



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



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### HEALTH IN THE SUMMIT PROCESSES

Summits of Heads of State and Government have offered a platform for promoting health objectives as an integral part of the political agenda of the hemisphere.

Over the last decade, summit processes have taken on an increased momentum and importance, affecting not only the way countries do business in the Region, but also how the international community and international organizations such as PAHO respond to their mandates. They have offered a space for the promotion of two basic principles of PAHO, panamericanism and the search for equity.

This document reviews the summit processes in the hemisphere, the role of health and the work of PAHO. It is submitted to the Subcommittee on Planning and Programming with a view to informing its Members on the achievements, obstacles, and challenges ahead. The Subcommittee is requested to provide the Secretariat with suggestions on how PAHO can best take advantage of the summit processes to improve health conditions in the Americas, and advise it on the steps which should be taken at the country and international levels to ensure maximum visibility of health priorities in the next summit.

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## EXECUTIVE SUMMARY

Over the last decade, the various summit processes have taken on an increased momentum and importance in the hemisphere, affecting not only the way countries do business in the Region, but also how the international community and international organizations such as PAHO respond to their mandates in terms of programming, partnerships and resource mobilization efforts. This document reviews the summit processes in the hemisphere, the role of health, and PAHO's participation in the different summits.

The document reviews in detail the Summit of the Americas process since its inception in 1994. The 1994 Miami Summit holds great significance for hemispheric health and PAHO. The resulting Plan of Action mandated PAHO to be the responsible coordinator for equitable access to basic health services and to play a supporting role on the initiatives of women and pollution prevention. Under *Equitable Access to Basic Health Services*, focus was placed in the areas of reduction of infant and child mortality; reduction of maternal mortality; eradication of measles; health sector reform; and prevention of communicable diseases such as AIDS.

The organization for the 1996 Summit on Sustainable Development (Santa Cruz, Bolivia) was agreed upon at the Miami Summit. A wide range of topics reviewed the sustainability of the development process. Health, particularly environmental health, played a significant role at this conference.

The Plan of Action resulting from the 1998 Santiago Summit includes the initiative *Health Technologies Linking the Americas*, for which PAHO was mandated the role of responsible coordinator. It continues the work begun at the Miami Summit. This initiative comprises actions in the following areas: access to quality vaccines and drugs, strengthening health information and surveillance systems, and improvement in access to and quality of water and sanitation infrastructure. In addition, PAHO has also volunteered to play a supporting role in the following areas: education, drugs, women, and hunger and malnutrition.

The Ibero-American Summit has been the longest running of the summits, meeting on a yearly basis since 1991. Following the first conference, PAHO was mandated to prepare, in consultation with countries of the Region, a Regional Plan for Investment in the Environment and Health (PIAS), identifying the investments required over the following 12 years to overcome deficits in health services infrastructure, drinking water supply, and basic sanitation. The 1993 Ibero-American Summit included an initiative in the area of AIDS control.

This document endeavors to demonstrate how participation in the summit processes places health priorities high on hemispheric political agendas, providing an opportunity to improve health conditions in the Americas and to advance panamericanism and the search for equity.

## **1. Introduction**

Global and hemispheric summits are important to set agendas and guide actions of countries and international organizations. Summit processes have taken on significant importance in recent years. Summits are an opportunity for the hemisphere's leaders to come together and promote their collective belief that strong hemispheric partnerships encourage the advancement of mutual interests, including peace, democracy, economic integration, and social justice. The summits processes, by taking a multisectoral approach to dealing with a wide range of issues, bring all sectors of government together, including foreign affairs, finance, education, and health ministries. International organizations, civil society, NGOs, and other stakeholders have been brought into the process. Political, economic and social issues are viewed in a holistic manner. For example, the Santiago Summit helped raise awareness that solutions to health issues are an integral part of the poverty eradication effort and as such are extremely important to any dialogue concerning the Americas.

For an outward-looking international organization such as PAHO to realize the hemispheric health priorities, participation in the various inter-American and international fora is of great importance. Not only is the importance of health in the Region highlighted, but PAHO's profile is also heightened through its participation in fora such as the summits of the Americas and the Iberoamerican summits, increasing its effectiveness in achieving Member States' goals.

