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WORLD HEALTH ORGANIZATION



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RESOLUTIONS AND OTHER ACTIONS OF INTERGOVERNMENTAL ORGANIZATIONS OF INTEREST TO PAHO

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A. 65th WORLD HEALTH ASSEMBLY OF INTEREST TO PAHO

1. The 65th World Health Assembly of the World Health Organization (WHO) was held on 21-26 May 2012 in Geneva (Switzerland), and attended by representatives and delegates from 194 Member States. Professor Thérèse N'Dri-Yoman, Minister of Health and AIDS Control of Ivory Coast, occupied the Presidency of the Assembly. Five countries served as vice-presidents: Afghanistan, Indonesia, Solomon Islands, Paraguay, and the Republic of Moldova, in representation of their respective regions.

2. At the opening of the Assembly, Dr. Margaret Chan, Director-General of WHO, highlighted the enormous achievements in health that the countries have made in recent decades. She noted that many describe the first decade of the 21st century as “the golden age for health development” since, for the first time, health moved to the top of the socioeconomic development agenda thanks in part to the report that was prepared on macroeconomics and health. She stressed that despite the uncertain future of the world economy, the achievements that have been made suggest that this unprecedented momentum will continue and that the best days for public health are still ahead of us.

3. She highlighted the progress made in certain countries, in particular the BRICS group—Brazil, the Russian Federation, India, China, and South Africa—remarking that “These countries have become the biggest suppliers of essential medicines, in affordable generic form, to the great benefit of the developing world. BRICS countries also offer an alternative model for health development, including technology transfer, based more on equal partnerships than on the traditional donor-recipient model.”

4. She drew attention to the need to provide guidance and advice for the effective implementation of the International Health Regulations and she pointed out the need to get back to the basics, like primary health care, access to essential medicines, and universal coverage. The Assembly nominated Dr. Margaret Chan to a second term as head of WHO. Dr. Chan underscored that the foremost challenge in the next five years will be to direct WHO in such a way as to keep up the unprecedented momentum for better health that marked the start of this century.

5. The Committee on Credentials, comprised of the delegates of 9 Member States, was appointed, with Mexico and Guyana serving as representatives for the Region of the Americas.

6. The agenda of the Assembly contained 20 general items, the majority of them related to technical and health matters, and the rest to administrative, budgetary, and institutional matters. As on previous occasions, these matters were addressed in the

committees and the plenary. The World Health Assembly adopted 23 resolutions and made 11 decisions, as shown in Table 1.

7. The full versions of these resolutions and decisions, along with other documents related to the World Health Assembly, can be consulted on the WHO website: http://apps.who.int/gb/e/e_wha65.html.

8. Tables 1 and 2 below contain a list of adopted WHA resolutions along with related resolutions adopted by PAHO. The tables also include the implications of these resolutions for the Region and progress that has been made in these matters.

Other Matters: Executive Board

9. The 131st Session of the Executive Board took place on 28 and 29 May. Dr. Joy Saint John, Chief Medical Officer of Barbados was Chair of the Executive Board. Cuba, Ecuador, Mexico, Panama, and the United States of America were the remaining members of the Region.

10. The agenda of the 131st Session of the Executive Board included 11 items, among them the WHO reform, the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits, and radiation protection and safety of radiation sources. The Board made nine decisions and adopted two resolutions during this session.

11. Finally, the Board took note of the reports submitted and approved the date and location of the 66th World Health Assembly, among other matters. It was agreed that the 66th World Health Assembly would be held at the Palais des Nations, Geneva, from 20 May 2013 to 28 May 2013 at the latest. The Board also decided to hold its 132nd session at WHO headquarters, Geneva, from Monday, 21 January 2013 to Tuesday, 29 January 2013 at the latest. The Executive Board's Programme, Budget, and Administration Committee will hold a special session on 6-7 December 2012, in order to work on aspects of the reform that were still pending from the World Health Assembly, relating to the transparency, predictability, and flexibility of WHO financing and to matters raised in the regional committees concerning the Organization's Twelfth General Programme of Work. This Committee will hold its 17th session on 17-18 January 2013, at WHO headquarters, and its 18th session on 15-16 May 2013, at WHO headquarters in Geneva.

12. The complete versions of these reports, as well as other related documents can be consulted on the WHO website: http://apps.who.int/gb/e/e_eb131.html

Action by the Pan American Sanitary Conference

13. The Pan American Sanitary Conference is requested to take note of these resolutions and consider their implications for the Region of the Americas.

Table 1: Technical and Health Policy Matters

Resolution	Items (and Reference Documents)	PAHO Resolutions and Documents	Implications for the Region Progress in Region
<p>Strengthening noncommunicable disease policies to promote active ageing WHA65.3</p>	<p>Strengthening noncommunicable disease policies to promote active ageing A65/6 A65/6, Add. 1 EB130/6 EB130/7 EB130/8 EB130.R6</p>	<ul style="list-style-type: none"> • Cardiovascular Disease, Especially Hypertension, CD42.R9 (2000) • Framework Convention on Tobacco Control, CD43.R12 (2001) • Disability: Prevention and Rehabilitation in the Context of the Right to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health and Other Related Rights, CD47.R1(2006) • Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity, and Health, CD47.R9 (2006) • Public Health Response to Chronic Diseases, CSP26.R15 (2002) • Health and Aging CSP26.R20(2002) • Population-based and Individual Approaches to the Prevention and Management of Diabetes and Obesity, CD48.R9 (2008) • Plan of Action on the Health 	<p>The resolution reinforces the work done in the Americas since the Pan American Sanitary Conference adopted Resolution CSP26.R20 (2002), Health and Aging, followed by Resolution CD49.R15 (2009), Plan of Action on the Health of Older Persons including Active and Healthy Aging. The World Health Assembly resolution underscores the importance of the issue of population aging, especially as it closely relates to the challenge of managing chronic diseases. The strategic areas in the regional action plan are endorsed in the new resolution.</p> <p>The Region is leading the way on these issues, having even approved resolutions that preceded the worldwide process, but which coincided with the criteria established in Resolution WHA65.3. The Region continues to advance the debate and introduction of a convention on the rights of older adults. Research and capacity building are being promoted to facilitate a better understanding of the aging process and health among older adults at the regional and national levels. Good results are being achieved in capacity-building for the development of human resources as well as in capacity-building and the development of tools to strengthen primary care for older adults, especially promoting self-care and community-based interventions in order to contribute to better management of chronic diseases.</p>

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		<p>of Older Persons including Active and Healthy Aging, CD49.R15(2009)</p> <ul style="list-style-type: none"> Strengthening the Capacity of Member States to Implement the Provisions and Guidelines of the WHO Framework Convention on Tobacco Control CD50.R6(2010) 	
<p>The global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level WHA65.4</p>	<p>The global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level A65/10 EB130/9 EB130.R8</p>	<ul style="list-style-type: none"> Mental Health, CD43.R10(2001) Disability: Prevention and Rehabilitation in the Context of the Right to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health and Other Related Rights, CD47.R1(2006) Strategy and Plan of Action on Mental Health, CD49.R17(2009) Plan of Action on Psychoactive Substance Use and Public Health, CD51.R7 (2011) Strategy and Plan of Action on Epilepsy, CD51.R8(2011) 	<p>The resolution reflects from a global perspective the same problems revealed at the regional level in the situation analysis contained in the <i>Strategy and plan of action on mental health</i> approved by the Directing Council in 2009. Among the foremost challenges faced in the mental health profession regionally and worldwide is the high disease burden from mental disorders, which translates into morbidity, mortality, and disability. In addition, the response of the health services is still insufficient and there is a large treatment gap--more than 60% of people in Latin America and the Caribbean who suffer from a mental disorder do not receive any type of care from the health services system. The resolution strongly advocates for continuing efforts to reform mental health services, a strategy that fully coincides with the lines of work that are being developed in the Region. There have been various innovative experiences in the Region, in which mental health services have been decentralized and community-based mechanisms linked to primary health care have been created that are close to the people and their needs.</p> <p>For the Region of the Americas, this resolution provides significant support for efforts that date back more than two decades (Caracas Declaration, 1990). It is expected that the resolution and the action plan that will be prepared as a result of the resolution will have a positive effect on the Region and will contribute political and technical support to the efforts of governments in the Region to improve their plans and mental health services and, thus, to reduce the treatment gap.</p>

Resolution	Items (and Reference Documents)	PAHO Resolutions and Documents	Implications for the Region Progress in Region
Poliomyelitis: intensification of the global eradication initiative WHA65.5	Poliomyelitis: intensification of the global eradication initiative A65/20 EB130/19 EB130.R10	<ul style="list-style-type: none"> • Vaccines and Immunization, CD42.R8(2000). • Vaccines and Immunization, CD43.R1(2001) • Sustaining Immunization Programs - Elimination of Rubella and Congenital Rubella Syndrome (CRS), CD44.R1(2003) • Integrated Management of Childhood Illness (IMCI) and its Contribution to Child Survival in the Attainment of the Millennium Development Goals, CD44/12(2003) • Regional Strategy for Sustaining National Immunization Programs in the Americas, CD47.R10(2006) • Strengthening Immunization Programs CD50.R5(2010) • Vaccines and Immunization, CSP25/R11(1998) • Vaccines and immunization, CSP26.R9(2002) • Integrated Management of Childhood Illness (IMCI), CSP26.R10(2002) 	<p>The resolution urges Member States with poliovirus transmission to declare such transmission to be a “national public health emergency,” making poliovirus eradication a national priority program requiring the development of action plans to be updated every six month until such time as poliovirus transmission has been interrupted. The Region remains free of circulating poliovirus, but continues to be exposed to imported polio cases. The resolution will help reduce the risk of transmission throughout the Region.</p> <p>The resolution also requests the Director-General to undertake the development of a comprehensive polio eradication and endgame strategy and to inform Member States of the timing of a switch from trivalent to bivalent oral poliovirus vaccine for all routine immunization programs. Countries need to discuss the implications of the switch. The Region of the Americas has remained free of the circulation of wild poliovirus since 1991 and was declared free of polio in 1994. Eradication was achieved using trivalent OPV, which continues to be used. The implications of switching from trivalent OPV to bivalent OPV will be analyzed at the next PAHO Immunization Technical Advisory Group, to be held in October 2012.</p>
Maternal, infant and young child nutrition	Maternal, infant and young child nutrition	<ul style="list-style-type: none"> • Infant and Young Child Nutrition CD42/31(2000) 	The resolution is important because of the impact of early nutrition on lifelong health and productivity. Although chronic malnutrition is the most

