



*executive committee of
the directing council*

PAN AMERICAN
HEALTH
ORGANIZATION

*working party of
the regional committee*

WORLD
HEALTH
ORGANIZATION



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RELATIONSHIP BETWEEN PAHO AND THE CARIBBEAN COMMUNITY

The present study arose out of a decision taken at the Conference of Heads of Government held in St. Lucia, 15-18 July 1974, when the Secretary General of the Caribbean Community (CARICOM) was asked to conduct a survey into the need for relations with appropriate specialized agencies of the United Nations and the form such relationships should take. The Secretary General of CARICOM wrote to the Director, Dr. Héctor R. Acuña, on 21 January 1975 (Annex I) in which he states in paragraph 6 of the letter:

In the light of the decision of the Conference, I write for any observations you might have on the kind of relationships (and its consequences) that could be established between your agency and the Caribbean Community.

The matter was raised at the 75th Meeting of the PAHO Executive Committee in October 1975, when the Committee accepted the proposal of the Director to make a study of the question and submit a report to the 76th Meeting of the Committee.

No official document has yet been prepared by the Caribbean Community Secretariat concerning its relationships with other organizations.

The Director suggest that a simple and informal agreement be concluded with CARICOM along lines similar to that concluded with the Convenio Hipólito Unanue.

The main components of the agreement would confirm that the cooperation and assistance of the Organization is available to CARICOM in support of the Caribbean Health Ministers Conference and for the implementation of the resolutions approved at its meeting, subject to PAHO budgetary limitations.

CARICOM might propose to the Organization the desirability of developing subregional or intercountry programs in special areas of health and would collaborate in the development of such programs. Conversely, the Organization could seek the collaboration and assistance of CARICOM when promoting and proposing health projects within the Caribbean region.

STUDY OF THE CARIBBEAN COMMUNITY BY THE
PAN AMERICAN HEALTH ORGANIZATION WITH THE INTENT
OF ESTABLISHING A JOINT AGREEMENT

Introduction

The Caribbean Community (CARICOM) was formally established by the Treaty of Chaguaramas, signed at a Special Conference of the Heads of Government in Port of Spain, Trinidad, and became effective on 1 August 1973. The principal organs established for the Community are the Conference of Heads of Government of Member States and the Common Market Council.

CARICOM involves three areas of activity: economic integration, represented by the Caribbean Common Market; the operation of common services, such as the Caribbean Examinations Council, and the pursuit of functional cooperation in non-economic areas, such as health and education; and the coordination of the foreign policies of the independent countries. The Caribbean Common Market represents a great stride forward towards closer economic integration in the region.

There are now 12 countries in the Caribbean who are members of CARICOM: Antigua, Barbados, Belize, Dominica, Grenada, Guyana, Jamaica, Montserrat, St. Kitts-Nevis-Anguilla, St. Lucia, St. Vincent, and Trinidad and Tobago, covering a land area of 100,000 square miles, with a total population of 4.6 million.

The Treaty establishing the Caribbean Community (and Common Market) provides for the Commonwealth Caribbean Regional Secretariat to be recognized as the Community Secretariat and to be the principal administrative organ of the Community, based in Georgetown, Guyana. As such, it is also the Secretariat for the Common Market.

The Secretariat comprises a Secretary General and such staff as the Community may require. The Secretary General is appointed by the Heads of Government Conference on the recommendation of the Common Market Council, and is the Chief Administrative Officer of the Community.

The functions of the Community Secretariat are:

- a. to service meetings of the Community and any of its institutions or committees as may from time to time be determined by the Conference;
- b. to take appropriate follow-up actions on such meetings;
- c. to initiate, arrange, and carry out studies on questions of economic and functional cooperation relating to the Region as a whole;

- d. to provide services to Member States at their request in respect of matters relating to the achievement of the objectives of the Community; and
- e. to undertake any other duties which may be assigned to it by the Conference or any of the institutions of the Community.

Secretariat Staff Must Pursue Interest of the Community

It is stipulated that the staff of the Secretariat must not accept instructions from or be influenced by any national government. Its loyalty must be to the Community only, and it is responsible only to the decision-making bodies of the Community. In other words, the Secretariat staff must at all times pursue the interests of the Community and not those of national Governments.

International Legal Personality of the Community

Both the Community and the Common Market will have what is known as an international legal personality; that is to say, they will have the capacity to negotiate and conclude treaties and agreements with other countries, groups of countries, and/or international organizations. Although the Common Market Council has the power to negotiate international agreements within its areas of responsibility, only the Heads of Government Conference can conclude such an agreement.