As Member States contributions to international organizations have decreased in recent years it becomes of increasing importance for international organizations, countries and NGOs to collaborate and enhance each other's efforts and initiatives as well as to avoid the duplication of effort. In the spirit of panamericanism, summits can help streamline and coordinate cooperation efforts by stimulating countries to work jointly. Participation in such fora is also necessary for resource mobilization. PAHO mobilized financial resources to implement the Summit of the Americas' Plan of Action by obtaining \$16.5 million from the United States Agency for International Development (USAID), for support to projects emanating from the Summit: measles, integrated management of childhood illnesses (IMCI), maternal mortality, and health sector reform. In addition, funds in the order of \$25 million were obtained from European donors (Norway, Spain, Sweden, The Netherlands) for these and other summit mandates.

## **2. Summits of the Americas**

### **2.1 *Miami Summit, 1994***

In December 1994, leaders of 34 hemispheric states met in Miami to participate in the Summit of the Americas. They released a Declaration of Principles which focused on

four major themes: preserving and strengthening democracy, promoting economic integration and free trade, eradicating poverty and discrimination, and guaranteeing sustainable development. The aim was to channel the momentum created by the convergence of political and economic values in the Region into a concrete plan of action. The resulting plan is composed of 23 initiatives covering the four theme areas. PAHO became involved in initiatives Nos. 17, 18 and 23 as follows:

#### 2.1.1 *Initiative 17. Equitable Access to Basic Health Services*

PAHO was given the mandate for the role of responsible coordinator of Initiative 17, *Equitable Access to Basic Health Services*. Focus was placed on reduction of infant and child mortality, reduction of maternal mortality, eradication of measles by the year 2000, health sector reform, and programs to prevent the spread of communicable diseases with emphasis on AIDS. An independent evaluation of the Miami Summit process found that PAHO was the most effective of all responsible coordinators.

As part of the mandate, a strategy was developed jointly by PAHO and UNICEF, for IMCI; this strategy was directed to combat, in an integrated manner, the leading diseases that affect children under the age of five, has been applied in 10 countries and implementation is currently being strengthened and its coverage extended.

A goal has been set to reduce maternal mortality rates by 50% from 1990 rates by the year 2000. The majority of countries have revised their national plans for the reduction of maternal mortality. PAHO has initiated a regional project for adolescent reproductive health in 14 countries and has signed an agreement with USAID to implement a project to improve emergency obstetrical care in 11 countries.

In 1994 the Health Ministers of the Region of the Americas set the goal of eradication of measles by the year 2000. Cases of measles have steadily declined, from 240,000 in 1990 to 53,683 in 1997, to a preliminary total of 10,582 in 1998, with most cases in Brazil and Argentina. Although the number of countries that report cases of measles is declining every year, the virus continues to circulate freely in other regions of the world, which places the Americas at a constant risk of measles outbreaks. This requires that countries maintain the highest possible measles immunity among infants and children.

PAHO was chosen as the agency to establish national evaluation mechanisms for monitoring the the health sector reform process. The PAHO/USAID Equitable Access to Basic Health Care Project will provide regional support to national processes of health sector reform by developing tools and methodologies, monitoring processes, gathering and disseminating information, networking, and exchanging experiences which will support the activities of the country programs. Also, research projects and studies such as

the Regional Study on the Health Sector of the Caribbean, conducted by PAHO with support from the Inter-American Development Bank (IDB), the World Bank (WB), and the Caribbean Development Bank (CDB), were undertaken. Five projects were selected in a research competition on financial and organizational aspects of health sector reform, and PAHO supported eight countries in formulating national plans. In addition, PAHO, with collaboration from The Netherlands and Sweden, is supporting health sector reform efforts in Central America.

In the prevention of HIV/AIDS, several international agencies including PAHO, USAID, the Canadian International Development Agency (CIDA), IDB, and the Spanish International Cooperation Agency (AECI) and other European donors, have established and consolidated inter-institutional and intersectoral mechanisms for cooperation in the operation of national AIDS prevention and control programs. In connection with the establishment of the new United Nations Joint Program on AIDS (UNAIDS), PAHO has prepared a regional plan for HIV/AIDS control which is being implemented by the countries of the hemisphere. Priorities include behavioral surveillance, which will help clarify which populations are at risk and why; new methods of preventive care and alternative treatment; and assistance to countries to purchase new expensive anti-retroviral drugs from the Revolving Fund at a lower cost.