Resolution	Items (and Reference Documents)	PAHO Resolutions and Documents	Implications for the Region Progress in Region
WHA65.6	A65/11 EB130/10 EB130/11	<ul style="list-style-type: none"> • Child Health, CD42.R12 (2000) • Integrated Management of Childhood Illness (IMCI) and its Contribution to Child Survival in the Attainment of the Millennium Development Goals, CD44/12(2003) • Millennium Development Goals and Health Targets, CD45.R3(2004) • Neonatal Health in the Context of Maternal, Newborn, and Child Health for the Attainment of the Millennium Development Goals of the United Nations Millennium Declaration CD47/R19 (2006) • Strategy and Regional Plan of Action on Nutrition in Health and Development. CD47.R8(2006) • Regional Strategy and Plan of Action for Neonatal Health Within the Continuum of Maternal, Newborn, and Child Care, CD48.R4, Rev. 1(2008) • Strategy and Plan of Action for the Reduction of Chronic Malnutrition CD50.R11(2010) • Plan of Action to Accelerate the Reduction in Maternal 	<p>prevalent form of growth failure, overweight and obesity are also growing problems: 7-12% of children under age 5 are obese, six times the percentage of children who are currently underweight. Prevalence of chronic malnutrition is declining, but in some countries of the Region about one-third of children are stunted. Suboptimal breastfeeding is the third-greatest risk factor for global morbidity and mortality, according to recent estimates from the Global Burden of Disease project. Both breastfeeding and complementary feeding practices, essential for healthy growth and development, are far from universal. In the Region, only 58% of newborns are put to the breast within one hour of birth and only 44% of infants under six months of age benefit from exclusive breastfeeding. That figure drops to 25% among those who are four to five months old. About 30% of children do not receive minimum dietary diversity, and only 43% receive a minimum meal frequency. Micronutrient deficiencies have a significant impact on human development and economic productivity. The prevalence of anemia is 44.5% in young children (22.5 million).</p> <p>Most countries in the Region have made substantial improvements in reducing the prevalence of stunting and underweight, though more needs to be done to reduce inequities. In general, breastfeeding practices have improved; however, several countries have shown little progress. While most countries have implemented the International Code of Marketing of Breast-milk Substitutes, only five countries have regulations in place for its effective enforcement. Certification of hospitals for the Baby-Friendly Hospital Initiative has lagged. Policies and programs are needed to provide environments conducive to healthy eating and an active life, so that the healthy choice becomes the easy choice. Because children are especially vulnerable to the influence of advertising, they must be protected through effective public health action. To this end, PAHO convened an Expert Consultation on the Marketing of Food and Non-Alcoholic Beverages to Children in the Americas to make recommendations. Coordinated and focused action by Member States is needed to implement these recommendations and evaluate their impact. Progress has also been made in developing bicycle paths and limiting traffic on main roads on weekends to facilitate recreation. Regional meetings on obesity have been held in Aruba and Mexico and among the presidents of Central America. The Chilean</p>

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		<p>Mortality and Serious Maternal Morbidity CD51.R12 (2011)</p> <ul style="list-style-type: none"> • Integrated Management of Childhood Illness (IMCI), CSP26.R10(2002) • Regional Strategy for Maternal Mortality and Morbidity Reduction, CSP26.R13(2002) 	<p>Senate also organized a conference in Valparaíso, supported by PAHO, to discuss improved food supply. Programs to prevent anemia and other micronutrient deficiencies need to be strengthened in primary health care programs.</p>
<p>Implementation of the recommendations of the Commission on Information and Accountability for Women's and Children's Health WHA65.7</p>	<p>Implementation of the recommendations of the Commission on Information and Accountability for Women's and Children's Health A65/15 EB130/14 EB130.R3</p>	<ul style="list-style-type: none"> • Millennium Development Goals and Health Targets, CD45.R3(2004) • Neonatal Health in the Context of Maternal, Newborn, and Child Health for the Attainment of the Millennium Development Goals of the United Nations Millennium Declaration CD47/R19(2006) • Regional Strategy and Plan of Action for Neonatal Health Within the Continuum of Maternal, Newborn, and Child Care, CD48.R4, Rev. 1(2008) • Plan of Action to Accelerate the Reduction in Maternal Mortality and Serious Maternal Morbidity CD51.R12 (2011) 	<p>The Commissions' Report was developed as a follow-up to the Global Strategy for Women's and Children's Health launched by the United Nations Secretary General in September 2010.</p> <p>The Global Strategy seeks to ensure that maternal, newborn, and child health (MNCH) interventions that are known to be effective are provided with quality in an integrated manner. It promotes (a) health systems strengthening, and (b) improved monitoring and evaluation to ensure accountability of all stakeholders. The report includes 10 recommendations and focuses on the 75 countries—including Haiti, Bolivia, Guatemala, Peru, Brazil, and Mexico--that account for 98% of annual maternal deaths worldwide.</p> <p>PAHO has formed an inter-programmatic group that assessed the availability of the Commission's indicators at the country level, identifying different values for the same indicator from different sources. Work is underway with countries and partners to improve indicators. Sub-regional meetings and inter-agency work are planned to implement the plan to accelerate reduction of maternal mortality. The implementation of the Commission's recommendations is integrated in a complementary manner within this plan.</p> <p>The Region also has a number of strategies and plans of action, whose implementation can benefit from adoption of the Accountability Framework (monitoring-review-action). Four regional strategies and plans are closely</p>

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			<p>related to women’s and children’s health: (a) Plan of Action to Accelerate the Reduction of Maternal Mortality and Severe Maternal Morbidity; (b) Strategy and Plan of Action for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis; (c) Regional Strategy and Plan of Action for Improving Adolescent and Youth Health, and (d) Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care. These strategies and plans inform PAHO’s technical cooperation and collaborative work with partners and contain a comprehensive set of indicators to be monitored, some of which are common to more than one strategy and are consistent with the Commission’s recommendations.</p>
<p>Outcome of the World Conference on Social Determinants of Health WHA65.8</p>	<p>Outcome of the World Conference on Social Determinants of Health A65/16 EB130/15 EB130.R11</p>	<p>Panel on primary health care: addressing health determinants and strengthening health systems. Summary of the Panel on primary health care: addressing health determinants and strengthening health systems CD48/14, Rev. 1(2008); CD48/14, Add I (2008); CD48/14, Add. I, Corrig.(2008); CD48/14, Add. II (2008); CD48/14, Add. II Corrig.(2008)</p>	<p>To support countries in their response to Resolution WHA62.14, WHO convened the first World Health Conference on Social Determinants of Health in Rio de Janeiro, Brazil, in October 2011. Member States and key stakeholders shared experiences related to policies and strategies aimed at reducing health inequities. The conference provided a global platform for dialogue to advance the recommendations of the WHO Commission on Social Determinants of Health.</p> <p>The Rio Political Declaration on Social Determinants of Health adopted during the Conference expresses global political commitment for the implementation of a social determinants of health approach to reduce health inequities and to achieve other global priorities. This declaration is expected to help build momentum within countries for the development of dedicated national action plans and strategies on the social determinants of health, thereby addressing persistent stark inequities in the Region.</p> <p>Countries in the Region that have sustainable and equitable health systems based on primary health care have achieved better health results, having already achieved or being on their way to achieving universal access to health services. In line with the Rio Political Declaration on Social Determinants of Health, a panel discussion will aim to devise a set of recommendations that can strengthen the link between primary health care and the social determinants of health, ultimately strengthening health systems.</p>

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Global vaccine action plan WHA65.17	Global vaccine action plan A65/22 EB130/21	<ul style="list-style-type: none"> • Vaccines and immunization, CD42.R8(2000) • Vaccines and Immunization, CD43.R1(2001) • Sustaining Immunization Programs - Elimination of Rubella and Congenital Rubella Syndrome (CRS), CD44.R1(2003) • Regional Strategy for Sustaining National Immunization Programs in the Americas, CD47.R10(2006) • Strengthening Immunization Programs CD50.R5(2010) • Vaccines and Immunization, CSP25/R11(1998) • Vaccines and immunization, CSP26.R9(2002) 	<p>The conceptual framework of the Global Vaccine Action Plan presents a view shared by countries of the Region, as it considers vaccination to be part of the right to health and access to immunization for all people to be a key component of global equity. It will be critical to participate in defining monitoring and evaluation processes, which call for adequate data sources, targets and baselines, and continued support to Member States in collecting and analyzing the proposed indicators. Monitoring processes also need to be aligned with regional priorities and the recommendations of the Commission on Information and Accountability for Women's and Children's Health.</p> <p>PAHO has been working on the six strategic objectives of the Action Plan:</p> <ol style="list-style-type: none"> 1) All countries commit to immunization as a priority. Several Governing Bodies resolutions highlight the importance of immunization in reducing mortality and morbidity due to vaccine-preventable diseases. At least 27 countries and territories have a legal framework for immunization. 2) Individuals and communities understand the value of vaccines and demand immunization as both their right and responsibility. Countries of the Region consider immunization to be a public good and two Directing Council resolutions (2006 and 2010) touch on this topic. PAHO is currently developing methodologies to better support countries in understanding barriers to immunization. 3) The benefits of immunization are equitably extended to all people. Several Directing Council resolutions (2002, 2006, 2010) addressed the issue of equitable access to immunization. In addition, Vaccination Week in the Americas began in 2003, with the aim of reducing inequities by placing immunization high on the political agenda and focusing strategies on vulnerable populations. Over the past two years PAHO has targeted municipalities that have low coverage with interventions aimed at reaching all unvaccinated or incompletely vaccinated people. 4) Strong immunization systems are an integral part of a well-functioning health system. PAHO considers immunization to be an integral part of a well-functioning health system based on primary health care. Strong immunization programs are a cornerstone of functioning health systems with countries being supported within this framework. PAHO has assisted in the development of proposals for health systems

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			<p>strengthening support for GAVI-eligible countries.</p> <p>5) Immunization programs have sustainable access to predictable funding, quality supply, and innovative technologies. In the Region, 99% of routine immunization costs are financed through government budgets. Legislation has been used as a tool to secure funding for vaccines and immunization programs and PAHO has provided technical support in this regard. The Revolving Fund has been instrumental in providing Member States with access to an uninterrupted supply of quality vaccines, syringes, and supplies at affordable prices. In 2006, a Directing Council resolution focused on the issue of immunization program sustainability. The ProVac Initiative was created to promote evidence-based decision-making regarding the introduction of new vaccines to ensure sustainability and the efficient use of resources. New technologies are also improving the efficiency of immunization programs in the areas of supply and inventory management, monitoring of coverage and individual vaccination schedules, health worker training, and public communications. PAHO promotes the role of national regulatory authorities to ensure the quality of vaccines and supplies, and national immunization technical advisory groups (NITAGs) for evidence-based decisions on immunization, including the use of new vaccines and technologies. For the latter, PAHO has facilitated trainings and exchanges of experiences for over 50 NITAGs.</p> <p>6) Country, regional, and global research and development innovations maximize the benefits of immunization. Most global programmatic knowledge on new vaccines such as pneumococcal and rotavirus vaccines is being generated in the Americas. During 2011 PAHO coauthored 33 papers related to operational and organizational research. PAHO will continue to lead in the area of immunization.</p>
World Immunization Week WHA65.18	World Immunization Week A65/22 EB130/21 EB130.R12	<ul style="list-style-type: none"> • Vaccines and Immunization, CD42.R8(2000) • Vaccines and Immunization, CD43.R1(2001) 	The Resolution recognizes Vaccination Week in the Americas, a growing global initiative first introduced in the Region in 2003 and observed simultaneously in WHO's six regions in April 2012. It recognizes that regional vaccination weeks help promote immunization, advance equity in the use of vaccines, and support universal access to vaccination services, while enabling cooperation on cross-border immunization activities. It

