



**29th PAN AMERICAN SANITARY CONFERENCE**  
**69th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS**  
*Washington, D.C., USA, 25-29 September 2017*

---

CSP29/FR  
29 September 2017  
Original: English

**FINAL REPORT**

---

---

**CONTENTS**

	<i>Page</i>
<b>Opening of the Session</b> .....	6
<b>Procedural Matters</b>	
Appointment of the Committee on Credentials .....	6
Election of Officers .....	6
Establishment of a Working Party to Study the Application of Article 6.B of the PAHO Constitution.....	7
Establishment of the General Committee .....	7
Adoption of the Agenda.....	7
<b>Constitutional Matters</b>	
Annual Report of the President of the Executive Committee .....	7
Reports of the Pan American Sanitary Bureau .....	8
A. Quinquennial Report 2013-2017 of the Director of the Pan American Sanitary Bureau .....	8
B. Health in the Americas.....	11
Election of the Director of the Pan American Sanitary Bureau and Nomination of the Regional Director of the World Health Organization for the Americas.....	12
Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Guatemala, Trinidad and Tobago, and United States of America .....	13
<b>Program Policy Matters</b>	
Strategic Plan of the Pan American Health Organization 2014-2019 (Amended 2017).....	13
PAHO Program and Budget 2018-2019 .....	15
New Scale of Assessed Contributions.....	17
Sustainable Health Agenda for the Americas 2018-2030 .....	18
Policy on Ethnicity and Health .....	20
Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018-2023.....	21
Plan of Action for the Strengthening of Vital Statistics 2017-2022 .....	23
Strategy on Human Resources for Universal Access to Health and Universal Health Coverage .....	25
Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018-2022 .....	28
Update on the Situation and Challenges of Supplying Inactivated Poliovirus Vaccine to Maintain Polio Eradication in the Region of the Americas .....	30

**CONTENTS** (*cont.*)

	<i>Page</i>
<b>Administrative and Financial Matters</b>	
Report on the Collection of Assessed Contributions .....	33
Financial Report of the Director and Report of the External Auditor for 2016.....	34
Appointment of the External Auditor of PAHO for 2018-2021 .....	36
<b>Selection of Member States to Boards and Committees</b>	
Election of Two Members to the Advisory Committee of the Latin American and Caribbean Center on Health Sciences Information (BIREME) .....	36
<b>Awards</b>	
PAHO Award for Health Services Management and Leadership (2017) .....	36
<b>Matters for Information</b>	
Update on WHO Reform .....	37
PAHO/WHO Collaborating Centers .....	38
Impact of Violence on the Health of the Populations in the Americas: Final Report.....	39
Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control: Final Report .....	41
Proposed Ten-Year Regional Plan on Oral Health for the Americas: Final Report.....	44
Implementation of the International Health Regulations (IHR) .....	45
Progress Reports on Technical Matters	
A. Plan of Action on Health in All Policies: Progress Report .....	48
B. Chronic Kidney Disease in Agricultural Communities in Central America: Progress Report .....	49
C. Plan of Action for Universal Access to Safe Blood: Midterm Review.....	49
D. Addressing the Causes of Disparities in Health Service Access and Utilization for Lesbian, Gay, Bisexual, and Trans (LGBT) Persons: Progress Report .....	50
E. Health and Human Rights: Progress Report .....	51
F. Plan of Action on Immunization: Midterm Review.....	51
G. Strategy and Plan of Action on Epilepsy: Midterm Review .....	52
H. Plan of Action on Mental Health: Midterm Review .....	52
I. Plan of Action on Disabilities and Rehabilitation: Midterm Review .....	53
J. Plan of Action for the Coordination of Humanitarian Assistance: Midterm Review.....	53
K. Cooperation for Health Development in the Americas: Progress Report .....	54

**CONTENTS** (*cont.*)

	<i>Page</i>
<b>Matters for Information</b> ( <i>cont.</i> )	
Progress Reports on Technical Matters ( <i>cont.</i> )	
L. Review of the Charge Assessed on the Procurement of Public Health Supplies for Member States: Progress Report .....	55
M. Status of the Pan American Centers .....	55
Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO	
A. Seventieth World Health Assembly .....	56
B. Forty-seventh Regular Session of the General Assembly of the Organization of American States .....	56
C. Subregional Organizations .....	56
Update on the Implementation of the Framework of Engagement with non-State Actors (FENSA) .....	57
Draft Concept Note towards WHO's 13th General Program of Work 2019-2023 .....	58
<b>Other Matters</b> .....	61
<b>Closure of the Session</b> .....	62
<b>Resolutions and Decisions</b>	
<i>Resolutions</i>	
CSP29.R1: Collection of Assessed Contributions .....	62
CSP29.R2: Sustainable Health Agenda for the Americas 2018-2030 .....	63
CSP29.R3: Policy on Ethnicity and Health .....	65
CSP29.R4: Plan of Action for the Strengthening of Vital Statistics 2017-2022 .....	67
CSP29.R5: Strategic Plan of the Pan American Health Organization 2014-2019 (Amended) .....	69
CSP29.R6: Program and Budget of the Pan American Health Organization 2018-2019.....	69
CSP29.R7: Appointment of the External Auditor of PAHO for 2018-2021 .....	72
CSP29.R8: Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Guatemala, Trinidad and Tobago, and United States of America.....	72
CSP29.R9: Election of Two Members to the Advisory Committee of the Latin American and Caribbean Center on Health Sciences Information (BIREME).....	73

**CONTENTS** (*cont.*)*Page***Resolutions and Decisions** (*cont.*)**Resolutions** (*cont.*)

CSP29.R10:	Election of the Director of the Pan American Sanitary Bureau and Nomination of the Regional Director of the World Health Organization for the Americas.....	74
CSP29.R11:	Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018-2023 .....	74
CSP29.R12:	Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018-2022 .....	76
CSP29.R13:	New Scale of Assessed Contributions.....	79
CSP29.R14:	Assessed Contributions of the Member States, Participating States, and Associate Members of the Pan American Health Organization for 2018 .....	81
CSP29.R15:	Strategy on Human Resources for Universal Access to Health and Universal Health Coverage .....	84
CSP29.R16:	Situation Update on the Challenges of Supplying Inactivated Polio Vaccine to Maintain Eradication of the Disease in the Region of the Americas.....	86

**Decisions**

CSP29(D1)	Appointment of the Committee on Credentials .....	88
CSP29(D2)	Election of Officers .....	88
CSP29(D3)	Establishment of the General Committee .....	88
CSP29(D4)	Adoption of the Agenda.....	88

