PAHO-related agreements and resolutions</b>	<b>Subregional impact and progress</b>
<p>representation at the highest level to the High-Level Meeting on NCDs, September 2018 and agreed that Member States would support the side-events leading up to the HLM3 and host a side-event during the HLM3 to celebrate the anniversary of the Port-of-Spain Declaration.</p> <p>Heads of Government endorsed the following six priorities for the Region to be negotiated in the Outcome Political document:</p> <ul style="list-style-type: none"> <li>○ Establishing and maintaining a smoke-free status for the Region.</li> <li>○ Implementing policies geared to preventing childhood obesity, including for health-promoting school environments and Front of Package (FOP) labelling.</li> <li>○ Promoting the elimination of cancer of the cervix.</li> <li>○ Support for mitigation of post-disaster vulnerabilities related to NCDs in particular nutrition, treatment and care.</li> <li>○ Increasing international financing and technical support.</li> <li>○ Strengthening accountability in particular through national coordinating mechanisms.</li> </ul> <p>Recognition of insufficient progress toward implementing the actions recommended in the Port-of-Spain Declaration.</p>	<p>PAHO supported the CARICOM Secretariat with a briefing paper on the noncommunicable disease situation in the Caribbean and achievement of progress towards global recommendations as an input to the Heads of Government meeting. As a result, Heads of Government recognized that the Community had not made sufficient progress towards implementing the actions recommended in the Port of Spain Declaration and recommended that Member States support policies that promote harm reduction, such as fiscal measures related to the taxation of tobacco products, alcohol, and sugary foods to support the health sector. The recommendations of the Heads of Government provided the needed impetus for accelerated intersectoral action, including work with the Caribbean Court of Justice on health and law related to sugar sweetened tax legislation. PAHO is supporting CARICOM to convene health and trade ministers to discuss trade related issues that impede progress towards the elimination of childhood obesity.</p> <p>In addition, the G20 Health Working Group focuses on “child overweight and obesity” as an area of particular interest and CARICOM has been invited by Argentina to the G20 Meetings.</p>

<b>CARICOM</b>	
33rd Meeting of the Council for Human and Social Development (COHSOD): Health Washington, D.C., 23-24 September 2017	
<b>PAHO-related agreements and resolutions</b>	<b>Subregional impact and progress</b>
<p>Caribbean Cooperation in Health IV (CCH IV): Framework for coordinated action on health in the Caribbean</p> <p>COHSOD endorsed the expanded membership for the CCH IV steering committee and emphasized the importance of an implementation plan and a monitoring and evaluation framework for CCHIV.</p>	<p>The PAHO Subregional Cooperation Strategy was developed and is fully aligned with the CCH IV, and technical cooperation contributes to the CCH IV lines of action. The Caribbean Public Health Agency (CARPHA) has responsibility for the monitoring and evaluation framework of CCHIV. In addition, PAHO, as a member of the CCH IV Secretariat, provides technical cooperation for the development of the monitoring and evaluation framework and implementation plan, ensuring alignment with the SDGs and regional mandates.</p>
<p>Noncommunicable diseases: Progress toward the WHO targets for noncommunicable diseases</p> <p>COHSOD recognized the limited progress toward the global targets for noncommunicable diseases and the time-bound commitments needed to transform health systems to respond effectively to the increased burden of these diseases, with special emphasis on primary health care. It also expressed support for implementing the WHO Global Hearts Initiative as an innovative strategy to transform health systems and strengthen integrated management of noncommunicable diseases.</p>	<p>PAHO provides financial and technical support to the Caribbean Public Health Agency (CARPHA) to achieve aligned and coordinated action toward the WHO targets for noncommunicable diseases, including support for implementation of the WHO Global Hearts Initiative.</p> <p>CARPHA's "6-point policy package" on healthier food environments is a comprehensive, evidence-based set of policies that has been validated by the CARICOM Council for Trade and Economic Development. The CARPHA initiative is aligned with the WHO targets for noncommunicable diseases. The policies include: <i>a</i>) mandatory food labeling; <i>b</i>) nutritional standards and guidelines for schools; <i>c</i>) reduction in the marketing of unhealthy foods; <i>d</i>) fiscal and trade measures; <i>e</i>) product reformulation and work with manufacturers to reduce harmful ingredients such as fat, salt, and sugar levels; and, <i>f</i>) the promotion of fruit and vegetable consumption.</p>