Institutions of the Community

There are seven such institutions specified in the Treaty, and the Conference is given power to establish and designate other institutions. The institutions provided for in the Treaty are the Conference of Ministers responsible for Health and six other Standing Committees of Ministers responsible for Education, Labor, Foreign Affairs, Finance, Agriculture, and Mines.

Associate Institutions

There is provision in the Treaty for the establishment of Associate Institutions of the Community. Some of those established under the Treaty are: (a) the Caribbean Development Bank; (b) the Eastern Caribbean Common Market Council of Ministers; (c) the Caribbean Examination Council; (d) the University of Guyana; and (e) the University of the West Indies.

Membership of CARICOM is open to any State in the Caribbean Region that, in the opinion of the Conference, is willing to exercise the right and assume the obligations of membership.

The Health Desk

Under the Treaty, it is the duty of the Secretariat to study the health problems of the Community, prepare programs and carry out the decision of the Health Ministers Conference.

The CARICOM Secretariat has a Health Section in its structural formation which is responsible for the day-to-day work of putting into effect the decisions of the Health Ministers Conference. The Pan American Health Organization has provided a Medical Officer to carry out the duties and functions of this office since September 1971.

The Officer, who is a PASB staff member, had his contract extended on 23 June 1974 for two years, and the Organization has assured the CARICOM Secretary General of funding for that post until the end of 1976.

A review of the channels of communication with the Washington Office resulted in the following decision:

The Medical Officer is accountable to the PASB/WHO Director, through the Office of Liaison with International Organizations (LO), and has the following duties and functions:

1. To implement the decisions of the Caribbean Health Ministers Conference, including the coordination of any regional projects decided upon.
2. To assist the Area I Representative in the coordination of intercountry programs and actions being promoted under the CARICOM aegis.
3. To collaborate with other regional and international bodies operating in the field of health in the Caribbean.
4. To examine areas for regional cooperation and to initiate or promote programs and studies designed to improve health services in the Region.
5. To service the Caribbean Health Ministers Conference in collaboration with other Secretariat staff.
6. To prepare, in consultation with the Area I Representative, the annual program and activities in coordination with the plans of action for each PAHO/WHO program in the area.
7. He should submit a report to the Director at least twice a year on the main developments related to his assignment, with special reference to the implementation of the Resolutions of the Ministerial Conference, with copies to LO, the Area I Representative, and the Country Representatives in the Caribbean area.

Since the Secretariat established its Health Section nearly four years ago, it has developed a health program based on the policies laid down by the Health Ministers Conference. In this program, the preventive approach has been preferred.

CARICOM, because of its unique position in the Caribbean, has received assistance for program development from the UNDP, the Canadian International Development Agency (CIDA), and the Commonwealth Fund for Technical Cooperation. Grants were given during 1975 by the U.S. Public Health Service for epidemiological service development in the less-developed territories, and by CIDA for the development of regional strategy for dental health in the Caribbean. CARICOM can also play a critical role in generating interest on the part of other financing organizations in supporting country and intercountry projects in the health field.

Agreements with Subregional Organizations

A relationship has been established between the Pan American Health Organization and the Convenio Hipólito Unanue (constituted by the Ministers of Health of the Andean Pact Group), with an agreement signed on 28 November 1974 (Annex II). All of the countries of the Cartagena Agreement are members of the Pan American Health Organization. Less formal relationships have been established with the Central American groups (Ministros de Salud de Centroamérica y Panamá, and Secretaría de Integración Económica de Centroamérica) and with the Ministers of Health of the Cuenca del Plata. PAHO acts as Technical Secretariat for the Meeting of Ministers of Health of Central America and Panama. The countries involved in these groups are also Members of PAHO.

Annexes

(COPY)

21st January 1975

Dear Sir:

1. At the inaugural meeting of the Conference of Heads of Government of the Expanded Caribbean Community which was held in St Lucia from Monday 15th to Thursday 18th July, 1974, the Conference decided that the Secretary-General should conduct a study on the need for relations with appropriate specialized agencies of the United Nations and the form which such relationship should take.

2. As you may be aware the Treaty establishing the Caribbean Community was signed at Chaguaramas, Trinidad on the 4th July, 1973, and came into force on the 1st of August, 1973.

3. The membership of the Community consists of twelve (12) States at the present time comprising -

- (i) Antigua
- (ii) Barbados
- (iii) Belize
- (iv) Dominica
- (v) Grenada
- (vi) Guyana
- (vii) Jamaica
- (viii) Montserrat
- (iv) St Kitts/Nevis/Anguilla
- (x) St Lucia
- (xi) St Vincent
- (xii) Trinidad and Tobago.