**Annexes**

- Annex A. Agenda
- Annex B. List of Documents
- Annex C. List of Participants

## FINAL REPORT

### Opening of the Session

1. The 29th Pan American Sanitary Conference, 69th Session of the Regional Committee of the World Health Organization (WHO) for the Americas, was held at the Headquarters of the Pan American Health Organization (PAHO) in Washington, D.C., from 25 to 29 September 2017.
2. Dr. Nickolas Steele (Minister of Health and Social Security, Grenada, outgoing President of the 28th Pan American Sanitary Conference) opened the session and welcomed the participants. Opening remarks were made by Dr. Steele, Dr. Carissa Etienne (Director, Pan American Sanitary Bureau), Dr. Thomas Price (Secretary of Health and Human Services, United States of America), Hon. Nestor Mendez (Assistant Secretary General, Organization of American States), and Dr. Tedros Adhanom Ghebreyesus (Director-General, WHO). Their respective speeches may be found on the webpage of the 29th Pan American Sanitary Conference.<sup>1</sup>

### Procedural Matters

#### *Appointment of the Committee on Credentials*

3. Pursuant to Rule 32 of the Rules of Procedure of the Pan American Sanitary Conference, the Conference appointed Barbados, El Salvador, and Uruguay as members of the Committee on Credentials (Decision CSP29[D1]).

#### *Election of Officers*

4. Pursuant to Rule 17 of the Rules of Procedure of the Pan American Sanitary Conference, the Conference elected the following officers (Decision CSP29[D2]):

<i>President:</i>	Paraguay	(Dr. Antonio Carlos Barrios Fernández)
<i>Vice President:</i>	Guyana	(Hon. Volda Lawrence)
<i>Vice President:</i>	Panama	(Dr. Miguel Mayo Di Bello)
<i>Rapporteur:</i>	Canada	(Ms. Lucero Hernández)

5. The Director of the Pan American Sanitary Bureau (PASB), Dr. Carissa Etienne, served as Secretary ex officio, and the Deputy Director, Dr. Isabella Danel, served as Technical Secretary.

---

<sup>1</sup> Available at:  
[http://www.paho.org/hq/index.php?option=com\\_content&view=article&id=13497&Itemid=2105&lang=en](http://www.paho.org/hq/index.php?option=com_content&view=article&id=13497&Itemid=2105&lang=en)

***Establishment of a Working Party to Study the Application of Article 6.B of the PAHO Constitution***

6. The Conference was informed that it would not be necessary to establish a working party, as no Member State was subject to the voting restrictions provided for under Article 6.B of the PAHO Constitution.

***Establishment of the General Committee***

7. Pursuant to Rule 33 of the Rules of Procedure of the Pan American Sanitary Conference, the Conference appointed Bolivia, Cuba, and the United States of America as members of the General Committee (Decision CSP29[D3]).

***Adoption of the Agenda (Document CSP29/1, Rev. 2)***

8. The Director proposed the addition of three items to the provisional agenda (contained in Document CSP29/1): Update on the Situation and Challenges of Inactivated Poliovirus Vaccine Supply to Maintain Polio Eradication in the Region of the Americas, Draft Concept Note towards WHO's 13th General Program of Work 2019-2023, and Update on the Implementation of the Framework of Engagement with non-State Actors (FENSA). She explained that the update on FENSA had been requested by the 55th Directing Council in Resolution CD55.R3 and that the WHO Secretariat had requested that all regional committees discuss the concept note on the WHO 13th General Program of Work.

9. As for the update on the situation of inactivated poliovirus vaccine (IPV) supply, she recalled that the 52nd Directing Council had adopted Resolution CD52.R5, which requested the Director to ensure that the PAHO Revolving Fund for Vaccine Procurement was administered, without exception, in a manner that respected and complied with its principles, objectives, and terms and conditions. In view of the shortage of IPV vaccine, however, it might be necessary for the Bureau to operate outside of the principles of the Revolving Fund, for which the authorization of Member States would be needed.

10. The Conference agreed to add the three items proposed by the Director and adopted the amended agenda (Document CSP29/1, Rev.1). The Conference also adopted a program of meetings (CSP29/WP/1, Rev. 1) (Decision CSP29[D4]).

11. Subsequently a new version was published (Document CSP29/1, Rev.2) in order for the list of documents to include a corrigendum published on 30 October 2017 (OD355, Corr.).

**Constitutional Matters**

***Annual Report of the President of the Executive Committee (Document CSP29/2)***

12. Dr. Rubén Nieto (Argentina, President of the Executive Committee) reported on the activities carried out by the Executive Committee and its Subcommittee on Program, Budget, and Administration between September 2016 and September 2017, highlighting

the items that had been discussed by the Committee but not sent forward for consideration by the 29th Pan American Sanitary Conference and noting that he would report on other items as they were taken up by the Conference. The items not sent forward included the annual reports of the PAHO Ethics Office, the Office of Internal Oversight and Evaluation Services, and the PAHO Audit Committee; a proposal for the use of a revenue surplus remaining from the 2014-2015 Program and Budget; reports on the Master Capital Investment Plan and funding of after-service health insurance for PAHO staff; amendments to the PASB Staff Rules and Regulations, a report on staffing statistics, and a statement by a representative of the PAHO/WHO Staff Association; a report on the status of implementation of the PASB Management Information System; and applications from eight nongovernmental organizations for renewal of their status as non-State actors in official relations with PAHO. Details may be found in the report of the President of the Executive Committee (Document CSP29/2).

13. The Conference thanked the Members of the Committee for their work and took note of the report.

#### ***Reports of the Pan American Sanitary Bureau***

A. *Quinquennial Report of the Director of the Pan American Sanitary Bureau* (Official Document 355 and Corr.)

14. The Director introduced her quinquennial report,<sup>2</sup> the theme of which was “Championing Health for Sustainable Development and Equity: On the Road to Universal Health 2013-2017.” The report highlighted the most salient achievements and the most significant challenges encountered during the period from February 2013 to July 2017. During that period, Member States had collaborated closely with the Bureau to identify programmatic priorities for resource allocation and develop the PAHO Strategic Plan 2014-2019 and had led the way in drafting the new Sustainable Health Agenda for the Americas 2018-2030 (see paragraphs 66 to 75 below), which would constitute the highest-level strategic planning and policy framework for collective action to enhance health and well-being throughout the Region in the years to come.