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		<ul style="list-style-type: none"> • Sustaining Immunization Programs - Elimination of Rubella and Congenital Rubella Syndrome (CRS), CD44.R1(2003) • Regional Strategy for Sustaining National Immunization Programs in the Americas, CD47.R10(2006) • Strengthening Immunization Programs CD50.R5(2010) • Vaccines and Immunization, CSP25/R11(1998) • Vaccines and immunization, CSP26.R9(2002) 	<p>acknowledges the high-level political support and international visibility given to regional vaccination weeks, noting that the flexibility of the vaccination week framework allows individual Member States and regions to tailor their participation in accordance with national and regional public health priorities. The sustainability of this initiative continues to be critical to immunization programs in the Americas. It is important to keep immunization high on the political agenda and continue promoting a life-course approach to immunization, working to ensure universal access in all countries to this essential, preventive health service. A report on ten years of experience holding Vaccination Week in the Americas will be published in September 2012 during the Pan American Sanitary Conference in Washington DC.</p>
<p>Substandard/spurious/ falsely-labeled/ falsified/counterfeit medical products WHA65.19</p>	<p>Substandard/spurious/ falsely-labeled/falsified/counterfeit medical products A65/23 EB130/22 EB130.R13</p>	<ul style="list-style-type: none"> • Access to Medicines, CD45.R7(2004) • Public Health, Health Research, Production, and Access to Essential Medicines, CD47.R7(2006) • Public Health, Innovation, and Intellectual Property: A Regional Perspective, CD48.R15 (2008) • Strengthening National Regulatory Authorities for Medicines and Biologicals, CD50.R9(2010) 	<p>Counterfeit medical products have been under discussion in the Region and the countries for some time, as well as in the subregional integration mechanisms. The debate has mostly focused on questions relating to actions taken by the International Medical Products Anti-Counterfeiting Taskforce (IMPACT), the definition of “counterfeit,” the need to strengthen the public health approach, and restrictions on the marketing of generic products.</p> <p>At the Sixty-third World Health Assembly in 2010, draft resolutions were proposed for the countries and subregional mechanisms to work on the issue. The Union of South American Nations (UNASUR), for example, proposed that an intergovernmental group be created to prevent the counterfeiting of medical products from a public health perspective. Through decision WHA63(10) a working group of limited duration was established, comprising representatives of the Member States, for the purpose of making proposals on this subject. The group met twice during 2011 and submitted reports to the Sixty-fourth and Sixty-fifth World Health Assembly.</p>

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			<p>The current Resolution WHA65.19 strengthens the integrated approach to combating counterfeit medical products and reaffirms the fundamental role of WHO in promoting access to medical products, strengthening national regulatory authorities, national medicine policies, health risk management systems, and the rational selection and use of medical products, including human resource development. The resolution confirms the establishment of a Member State mechanism (based on outcomes of the working group) that will begin its work at a meeting in Buenos Aires in November 2012.</p> <p>The Pan American Network for the Drug Regulatory Harmonization (PANDRH/Red PARF) continues to support the establishment of national intersectoral groups to fight counterfeiting in the Region. In a wider context, the importance of the subject is underscored by Resolution CD50.R9 adopted by PAHO, Strengthening National Regulatory Authorities for Medicines and Biologicals.</p>
<p>WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies WHA65.20</p>	<p>WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies A65/25 EB130/24 EB130.R14</p>	<ul style="list-style-type: none"> • Report on Reducing the Impact of Disasters on Health Facilities, CD45/27 (2004) • Progress Report on National and Regional Health Disaster Preparedness and Response, CD47/INF/4 (2006) • Roundtable on Safe Hospitals, CD49/22 (2009) • Report on the Roundtable on Safe Hospitals: A Goal within Our Reach, CD49/22, Add. I (2009) • Plan of Action on Safe Hospitals, CD50.R15 (2010) • Safe Hospitals: A Regional Initiative on Disaster- 	<p>The resolution seeks to strengthen WHO's response capacity and its role as health cluster lead before and during emergencies. The main impact of the resolution is to improve the international humanitarian response model through the health cluster system resulting from United Nations reform under the leadership of the Inter-Agency Standing Committee (IASC). This makes it possible for international organizations (United Nations, international NGOs, and other members of the health cluster) to respond in a coordinated manner in affected countries. The benefit of this initiative for the affected country is proportionate to the level of preparedness of the ministry of health to coordinate international health assistance in close cooperation with the ministry of foreign affairs and the national emergency response entity.</p> <p>PAHO has assumed a coordinating function during a variety of emergency situations in the Region. Resolution CE150.R10, adopted by PAHO's Executive Committee in June 2012, complements the resolution adopted by the World Health Assembly and urges PAHO Member States to strengthen their capacity to manage international health assistance in coordination with ministries of foreign affairs and civil defense agencies, and to identify individuals who could be part of the Regional Disaster Response Team. Similarly, it asks the Director to advocate that WHO include representatives</p>

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		Resilient Health Facilities, CSP27.R14 (2007)	of PAHO Member States in the Global Health Cluster. PAHO has organized training workshops to train human resources in the Region so that they might join the health cluster and to raise governmental awareness of the benefits brought by the health cluster and humanitarian reform during cases of disaster.
Elimination of schistosomiasis WHA65.21	Elimination of schistosomiasis A65/21 EB130/20 EB130.R9	Elimination of neglected diseases and other poverty-related infections, CD49.R19(2009)	Brazil has a program in all endemic states and a new comprehensive national plan for eradication of certain diseases of poverty has been drafted. Suriname completed a national survey and has developed a national action plan on neglected infectious diseases, which prioritizes the halting of transmission, among other aspects. Furthermore, under PAHO's leadership, consensus has been achieved among researchers and program directors in the Region around the schistosomiasis research program in the Americas. Programs to control and eliminate schistosomiasis must be accompanied by sufficient access to medicines (praziquantel), safe drinking water, basic sanitation, and health education, as well as measures for combating the social determinants of transmission.
Follow up of the Report of the Consultative Expert Working Group on Research and Development: Financing and Coordination WHA65.22	Follow up of the Report of the Consultative Expert Working Group on Research and Development: Financing and Coordination A65/24, Annex and Corr. 1 EB130/23	<ul style="list-style-type: none"> • Policy on Research for Health, CD49.R10(2009) • Public Health, Innovation, and Intellectual Property: A Regional Perspective, CD48.R15(2008) 	<p>The resolution urges the Director-General of WHO to hold an open-ended meeting with Member States to thoroughly analyze the report and to follow up during the Sixty-sixth World Health Assembly. The resolution also asks the regional committees to discuss at their 2012 meetings the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination (CEWG) in the context of the implementation of the global strategy and plan of action on public health, innovation and intellectual property in order to contribute to concrete proposals and actions. Of particular interest is the call to hold national level consultations in order to discuss the CEWG report in order to translate it into concrete proposals and actions. Accordingly, at its June 2012 meeting PAHO's Executive Committee requested that a regional consultation be held, the outcome of which would serve as the basis for the draft resolution that will contain the regional position on the CEWG report.</p> <p>PAHO is organizing a regional consultation process for which it expects that a virtual community of practice will be created within the Regional Platform on Access and Innovation for Health Technologies (http://prais.paho.org/)</p>

Resolution	Items (and Reference Documents)	PAHO Resolutions and Documents	Implications for the Region Progress in Region
			<p>rscpaho). The outcome of this consultation will be included in a policy paper to be submitted for consideration by the Pan American Sanitary Conference in September 2012.</p>
<p>Implementation of the International Health Regulations (2005) WHA65.23</p>	<p>Implementation of the International Health Regulations (2005) A65/17 and A65/17 Add. 1 EB130/16</p>	<ul style="list-style-type: none"> • International Health Regulations, CD43.R13(2001) • Progress Report on Technical Matters: International Health Regulations (includes the report on the [H1N1] Pandemic 2009), CD49/INF/2, Rev.1(2009) • Progress Report on Technical Matters: Implementation of the International Health Regulations (2005)CD50/INF/6(2010) • International Health Security: Implementing the International Health Regulations (IHR 2005), CSP27.R13 (2007). 	<p>The Resolution focuses on obligations related to core capacities for surveillance and response, including at points of entry – initially due to be presented by all State Parties by 15 June 2012. It addresses the fact that the majority of State Parties have requested, and have been granted, a two-year extension (15 June 2014). This situation will require major efforts by PAHO and its Member States that have requested an extension to ensure that action plans submitted are implemented by 15 June 2014, and that they are integrated in existing planning mechanisms and linked to existing budgetary processes. The highest level of political commitment will be called for due to the inter-sectoral implications of the exercise.</p> <p>As of 6 July 2012, 32 State Parties in the Region have formally communicated to PAHO/WHO their position vis-à-vis the status of their core capacities. Of these, 27 have requested and have been granted a two- year extension. The status of IHR implementation in the Region is presented in Document CE150/INF/6, Implementation of the International Health Regulations, available at http://new.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=17758&Itemid=.</p> <p>IHR represents an opportunity to strengthen countries' essential public health functions, which will require constant advocacy and awareness efforts.</p>

Table 2: Administrative and Budgetary Matters

Resolution	Items (and Reference Documents)	PAHO Resolutions and Documents
Appointment of the Director-General WHA65.1	Appointment of the Director-General A65/INF.DOC./1 EB130/3 EB130.R4	
Election of the Director-General of the World Health Organization: report of the working group WHA65.15	Election of the Director-General of the World Health Organization: report of the working group A65/38 EB130/29 Corr.1	Process for the Election of the Director of the Pan American Sanitary Bureau and the Nomination of the Regional Director of the World Health Organization for the Americas CE150/INF/1

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

13. This document presents the resolutions adopted in the Forty-second Regular Session of the General Assembly of the Organization of American States (OAS), held in the city of Cochabamba (Bolivia) from 3–5 June 2012. The agenda, document details, and resolutions can be found at <http://www.oas.org/es/42ag/>.

14. The theme for this year’s General Assembly was “*Food security with sovereignty in the Americas*,” which generated widespread debate on the concepts, principles, and policy consequences resulting from approaches to ‘food security with sovereignty.’ This can be seen in the footnotes containing the remarks made by several delegations in the Declaration of Cochabamba, which was approved in this session and appears in the Annex attached to this document. (Annex B-1).