<b>PAHO-related agreements and resolutions</b>	<b>Subregional impact and progress</b>
<p>Noncommunicable diseases: Report on Cooperation Among Countries in Health and Development (CCHD) between CARICOM and Chile.</p>	<p>The COHSOD recognized Chile's leadership in front-of-package labeling as a useful tool to address childhood obesity and the COHSOD approved the CCHD between CARICOM and Chile. As a result of this CCHD, two CARICOM countries are in the process of submitting proposals for front-of-package labeling to the Council for Trade and Economic Development (COTED). CARICOM Institutions such as CARPHA, UWI, and the CARICOM Regional Organization for Standards and Quality (CROSQ) are part of this initiative.</p>
<p>The Strategy and Plan of Action for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis (Resolution CD50.R12) indicates that the basic conditions for eliminating the two diseases are within reach of the countries. In 2017, six countries and territories<sup>5</sup> received validation of the elimination of mother to child transmission of HIV and syphilis.</p>	<p>The COHSOD report includes a decision point to encourage remaining countries to complete reports for submission to the validation committee. The COHSOD decision point provides the opportunity for continued and strengthened technical cooperation to the remaining countries in the Caribbean that plan to apply for validation.</p>
<p>Implementation of the International Health Regulations (IHR) (2005) (Resolution WHA65.23): An update on the status of IHR core capacities was presented to Ministers. The COHSOD acknowledged the increase in State Party membership to the International Atomic Energy Agency (IAEA) to develop capacities to deal with radionuclear events. The COHSOD urged State Parties to pursue a multi-sectoral approach, including the Ministry of Finance to plan for the IHR. State Parties were also urged to finalize and commence implementation of their national action plans on antimicrobial resistance, in accordance with Resolution CD54.R15 Plan of Action on Antimicrobial Resistance.</p>	<p>The decision points provide the opportunity to continue technical cooperation to State Parties to strengthen IHR core capacities, particularly in areas such as chemical events and facilitating membership to the IAEA.</p> <p>PAHO helped countries develop action plans on antimicrobial resistance, in accordance with Resolution CD54.R15. The COHSOD decision provides the opportunity to further support Member States to finalize the AMR plans and begin implementation.</p>

<sup>5</sup> Anguilla, Antigua and Barbuda, Bermuda, Cayman Islands, Montserrat, and St Kitts and Nevis.

PAHO-related agreements and resolutions	Subregional impact and progress
<p>Health financing and Universal access to health and universal health coverage: CARICOM Member States agreed to consider a high-level dialogue on improving efficiency in health service delivery and sustainable financing that will improve the resilience of health systems (in line with Resolution CD55.R8 on Resilient Health Systems).</p>	<p>PAHO is supporting the Organization of Eastern Caribbean States (OECS) working group to review current health financing arrangements and conducting case studies on health financing and health service delivery models for universal health coverage. There is an opportunity for the results of the review and case studies to contribute to a policy dialogue on health financing with Ministers of Finance. The COSHOD decision and the OECS working group provide the platform to present the results of these efforts to the OECS Heads of Government and then expand to CARICOM Heads of Government.</p>
<p>Human resources for universal health: Ministers were presented with the consultation process taken to develop a Caribbean roadmap on human resources for universal health. Ministers recognized the need to support actions of countries to strengthen human resources for health and endorsed in principle the priorities agreed by Member States to implement the roadmap.</p>	<p>The Caribbean Roadmap on Human Resources for Universal Health provides an opportunity to support Caribbean countries to align their HRH plans with the PAHO Strategy on Human Resources for Universal Access to Health and Universal Health Coverage (CSP29/10). PAHO is responding to Member States by conducting a survey on migration of health workers in the Caribbean to provide Member States with an analysis of the issues impacting the health workforce. The results of this study will be integrated into the Caribbean Roadmap on Human Resources for Universal Health.</p>