15. The countries and territories of the Americas were united in their commitment to achieve the goals of the 2030 Agenda for Sustainable Development, including that of universal health coverage. To that end, the 53rd Directing Council had approved the regional Strategy for Universal Access to Health and Universal Health Coverage (Document CD53/5, Rev. 2). The Bureau had worked with Member States to transform health systems and advance towards universal health coverage, contributing, inter alia, to increased access to health services and medicines, enhanced human resources for health, and strengthened health information systems. Support during health emergencies and disasters, and the related work of building core capacities under the International Health Regulations (IHRs), had been key areas of the Bureau’s technical cooperation with Member States during the period.

---

<sup>2</sup> Available at:  
[http://www.paho.org/hq/index.php?option=com\\_docman&task=doc\\_download&gid=42550&Itemid=270](http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=42550&Itemid=270)

16. While the prevention and control of communicable diseases had continued to pose challenges, countries had been successful in eliminating certain diseases. Particularly noteworthy were the elimination of onchocerciasis in Colombia, Ecuador, Guatemala, and Mexico; the elimination of trachoma in Mexico; and the elimination of mother-to-child transmission of HIV and syphilis in Cuba. In addition, two historic milestones had been reached at the regional level: the declaration in 2015 of the elimination of endemic transmission of rubella and congenital rubella syndrome and the certification in 2016 of the elimination of measles from the Americas. The Bureau was now focusing its technical cooperation on protecting and sustaining those achievements by assisting countries in maintaining high vaccine coverage, expanding coverage where needed, and improving surveillance. It was also working steadfastly towards the elimination of other diseases.

17. Noncommunicable diseases (NCDs) had now supplanted communicable diseases as the major causes of death and disability in almost all countries of the Region. Over the reporting period, the Bureau's technical cooperation had contributed to the development and implementation of national NCD policies, strategies, plans, and interventions, with a focus on creating enabling environments through legislation and regulations. Its cooperation had strongly emphasized a life-course approach, and it had assisted Member States in adapting their health policies and systems to address the needs of an aging population and in promoting healthy aging. Reducing health inequalities and addressing social determinants of health had also been important focuses for the Bureau.

18. The Director concluded her remarks by noting that, while there had been many achievements, numerous challenges remained, which the Bureau and Member States must face together, with a steadfast focus on equity. She expressed appreciation to Member States for their guidance, confidence, solidarity, and commitment to ensuring that PAHO continued its tradition of excellence.

19. The Conference welcomed the many successes achieved during the five-year period covered by the report and acknowledged that significant challenges remained. Delegates agreed that the gains made during the period could not have been achieved, and could not be maintained, without joint effort. It was pointed out that the Region's leadership in the elimination of communicable diseases and the prevention of noncommunicable diseases had clearly demonstrated what could be accomplished when countries worked together. Continued solidarity and Pan Americanism were considered more important than ever in the wake of recent disasters, including the hurricanes that had affected the United States and the countries and territories of the Caribbean and the earthquake that had struck Mexico. Numerous delegates expressed support and sympathy for the victims of those disasters. The importance of strengthening and maintaining IHR core capacities and enhancing health system resilience in order to respond effectively to future emergencies was stressed. Prompt action to counter climate change and its health impacts was considered crucial.

20. Delegates reported on the actions their countries had taken to improve public health at the national, subregional, regional, and global levels and drew attention to numerous areas that should continue to be the focus of collective efforts in the future. The importance

of strengthening health systems and human resources for health in order to achieve universal health coverage was emphasized, as was the need to address social, economic, and environmental determinants of health. Delegates underlined the need to continue working to prevent noncommunicable diseases and to tackle risk factors such as obesity and tobacco use. Delegates also emphasized the need to maintain high vaccination coverage in order to protect the gains made in the control of vaccine-preventable diseases and prevent the reemergence of diseases that had been eliminated in the Region. The importance of advancing sexual and reproductive health and rights was highlighted, as was the need for increased attention to mental health. Several delegates also noted the health challenges associated with growing population mobility.

21. Delegates commended the Director's leadership and expressed gratitude for the support their countries had received from the Bureau, particularly in response to the recent natural disasters and to the outbreaks of Zika virus disease, Ebola, and chikungunya that had occurred during the period.

22. Dr. Tedros Adhanom Ghebreyesus (Director-General, WHO), congratulating the Director on her report and her leadership, noted that a number of delegates had raised the important and very real issue of climate change. He believed that the world was late in acknowledging the seriousness of the issue, but it could still catch up if urgent action was taken to mitigate further climate change. While WHO had focused largely on adaptation to climate change, in the future it should focus at least equally on mitigation, which was akin to prevention. While the whole world was affected by climate change, some countries were unquestionably more affected than others, especially the small island States in the Caribbean and elsewhere, which had contributed very little to the problem but were suffering disproportionately from its effects. It would be important to design special initiatives to assist such countries. It would also be important for WHO to work with the United Nations Environment Program, the Secretariat of the United Nations Framework Convention on Climate Change, and other United Nations agencies in order to enhance operational capacity and create synergies.

23. In order to further strengthen WHO's emergency response capacity, he had instituted daily briefings and weekly meetings devoted exclusively to discussion of the topic. The WHO Secretariat had also begun mapping emergency response and preparedness capabilities worldwide with the aim of being able to mobilize emergency medical teams to respond wherever needed within 72 hours. It would also be important to map research and development capabilities in order to be able to ramp up the production of vaccines and other medicines when needed. Simulation exercises were another critical component of emergency preparedness.

24. As many delegates had noted, noncommunicable diseases were a growing problem for all countries, regardless of income, and joint effort was required to address them. Preparations for the 2018 high-level meeting of the United Nations General Assembly on NCDs should begin immediately. The WHO Global Conference on NCDs, to be held in Montevideo, Uruguay, in October 2017, would afford a good opportunity to begin preparing for the high-level meeting. Aggressive action was needed in order to combat

tobacco use, which was one of the major contributors to NCDs. He urged Member States that had not yet done so to ratify the *Framework Convention on Tobacco Control* and its *Protocol to Eliminate Illicit Trade in Tobacco Products*.

25. He agreed that mental health was an important issue, which could not be tackled by the health sector alone. An all-of-society approach was needed. He was confident that the Americas would take a leading role on the issue, and he looked forward to working with the Member States of the Region on that and other challenges.