15. The ministers of foreign affairs of the Americas adopted by acclamation the *Social Charter of the Americas*. This Social Charter is based on the recognition that “The peoples of the Americas legitimately aspire to social justice and their governments have a responsibility to promote it. Development with equity strengthens and consolidates democracy, since the two are interdependent and mutually reinforcing.”¹ Chapter III—devoted to “Social Development, Equal Opportunity, and Nondiscrimination”—includes the subject of health in Article 6, which states the following: “The member states reaffirm that the enjoyment of the highest attainable standard of health is a fundamental right of all persons without discrimination and recognize that health is an essential condition for social inclusion and cohesion, integral development and economic growth with equity. In that context, the States reaffirm their responsibility and commitment to improve the availability of, access to, and quality of health care services. The States are committed to these country efforts in the health area in accordance with the principles promoted by the Health Agenda for the Americas 2008–2017: human rights, universality, comprehensiveness, accessibility and inclusion, Pan American solidarity, equity in health, and social participation. Member states affirm their commitment to promote healthy lifestyles and to strengthen their capacity to prevent, detect, and respond to chronic non-communicable diseases, current and emerging infectious diseases, and environmental health concerns. Member states also commit to promote our peoples’ well-being through prevention and care strategies and, in partnership with public or private organizations, to improve access to health care.”¹

¹ Social Charter of the Americas. 42nd Regular Session of the General Assembly. Document AG/doc.5242/12 rev. 1. <http://scm.oas.org/42ag/documentos/ag05769E02.doc>.

16. In addition to the aforementioned document, that by virtue of its content has implications for the work of the Pan American Health Organization (PAHO), we have selected those resolutions of the Organization of American States that are of interest to PAHO's Governing Bodies and that are related to PAHO's work as a specialized agency of the Inter-American system in the area of health (see the table at the end of this document).

Action by the Pan American Sanitary Conference

17. The Pan American Sanitary Conference is invited to take note of this report.

Table 1: Resolutions Adopted by the General Assembly of the OAS in its Forty-second Regular Session² that are Related to PAHO Activities

OAS General Assembly Resolutions	Relation to PAHO Resolutions and Lines of Work
<p>AG/DEC. 69, AG/Doc. 5302/12 (XLII-O/12)</p> <p>Declaration of Cochabamba on Food Security with Sovereignty in the Americas</p>	<p>CD47.R9: Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity, and Health</p> <p>CD47.R8: Regional Strategy and Plan of Action on Nutrition in Health and Development, 2006–2015</p> <p>CD50.R11: Strategy and Plan of Action for the Reduction of Chronic Malnutrition</p>
<p>AG/RES. 2699, AG/Doc. 5243/12; AG/Doc. 5242/12 (XLII-O/12)</p> <p>Social Charter of the Americas: Renewal of the Hemispheric Commitment to Fight Poverty in the Region</p>	<p>Linkage with the <i>Health Agenda for the Americas 2008–2017</i></p>
<p>AG/RES. 2702, AG/Doc. 5246/12 (XLII-O/12)</p> <p>Use of Telecommunications/Information Technologies and Communication to Build an Inclusive Information Society</p>	<p>CD51.R5: Strategy and Plan of Action on eHealth</p>

² Taken from General Assembly Document AG/doc.5329/12, 5 June 2012. All proceedings and documents from the 42nd Session of the General Assembly of the Organization of American States can be found on the OAS website at <http://www.oas.org/consejo/GENERAL%20ASSEMBLY/AG42regular.asp>.

OAS General Assembly Resolutions	Relation to PAHO Resolutions and Lines of Work
<p>AG/RES. 2709, AG/Doc. 5253/12 (XLII-O/12)</p> <p>Promotion of Women’s Human Rights and Gender Equity and Equality</p>	<p>CD49.R12: Plan of Action for Implementing the Gender Equality Policy</p>
<p>AG/RES. 2712, AG/Doc. 5256/12 (XLII-O/12)</p> <p>Network for Consumer Safety and Health and Inter-American Rapid Product Safety Warning System</p>	<p><i>Network for Consumer Safety Network and Health: Joint PAHO-OAS effort</i></p>
<p>AG/RES. 2721, AG/Doc. 5265/12 (XLII-O/12)</p> <p>Human Rights, Sexual Orientation, and Gender Identity</p>	<p>CD50.R8: Health and Human Rights</p>
<p>AG/RES. 2724, AG/Doc. 5268/12 (XLII-O/12)</p> <p>American Declaration on the Rights of Indigenous Peoples</p>	<p>CD50.R8: Health and Human Rights CD47.R18: Health of the Indigenous Peoples in the Americas</p>
<p>AG/RES. 2726, AG/Doc. 5270/12 (XLII-O/12)</p> <p>Protecting the Human Rights of Older Persons</p>	<p>CDS 50.R8: Health and Human Rights CD49.R15: Plan of Action on the Health of Older Persons, Including Active and Healthy Aging</p>

OAS General Assembly Resolutions	Relation to PAHO Resolutions and Lines of Work
<p>AG/RES. 2733, AG/Doc. 5277/12 (XLII-O/12)</p> <p>Program of Action for the Decade of the Americas for the Rights and Dignity of Persons with Disabilities (2006–2016) and Support for Its Technical Secretariat (SEDISCAP)</p>	<p>CD50.R8: Health and Human Rights</p> <p>CD47.R1: Disability: Prevention and Rehabilitation in the Context of the Right to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health and Other Related Rights</p>
<p>AG/RES. 2750, AG/Doc. 5294/12 (XLII-O/12)</p> <p>Existing Mechanisms for Disaster Prevention and Response and Humanitarian Assistance among the Member States</p>	<p>CSP27.R14: Safe Hospitals: A Regional Initiative on Disaster-Resilient Health Facilities</p> <p>CD50.15: Plan of Action on Safe Hospitals</p>
<p>AG/RES. 2751, AG/Doc. 5290/12 (XLII-O/12)</p> <p>Strengthening Partnership for Integral Development</p>	<p>PAHO Online Platform for “Cooperation among Countries for Health Development: Sharing Knowledge to Promote Cooperation, Solidarity, and Horizontal Partnerships in Health”</p>
<p>AG/RES. 2760, AG/Doc. 5308/12 (XLII-O/12)</p> <p>Water as a Human Right: The Human Right to Safe Drinking Water and Sanitation—Improving Equitable Access to Safe and Clean Drinking Water and Sanitation</p>	<p>CD50.R8: Health and Human Rights</p> <p>CD51.R4: Strategy and Plan of Action on Urban Health</p>

FORTY-SECOND REGULAR SESSION
June 3 to 5, 2012
Cochabamba, Bolivia

OEA/Ser.P
AG/doc.5329/12 corr. 1
14 June 2012
Original: Spanish

AG/DEC. 69 (XLII-O/12)

DECLARATION OF COCHABAMBA ON “FOOD SECURITY
WITH SOVEREIGNTY IN THE AMERICAS”

(Adopted at the fourth plenary session, held on June 5, 2012)

WE, THE MINISTERS OF FOREIGN AFFAIRS AND HEADS OF DELEGATION OF THE MEMBER STATES OF THE ORGANIZATION OF AMERICAN STATES (OAS), gathered in Cochabamba, Plurinational State of Bolivia, a, on the occasion of the forty-second regular session of the OAS General Assembly,

CONSIDERING that in order to live well it is required that food and nutrition security be promoted in harmony with nature, generating conditions for individuals and society to develop their full potential;

BEARING IN MIND that a healthy and nutritious diet is a fundamental prerequisite for human development, well-being, and therefore in order to live well it is necessary to strengthen food access, availability, stability of supply, and utilization, taking into account the diverse dietary knowledge, customs, and practices of our peoples;

RECOGNIZING that Mother Earth is a common expression for the planet earth in a number of countries and regions, which reflects the interdependence that exists among human beings, other living species and the planet we all inhabit;

RECOGNIZING FURTHER that the constitutional legislative principles and jurisprudence of the member states reflect the view of each country on the relationship between human beings and nature;^{1/}

RECOGNIZING ALSO the importance of boosting and improving the production, access and utilization of food, which is a gift from nature that allows the commencement of life, its regeneration, and the perpetuation of humankind;

RECOGNIZING, TOO, the pivotal importance of increasing and improving investment in food research and production in order to achieve food and nutrition security for all;

^{1/} Declaration of Santo Domingo for the Sustainable Development of the Americas of November 19, 2010.

BEARING IN MIND that some 925 million people in the world are suffering from malnutrition or chronic hunger, approximately 53 million of them in Latin America and the Caribbean, nine percent of that region's population;^{1/}

BEARING IN MIND ALSO that a healthy and nutritious diet helps to prevent malnutrition and non communicable chronic diseases and medical conditions that can cause premature death, such as obesity, undernourishment, diabetes, and high blood pressure, which are increasingly affecting the countries of the Americas;

RECOGNIZING that there are major disparities among the countries of the region with respect to nutrition, given that while some countries have made significant progress toward eliminating hunger and malnutrition, there are also those where such problems remain manifestations of the poverty of their populations, affecting the most vulnerable segments;

RECOGNIZING ALSO that the countries of the Americas are affected or could be affected by crises of diverse nature—energy, financial, and climatic, among others—that may occur simultaneously and undermine food and nutrition security;

TAKING INTO ACCOUNT that recent years have seen excessive volatility of commodity prices, associated with multiple factors, which poses challenges for food security and sustainable development in the Americas;

RECOGNIZING, that demand for food is growing and that the Americas region has great potential for producing large quantities of food, which could benefit food exporting countries and those that need to import it, within a framework of a universal, rules-based, open, non-discriminatory and equitable multilateral trading system that will promote agriculture and rural development in developing countries and contribute to world food security; and urging national, regional, and international strategies to promote the participation of farmers, especially smallholders and women, in community, domestic, regional, and international markets;

BEARING IN MIND that in developing countries in the Hemisphere there are numerous small farmers, cooperatives, and communities devoted to producing food in a sustainable manner, it is of vital importance to increase government and private investment in the farming sector and to implement policies that encourage their modernization and technological innovation, improving market access for small farmers and taking into account their needs and visions of development;

AFFIRMING that family farming and small farmers are an important basis for sustainable food production aimed at achieving food and nutrition security, and recognizing the important contribution that family farming can play in eradicating poverty in the attainment of the internationally agreed development goals, including the Millennium Development Goals;^{2/}

^{1.} FAO, "Hunger by the Numbers", Policy brief, 2010, www.fao.org.

^{2.} Text from United Nations General Assembly resolution A/RES/66/222, "International Year of Family Farming, 2014."

ACKNOWLEDGING that there are environmental threats and diverse problems in the region to do with food production, access, and consumption, which are exacerbated by extreme weather conditions, water shortage, and climate change that can or do adversely affect agriculture production and the poorest populations.