### *South American Integration Entities*

#### *Andean Community (CAN): Andean Health Agency–Hipólito Unanue Agreement (ORAS-CONHU)<sup>6</sup>*

17. 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).<sup>7</sup> 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. PAHO's Subregional Program for South America is the Organization's main interlocutor with ORAS-CONHU and, through its technical cooperation, it supports the development and implementation of

<sup>6</sup> More information on ORAS/CONHU is available at: <http://www.orasconhu.org>.

<sup>7</sup> More information on REMSAA resolutions is available at: <http://www.orasconhu.org/reuniones-ordinarias>

its recently approved strategic plan for health integration. The PAHO subregional cooperation strategy for South America for 2019-2022 is completely in accordance with the ORAS-CONHU strategic plan for health integration for 2018-2022. The XXXI Special Meeting of Ministers of Health of the Andean Area was held in Lima on 15 February 2018. The next REMSAA meeting is scheduled for 6-7 September 2018 in Lima, Peru.

<b>ORAS-CONHU</b> XXXI Meeting of Ministers of Health of the Andean Area (REMSAA) Lima, Peru, 15 February 2018	
<b>PAHO-related agreements and resolutions</b>	<b>Subregional impact and progress</b>
Approval of the Andean Health Agency's 2018-2022 strategic plan and review of its annual operating plan for 2018	PAHO is working with ORAS-CONHU to identify measures and joint activities within the respective programmatic frameworks of PAHO and ORAS. Areas of joint effort have been defined and prioritized in accordance with the PAHO Strategic Plan 2014-2019 and PAHO's subregional cooperation strategy for South America.

<b>ORAS-CONHU</b> Meeting of Ministers and Secretaries of Health on "Contribution of regional integration in the Americas: Toward the goal of ending tuberculosis" Lima, Peru, 15 February 2018	
<b>PAHO-related agreements and resolutions</b>	<b>Subregional impact and progress</b>
The commitment to end tuberculosis in the Region was reaffirmed. There was an analysis of ways to ensure the sustainability of the project to strengthen the tuberculosis laboratory network in the Region of the Americas, administered by ORAS-CONHU and financed by the Global Fund to Fight AIDS, Tuberculosis, and Malaria.	PAHO contributed considerably to the development of this project and supports its execution. This declaration offers an opportunity for PAHO to identify the best strategy to support this phase of implementation through adequate coordination with the regional tuberculosis program. This will make it possible to implement WHO Resolution WHA67.1, <i>Global strategy and targets for tuberculosis prevention, care and control after 2015</i> , and PAHO Resolution CD54.R10, Plan of Action for the Prevention and Control of Tuberculosis.

*Southern Common Market (MERCOSUR):<sup>8</sup> Meeting of Ministers of Health of MERCOSUR and Working Subgroup 11, on Health (SGT 11)*

18. Working Subgroup 11 on Health addressed health issues during the Meeting of Ministers of Health of MERCOSUR and Associated States. The Working Subgroup is a technical body made up of representatives of the States Parties of MERCOSUR. Its main objective is the formulation

<sup>8</sup> More information on MERCOSUR is available at: <http://www.mercosur.int>.