26. The Director emphasized that the achievements chronicled in her report were the result of joint work by Member States and the Bureau. She noted that delegates had touched on many issues that constituted priorities for the Bureau. Those priorities had been identified by Member States themselves through the bottom-up prioritization process. The Bureau would continue to work with Member States to build on the knowledge and best practices acquired in the course of PAHO's 150-year history, while also seeking innovative ways to meet new challenges.

27. The Conference thanked the Director and took note of the report.

28. Subsequently, it was discovered that an error had been inadvertently introduced into the report and on 30 October 2017 a corrigendum was published.

*B. Health in the Americas (Scientific and Technical Publication 642 and Add. I)*

29. The Director introduced the 2017 edition of *Health in the Americas*, PAHO's flagship publication, noting that the latest edition represented a turning point, as it was both a print publication and an interactive electronic platform (*Health in the Americas+*) that could be regularly updated. Like its predecessors, the 2017 edition would serve as an indispensable source of information about the current health situation in the Region. Also like past editions, it analyzed the most important health trends in the Region and outlined strategies and actions needed to advance regional health going forward. At the same time, it provided a new space for ongoing analysis, monitoring, and evaluation of health conditions, determinants, and trends and could serve as a knowledge-sharing hub that would allow users to assess, monitor, and evaluate the impact of ongoing health policies and programs. It could also facilitate dialogue to promote and strengthen interprogrammatic and intersectoral action.

30. The report highlighted the improvements that had taken place in the previous five years with regard to life expectancy, infant and maternal mortality, and prevention and control of diseases. It also reviewed the major health challenges that the Region had grappled with, including emerging and reemerging diseases such as Zika, dengue, chikungunya, yellow fever, cholera, and Ebola; the rising tide of chronic noncommunicable diseases; growing antimicrobial resistance; and violence, road accidents, alcohol and drug abuse, and mental health issues, including depression and dementia. Two of the most important and enduring challenges for the Region were closing health equity gaps and completing the unfinished agenda for women and children in the areas of maternal mortality, anemia, chronic undernutrition, and childhood development.

31. The 2017 edition also delineated what needed to be done to fully realize the regional vision of universal access to health and universal health coverage, including transformation of health systems to overcome fragmentation and segmentation, shifting public health from reactive to proactive actions, and engaging all sectors through a health-in-all-policies approach.

32. The Conference welcomed the report and applauded the interactive online version. Delegates agreed on the crucial importance of up-to-date information for decision— and policy—making and for appropriate targeting of interventions. They also agreed that the new platform would facilitate the sharing of knowledge and experience. One delegate, noting the abundance of false and misleading information being spread through social media, commented that PAHO was taking its rightful place to fill the void with accurate and helpful real-time health information.

33. The Director observed that, as the report had been embargoed until the opening of the Conference, Member States had not had much opportunity to peruse it. She invited delegations to download the full text and explore the online platform. If necessary, a virtual meeting could be held subsequently so that they could comment on the content.

34. The Conference thanked the Director and took note of the report.

***Election of the Director of the Pan American Sanitary Bureau and Nomination of the Regional Director of the World Health Organization for the Americas (Document CSP29/3)***

35. Dr. Rubén Nieto (Representative of the Executive Committee) reported that the Executive Committee had been informed that in March 2017 all Member States, Participating States, and Associate Members of the Organization had been invited to submit nominations for the position of Director of the Pan American Sanitary Bureau for the period 2018 to 2023. Only one nomination had been received by the 1 May deadline—that of the current Director, Dr. Carissa Etienne, who had been nominated by the Government of Dominica to serve a second term as the Bureau’s Director.

36. Dr. Isabella Danel (Deputy Director, PASB) read out the rules of procedure for the election, and Dr. Heidi Jiménez (Legal Counsel, PASB) explained the voting procedure. The President announced that the delegates of Cuba and the United States of America would act as tellers.

37. A single round of voting by secret ballot was conducted, in which 36 ballots were cast, none being blank or invalid. The incumbent Director, Dr. Carissa F. Etienne, received all 36 votes.

38. The Conference adopted Resolution CSP29.R10, declaring Dr. Etienne elected and submitting her name to the Executive Board of the World Health Organization for appointment as Regional Director for the Americas.

39. Dr. Etienne thanked Member States for the confidence they had shown in her to lead PAHO for a second term. She paid tribute to the tireless work of the Organization's staff, to the many health professionals working on the front lines in the countries of the Region, and to the political commitment of the PAHO Member States themselves. As the outcome of those collective efforts, the Region had made enormous strides in public health, although numerous disparities and challenges remained to be tackled. She pledged to do everything in her power to ensure that all people in the Americas could lead healthy and productive lives. The text of the Director's speech may be found on the website of the 29th Pan American Sanitary Conference.<sup>3</sup>

40. Dr. Tedros Adhanom Ghebreyesus (Director-General, WHO) congratulated Dr. Etienne, noting that her unanimous reelection represented an acknowledgement of the respect in which she was held. He looked forward to working with her on the twin aims of enhancing primary health care and moving closer to universal health coverage.

41. Many delegates congratulated Dr. Etienne and pledged their countries' support to her. The Delegate of Dominica conveyed the congratulations of the Prime Minister on Dr. Etienne's re-election.

***Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Guatemala, Trinidad and Tobago, and United States of America (Document CSP29/4)***

42. The Conference elected Belize, Canada, and Peru to membership on the Executive Committee for a period of three years and thanked Guatemala, Trinidad and Tobago, and the United States of America for their service (Resolution CSP29.R8).

**Program Policy Matters**

***Strategic Plan of the Pan American Health Organization 2014-2019 (Amended 2017) (Official Document 345 and Add. I)***

43. Dr. Rubén Nieto (Representative of the Executive Committee) reported that the Executive Committee had welcomed the proposed amendments to the PAHO Strategic Plan 2014-2019 and the consequent greater programmatic alignment with WHO. PAHO's alignment with the WHO Health Emergencies Program, in particular, had been applauded. The amendments had been considered necessary in order to reflect new and emerging priorities, such as universal health coverage and the health-related Sustainable Development Goals. The Committee had also felt that the amended agenda accurately reflected specific regional priorities identified through the use of the PAHO-Hanlon prioritization methodology. Delegates had expressed support for the proposals to add antimicrobial resistance as a new program area under Category 1 and to move food safety to that category and had been pleased that the scope of Category 5 had been broadened to reflect the need for a multisectoral approach to emergency preparedness and response.