BEARING IN MIND that food security exists when all people, at all times, have physical and economic access to sufficient, safe, and nutritious food that meets their dietary needs and food preferences for an active and healthy life;^{3/}

CONSIDERING that “food sovereignty” is under discussion at specialized international forums, that some countries have incorporated it into their national laws, and that it is related to food security and the realization of the right to food of our peoples in the Americas,^{4/5/6/7/8/9/10/11}

CONSIDERING the importance that developing countries determine their own food security strategies, that the adoption of food security policies is a national responsibility and that plans for confronting the challenges of food security and eradicating poverty in relation to food security should be devised, formulated, adopted, and directed by each country, as well as be based on consultations with all the principal stakeholders at the domestic level, and it urges, in particular for those affected by food insecurity, that food security to be made a high priority and that this be reflected in their programs and national budgets;

BEARING IN MIND their commitments regarding the right to adequate food contained in international instruments, including the Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights;

UNDERSCORING the importance of the contributions of the Inter-American Institute for Cooperation on Agriculture, the Pan American Health Organization, and the Inter-American

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- ³. See Rome Declaration on World Food Security and World Food Summit Plan of Action, paragraph 1, November 1996.
 - ⁴. Footnote from the delegation of the United States: We believe that a Declaration focused on food security and nutrition is important and timely. However, the United States reserves with regard to ...
 - ⁵. Canada attaches great importance to the efforts by OAS Member States to achieve food and nutrition security for all, which
 - ⁶. Footnote from ^{the} delegation of the Bolivarian Republic of Venezuela: Food sovereignty is a concept that we progressive governments use to ensure our people’s right to an adequate, ...
 - ⁷. For the Government of Nicaragua, the concept of food sovereignty, pursuant to Article 2.1 of Law No. 693 of 2009, the Law of Food and Nutritional Sovereignty and Security, ...
 - ⁸. Footnote from the delegation of Chile: Until there is an international definition of the concept of "food sovereignty," Chile believes that the concept ...
 - ⁹. Barbados continues to support efforts at achieving food and nutrition security at the local, regional, hemispheric and global levels. It is, however, ...
 - ¹⁰. The Plurinational State of Bolivia fully recognizes food sovereignty as a right of peoples to food, and since food is a fundamental right ...
 - ¹¹. Ecuador understands, pursuant to Article 13 of its Constitution, that food sovereignty is the right of people and communities to safe and ...

Development Bank for strengthening food and nutrition security and partnership for development in that area;

CONSIDERING that agricultural innovation is a catalyst for growth and positive change, and that its advancement is vital to increase and intensify production and productivity, improve incomes, reduce poverty and inequality, decrease the environmental impacts of the agrifood sector, respond to natural disasters, increase access to new technologies, adapt to climate change and, consequently, achieve food security and a better quality of life for all our peoples;

DECLARE:

1. Their decision to promote agriculture development with the goal of strengthening food security in the context of national, regional, and international development policies, taking into account the importance of modernization and technological innovation for increasing output and productivity as well as synergies between sustainable agriculture, conservation and sustainable use of biodiversity, food security, nutrition, and development policies.

2. Their commitment to the goal of eradicating hunger and malnutrition in the Americas through initiatives and public policies taking into account the principles of the World Summit on Food Security held at the Food and Agriculture Organization (FAO) of the United Nations in 2009 and, for those countries that recognize the concept, “Knowing how to Eat in order to Live Well.”

3. Their commitment to promoting, at the Río+20 United Nations Conference on Sustainable Development, the incorporation of food and nutrition security and, as appropriate, the right to an adequate diet as one of the key objectives of sustainable development.

4. Their readiness to support inter-American and regional efforts to advance a joint agenda on food and nutrition security, taking into account progress and contexts at the national level.

5. Their commitment to fostering diversification of output and of food products on the market and in homes, as well as the preservation of local food traditions, varieties, and cultures.

6. Their readiness to move forward, as each member state deems appropriate in their respective domestic context and in a manner consistent with international agreements and obligations, with public policies on:

- a. Support for family farming, as appropriate, promoting efficient land use and sustainable agricultural activities, taking into account the degree of vulnerability of smallholders to hunger and poverty;
- b. Fostering regional humanitarian cooperation and the promotion of food transfers and donations, strengthening solidarity among states and

peoples in emergencies, in accordance with international agreements, subject to the needs of the beneficiaries and the will of states;

- c. Promoting public-private investment in the agriculture sector, with particular attention given to smallholders;
- d. Establishing, where appropriate, strategies and mechanisms to respond to food crises, in the framework of national legislation; and
- e. Fostering an open, transparent, equitable, rules-based, and non-discriminatory system of international trade in agricultural commodities, in accordance with the agricultural mandate of the World Trade Organization Doha Round.

7. Their readiness to develop or strengthen comprehensive national strategies on food and nutrition security, as each member state deems appropriate in their respective domestic context, taking the following elements into account:

- a. Food and nutrition education initiatives and programs;
- b. Agricultural development research and its funding, supporting national research systems, universities, and other research entities, promoting technology transfer under mutually agreed on terms and the sharing of knowledge and good practices; and
- c. The challenges to food security and sustainable development posed by excessive volatility in commodity prices.

8. Their decision to promote and strengthen public policies to stimulate sustainable farming and access to technologies, as well as measures for the management of risks associated with natural disasters and climate change adaptation.

9. Their decision to stress the need to strengthen the capacity of smallholder and women farmers as a strategy to enhance agriculture development and food security by promoting equitable access to land, water, financial resources and technologies in accordance with national legislation, as well as improving smallholder farmers' participation in and access to sustainable agriculture value chains and markets.^{12/}

10. Their commitment to promoting programs aimed at broadening access to safe water and sanitation.

^{12/} Operative paragraph 25 of United Nations General Assembly resolution A/RES/66/220, "Agriculture development and food security."

11. Their commitment to advancing biodiversity protection in the region in the framework of national laws.

12. Their decision to promote the sustainable increase of agricultural production and productivity with a view to increasing food supply.

13. Their commitment to moving forward with combating desertification, drought, and land degradation, and to expanding areas of cultivable land in arid and semi-arid zones in the context of integrated land use planning, in order to contribute to food and nutrition security, while protecting biological diversity and the environment.

14. Their decision to develop legal and institutional frameworks, where appropriate, for the effective realization of the right to adequate food, within the context of food and nutrition security, in particular for poor and vulnerable individuals and groups, and with gender equity.

15. To instruct the OAS General Secretariat to strengthen coordination with the Inter-American Institute for Cooperation on Agriculture, under the aegis of existing agreements and subject to the resources available, in order to promote and link the following aspects:

- a. Support for the design and implementation of multilateral efforts in the area of food and nutrition security in the region.
- b. Promoting, as part of the follow-up on the Plan of Action of Panama, “Translational Science, Technology and Innovation: Knowledge for Competitiveness and Prosperity,” the creation and strengthening of cooperation programs, projects, and activities, in order to share knowledge and encourage development in MSMEs, universities, communities, and other production units in the area of food security.
- c. Research, agriculture development, and their funding through international cooperation, particularly of a South-South, horizontal and triangular nature; public-private partnerships; and applied science and technology networks.
- d. Promoting the strengthening of national and local capacities to create and analyze information and in capacities to execute and monitor policies, programs, and projects on food issues.

16. To instruct the Permanent Council, the Inter-American Council for Integral Development, and the General Secretariat to continue, in coordination with all organs, agencies, and entities of the OAS, to facilitate the implementation of the strategies for increasing and strengthening participation by civil society organizations and other social actors in OAS activities in the area of food and nutrition security.

17. Their decision to request the Inter-American Council for Integral Development of the Organization of American States to consider including food and nutrition security in the new Strategic Plan for Partnership for Development as a cross-cutting component of intersectoral public policies.

18. To request the Permanent Council of the Organization of American States to convene a special meeting on food and nutrition security in the Americas, with the participation and input of specialized agencies, such as the Inter-American Institute for Cooperation on Agriculture, the Pan American Health Organization, the World Food Program, the United Nations Food and Agriculture Organization, the Inter-American Development Bank, the “Latin America and the Caribbean without Hunger 2025” initiative, and the Caribbean Food and Nutrition Institute, among others.

19. To note the need to further examine various concepts such as, inter alia, “food sovereignty” and their relation with food security and the right to food, bearing in mind the need to avoid any negative impact on the enjoyment of the right to food for all people at all times.

20. Their commitment to making institutional strengthening efforts and to encouraging greater private investment for the issues established in this declaration, and their intention to invite regional and international agencies working in the region to promote cooperation mechanisms and programs that support this effort.

Footnotes

5. ... all references to “food sovereignty”. Food sovereignty is not a well-understood term. There is no single or widely shared definition of this concept. The United States is concerned that this concept could be used to justify protectionism and other restrictive import or export policies with negative consequences for food security, sustainability, and income growth that the Declaration seeks to promote. Improved access to local, regional, and global markets helps get food to the people that need it most and also helps to smooth price volatility. Food security depends on appropriate domestic actions that are consistent with international commitments.

This Declaration uses several different names for the human right concerning food or nutrition. The United States interprets all of them as references to the food related right named in the Universal Declaration of Human Rights and the Covenant on Economic, Social and Cultural Rights. As an economic, social and cultural right, this right is to be progressively realized. Although the United States has not ratified the Covenant, as a strong supporter of the Universal Declaration we have endorsed this human right.

6. remains a significant challenge in the hemisphere. We welcome the Declaration’s attention to food and nutrition security, but disassociate from the specific references to the concept of “food sovereignty.” Canada understands that there is no clear consensus on the concept of “food sovereignty” and is concerned the concept may be used to promote protectionist interests.

7. ... nutritional, and timely supply of food. The Government of the Bolivarian Republic of Venezuela understands that: “Food sovereignty is a concept used by some countries to refer to peoples’ right to define their own policies and strategies for the sustainable production, distribution, and consumption of food that guarantee the right to food for the entire population, respecting their own cultures and the diversity of peasant, fishing, and indigenous forms of agricultural production, of marketing, and of management of rural areas, in which women play a fundamental role.”

8. is “the right of peoples to define their own sustainable policies and strategies for the production, distribution, and consumption of food that guarantee the right to food for the entire population, based on small- and medium-scale production, respecting their own cultures and the diversity of peasant, fishing, and indigenous forms of agricultural production, of marketing, and of management of rural areas, in which women play a fundamental role. Food sovereignty guarantees food and nutritional security.”

9. cannot be linked to food security or to the right to food.

10. unable to support calls for the promotion of a concept, namely food sovereignty, which has technical, legal and political implications without an agreed articulation of its definition and scope.

11. for living well, it endorses the definition given by the 2001 World Forum on Food Sovereignty, held in Havana, Cuba, taking food sovereignty to be peoples’ right to define their own policies and strategies for the sustainable production, distribution, and consumption of food that guarantee the right to food for the entire population, based on small- and medium-scale production, respecting their own cultures and the diversity of peasant, fishing, and indigenous forms of agricultural production, of marketing, and of management of rural areas, in which women play a fundamental role.

12. permanent access to healthy, adequate, and nutritional food, preferably produced locally in accordance with their different identities and cultural traditions.

C. REPORT OF THE SIXTH SUMMIT OF THE AMERICAS

1. The Sixth Summit of the Americas was held in the city of Cartagena (Colombia) on 14-15 April 2012. All countries convened were represented by their Heads of State and Government or, in their absence, by their official representatives, with the exception of the Government of Ecuador. Detailed information on this momentous event is available online at <http://www.cancilleria.gov.co/vicumbredelasamericas/home.html>

2. Additionally participating were the Chiefs of Mission from the organizations and institutions that make up the Joint Summit Working Group (JSWG), one of which is PAHO.¹⁶

3. The slogan for the Sixth Summit was *Connecting the Americas: Partners for Prosperity*. Within this framework, five thematic axes were established: namely, poverty, inequalities, and inequities; disaster risk reduction and management; access to and use of information and communication technologies; citizen security and transnational organized crime; and regional integration of physical infrastructure.