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. Brazil held the *pro tempore* presidency in the second half of 2017. Meetings are held in the country that holds the *pro tempore* presidency. PAHO participates as the technical advisory agency on health. An umbrella memorandum of understanding was signed between PAHO and MERCOSUR on 11 June 2015. PAHO's Subregional Program for South America is the Organization's main interlocutor with MERCOSUR and, through its technical cooperation, it supports development and implementation of the thematic areas contained in the memorandum of understanding. PAHO's subregional cooperation strategy for South America for 2019-2022 is entirely coherent with the thematic areas defined in the memorandum of understanding. The XLI Meeting of Ministers of Health of MERCOSUR was held in Foz de Iguazú, Brazil on 7 December 2017. The XLII Meeting of Ministers of Health of MERCOSUR was held on 15 June 2018 in Asunción, Paraguay. At this meeting, the *pro tempore* presidency was transferred to Uruguay. The next meeting will be held on 15 June 2018 in Paraguay.

<b>MERCOSUR</b> XLII Meeting of Ministers of Health of MERCOSUR Asunción, Paraguay, 15 June 2018	
<b>PAHO-related agreements and resolutions</b>	<b>Subregional impact and progress</b>
Migration in the region	This agreement reaffirms resolutions CD55.R13 of PAHO and WHA61.17 of WHO on the health of migrants, which are firmly grounded in the International Health Regulations and declare full respect for the dignity, human rights, and fundamental freedoms of people. In this agreement, PAHO is requested to provide technical cooperation to enable the countries and the subregion to deal with the current situation of increased migration, within a framework of rights.
Prioritization of issues in the framework of a regional nutrition and food security strategy for MERCOSUR	This resolution makes it possible to tackle the two aspects of malnutrition. The proposal for the preparation of a work plan opens the possibility of PAHO/WHO cooperation to address inequities and the prevention and control of obesity and chronic diseases associated with food and nutrition. There is also the potential for cooperation among integration mechanisms and subregions.



<b>PAHO-related agreements and resolutions</b>	<b>Subregional impact and progress</b>
Principles in MERCOSUR for front-of-package labeling of foods with excessive fat, sodium, and sugar content.	The agreements are based on the limits of excess critical nutrients, in keeping with the recommendations of PAHO/WHO, and state that the messages must be clear, simple, and evidence-based, as well as compulsory. The agreement was drafted with technical cooperation from PAHO/WHO and creates the potential for cooperation among integration mechanisms and subregions.
Strengthening of health regulatory authorities in MERCOSUR	Based on PAHO/WHO Resolution CD50.R9, <i>Strengthening National Regulatory Authorities for Medicines and Biologicals</i> and WHO Resolution WHA67.20, <i>Regulatory system strengthening for medical products</i> , it also declares that technical cooperation is essential and requests PAHO/WHO support for it under the current Memorandum of Understanding on Cooperation. This will facilitate the strengthening of these authorities, based on an established assessment and plan. There is potential for cooperation among integration mechanisms and subregions.
Updated structure and work methodology for the Meeting of Ministers of Health of MERCOSUR	It considers the work of the Intergovernmental Commission for the Control of Vector-borne Diseases completed. This is a priority issue in the current Memorandum of Understanding on Cooperation. Standardizing the procedure for cooperation requests will enable PAHO/WHO to employ a similar process for evaluating such requests.
Integrative border health issues for MERCOSUR	This refers to the statements about border health in the Health Agenda for the Americas 2030 and prioritizes this work in the sphere of integration, particularly with respect to health surveillance and information, health networks and services, the development of human resources for health, and tackling the social determinants of health. It requests PAHO technical cooperation. It promotes use of the good practices of ORAS and member countries of other integration mechanisms. There is potential for synergies with the South American Gran Chaco project and the anticipated work with ACTO.