#### 2.1.2 *Initiative 18. Strengthening the Role of Women in Society*

PAHO took on a supporting role in providing financial and technical assistance to countries in formulating projects against domestic violence in 10 countries. These projects target women living in poverty and focus on community-based networks linking health, education, legislation and women's organizations. In providing gender training to health services personnel, PAHO worked on including a gender perspective in health sector reform; and, in the area of quality of care, PAHO developed a qualitative methodology capable of identifying problems of gender equity in health care. To date, the method has been tested in six countries using three different medical conditions as examples: hypertension, diabetes, and tuberculosis. Results have not only been applied locally in the context of quality improvement programs, but also promise to form part of a new body of knowledge on the gender experience of specific diseases. Major partners in these efforts have been the governments of Canada, Norway, Sweden and The Netherlands.

#### 2.1.3 *Initiative 23. Partnership for Pollution Prevention*

The following actions have been undertaken as mandated by the Plan of Action:

#### *Lead in Gasoline*

- Continuing joint efforts to phase lead out of gasoline; with the World Bank, PAHO, US Environmental Protection Agency (EPA), and others;
- PAHO support to countries in establishing mechanisms for surveillance of blood lead levels;
- Together with the EPA, efforts to make an assessment in Brazil of the environmental exposure to lead from sources other than gasoline.

#### *Pesticide Management*

- Continuing efforts in managing the six country projects (PLAGSALUD) in Central America with financial resources from the Danish Cooperation Agency (DANIDA).
- Organization and support to the Latin American network for safe management of pesticides. The nucleuses for the network are the Chilean network and PLAGSALUD, which are providing technical guidance and sharing experiences.

#### *2.1.4 Role of the First Ladies of the Americas*

The meetings of First Ladies continue to play an important role in achieving the goals of the Summit of the Americas Plan of Action in health and other social agenda matters. At the 1994 meeting, which took place on the fringes of the Miami Summit, and at subsequent meetings, the First Ladies took steps that have led to progress in their countries on issues such as maternal and child mortality, violence against women, eradication of measles by the year 2000, violence against women and health education. This forum heightens the profile of health issues and highlights the work of governmental, nongovernmental and international organizations that work in health. In addition, the First Ladies have proven themselves adept at both human and financial resource mobilization.

#### **2.2 *Santa Cruz Summit on Sustainable Development, 1996***

This Summit was held in Santa Cruz, Bolivia, in December 1996. Sustainable development has been discussed for more than two decades, but it is only since the 1992 Earth Summit in Rio de Janeiro that the topic has met international consensus. At the Miami Summit of the Americas, in 1994, the participants approved a Declaration and a Plan of Action, which made provision for the Santa Cruz Summit on Sustainable Development, where the participants discussed regional actions on a wide range of

related topics. Health, particularly environmental health, played a significant role at this conference. Governments agreed to undertake the following:

- Development of a public awareness of economic, social, and environmental concerns, in order to open pathways for the transition of societies to sustainable development;
- Equitable access to health services and improvement of their quality in accordance with the principles and priorities laid down in the Pan American charter, *Health and Environment in Sustainable Human Development*, taking into account diseases related to environmental deterioration;
- Reduction of negative environmental effects on health, particularly those relating to mortality and morbidity among the most vulnerable groups, such as women and children;
- Establishment and/or strengthening of disease outbreak response and disaster preparedness, as well as disaster management institutions and their policies and response capabilities.

*Initiative 47. Bacteriological Quality of Drinking Water*

*Seek to establish, strengthen, and implement, where appropriate, specific programs, laws, and policies to protect public health by ensuring that drinking water is free from microorganisms, heavy metals, and chemical contaminants harmful to human health.*

The Organization of American States (OAS) convened an interagency committee which assigned to PAHO the coordination of the activities of the Regional Plan for Drinking Water Quality. Participating agencies included the EPA, USAID, OAS, NSF International, Inter-American Association of Sanitary Engineers (AIDIS), UNICEF, and eight WHO Collaborating Centers. This Plan of Action has proposed activities on water policies, legislation and standards; water quality surveillance and control; increase in access to safe water and promotion of disinfection; community participation and education; and establishment of a partnership.

### **2.3 *Santiago Summit, 1998***

Leaders from the 34 countries of the hemisphere met at the Second Summit of the Americas in Santiago, Chile, on 18-19 April, 1998 to discuss the key issues affecting the Region. The agenda included education, democracy and human rights, economic integration and free trade, and eradication of poverty and discrimination. In the spirit of

panamericanism, countries pledged to work jointly to further equity by bringing health to the most vulnerable groups. Emphasis was placed on the development and implementation of effective low-cost health technologies as a means towards poverty eradication. Leaders recognized and committed themselves to use new technologies to improve the health conditions of every family in the Americas, with the technical support of PAHO in achieving greater levels of equity and sustainable development.