Barbados, Grenada, Guyana, Jamaica and Trinidad and Tobago are independent States and are all members of the United Nations. Antigua, Dominica, St Kitts/Nevis/Anguilla, St Lucia and St Vincent are States in Association with the United Kingdom Government. Montserrat and Belize are colonies of the United Kingdom. Membership of the Community is open to any other State of the Caribbean Region that is in the opinion of the Conference able and willing to exercise the rights and assume the obligation of membership.

/4. Among

Dr Héctor Acuña,
Director,
Pan American Sanitary Bureau,
525 Twenty-Third Street,
Washington D.C. 20037,
U.S.A.

4. Among the objectives of the Community is functional co-operation and activities in the field of health.

5. The principal organs of the Community are the Conference of Heads of Government of Member States and the Common Market Council.

6. In the light of the decision of Conference, I write for any observations you might have on the kind of relationship (and its consequences) that could be established between your agency and the Caribbean Community.

Yours faithfully,

(signed)

SECRETARY-GENERAL

:gr

(TRANSLATION)

AGREEMENT BETWEEN THE
HIPOLITO UNANUE CONVENTION
AND THE PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION

The Governments of Bolivia, Colombia, Chile, Ecuador, Peru and Venezuela, which make up the Hipólito Unanue Convention (hereinafter called "the Hipólito Unanue Convention"), and

The Pan American Health Organization/World Health Organization (hereinafter called "the Organization"),

CONSIDERING that the Hipólito Unanue Convention was signed on 18 December 1971 by the representatives of the Governments of Bolivia, Colombia, Chile, Ecuador, Peru and Venezuela during the First Meeting of Ministers of Health of the Countries of the Andean Area;

BEARING IN MIND that Article 6 of the above-mentioned Hipólito Unanue Convention reads as follows:

"Considering the importance of this Convention for the integral development of their countries, the Parties agree to bring it to the attention of the Pan American Sanitary Bureau, Regional Office of the World Health Organization, and to request it to provide assistance and support in implementing the resolutions of "the Meeting of Ministers of Health of the Countries of the Andean Area" in the fields in which those resolutions request it";

DESIROUS of reaching an agreement for the continuation of the co-operation and support of the Organization to the Hipólito Unanue Convention, in particular with respect to the obligations of the Parties;

DECLARING that these obligations will be fulfilled in a spirit of friendly collaboration,

HAVE AGREED as follows:

CLAUSE I

The Hipólito Unanue Convention, through its Permanent Organs, may request the Organization, whenever it deems it necessary and advisable, to provide cooperation and support in carrying out its decisions and activities.

CLAUSE II

The Hipólito Unanue Convention may also request the Organization to submit proposals and programs of interest to the subregion for consideration by its Permanent Organs. For its part the Organization may present such proposals to the Permanent Organs of the Hipólito Unanue Convention for consideration.

CLAUSE III

The Organization undertakes to provide cooperation and support in accordance with its budgetary possibilities.

CLAUSE IV

The Organization shall appoint an official to act as Coordinator between the Hipólito Unanue Convention and the Organization and to represent it at the meetings of the Coordinating Committee convened by the Hipólito Unanue Convention. At the meetings of the Ministers of the Andean Area the Organization shall be represented by its Director or by the person designated by him.

CLAUSE V

This Agreement shall enter into force upon signature by the Parties and may be amended at their request.

The Parties declare that the terms of the Agreement do not change the existing relations between the Organization and the Member States.

IN WITNESS WHEREOF, the undersigned, duly authorized for that purpose, sign this Agreement, in seven copies in the Spanish language, in Caracas, Venezuela, on the 28th day of November 1974.

FOR THE HIPOLITO UNANUE CONVENTION:

For the Government of Bolivia,
Jorge Torres Navarro

(signed)

Minister of Social Welfare and
Public Health

For the Government of Colombia,
Mario Gaitán Yanguas

(signed)

Deputy Minister of Public Health

For the Government of Chile,
Francisco Herrera Latoja

(signed)

Minister of Public Health

For the Government of Ecuador,
Raúl Maldonado Mejía

(signed)

Minister of Public Health

For the Government of Peru,
Luis Barrios Llona

(signed)

Ambassador of Peru in Venezuela

For the Government of Venezuela,
Blas Bruni Celli

(signed)

Minister of Health and Social
Welfare

FOR THE PAN AMERICAN HEALTH ORGANIZATION/
WORLD HEALTH ORGANIZATION

(signed)

Abraham Horwitz
Director, Pan American Sanitary
Bureau