4. The President of Colombia, Juan Manuel Santos, characterized the Sixth Summit as “the Summit of dialogue and sincerity,”¹⁷ given the fact that there was indeed dialogue on topics of common interest as well as on those with marked differences in position. The participation of Cuba in upcoming Summits, the issue of the Falkland Islands, and policies to deal with the drug problem were all among those involving marked differences—which made adopting a political declaration difficult. Nevertheless, a presidential declaration was issued containing the main issues where consensual agreements were reached.

5. Details on the consensual agreements were made manifest in a set of commitments that were approved by the Summit Implementation Review Group (SIRG) at the ministerial level (at the Meeting of Ministers of Foreign Affairs) and defined according to the thematic axes of the Summit.¹⁸

¹⁶ The Joint Summit Working Group (JSWG) coordinates the support provided to the summit process by 12 Inter-American and international agencies, which offer the countries technical orientation in identifying and negotiating the topics addressed. The JSWG also plans and implements projects and initiatives that put summit commitments into practice. It also supports ministerial meetings and their links to the summit process. Furthermore, the group participates in summit policy dialogues, in order to exchange ideas regarding policy approaches to be followed during the summit process. The Secretariat of the OAS Summits of the Americas chairs the JSWG.

¹⁷ Declaration made by President Juan Manuel Santos at the closing session of the Sixth Summit of the Americas. Available from:
http://www.summit-americas.org/SIRG/2012/041412/statement_santos_closing_en.pdf.

¹⁸ Mandates arising from the Sixth Summit of the Americas. Available from:
http://www.summit-americas.org/SIRG/2012/041412/mandates_sc_en.pdf.

6. Given the importance of the commitments made by the Heads of State and Government at the Sixth Summit, all mandates having a direct impact on the work of the Organization are summarized in the Annex.

Action by the Pan American Sanitary Conference

7. The Conference is requested to take note of this report.

Annex

**Mandates Arising from the Sixth Summit of the Americas and
their Linkage with the Work of the Pan American Health Organization**

Mandates	PAHO's Work
Poverty, Inequalities, and Inequities	
<p>1. Promote and encourage comprehensive, timely, and quality public policies on:</p> <ul style="list-style-type: none"> a. Early childhood care, education, and development. c. Raising awareness about the adverse effects of adolescent pregnancies on the integral development of the adolescent and their offspring, as well as fostering their health and well-being. 	<p>PAHO will continue to support countries' efforts in the area of maternal and newborn health care as a key element in early childhood development. It will promote and expand the "Safe Motherhood" initiative as well as programs for breastfeeding, immunization, and early childhood health promotion. Furthermore, it will facilitate the articulation of integrated actions with different sectors, in order to address public policies for early childhood that involve the participation of different actors and interest groups.</p> <p>PAHO will continue to promote sexual and reproductive health programs for adolescents, following a human rights-based approach aimed at preventing unwanted pregnancies and geared towards young people having both the means and the resources to practice sexual health and exercise healthy sexuality.</p>
<p>5. To reaffirm our commitment to advance towards the achievement of the Millennium Development Goals (MDGs) and promote the financing of projects and programs to disseminate best practices in the communities that are most behind.</p>	<p>PAHO will expand the "Faces, Voices and Places" initiative, which constitutes PAHO's response to achieving the MDGs by utilizing a territorial approach focused on local spaces that show conditions of being among those most left behind in terms of achieving the MDGs. PAHO will document local-level experiences and good practices. The topics of maternal health and safe drinking water will be priority areas.</p>
<p>10. To reaffirm our support for the objectives set out in the Declaration of the Decade of the Americas for the Rights and Dignity of Persons with Disabilities (2006-2016) and its Plan of Action, by promoting equal opportunity for, and nondiscrimination of, persons with disabilities through their participation in our</p>	<p>Through its activities related to the health of people with disabilities, PAHO will continue to work in a coordinated manner with the agencies of the Inter-American system to safeguard fulfillment of the commitments established in the 2006-2016 Plan of Action.</p>

Mandates	PAHO's Work
countries' social, political, economic, and cultural development processes, in order to ensure their well-being and the full enjoyment and exercise of all their human rights and fundamental freedoms.	
11. To advance in strengthening the protection of the human rights and fundamental freedoms of older persons through promotion of public policies, programs, and services—thus safeguarding their dignity, their physical, mental and social well-being, and their quality of life, bearing in mind efforts underway at the inter-American level to draft a legally binding instrument for the protection of the rights of older persons and consideration of the issue at the international level.	Through its Aging and Health program, PAHO will continue to promote country efforts to achieve healthy aging. PAHO will work in a coordinated manner in the Inter-American arena to back the definition of a legally binding instrument to protect the rights of older persons.
15. To take action on the conditions that negatively impact the health of our people, taking into account the 2011 World Conference on the Social Determinants of Health.	PAHO will continue to collaborate with governments at both the national and local levels, articulating the responses of intersectoral public policies that take action on factors negatively affecting the health of older persons, pursuant to the guidelines agreed upon at the World Conference on Social Determinants of Health.
Disaster Risk Reduction and Management	
4. To strengthen regional and subregional instruments, as well as existing initiatives in the area of disaster risk reduction and management and humanitarian assistance—as well as coordination and cooperation mechanisms—to generate synergies, underscoring the importance of coordination.	PAHO will continue to collaborate in efforts carried out by the Inter-American system in the areas of disaster risk reduction and humanitarian assistance in health, as well as in coordination, information, and response. In times of disasters, the “Safe Hospitals” initiative will continue to be one of PAHO's priority strategies in its work on risk reduction.
Access to and Use of Information and Communication Technologies	
3. To promote the more intensive application of ICTs [information and communication technologies] in health, with a view to improving the efficiency of our countries' health information systems,	PAHO will continue to collaborate in implementing the eHealth Strategy and Plan of Action (2012-2017) approved by PAHO's Governing Bodies. This strategy is aimed at improving access to and quality of health

Mandates	PAHO's Work
<p>including accurate record-keeping, and of subregional and regional alert systems for public health events of international concern; the expansion of continuing education programs for health workers and the population; and access to information on health services in those centers and communities that need it the most.</p>	<p>services, as well as their sustainable development. PAHO will collaborate with health authorities to strengthen and expand the use of information and communication technologies in epidemiological surveillance systems and in public health events of international concern, pursuant to the guidelines established in the International Health Regulations (IHR). PAHO will continue to expand the training options offered to health workers via the Virtual Campus for Public Health (VCPH).</p>
Citizen Safety and Transnational Organized Crime	
<p>3. To implement policies containing measures to prevent, investigate, punish, penalize, and eradicate sexual and gender-based violence.</p>	<p>PAHO will continue its support to the countries in efforts to improve, through their health services, the diagnosis of physical, emotional, and sexual abuse of women, boys, and girls—as well as to respond with timely care and treatment. PAHO will coordinate its efforts to address timely prevention and care for victims of gender-based violence and sexual abuse.</p>
<p>4. To improve the effectiveness and efficiency of comprehensive public policies on citizen security through actions such as the generation and use of relevant and timely information, and the strengthening of the capacity and coordination of institutions that participate in the management of citizen security.</p>	<p>PAHO will collaborate with judicial and law enforcement agencies in intersectoral efforts to improve and harmonize <i>victimization</i> and homicide registries, as well as local-level surveillance systems for violent events.</p>
<p>Regarding drugs, the Heads of State and Government mandated the OAS to conduct studies and research that will produce the necessary evidence to inform the decision-making process. (Recommendation arising from the Private Meeting on Drugs).</p>	<p>In terms of studies and research in the area of drugs, PAHO will both collaborate in and support studies on drug abuse, its effects on health, its treatment, and rehabilitation for those falling victim to it—as well as programs aimed at preventing the use of illegal drugs—following a public health approach.</p>

D. SUBREGIONAL INTEGRATION ORGANIZATIONS

18. This document presents the main resolutions and agreements of interest to the Governing Bodies of the Pan American Health Organization adopted by different intergovernmental regional and subregional entities linked with health; to wit:

(a) Ibero-America

- *Ibero-American Summits: Ibero-American Conference of Ministers of Health*

(b) Central America

- *Central American Integration System (SICA): Council of Central American Ministers of Health (COMISCA)*
- *Council Women Ministers for Central American Women (COMMCA)*
- *Special Meeting of the Health Sector of Central America and the Dominican Republic (RESSCAD)*

(c) Caribbean

- *Caribbean Community (CARICOM): Council for Human and Social Development (COHSOD)*

(d) South America

- *Andean Community of Nations: Andean Health Agency/Hipólito Unanue Agreement (ORAS/CONHU)*
- *Southern Common Market (MERCOSUR): Working Subgroup No. 11/Health (SGT 11)*
- *Amazon Cooperation Treaty Organization (ACTO): New ACTO Strategic Agenda 2012-2020: Regional Health Action*
- *Union of South American Nations (UNASUR): South American Health Council*

Other:

- *16th Inter-American Meeting at Ministerial Level on Health and Agriculture (RIMSA16)*

19. Resolutions and agreements of interest to the Governing Bodies of the Pan American Health Organization and related to its work as the specialized health agency of the Inter-American System have been selected.

20. The meetings held to address matters in regard to regional public health were attended by the ministers of health of the Region's Member States and Ibero-America, in the case of the Ibero-American Conference of Ministers of Health, and by other official delegates. In addition to delegates from the Member States, the meetings were attended in some cases by representatives of governments accredited as Permanent Observers; the Associated States; representatives of the various agencies and entities of the Inter-American System, including the Pan American Health Organization; as well as representatives from the United Nations System, cooperation agencies, and other entities.

21. It should be noted that to formalize its work with the subregional integration entities, the Pan American Health Organization Program Budget 2006-2007 introduced a section on subregional technical cooperation (Official Document 317 "Proposed Program Budget of the Pan American Health Organization for the Financial Period 2006-2007," approved by the Directing Council in Resolution CD45.R8).

22. This subregional level responds to health issues of common interest to each subregion. This joint effort, which has enabled the alignment of regional and country agendas, seeks to boost opportunities for multisectoral work and intensify the process of decentralization of Pan American Sanitary Bureau human resources. Technical cooperation by the Organization at the subregional level has emphasized compatibility of joint activities in the health area among the different subregional platforms. The Organization will continue promoting this convergence and strengthening the focus on diminishing asymmetries among Member States.

Action by the Pan American Sanitary Conference

23. The Pan American Sanitary Conference is invited to take note of this report.

Resolutions and Agreements on Health Matters Approved by Subregional Integration¹⁹ Agencies and Related to PAHO Activities

(a) *Ibero-American General Secretariat (SEGIB)*

Every year, several sectoral meetings are held prior to the Presidential Summit. In the case of health, that meeting is the Ibero-American Conference of Ministers of Health, which issues a declaration and submits a series of paragraphs for consideration by the Heads of State and Government for inclusion in the final presidential declaration that is adopted. The most recent of these meetings, the XIII Ibero-American Conference of Ministers of Health, was held in June 2011 in Paraguay, the country that held the Presidency *pro tempore* that year. In October 2011, the XXI Summit of Heads of State and Government was also held in Paraguay.