PAHO also organized, on the occasion of II Summit of the Americas, a round table on the Challenges of Health for the 21<sup>st</sup> Century, with the participation of the First Lady of the United States as keynote speaker. This successful initiative served to promote the importance of health issues in the context of the political dialogue and sustainable democracy in the hemisphere.

As responsible coordinator, PAHO was given the mandate to develop and implement the initiative *Health Technologies Linking the Americas*, which comprises three elements: access to quality drugs and vaccines, strengthening of information and surveillance systems, and improvement in access to and quality of water and sanitation infrastructure. The first and third of these are continuations of the Miami Summit objectives. Enhancing basic access to drugs and vaccines is the continuation to *Initiative 17. Equitable Access to Basic Health Services*. Water and sanitation infrastructure is also related to *Initiative 23. Partnership for Pollution Prevention*, and to the Santa Cruz Summit.

### 2.3.1 *Access to Quality Vaccine and Drugs*

*Governments will seek, through public and private efforts, or partnerships between them, to enhance the availability, access to, and quality of drugs and vaccines, especially for the most needy, by promoting efforts to safeguard the quality, rational selection and use, safety and efficacy of pharmaceutical products, with special emphasis on vital and essential drugs; and by supporting regional initiatives that by the year 2002 will facilitate research, development, production and utilization of vaccines, which will reduce the incidence of diseases, such as pneumonia, meningitis, measles, rubella and mumps<sup>1</sup>.*

### 2.3.2 *Immunization*

PAHO developed a Regional Vaccine Initiative, to support countries in building national capabilities in the area of vaccine-preventable diseases to conduct surveillance, laboratory and immunization activities; ensure the sustainable introduction of vaccines into routine programs; and foster inter-country and inter-institutional vaccine development activities that allow countries to participate and incorporate new

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<sup>1</sup> Santiago Summit Plan of Action, 1998

technologies of vaccine production against diseases of public health importance. The priorities and actions under this Initiative are:

- Increased efforts by Member States to successfully complete the goal of measles eradication by the year 2000, especially in the area of measles surveillance and stocks of measles vaccines for routine and emergency vaccination;
- Support for Member States in defining and/or strengthening the role of local and central health authorities to assure the equitable vaccination of the population and the sustainable incorporation of other vaccines into routine schedules;
- Fostering of inter-country collaboration in the area of vaccine production and elaboration of a strategy for regional technical cooperation, aimed at the joint development of conjugated vaccines;
- Strengthening of national control authorities to assure that quality vaccines are used in national immunization programs and to guarantee that local vaccine production follows international standards;
- Continued advocating of the critical importance of immunization programs to reduce the morbidity and mortality of common vaccine-preventable diseases at the highest political level among Member States, and with bilateral and multilateral organizations.

The obstacles which are noted in the Initiative are:

- Need for countries to prioritize the establishment and/or strengthening of national epidemiological surveillance systems for vaccine-preventable diseases in order to ensure that immunization programs reach all the population in all areas of a country;
- Need for heightened attention to the technical, financial, and logistical considerations of incorporating other vaccines of public health importance, such as *Haemophilus influenzae* type B (Hib), yellow fever and measles, mumps and rubella (MMR) in routine immunization schedules.
- Need for a strong commitment by governments of vaccine-producing countries to ensure that laboratories have adequate financial and human resources, as well as managerial leadership that will allow them to continue vaccine production and incorporate methodologies for conjugated vaccines.

### 2.3.3 *Essential Drugs*

Two key events to further the access to quality, inexpensive drugs have recently taken place in Caracas, Venezuela:

- Expert Consultation on Bioequivalence of Pharmaceutical Products, 13-15 January 1999.
- Consultation on the Establishment of a Steering Committee for the Pan American Conferences on Drug Regulatory Harmonization, 14-15 January 1999.

PAHO's project for the Joint Procurement of Critical Drugs for Central America will support countries to strengthen and make legal frameworks more flexible so that the joint Central American Negotiation Commission can conduct negotiations on behalf of the states that it represents. Negotiations are also under way with the Central American Bank for Economic Integration (CABEI), with regard to this project.