<b>PAHO-related agreements and resolutions</b>	<b>Subregional impact and progress</b>
Memorandum of Understanding on Cooperation between MERCOSUR and PAHO/WHO	The experience with the implementation of some activities under the Memorandum of Understanding on Cooperation is recognized. New priority issues are added (women's and children's health), and the synergies with other integration mechanisms are strengthened.
Ratification of the WHO Framework Convention on Tobacco Control (FCTC) and the Protocol to Eliminate Illicit Trade in Tobacco Products	This refers to the Sixth Session of the Conference of the Parties to the WHO FCTC and to the call to eliminate illicit trade, a key element of the FCTC, inviting the States Parties and Associate Members of MERCOSUR to its ratification. It specifically identifies this as having potential for cooperation among countries and intersectoral cooperation.
Universal health coverage and access to essential medicines	This refers to the <i>Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018-2023</i> , approved by the 29th Pan American Sanitary Conference, and the <i>WHO Polio Eradication and Endgame Strategic Plan 2013-2018</i> . It requests PAHO technical cooperation to contain outbreaks and prevent the reintroduction of preventable diseases that have already been eliminated. There is potential for cooperation with other integration mechanisms, subregions in the Americas, and other regions in the world.
Situation regarding the risk of the reintroduction of diseases that have already been eliminated in the Region of the Americas, with emphasis on measles, rubella, and polio.	Reference to resolutions A/HRC/RES/23/14 of the United Nations Human Rights Council; CD53.R14 of the 53rd Directing Council of PAHO, and WHA60.27 of the WHO World Health Assembly. It emphasizes the importance of access to quality basic health services and to safe, effective, and efficacious essential drugs and vaccines for all. It states that Resolution WHA56.27 recommends that “bilateral trade agreements should not attempt to incorporate TRIPS-plus protective measures through formulas that can reduce access to drugs in the developing countries”, to ensure that the trade agreements signed by MERCOSUR consider the impact of including such clauses. There is potential for cooperation with other integration mechanisms and subregions in the Americas.

<b>MERCOSUR</b> XLI Meeting of Ministers of Health of MERCOSUR Foz de Iguazú, Brazil, 7 December 2017	
<b>PAHO-related agreements and resolutions</b>	<b>Subregional impact and progress</b>
Sexual and reproductive health and its inclusion in primary health care in the MERCOSUR countries.	This is an area of subregional coordination in which PAHO collaborates with ORAS-CONHU and UNASUR. It is also an area of possible cooperation with MERCOSUR and among the subregions (e.g. with SICA). This agreement is synergized with the Strategy for Universal Access to Health and Universal Health Coverage, approved by the Governing Bodies of PAHO/WHO in 2014, through Resolution CD53.R14.
Rigorous regulation of advertising of alcoholic beverages, and control of their sale and consumption	This agreement offers PAHO the opportunity to move forward in the implementation of the Strategy for the Prevention and Control of Noncommunicable Diseases 2012-2025, approved by the Pan American Sanitary Conference in 2012 (Document CSP28/9, Rev. 1), at the subregional level, through the corresponding work plan, as well as the potential for engaging in intersectoral action.
Participation of health-related entities in the registry, control, and regulation of agrochemical products	This agreement offers PAHO the opportunity to move forward in the implementation of the Mar del Plata Declaration of Ministers of Health and Environment of the Americas (HEMA meeting, Mar del Plata, Argentina, 2005) at the subregional level, as well as its inclusion in the health agenda through other integration mechanisms. There is high potential for cooperation in the South American and the Central American subregions on this subject.
Adoption of policies aimed at the gradual elimination of trans fats in the MERCOSUR countries	PAHO's work plan contains this line of action to implement the Strategy for the Prevention and Control of Noncommunicable Diseases 2012-2025, approved by the PAHO Pan American Sanitary Conference (Document CSP28/9, Rev. 1), within the framework of its work with MERCOSUR and other integration mechanisms. This agreement strengthens and promotes this PAHO activity at the subregional level and increases the opportunity to undertake intersectoral action.

<b>PAHO-related agreements and resolutions</b>	<b>Subregional impact and progress</b>
Restructuring of MERCOSUR's intergovernmental commissions (ICs)	PAHO has taken note of this restructuring, which has led to the reduction of intergovernmental commissions and the inclusion of the issues on their agendas in other existing intergovernmental commissions. PAHO will conduct an analysis of this new structure in order to guide the work and respond better to institutional mandates.