---

<sup>3</sup> Available at:  
[http://www.paho.org/hq/index.php?option=com\\_docman&task=doc\\_download&gid=42558&Itemid=270](http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=42558&Itemid=270)

The Committee had adopted Resolution CE160.R6, recommending that the Pan American Sanitary Conference approve the proposed amendments to the Strategic Plan 2014-2019.

44. In the ensuing discussion, Member States voiced support for the proposed amendments, welcoming in particular PAHO's close alignment with the WHO Health Emergencies Program. The amendments to Category 1 and the increased focus on antimicrobial resistance, food safety, and viral hepatitis were also applauded, as was the Plan's emphasis on intersectoral action, reduction of inequalities, and rights-based approaches. The proposed amendments were considered timely and responsive to new and emerging priorities, including the achievement of the Sustainable Development Goals and the realization of universal health coverage. The amendments were also seen as reflective of the regional priorities identified through the PAHO-Hanlon prioritization methodology.

45. Numerous delegates identified noncommunicable disease prevention and control as a high-priority area, as did representatives of two nongovernmental organizations (NGOs), both of whom urged the Organization to continue working to reduce risk factors and promote healthy lifestyles. One NGO representative drew attention to the importance of targeting preventive actions to young people, since unhealthy behaviors that might lead to NCDs often started early in life. With regard to antimicrobial resistance, the need to formulate and implement national action plans that were aligned with the WHO Global Action Plan on Antimicrobial Resistance was stressed.

46. General support was expressed for the indicators in Category 5 and for the emphasis on building countries' emergency preparedness and response capacities. One delegate, however, noted that his Government had repeatedly expressed concerns about indicator 5.5, which measured funding rather than improvements in countries' capacity to ensure emergency core services. He called for the revision of the indicator, without which his delegation would be unable to support the approval of the amended Strategic Plan.

47. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) assured the delegate that his concerns had been noted and that indicator 5.5 had been reviewed by the relevant technical unit within PASB and by colleagues at WHO. The indicator was not intended to measure Member State capacity per se, but rather the Bureau's capacity to support Member States in meeting the other indicators under Category 5, for which adequate financing was a prerequisite. Moreover, the indicator was aligned with a WHO indicator, which would facilitate reporting at the global level.

48. Dr. Ciro Ugarte (Director, Health Emergencies Department, PASB) added that indicator 5.5 related to the capacity of the PAHO Health Emergencies Program. A corresponding indicator in the WHO program budget measured whether funding for the WHO Health Emergencies Program was adequate to enable it to support Member States. He also noted that the indicator had been adjusted in response to the delegation's earlier expressions of concern.

49. The Director observed that the PAHO Health Emergencies Program was building on 40 years of experience in emergency preparedness and response. The Organization had always allocated sufficient funding in its budgets to support work with Member States to

mitigate and prepare for emergencies and to enable the Bureau to respond appropriately to emergencies and disease outbreaks.

50. Following informal consultations between the Bureau and the delegation that had raised the concern about indicator 5.5, it was agreed that a note would be added to the amended Strategic Plan to clarify that the indicator was aligned with outcome E.5 in the WHO program budget (Document A70/7) and referred to the Bureau's capacity to implement the PAHO Health Emergencies Program in support of Member States.

51. The Conference adopted Resolution CSP29.R5, approving the amended version of the Strategic Plan.

***PAHO Program and Budget 2018-2019 (Official Document 354 and Add. I and II)***

52. Dr. Rubén Nieto (Representative of the Executive Committee) reported that, after examining an earlier version of the proposed program and budget for 2018-2019, the Executive Committee had welcomed the alignment of PAHO's program and budget with the WHO program budget and with the PAHO Strategic Plan and the priorities identified through the priority stratification exercises conducted at country level. The Committee had commended the Bureau's efforts to control costs and improve efficiency in order to avoid any increase in the assessed contributions of Member States and had encouraged it to continue its efforts to reduce administrative, operational, and travel costs. The Bureau had also been urged to continue striving to expand the Organization's donor base and mobilize flexible voluntary funding that could be used for activities in priority program areas. Delegates had noted with concern that the allocations for several areas identified as high priorities by Member States remained relatively low or had been reduced with respect to the 2016-2017 biennium, including noncommunicable diseases, vaccine-preventable diseases, country health emergency preparedness, the International Health Regulations, and maternal, newborn, and child health.

53. The Committee had adopted two resolutions: one recommending that the Pan American Sanitary Conference approve the proposed program and budget and the other recommending that it establish the assessed contributions of Member States, Participating States, and Associate Members of PAHO in accordance with the transitional scale of assessments approved by the Organization of American States for 2018 (see paragraphs 63 to 67 below).

54. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) introduced *Official Document 354*, noting that the program and budget constituted the principal instrument for ensuring the Bureau's accountability to Member States. He also noted that the proposed program and budget for 2018-2019, the last biennium under the current Strategic Plan, had been prepared on the basis of the results of a bottom-up costing exercise in which 47 countries and territories had participated. It addressed the SDGs and other regional and global mandates. The programmatic content also reflected the priorities identified by Member States through the priority stratification process, the amendments to the PAHO Strategic Plan 2014-2019 (see paragraphs 43 to 51 above), and recent programmatic changes at WHO, particularly in the area of health emergencies.

55. The total proposed budget for the biennium was US\$ 27.8 million.<sup>4</sup> That amount reflected proposed increases of \$6.8 million for base programs and \$20 million for specific programs and outbreak and crisis response. No increase in the assessed contributions of Member States was proposed. The increase in base programs would be funded entirely from the WHO allocation to the Region, which had increased from \$178.1 million for 2016-2017 to \$190.1 million for 2018-2019. As in the past, the Bureau expected to receive about 80% of the total WHO allocation for the biennium. The budget for Category-6 (Leadership, Governance, and Enabling Functions) had been reduced by \$12.4 million in comparison with the 2016-2017 program and budget, partly in response to concerns expressed by Member States at Governing Bodies meetings earlier in the year. That reduction was due to enhanced administration and operational efficiency and to the Bureau's decision to follow the WHO practice of budgeting for capital investment and information technology infrastructure expenditures outside the program budget.