### 2.3.4 *Strengthening Health Information and Surveillance Systems*

*Strengthen and improve existing national and regional networks of health information and surveillance systems, so that stakeholders have access to data to address critical health issues in the Region, in order to make appropriate clinical and managerial decisions. They will address the development, implementation and evaluation of needs-based health information systems and technology, including telecommunications, to support epidemiological surveillance, the operation and management of health services and programs, health education and promotion, telemedicine, computer networks and investment in new health technologies<sup>2</sup>.*

### 2.3.5 *Priorities/Activities*

(a) Publication of:

- *Setting Up Health Care Services Information Systems: A Guide for Requirement Analysis, Application Specification, and Procurement*, written by an international panel of experts, to be published in English and Spanish by July 1999;
- *Information Systems and Information Technology in Health: Challenges and Solutions for Latin America and the Caribbean*, presents the recommendations which reflect the experience of over 300 professionals of the Region; and

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<sup>2</sup> Op. cit.

- preparation of a critical review study on the role of information systems in evidence-based medical practice.
- (b) Development of hand-held data collection device (palm-top computer) for field use.
- (c) Support to national initiatives:
- Deployment of methodologies and tools for clinical care monitoring and outcomes analysis (Argentina, Chile, Bahamas, Bolivia, Mexico);
  - Support to the development of national Information Systems and Technology (IS&T) plans for the CARICOM countries;
  - Implementation of Drug Registration System (SIAMED) in Brazil;
  - Technical support to two DATASUS projects: individual health card and hospital information system for municipalities (HOSPUB);
  - PAHO assisted in the preparation of two projects (Venezuela, Brazil) in distance education, to be funded by the IDB.
- (d) Partnerships:
- Establishment of a Consultative Group, known as the Regional Health Informatics Initiative, coordinated by the IDB with the technical orientation of PAHO;
  - PAHO continues to collaborate with the Informatics 2000 Initiative, which has been recently moved to the operations side of IDB;
  - Two proposals for PAHO/WHO Collaborating Centers in the area of Health Informatics were evaluated and are being forwarded for final approval by WHO (Johns Hopkins Department of Nursing in the US and the CEDISAP/INFOMED/CECAM consortium in Cuba);
  - Strategy meeting, coordinated by NASA, with participation of the East-West Foundation, Yale University, IDB, and PAHO to discuss possible partnerships in the area of distance education.

### 2.3.6 *Improvement in Access to and Quality of Water and Sanitation Infrastructure*

*Develop initiatives designed to reduce deficits in access to and quality of drinking water, basic sanitation and solid waste management, with special emphasis on rural and poor urban areas, by applying existing technologies or developing new, appropriate and effective low-cost technologies<sup>3</sup>.*

PAHO's focus is on the development of low cost technology for water and sanitation for the urban poor and rural environments. This effort is being lead by the Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS). The following activities are being undertaken:

- Organization of a system for the classification of technologies for water and sanitation;
- Cataloging of technologies developed and tested by CEPIS, for example, in situ generators of water disinfectants, simplified water treatment units, school sanitation, healthy schools, manual drilling of wells, etc.;
- Preparation of a “technology vademecum” for water and sanitation in print and electronically. This consists of a catalogue of available technologies, including descriptions of conditions necessary for implementation.
- Coordination of a regional meeting between countries and international agencies including both the producers and the consumers of technologies, for the preparation of a plan for capturing and disseminating low cost technologies.
- Negotiation of a major project for basic sanitation activities in Central America.

### 2.3.7 *Technology Assessment*

*Develop mechanism for assessment of the effectiveness, cost and efficacy of those technologies to be introduced to cope with these and other relevant health problems.*

Using its own resources or jointly with other partners, PAHO is serving as facilitator (at both subregional and national levels), cooperating with countries in establishing suitable policies and mechanisms for promoting health technology assessment, including identifying relevant groups and national institutions in this field; supporting situation analysis and the identification of needs; encouraging the organization of national coordinating agencies and/or specific units; facilitating coordination with

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<sup>3</sup> Op. cit.

international agencies, groups and networks; organizing workshops and seminars on health technology methodology, setting of priorities and practice; establishing and/or reinforcing the mechanisms for disseminating results and sharing experiences; and supporting the evaluation of the impact of the recommendations of the assessment reports in terms of fostering the health sector authorities' regulatory capacities.