In 2012, the XXII Ibero-American Summit of Heads of State and Government of Ibero-America will take place on 16-17 November in Cádiz, Spain. The theme of the Summit is “The Bicentennial of the Cádiz Constitution: Renewing relations.”

An Ibero-American Conference of Ministers of Health has not been programmed for 2012.

(b) *Central American Integration System (SICA)*

The Council of Central American Ministers of Health and the Dominican Republic (COMISCA) of the Central American Integration System (SICA) meets in regular sessions twice the year in the countries that hold the presidency *pro tempore*. The last meeting of COMISCA (XXXVI Regular Meeting of COMISCA, 19-20 June 2012) was held in the city of Tela (Honduras), the country that held the presidency *pro tempore* during the first half of 2012. The Ministers and Ministries of Health participate in this forum. PAHO/WHO attends the regular meetings of the Council by invitation of the Executive Secretariat of COMISCA as the lead agency in health matters in the Region and because of the technical assistance it provides in the thematic Technical Commissions (Technical Commission on Pharmaceuticals, Human Resources, Chronic Noncommunicable Diseases, and cancer; Technical Commission on Surveillance in Health and Information Systems and the Regional Coordinating Mechanism on HIV/AIDS). Furthermore, PAHO/WHO has a permanent representative on the Executive Committee for Implementation of the Agenda and Health Plan of Central America and the Dominican Republic (CEIP) and on the Advisory Committee of the Technical Commission on Surveillance in Health and Information Systems.

¹⁹ The meetings considered are those held within the framework of the subregional bodies linked with health from June 2011 to May 2012.

Link to information on COMISCA:

<http://www.sica.int/busqueda/Noticias.aspx?IDItem=64580&IDCat=3&IdEnt=143&Idm=1&IdmStyle=1>

Central American Integration System XXXVI Regular Meeting of the Council of Central American Ministers of Health City of Tela (Honduras), 19-20 June 2012	
Items approved by COMISCA	Relation to PAHO activities
Regional Coordinating Mechanism of the Global Fund to Fight AIDS (as technical advisory body to COMISCA on HIV)	Linked with the technical program on HIV.
Central American Certificate Course in Monitoring and Evaluation for Management of HIV/AIDS Policies and Programs	Linked with the technical program for the development of human resources for health. Regional Observatory of Human Resources in Health.
Nutrition and Food Security (NFS)—NFS Policy Proposal for Central America and the Dominican Republic submitted by INCAP	Linked with the Pan American Alliance for Nutrition and Development.
Joint drug negotiations	Linked with the Strategic Fund and with the technical program on Drugs and Health Technology.
SALTRA Program: Occupational and Environmental Health	Linked with the technical program on workers' health. Linked with the Regional Plan of Action on Workers' Health (May 2001).
Health and climate change	Linked with the technical program on sustainable development and environmental health. Linked with the Strategy and Plan of Action on Climate Change (CD51/6, Rev.1) and CD51.R15 (2011).
Health Research: Proposal for the formation of the Technical Commission on Health Research for Central America and the Dominican Republic	Linked with the research for health area. EVIPNet.
Monitoring and evaluation system of the Health Plan for Central America and the Dominican Republic	Linked with the country support team that coordinates subregional cooperation.

Central American Integration System XXXVI Regular Meeting of the Council of Central American Ministers of Health City of Tela (Honduras), 19-20 June 2012	
Items approved by COMISCA	Relation to PAHO activities
Regional HIV laboratory Framework agreement between SICA and the Gorgas Commemorative Institute for Health Studies	Linked with the technical program on health and laboratory services and the technical program on HIV. Linked with strengthening National Regulatory Authorities for Medicines and Biologicals (Resolution CD50.R9 [2010]).

(c) *Special Meeting of the Health Sector of Central America and the Dominican Republic (RESSCAD)*

Another forum in which the Ministers of Health of Central America and the Dominican Republic participate along with the social security and water and sanitation institutions and where health sector issues are discussed is the Special Meeting of the Health Sector of Central America and the Dominican Republic (RESSCAD). PAHO serves as the Technical Secretariat for this forum. Meetings are held once a year, the last one in the Dominican Republic on 5-6 July 2012.

Link to information on RESSCAD: <http://new.paho.org/resscad/>

RESSCAD XXVIII Special Meeting of the Health Sector of Central America and the Dominican Republic Santo Domingo (Dominican Republic), 5-6 July 2012	
Agreements adopted by RESSCAD	Relation to PAHO activities
DOR XXVIII RESSCAD 2 Information, analysis, and decision-making, and development of the Regional Health Situation Room (SRSS)	Linked with regional Plan of Action for Strengthening Vital and Health Statistics (Resolution CD48.R6 [2008]).
DOR XXVIII RESSCAD 3 Quality health services without exclusion Sustainability of national antiretroviral therapy and vaccination programs	Linked with strategies promoted by the Organization on analysis of health systems and services, health economics and financing, and extension of social protection in health. Linked with the technical program on HIV. Linked with the Strategy for Health Personnel Competency Development in Primary Health Care-based Health Systems (Resolution CD50.R7 [2010]). Linked with the technical immunization

RESSCAD XXVIII Special Meeting of the Health Sector of Central America and the Dominican Republic Santo Domingo (Dominican Republic), 5-6 July 2012	
Agreements adopted by RESSCAD	Relation to PAHO activities
	program. Strengthening Immunization Programs (Resolution CD50.R5 [2010]).
DOR XXVIII RESSCAD 3 Advancing comprehensive addiction treatment in primary health care (PHC)	Linked with Health and Human Rights (Resolution CD50.R8 [2010]) and with Health, Human Security, and Well-being (Resolution CD50.R16 [2010]). Linked with the Memorandum of Understanding signed between the OAS and PAHO to cooperate in reducing the demand for illicit drugs in the countries of the Americas (May 2012).
DOR XXVIII RESSCAD 4 Health and Tourism	Linked with the technical program on Health Promotion. Linked with the document Health and Tourism CD49/15 (2009) and Resolution CD49.R20 (2009).
DOR XXVIII RESSCAD 5 Water and Sanitation Situation in the Region	Linked with the technical program on Sustainable Development and Environmental Health.
DOR XXVIII RESSCAD 6 On RESSCAD and FOCARD-APS joining the Regional Coalition on Water and Sanitation for the Elimination of Cholera in the Island of Hispaniola	Linked with the technical program on Sustainable Development and Environmental Health.
DOR XXVIII RESSCAD 7 Health sector preparedness and response for public health emergencies and disasters	Linkage with the Program on Emergency Preparedness and Disaster Relief.

(d) *Caribbean Community (CARICOM)*

Within the framework of CARICOM, the Ministers of Health meet in regular sessions in the Council for Human and Social Development (COHSOD). The last regular meeting was held in February of this year in Guyana. A special meeting of COHSOD was subsequently held in Saint Lucia on 27-28 April. PAHO participates in this forum as the technical advisory agency on health and offers its facilities for the meetings of the Caucus of Caribbean Community Ministers of Health, whose Secretariat it shares with CARICOM and partners from Caribbean Public Health Agency (CARPHA). The last meeting of the Caucus was held on 24-25 September 2011, in Washington, D.C.

CARICOM Twenty-second Meeting of the Council for Human and Social Development (COHSOD) Georgetown (Guyana), 2-3 February 2012 “Culture, Youth, and Sport”	
Main items addressed by COHSOD	Relation to PAHO activities
Chronic non-communicable diseases	<p>Pan American Forum for Action on NCDs (2012).</p> <p>Report on the United Nations High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases (Information Document CD51.INF/4 [2011]).</p> <p>Linked with the Regional Strategy and Plan of Action for an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity, and Health (Resolution CD47.R9 [2006]).</p>
Sport and tourism	Linked with the technical program on health promotion.
Caribbean Community Crime Prevention and Social Development Action Plan	<p>Linked with Health and Human Rights (Resolution CD50.R8 [2010]) and with Health, Human Security, and Well-being (Resolution CD50.R16 [2010]).</p> <p>Linked with the Memorandum of Understanding signed between the OAS and PAHO to cooperate in reducing the demand for illicit drugs in the countries of the Americas (May 2012).</p>
Youth	<p>Linked with the technical programs on health promotion and adolescent health.</p> <p>Linked with the Regional Strategy and Plan of Action for an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity, and Health (Resolution CD47.R9 [2006]).</p> <p>Linked with the Strategy and Plan of Action on Adolescent and Youth Health (Resolution CD49.R14 [2009]).</p>
Caribbean Public Health Agency (CARPHA)	Linked with PAHO's subregional work program with the Caribbean, especially CAREC and CFNI.

CARICOM Special Meeting of the Council for Human and Social Development (COHSOD) Saint Lucia, 27-28 April 2012	
Main items addressed	Relation to PAHO activities
Sustainability of national responses to HIV Integration of HIV services into primary health care PANCAP response to the results of the United Nations High-level Meeting on HIV and AIDS Elimination of vertical transmission of HIV and congenital syphilis	Linked with the technical program on HIV. Linked with the Program for Health Surveillance, Disease Prevention and Control. Linked with the Strategy and Plan of Action for the Elimination of Mother-to-child Transmission of HIV and Congenital Syphilis. (Resolution CD50. R12 [2010]).
Regional laboratory networks and standards	Linked with the technical program on health and laboratory services.
Caribbean Public Health Agency (CARPHA) (Human resources, financial matters, development, research, laboratory issues, social marketing, and resource mobilization plan)	Linked with PAHO's subregional work program with the Caribbean, especially CAREC and CFNI.

CARICOM XX Meeting of the Caucus of Caribbean Community Ministers of Health Washington. D.C., PAHO Headquarters, 24-25 September 2011	
Items addressed	Relation to PAHO activities
CARPHA	Linked with PAHO's subregional work program with the Caribbean, especially CAREC and CFNI.
Noncommunicable diseases	Pan American Forum for Action on NCDs (2012). Report on the United Nations High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases (Document CD51.INF/4 [2011]). Linked with the regional Strategy and Plan of Action for an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity, and Health (Resolution CD47.R9 [2006]).
HIV/AIDS	Linked with the technical program on HIV.

CARICOM XX Meeting of the Caucus of Caribbean Community Ministers of Health Washington. D.C., PAHO Headquarters, 24-25 September 2011	
Items addressed	Relation to PAHO activities
Development of Human Resources for Health (Registration of nurses, regional registration of physicians, CHART report)	Linked with the technical program for the development of human resources for health. Regional Observatory of Human Resources in Health.
Pneumococcal and human papillomavirus vaccines in CARICOM	Linked with the technical program on immunization. Linked with technical program on chronic diseases, including cancer. Report on the United Nations High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (Information document CD51/INF/4 (2011)). Regional Strategy and Plan of Action for an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity, and Health (Resolution CD47.R9 [2006]). Linked with the information document Immunization: Challenges and Outlook (CD51/INF/5-A 2011). Linked with the resolution Strengthening Immunization Programs (CD50.R5 [2010]).
Implementation of the IHR in the English-speaking and Dutch Caribbean	Linked with the technical program on Health Surveillance, Disease Prevention and Control. Information document on Implementation of the International Health Regulations (CD51/INF/5-D [2011]).
Violence prevention	Linked with health and human rights (Resolution CD50.R8 [2010]) and with health, human security, and well-being (Resolution CD50.R16 [2010]). Linked with the Memorandum of Understanding signed between the OAS and PAHO to cooperate in reducing the demand for illicit drugs in the countries of the Americas. (May 2012).