56. He recalled that the Executive Committee had expressed concerns about reductions in some program areas that were considered high priorities, but emphasized that the Bureau was confident that the budget was realistic and reflected the bottom-up costing exercise. He also pointed out that, despite the reduction in the budget for vaccine-preventable diseases, for example, that area remained the largest program area under Category 1. Similarly, women's, maternal, newborn, child, adolescent, and adult health, and sexual and reproductive health remained the largest program area under Category 3. In some instances, apparent reductions were in fact simply shifts in funding within the same category, which reflected recent programmatic changes at WHO. That was the case in program area 5.2 (Country Health Emergency Preparedness and the International Health Regulations).

57. Mr. Chambliss concluded his presentation by demonstrating the features of the new PAHO program and budget portal (<https://open.paho.org/>).

58. Member States voiced support for the proposed program and budget and commended the bottom-up prioritization and costing processes. The Bureau's efforts to increase efficiency and realize savings were applauded, as was its commitment to transparency and accountability. It was suggested that in order to further enhance transparency, the countries that were considered to form the baseline for the various output indicators should be identified and those that had committed to achieve output targets by 2019 should be specified.

59. Delegates were pleased that no increase in assessed contributions was proposed, although it was acknowledged that the current level of such contributions was insufficient to meet all of the Region's health challenges. Member States were urged to pay their assessed contributions promptly and the Bureau was encouraged to continue striving to expand its donor base in order to increase voluntary contributions, particularly for priority program areas in Categories 2 and 3 that had often been underfunded in the past.

---

<sup>4</sup> Unless otherwise indicated, all monetary amounts in this report are expressed in United States dollars.

A delegate appealed to the Director-General of WHO to ensure that the Region received its full allocation.

60. Mr. Chambliss said that the suggestion regarding the indicator baselines and targets would be taken into account as the Bureau moved forward in the planning cycles for both 2018-2019 and 2020-2021. He affirmed that expanding the donor base was a priority for the Bureau.

61. The Director thanked Member States for their engagement in the prioritization and program and budget planning processes and assured delegations that the Bureau had done its utmost to reflect the priorities identified by Member States, while also respecting their wish to maintain zero nominal growth in assessed contributions. At the same time, it had been mindful of the fact that some program areas had long been underfunded and had therefore reduced the proposed allocations for those areas to more realistic levels. It was important to remember, however, that the budget was an empty envelope that remained to be funded. When flexible funding materialized, the Bureau would ensure that it was allocated to the areas that Member States had identified as priorities.

62. The Conference adopted Resolution CSP29.R6, approving the program and budget as contained in *Official Document 354*. The Conference also adopted Resolution CSP29.R14, establishing the assessed contributions of Member States, Participating States, and Associate Members for 2018.

***New Scale of Assessed Contributions (Document CSP29/5 and Add. I)***

63. Dr. Rubén Nieto (Representative of the Executive Committee) reported that the Executive Committee had been informed that a proposed new scale of assessed contributions for the period 2018-2020 had been submitted in March 2017 to the Committee on Administrative and Budgetary Affairs of the Organization of American States (OAS), but the new scale had not been approved. Instead, that Committee had been requested to reduce the maximum assessment rate and to present various implementation scenarios, taking into account Members' ability to pay. A working group had been set up to evaluate several options for both the assessment scale and implementation scenarios. The working group's recommendations would be presented to a special session of the OAS General Assembly to be held in October 2017. In the meantime, the OAS had decided to adopt an interim scale to be applied in 2018 only. It had therefore been proposed that the Pan American Sanitary Conference should also adopt the interim scale for 2018.

64. In the discussion that followed, one delegate said that her Government was committed to meeting its financial obligations to international organizations, recognizing their valuable contribution to their Member States; she noted, however, that her country was in a difficult economic situation and would be hard-pressed to pay a higher assessed contribution as proposed under the interim scale of assessments. She suggested that PAHO should wait for the OAS General Assembly to make a final decision on the new scale and meanwhile should keep the same assessed contributions as in the 2016-2017 biennium. Other delegates expressed similar views.

65. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) said that it had been his understanding that the provisional scale proposed for 2018 would remain the same as the scale for 2016-2017. However, after further review, he had realized that while the assessed contributions of some Member States would indeed remain the same, those of others would increase or decrease. The differences were shown in Document CSP29/5, Add. I. It was imperative to adopt a scale of assessments to be applied in 2018, the first year of the new biennial budget period (see paragraphs 50 to 60 above), and the Bureau therefore recommended that the Conference adopt the provisional scale adopted by the OAS General Assembly. The Bureau would then submit a revised scale, based on the scale ultimately adopted by the OAS, for review by the Subcommittee on Program, Budget, and Administration in March 2018.

66. The Director added that PAHO was constitutionally mandated to apply the OAS scale. As the OAS scale for 2018-2020 would not be finalized until after PAHO's last Governing Bodies session for 2017, it would not be possible to postpone a decision on the matter until the OAS General Assembly had adopted the new scale.

67. The Conference decided to approve the provisional scale of assessments for 2018 (Resolution CSP29.R13). The Bureau was requested to inform Member States promptly of the implications of the scale adopted by the OAS General Assembly in October. The Bureau was also urged to continue its efforts to increase efficiency, control expenditures, and reduce dependency on assessed contributions. To that end, it was encouraged to take advantage of information technology, for example by holding more virtual meetings, and to continue striving to expand its donor base and raise more voluntary contributions.

***Sustainable Health Agenda for the Americas 2018-2030 (Documents CSP29/6, Rev. 3, and Add. I)***

68. Dr. Rubén Nieto (Representative of the Executive Committee) reported that the Committee had been informed that the Sustainable Health Agenda for the Americas 2018-2030 was being developed by a working group composed of representatives of 16 countries, chaired by Ecuador. The Committee had commended the work of the Working Group and welcomed the participatory process of developing the Agenda. The Committee had also welcomed the Agenda's alignment with the 2030 Agenda for Sustainable Development and the PAHO Strategic Plan and had applauded its emphasis on intersectoral coordination. It had been suggested that the inclusion of specific targets could diminish the Agenda's effectiveness as a political call to action, since the targets might have to be modified over time. At the same time, it had been pointed out that it had proved extremely difficult to conduct the midterm evaluation of the current Health Agenda for the Americas precisely because it had lacked specific targets against which progress could be measured. The Committee had adopted Resolution CE160.R15, recommending that the Conference approve the new Sustainable Health Agenda for the Americas.