At the moment, the two main constraints in this field are the lack of a proper understanding on the part of many policymakers about the importance of health technology assessment for health services and health sector and the absence of a critical mass of trained personnel.

Given the constraints mentioned, PAHO has taken the following steps:

- Organization of several subregional workshops for stakeholders and policy makers in Santiago, Chile (1997), Bogotá, Colombia (1998), Panamá, Panama (1998) and Havana, Cuba (1999). In the majority of cases, this has been done in close partnership with the International Society for Technology Assessment in Health Care (ISTAHC), the International Network of Agencies for Health Technology Assessment, the WHO collaborating centers on health technology assessment, and in some European institutions;
- Dissemination of 3,000 copies of the brochure *Developing Health Technology Assessment in Latin America and the Caribbean*, which clearly establishes the links between some of the major health sector reform objectives (i.e., effectiveness and quality, sustainability) and health technology assessment; creation and design of a specific Web page on health technology assessment;
- Provision of accessibility through the PAHO Web page to full-text Spanish version of the *Monitor*, the most credited information and alert system on medical devices;
- Support for efforts of the recently created health technology assessment groups or units in Chile, Colombia, Cuba, and Panama, and exploring of similar lines in Argentina, Brazil, Ecuador and Mexico;
- Financing participation of professionals and policy makers in the ISTAHC annual conferences and other international scientific meetings on health technology and health technology assessment;
- Cooperation with the countries in the management and evaluation of a number of relevant health technologies, particularly those related to clinical engineering,

laboratory and blood safety, radiology and radiotherapy, oral health, clinical rehabilitation, ocular health.

### 2.3.8 Areas where PAHO can Play a Supporting Role

In addition to assuming the responsible coordinator role for *Health Technologies Linking the Americas*, it was agreed at the XV Summit Implementation Review Group that PAHO would play a supporting role or act as a resource in the following topics of the Plan for Action:

*Education* (Mexico-Regional Coordinator): The Plan of Action states: *Intersectoral programs in education, health and nutrition as well as early childhood educational strategies will be priorities, inasmuch as they contribute more directly to plans to combat poverty.* At the meeting of Education Ministers in Brasilia, PAHO proposed to play a supporting role or serve as resource in the area of education, on the basis of its expertise in the areas of health education, particularly in the health promotion school initiative, and nutrition. The Interagency Group agreed to the proposal.

*Drugs* (United States-Regional Coordinator): Under the topic *Prevention and Control of Illicit Consumption of and Traffic in Drugs and Psychotropic Substances and Other Related Crimes*, various references are made to the prevention of drug consumption and drug use being a public health problem as well as an enforcement issue. The hemispheric dialogue on drugs would benefit by ensuring that the health issue, which is universal, is addressed. PAHO is already active through the Inter-American Drug Abuse Control Commission in the Hemispheric Strategy on Substance Abuse, which addresses standards of care, education programs, epidemiological surveillance and social communication. The movement for tobacco control in the Americas led by PAHO has brought about—through the approval of an Action Plan by the Ministers of Health—the beginning of a negotiation process with the OAS in the drafting of an inter-American convention on prevention and control of tobacco use. Serving as a resource in this area, PAHO will provide an opening in incorporating the proposed inter-American convention on prevention and control of tobacco use and its follow-up into the summit process.

*Women* (Nicaragua-Regional Coordinator): Under the Miami Summit's Item 18, *Strengthening Women in Society*, PAHO played a supporting role primarily by acting as a resource in projects against domestic violence and in gender training of health services personnel. The Santiago Summit Plan of Action calls *to eliminate all forms of discrimination and violence against women as well as to promote policies designed to improve women's health conditions and the quality of health services at every stage of their lives.* Projects addressing violence against women continue to be a priority area for PAHO, which is organizing an intergovernmental conference on this issue in Toronto, Canada, later this year. PAHO is preparing a research, training and lobbying project to

show, document and correct gender inequities in public health policies, and continues to work in the area of quality of care in further applying the qualitative methodology capable of identifying problems of gender equity in health care.