*Union of South American Nations (UNASUR)*<sup>9</sup>

19. UNASUR has a South American Council on Health (CSS), 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. Argentina held the pro tempore presidency from 18 April 2017 to 17 April 2018 and was succeeded by Plurinational State of Bolivia. UNASUR Member States have not reached consensus regarding its Secretary General. The pro tempore president is responsible for coordinating the activities of all entities and directing the Technical Secretariat. The last meeting of the CSS took place on 24 September 2017 in Washington, D.C., prior to the 29<sup>th</sup> Pan American Sanitary Conference.

<b>UNASUR</b> Meeting of the South American Health Council of the Union of South American Nations Washington, D.C., 24 September 2017	
<b>PAHO-related agreements and resolutions</b>	<b>Subregional impact and progress</b>
Human resources for health: Agreement to implement the policy guidelines on human resources for health for the South American region and recognition of the opportunities for synergy with PAHO, ORAS, and ACTO on this subject	PAHO is working with the respective organs of UNASUR (ISAGS, Technical Group for the Development and Management of Human Resources in Health, Network of Technical Schools in Health, and Network of Public Health Schools of CSS/UNASUR) to implement policies on human resources for health in the South American region. This allows for implementation of the Strategy for Human Resources for Universal Access to Health and Universal Health Coverage, adopted in 2017 (Document CSP29/10 and Resolution CSP29.R15).

<sup>9</sup> More information on UNASUR is available at: [www.unasursg.org](http://www.unasursg.org).

<b>PAHO-related agreements and resolutions</b>	<b>Subregional impact and progress</b>
Network of National Health Institutes: Approval was given for the project <i>Methodological development and regional strategies for monitoring the impact of environmental changes on the occurrence of health emergencies.</i>	PAHO is working to prepare the health component of national plans for adaptation to climate change, in accordance with the Strategy and Plan of Action on Climate Change (Document CD51/6, Rev.1), approved by the 51st Directing Council in 2011. This project will be taken into account in the implementation of this line of work. It also has potential use for other subregional plans and for collaboration between South American and subregional integration mechanisms.
Health disaster risk management network (GRIDS): Approval to update the South American health disaster risk management plan.	This resolution presents an opportunity to deepen PAHO's work, at the subregional level, to implement the Plan of Action for Disaster Risk Reduction, 2016-2021 (Document CD55/17, Rev. 1) adopted by the 55th Directing Council of PAHO. Furthermore, it permits the convergence of agendas and synergies with ORAS-CONHU on this issue.
Front-of-package labeling of processed food: Confirmation of the desirability and commitment to continue to strengthen healthy food policies in South America, including innovative strategies for front-of-package labeling of processed food.	This resolution offers an opportunity for PAHO to continue implementing the Strategy for the Prevention and Control of Noncommunicable Diseases 2012-2025 (Document CSP28/9, Rev. 1), adopted by the Pan American Sanitary Conference. This has been underway at the regional and country levels, but on this occasion, it will be done at the subregional level, offering the opportunity for collaboration between South American integration mechanisms.

*Amazon Cooperation Treaty Organization (ACTO)*

20. Within the framework of the Amazon Strategic Cooperation Agenda for 2010-2018, PAHO/WHO carries out technical cooperation with the Permanent Secretariat of ACTO through health coordination activities. The memorandum of understanding on cooperation was renewed in June 2017, defining cooperation in accordance with the Agenda's strategic lines for regional health management and knowledge management. PAHO's subregional program for South America is the Organization's main interlocutor with the Permanent Secretariat of ACTO and, through its technical cooperation, it supports the development and implementation of the Agenda's health-related components. PAHO's subregional cooperation strategy for South America for 2019-2022 is fully coherent with the health-related components of the ACTO agenda.

**Action by the Directing Council**

21. The Directing Council is invited to take note of this report and make the comments it deems pertinent.

**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; 27 September to 1 October 2004; Washington, DC. Washington, DC: PAHO; 2004 (Resolution CD45.R6) [cited 2017 April 10]. Available from: <http://www1.paho.org/english/gov/cd/CD45.r6-e.pdf>.

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