69. Dr. María Verónica Espinosa Serrano (Ecuador, President of the Countries Working Group) reviewed the process followed by the Countries Working Group in

formulating the proposed Sustainable Health Agenda for the Americas, noting that the process had been intensively participatory and democratic. She then outlined the various sections of the Agenda, which represented the health sector response to the commitments assumed by Member States under the 2030 Agenda for Sustainable Development. It would provide the framework for policy-making and strategic planning at the highest level in the Americas for the period 2018-2030. The Agenda reaffirmed the principles of Pan American solidarity, equity in health, universality, social inclusion, and the right to the highest attainable standard of health; presented an analysis of the health situation and context in the Region, and set out 11 goals and 60 targets to be achieved by 2030. The Agenda would be implemented through the strategic plans of PAHO and the various strategies and plans of action adopted by its Governing Bodies, as well as through health plans adopted at the subregional and national levels.

70. Expressing gratitude to the members of the Countries Working Group and to all the countries that had provided input for the Group's work, she urged the Conference to adopt the visionary and ambitious Sustainable Health Agenda for the Americas 2018-2030 and called on Member States to continue working to ensure that every woman, man, girl, and boy in the Americas enjoyed a healthy life.

71. The Conference voiced resounding support for the proposed Sustainable Health Agenda for the Americas and commended the work of the Countries Working Group, expressing gratitude to its President, Ecuador, and its two Vice Presidents, Barbados and Panama. The Conference also thanked the Bureau for its support of the Group's work. Delegations applauded the participatory process of developing the Agenda, which had ensured true country ownership of it. It was agreed that the Agenda would serve as a blueprint for public health action in the context of the Sustainable and Development Goals and a guide for separate and collective efforts to improve health throughout the Americas. Numerous delegates affirmed that their countries intended to use the Agenda as the major reference document for national planning and policy-making, with several reporting that they had already begun aligning their national health plans with the Agenda's goals and targets. It was stressed that PAHO's next strategic plan should also be closely aligned with the Agenda and should lay out actions and indicators for achieving the goals and targets.

72. Many delegates expressed the view that the Agenda would contribute to greater solidarity and equity in the Region. To that end, Member States were urged to seize the opportunity to establish closer South-South and North—South cooperation, exchange experiences, and work together to strengthen health systems and achieve universal health coverage. It was also felt that the Agenda would help to promote the intersectoral work needed to address social determinants of health and achieve the SDGs. The importance of monitoring progress towards concrete results was underlined, and the Bureau was requested to work with Member States to develop indicators for that purpose.

73. Several delegates drew attention to Goal 5 of the Agenda and emphasized the importance of ensuring access to affordable quality medicines; they also highlighted the importance of taking advantage of the flexibilities in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) to facilitate access to medicines. One

delegate pointed out that a footnote related to sexual and reproductive health care services under Goal 1 made it clear that abortion should never be promoted as a method of family planning.

74. Representatives of three NGOs commended the Agenda, with one expressing the view that it laid a foundation for radical change and opened a pathway for achieving equity in the Americas and another pointing out that the Agenda offered a vital opportunity to increase support at the highest political level for NCD prevention and control. In that connection, the Delegate of Peru noted that her Government would host the Eighth Summit of the Americas in 2018 and that it intended to promote the Agenda among the heads of State and Government attending that event.

75. Dr. Espinosa Serrano thanked Member States for their expressions of support and for their participation in the process of consultation on the Agenda.

76. The Director expressed gratitude to Ecuador, Barbados, and Panama for their leadership of the Countries Working Group and to all the Member States that had taken part in its work. She pledged that the Bureau would work with Member States to ensure that the Agenda was implemented and that the targets were achieved.

77. The Conference adopted Resolution CSP29.R2, approving the Sustainable Health Agenda for the Americas 2018-2030.

#### ***Policy on Ethnicity and Health (Document CSP29/7, Rev. 1)***

78. Dr. Rubén Nieto (Representative of the Executive Committee) reported that the Executive Committee had examined an earlier version of the policy document on ethnicity and health and had acknowledged the importance of addressing the association between ethnicity and health inequalities, particularly in light of the highly diverse populations in many countries of the Region. There had been broad consensus on the need to address social determinants of health and reorient health services through an intercultural approach, with emphasis on respect for individual and collective rights. Several delegates had called for the inclusion of more national experiences in the policy document, for greater emphasis on the importance of traditional medicine, and for the alignment of the policy with the WHO Traditional Medicine Strategy 2014-2023. A working group had been formed to revise the language of both the document and the proposed resolution, and the Committee had subsequently adopted Resolution CE160.R11, recommending that the Pan American Sanitary Conference adopt the policy on ethnicity and health.

79. In the ensuing discussion, Member States welcomed the policy document and thanked PASB for its commitment to an intercultural approach, with one delegate suggesting that “interculturalism” should be substituted for “ethnicity” in the title of the policy. Delegates recognized that race and ethnicity were important social determinants of health and that equity and inclusion were universal human rights. Noting that the policy was framed within the context of major global agreements and initiatives that recognized the need to ensure respect for individual and collective rights and acknowledging the existence of ethnicity-based health inequalities, various delegates described the steps their

countries had taken to eliminate access barriers and provide quality health care to their entire population without discrimination. The measures taken included efforts to promote meaningful community participation by Afrodescendent, indigenous, Roma, and other ethnic groups and the integration of their traditional medicine and world view into primary health care to ensure better health outcomes. Several delegates mentioned the need to incorporate an ethnic perspective in all policies.

80. There was consensus on the need to reorient health systems by adopting an intercultural approach, especially in the training of health workers, and on the importance of interdisciplinary action and strategic partnerships. One delegate highlighted the need for adequate political and financial support, as well as synergistic action by national, regional, and global entities, to achieve implementation of the policy. One of the greatest challenges identified was the need for better information management, as the lack of comparable, quality data disaggregated by ethnicity and gender posed a real obstacle to progress in this area. Delegates therefore urged PASB to provide technical cooperation in the production of evidence to obtain an accurate picture of the situation in the Americas and facilitate the implementation of evidence-based public policies.

81. Dr. Luis Andrés de Francisco Serpa (Director, Department of Family, Gender, and Life Course, PASB) thanked Member States for their participation in national, subregional, and regional consultations on ethnicity and health. Welcoming countries' desire to move forward in this area, he underscored the need for more detailed and specific information on social inequities and affirmed that implementation of the policy and the plan of action to be developed subsequently would provide the evidence needed to ensure that no one would be left behind. He stressed that educating health workers about the ancestral practices and world view of the public they served and changing their attitudes in that regard were also essential for guaranteeing access to health services, appropriate care, and social justice. Regarding the suggestion to substitute "interculturalism" for "ethnicity" in the name of the policy, he pointed out that "ethnicity" was the term agreed upon during discussions at the United Nations.