*Hunger and Malnutrition (Argentina-Regional Coordinator): The Plan of Action states: Give the highest priority to reducing infant malnutrition, concentrating efforts on health, nutrition and education programs for the nutrition of infants...to that end emphasis shall be given to adequate nutrition and correction of specific nutritional deficiencies specifically with vitamin and mineral supplements.*

PAHO's program in the prevention of micro nutrient deficiency is active in the following areas:

- Iodine: To ensure countries guarantee universal consumption of iodized salt and implement a surveillance system for detection of population at risk of iodine deficiency (IDD);
- Vitamin A: To assist countries to formulate national plans to eliminate vitamin A deficiency and to design and execute programs to provide children with supplements;
- Iron: National programs to combat iron deficiency and anemia and promotion of a comprehensive strategy, including fortification of foods and supplements;
- Fluoridation: To reduce dental caries in the hemisphere.

### **3. Ibero-American Summits**

The Ibero-American Summit has been meeting on a yearly basis since 1991 and includes all Latin American countries, Spain and Portugal also participate. Themes discussed are social development, trade and cooperation as essential elements for equitable development, education for development, governance for efficient and participative democracy, and ethical values for democracy.

The First Ibero-American Summit of Heads of State and Government, held in Guadalajara, Mexico, in 1991, gave PAHO the mandate to prepare—in consultation with the countries of Latin America and the Caribbean—the Regional Plan for Investment in the Environment and Health (PIAS). This plan set out the framework for investments required over the following 12 years in Latin America and the Caribbean to gradually overcome the existing deficit in the infrastructure of health services, drinking water supply and quality assurance, and basic sanitation.

PAHO/WHO has actively supported the implementation of the Plan and has lent its support to institutional development for the promotion of investments in environment and health. In addition, it has promoted, together with bilateral and multilateral cooperation agencies such as the IDB, the World Bank, UNDP and USAID the adoption of the concepts as a mechanism to coordinate investment activities in the environment and health sectors.

During the period 1993-1998, 25 national sector studies were prepared for the areas of water supply, wastewater disposal, and management of solid wastes. These sector studies have contributed to identify needs, opportunities and priorities for investments. They have also served as a basis for the formulation of master plans and projects for sector reform.

At the 1993 Ibero-American Summit it was considered essential to develop and implement an initiative in the area of AIDS prevention and control. Heads of Government called for an increase in financial and human resources to improve the transfer of technology and the dissemination of scientific and technical information. This reference in the Declaration set the stage for the first Summit of the Americas in 1994 where AIDS was incorporated under Item 17. Spain has been an important contributor to PAHO's AIDS/HIV program in recent years, as have Norway and Sweden..

The VIII Ibero-American Summit held in Porto, Portugal, in October 1998 focussed on globalization and cooperation. The discussion centered on finding solutions to the global economic crises. The Summit Declaration stressed that developed countries should endeavor to contain the global financial crisis that is affecting Latin America in spite of countries having taken the appropriate economic measures, and called for the need for a common approach to be taken in response to the major problems facing the hemisphere. The Declaration also called for the international financial institutions to defend economic and social growth in Latin America by putting in place practical measures to detect and deal with risk situations before an actual crisis developed. The next Ibero-American Summit will be held in 1999 in Cuba, with the theme "How can Ibero-America prevent the grave risks of a global economic crisis."

#### **4. Conclusion**

The Summit processes have offered tremendous opportunities to enhance hemispheric health objectives in the context of global political agendas. Ministers of health of the Region have been able to convey their priorities and convince other sectors in government and society that attaining health goals is crucial to ensuring socioeconomic development and political stability in the Region. PAHO's Governing Bodies have offered an excellent platform for Pan American sectoral discussions resulting in mandates

that have been introduced and later adopted in higher political fora, such as the various summits of presidents and heads of state and government.

The clear mandates that have come out of the different summits have facilitated the joint work of countries and institutions like PAHO have responded to the specific priorities with technical cooperation and resource mobilization efforts. They have not represented additional initiatives and responsibilities for PAHO, as they have been very much at the core of its work since they emanate from its own Governing Bodies.

The next Ibero-American Summit will take place in Cuba in 1999. Given Cuba's commitment to health, there should be no doubt that health will be an important part of the discussions when the impact of the global and local hemispheric crisis is considered.

The next Summit of the Americas will take place in Canada, most likely in the year 2001. There are initial indications that Canada is willing to make health a central issue at this summit. A strong showing on *Health Technologies Linking the Americas* is important, as well as areas in which PAHO has agreed to play a supporting role. The ministers of health of the Americas, together with PAHO, must plan on what new mandates they want to see come out of this summit, in order to continue furthering the goals of health for all, human development, and greater equity in the Region.