(e) *Andean Community of Nations (CAN)*

Within the framework of the Andean Community of Nations, the Ministers of Health of the Andean Area meet in regular sessions once a year and also hold special meetings. The Andean Health Agency/Hipólito Unanue Agreement (ORAS/CONHU) serves as Technical Secretariat for the Meeting of Ministers of Health of the Andean Area (REMSAA). The last gathering of REMSAA was a special meeting (XXVI Special REMSAA, Lima, Peru, 6-7 December 2011). PAHO participates in these meetings as the technical advisory agency on health.

Link to information on REMSAA: <http://www.orasconhu.org/remsa/resoluciones-7>

Andean Community of Nations Andean Health Agency/Hipólito Unanue Agreement (ORAS-CONHU) XXVI Special Meeting of Ministers of Health of the Andean Area (REMSAA) Lima, Peru, 6-7 December 2011	
Resolutions adopted	Relation to PAHO activities
REMSAA XXVI-1: Andean border health plan	Linked with technical program on subregional cooperation in health.
REMSAA XXVI-2: Prevention, control, and management of noncommunicable diseases	Regional Strategy and Plan of Action for an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity, and Health (Resolution CD47.R9 [2006]). Report on the United Nations High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (Information Document CD51/INF/4 [2011]).
REMSAA XXVI-3: Prevention of adolescent pregnancy	Linked with the Regional Strategy and Plan of Action on Adolescent and Youth Health 2010-2018.
REMSAA XXVI-4: Intercultural health	Linked with Health and Human Rights (Resolution CD50.R8 [2010]) and with Health, Human Security, and Well-being (Resolution CD50.R16 [2010]).
REMSAA XXVI-5 People of African descent	Linked with the technical program on cultural diversity and health. Linked with Health and Human Rights (Resolution CD50.R8 [2010]).
REMSAA XXVI-6: Prevention and control of hepatitis B, syphilis, HIV, and other sexually transmitted infections	Linked with the Strategy and Plan of Action for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis.

Andean Community of Nations Andean Health Agency/Hipólito Unanue Agreement (ORAS-CONHU) XXVI Special Meeting of Ministers of Health of the Andean Area (REMSAA) Lima, Peru, 6-7 December 2011	
Resolutions adopted	Relation to PAHO activities
	(Resolution CD50.R12 [2010]). Linked with the Program for Health Surveillance, Disease Prevention and Control.
REMSAA XXVI–7: Andean pharmaceutical policy: ethical criteria for drug promotion, advertising, and surveillance	Linked with the Initiative for Strengthening National Regulatory Authorities for Medicines and Biologicals (Resolution CD50.R9 [2010]). Linked with the progress report on the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property (Information Document CD51/INF/5–B [2011]).
REMSAA XXVI–8: Andean Network for Health Technology Assessment	Regional Platform on Access and Innovation for Health (2012). Linked with the subregional work program for South America.

(f) *Southern Common Market (MERCOSUR)*

In this area, it should be noted that the SGT 11 meetings adopt resolutions that are then submitted for the consideration of the Common Market Group (GMC), discuss proposed resolutions that are sent for internal consultation, and analyze resolutions that constitute recommendations in each Commission of the SGT 11 (the Commission on Health Care, the Commission on Health Products, and the Commission on Health Surveillance, in addition to the resolutions on national coordination). In general, these are issues related to regulation and the harmonization of standards. PAHO participates in its capacity as the technical advisory agency on health. The latest of these meetings, the XXXVIII Regular Meeting of Working Subgroup No. 11, “Health,” was held in Buenos Aires, Argentina, from 17-20 April 2012. On that occasion, the following resolutions submitted for the consideration of the GMC were adopted:

- (1) Res. 02/08 Health technology assessment request form
- (2) Res. 02/11 MERCOSUR Technical Regulation on good manufacturing practices for home health care products
- (3) Res.1/12 MERCOSUR Technical Regulation on the list of permissible colorants for personal hygiene and cosmetic products and perfumes.
- (4) Res.03/12 MERCOSUR health professions

Furthermore, regular sessions of the meetings of MERCOSUR ministers of health are held at least twice a year (one under each presidency *pro tempore*). The XXXII Meeting of MERCOSUR Ministers of Health (RMS) was held on 7 June 2012 in the city of Buenos Aires (Argentina).

MERCOSUR XXXII Meeting of MERCOSUR Ministers of Health Buenos Aires (Argentina), 7 June 2012	
Agreements approved	Relation to PAHO activities
MERCOSUR/RMS/Acuerdo 1/12 Development of drug formularies for use at the first level of care	Linked with the Pan American Network for Drug Regulatory Harmonization and with Strengthening National Regulatory Authorities for Medicines and Biologicals (Resolution CD50.R9 [2010]).
Declaration on reduction of health risks from contamination and environmental hazards	Linked with the technical program on Sustainable Development and Environmental Health and with activities of the program on Health Promotion.
Declaration with regard to the United Nations Conference on Sustainable Development (UNCSD) Rio+20	Linked with the World Conference on Social Determinants of Health (Rio de Janeiro, Brazil, October, 2011) and the Regional Consultation on Social Determinants of Health (Costa Rica, August 2011).
MERCOSUR/RMS/P.Dec. 1/12 Health authority focal point network for the prevention and control of counterfeit drugs and medical products in MERCOSUR	Linked with the Pan American Network on Drug Regulatory Harmonization and with Strengthening National Regulatory Authorities for Medicines and Biologicals (Resolution CD50.R9 [2010]). Linked with the subregional work program for South America.

(g) Amazon Cooperation Treaty Organization (ACTO)

In November 2010, during the X Meeting of Ministers of Foreign Affairs of the member countries of ACTO (the highest body of the Amazon Cooperation Treaty-ACT), held in Lima, Peru, the new Strategic Agenda 2012-2020 was approved.

The items on this new Strategic Agenda include, Regional Health Management, whose execution is the responsibility of the Health Coordination Office of ACTO's Permanent Secretariat. PAHO/WHO has been engaged in technical cooperation activities with this Coordination Office in relation to the health chapter of the new Strategic Agenda and the preparation of a health situation analysis of the Amazon region. The purpose of ACTO's Regional Health Management is to support activities to achieve the Millennium

Development Goals in the Amazon region and coordinate with UNASUR-Health to avoid the duplication of efforts.

This technical cooperation was formalized with the signing of a Framework Agreement between the two organizations during the 51st Directing Council of PAHO (2011).

The XI Meeting of Ministers of Foreign Affairs was held in Manaus, Brazil, in November 2011. On that occasion, the Ministers of Foreign Affairs adopted the Declaration of Manaus and the Declaration of Ministers of Foreign Affairs of the ACTO Member Countries for the Rio+20 Conference.

Link to information on ACTO: <http://www.otca.info/portal/>

(h) Union of South American Nations – UNASUR

The South American Health Council of UNASUR has a Coordinating Committee, a Technical Secretariat, and technical groups. The Technical Secretariat, which is comprised of the President *pro tempore* and representatives of two countries (the preceding and next presidents), convenes and supports the meetings of the Council. PAHO participates in the Coordinating Committee as an observer. The most recent regular meeting of the South American Health Council was held on 20 April in Asunción, Paraguay, the country holding the rotating presidency for 2012.

Link to information on UNASUR: www.unasursg.org

SOUTH AMERICA Union of South American Nations (UNASUR) VI Regular Meeting of the South American Health Council Asunción (Paraguay), 20 April 2012	
Resolutions adopted	Relation to PAHO activities
Working Group on Human Resources Development and Management	Linked with the program of subregional work for South America for development of human resources for health. Regional Observatory of Human Resources in Health.
South American Institute of Government in Health (ISAGS) Work Plan and Budget	Through ISAGS networks, activities are coordinated on noncommunicable disease prevention and control. International relations (ORIS Network). Developing human resources for health.
Group for Universal Access to Medicines	Linked with the initiative for Strengthening National Regulatory Authorities for Medicines and Biologicals (CD50.R09, 2010).

Creation of the Network for Disaster Management and Mitigation	Linked with the technical Program on Emergency Preparedness and Disaster Relief.
Other issues discussed in the Health Council	
WHO reform	Linked with the reform process of the Organization and its discussion in the Governing Bodies (Regional Consultation on WHO Reform, CD51/INF/2, 2011).
United Nations Conference on Sustainable Development (UNCSD)- Rio+20	Linked with the technical program on environmental health and sustainable development. Strategy and Plan of Action on Climate Change (CD51.R15, 2011).
International Conference on Population and Development –Cairo 2014	Linked with Panel on Safe Motherhood and Universal Access to Sexual and Reproductive Health (CD51/14 Rev. 1, 2011).

Other

16th Inter-American Meeting at Ministerial Level on Health and Agriculture (RIMSA16)

This ministerial meeting convened by the Director of PAHO is held every three or four years. RIMSA15 was held in Rio de Janeiro (Brazil) on 11-12 June 2008. The theme of that meeting was “Agriculture and Health: Alliance for Equity and Rural Development in the Americas.”

Link to the report and resolution submitted to the Directing Council: CD48/19, Rev.1 and CD48.R13:

http://new.paho.org/hq/index.php?option=com_content&view=article&id=770&Itemid=733&lang=en

This year, RIMSA16 (Santiago, Chile, 26-27 July) was held under the theme *Agriculture-Health-Environment: joining forces for the well-being of the peoples of the Americas*. RIMSA is the only regional forum for setting and coordinating policies and strategies of common interest to the agriculture and health sectors. PAHO/WHO, through the Veterinary Public Health Unit/Pan American Center for Foot and Mouth Disease (PANAFTOSA), organized RIMSA16 with the support and under the auspices of the Government of Chile, through its Ministries of Health and of Agriculture.

These meetings were attended by the ministers of health and of agriculture of the PAHO Member Countries, along with partners from the international community who participated as observers or as special guests (cooperation agencies, governmental and nongovernmental organizations, private sector and industry, high-level officials of veterinary services and health entities, and scientific institutions).

Three major technical events were held on 24 and 25 July as preparation for RIMS16: the 12th Meeting of the Hemispheric Committee for the Eradication of Foot-and-Mouth Disease (COHEFA 12), the Sixth Meeting of the Pan-American Commission on Food Safety (COPAIA 6), and the Inter-Agency Forum: “Toward Integrated Epidemiological Surveillance.”

Link to further information on RIMS16:

<http://ww2.panaftosa.org.br/rimsa16/index.php?lang=en>

The report on RIMS16 is being prepared and will be submitted to the PAHO Governing Bodies in 2013.