82. Dr. Francisco Becerra Posada (Assistant Director, PASB) thanked Member States for their contributions to the policy, noting the importance of linking it to the work on the Sustainable Development Goals to ensure that no vulnerable populations would be left behind. He also noted the policy's link with the new Sustainable Health Agenda for the Americas (see paragraphs 68 to 77 above) and agreed that without disaggregated data it would be very difficult to make progress in addressing health disparities among different ethnic groups.

83. The Conference adopted Resolution CSP29.R3, adopting the Policy on Ethnicity and Health.

***Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018-2023 (Document CSP29/8)***

84. Dr. Rubén Nieto (Representative of the Executive Committee) reported that the Executive Committee had welcomed the proposed plan of action and agreed on the

urgency of action to maintain elimination and counter the threat of imported cases of measles and rubella. Support had been expressed for the four strategic lines of action proposed under the plan. Delegates had underscored, in particular, the need for sustained epidemiological surveillance and high vaccination coverage. Several had voiced concern about the influence of the anti-vaccination movement and had called for communication and education campaigns to combat vaccination hesitancy. The Committee had adopted Resolution CE160.R2, recommending that the Conference approve the plan of action.

85. In the discussion that followed, Member States commended the plan of action and its roadmap, welcoming the fact that it was aligned with global plans and provided clear lines of action, targets, and indicators. Delegates described their countries' achievements in the elimination of measles, rubella, and congenital rubella syndrome and the actions taken to maintain high vaccination coverage and reduce the accumulation of susceptibles. Several delegates noted the need to train health workers to differentiate measles and rubella from other diseases characterized by a rash and fever, such as Zika and chicken pox. There was consensus on the need to combat vaccine hesitancy through education and communication campaigns, with several delegates stressing the need for community involvement to maintain high vaccination coverage. One delegate expressed doubts, however, about the technical feasibility of maintaining 95% coverage in all municipalities and suggested that integrated indicators of vaccination coverage, surveillance, and other actions might be more appropriate in some cases.

86. PASB was urged to support countries in developing, implementing, and sustaining robust information systems with appropriate technologies to improve the quality of vaccination coverage monitoring and epidemiological surveillance. Delegates were unanimous in their concern about the risk of imported cases due to global travel and migration, with several reporting the appearance of outbreaks in their countries and describing the rapid response deployed to prevent the reestablishment of endemic transmission. Political and technical support, global elimination partnerships, financial resources, and active surveillance were considered essential to protect the achievements made in the Region and ensure that the Americas remained outbreak-free. However, given the low vaccination coverage in some parts of the Region and the presence of measles, rubella, and congenital rubella syndrome in other regions of the world, several delegates considered it premature to set a date for global elimination.

87. A representative of the Sabin Vaccine Institute applauded PASB's leadership in eliminating measles and rubella syndrome in the Americas and described the Institute's collaboration with PAHO to strengthen immunization programs, improve access to basic medical treatments, advance novel vaccines, and develop the evidence needed to inform decisions about vaccine introduction and implementation. She noted that, over the past decade, the work of the Institute had been driven by its former Executive Director and Vice President, Dr. Ciro de Quadros, whose legacy inspired everyone at Sabin to sustain the Americas' role as a leader in the elimination of vaccine-preventable diseases.

88. Dr. Luis Andrés de Francisco Serpa (Director, Department of Family, Gender, and Life Course, PASB) congratulated Member States on their success in eliminating

indigenous transmission of measles and rubella and thanked them for their commitment to maintaining that milestone. He stressed, however, that countries must remain alert to the risk of the reintroduction of the measles and rubella viruses through tourism or migration from other regions, noting that Europe alone had recorded 15,000 cases of measles in 2016-2017. It was important to report suspected cases in accordance with the International Health Regulations, which was the mechanism for disseminating such information and keeping countries up to date on the situation. PASB was assisting Member States through the deployment of consultants, technical cooperation to strengthen epidemiological surveillance programs and active contact- and case-finding, and support from the Revolving Fund for Vaccine Procurement to enable them to secure the necessary vaccines for routine immunization and kits for laboratory confirmation of cases.

89. He agreed that it was critical to combat the anti-vaccination movement through communication campaigns to educate communities about the benefits of vaccination; such campaigns would become increasingly important as measles and rubella prevalence waned. It would be especially important to increase coverage in vulnerable communities. He also noted that some cohorts of doctors and nurses had never seen a case of either disease and needed training to recognize and distinguish them from other illnesses accompanied by a rash and fever, which were on the rise.

90. He concurred on the need to strengthen information systems. In that regard, he pointed out that the reason for establishing 95% as the indicator for vaccination coverage, instead of the 90% indicator used in other regions, had to do with the effort to standardize immunization data and the move in numerous countries of the Region towards individual immunization records, which would facilitate the estimation of coverage.

91. The Director thanked Member States for their support for the plan of action and affirmed the importance of sustaining the gains that had been made. High vaccination coverage in all municipalities was extremely important, as were robust surveillance systems, capacity-building, and advocacy to address vaccine hesitancy, which was spreading from North America to the rest of the Region. She paid tribute to the work of Dr. Ciro de Quadros, who had also led PAHO's immunization program for many years.

92. The Conference adopted Resolution CSP29.R11, approving the Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018-2023.

***Plan of Action for the Strengthening of Vital Statistics 2017-2022 (Document CSP29/9)***

93. Dr. Rubén Nieto (Representative of the Executive Committee) reported that the Committee had examined an earlier version of the plan of action and had acknowledged the importance of vital statistics for decision-making, planning and implementing public health programs, and for improving health outcomes. Some delegates had expressed support for the proposed plan of action as a means of buttressing vital statistics systems and keeping them high on government agendas. However, other delegates had considered the plan's focus to be too narrow and believed that it should be aimed at also improving other aspects of health information systems. There had been consensus on the need for

greater interoperability of vital statistics and health information systems, standardization of data, electronic information systems, and the use of technology such as unique personal identifying numbers. The importance of greater sharing of experiences and best practices and better training for human resources in the coding of deaths had also been noted.

94. In response to the Committee's comments, the Director had suggested that the Bureau could revise the plan of action in order to clarify the linkage between the proposed plan and the broader issue of information systems for health and could also begin the process of preparing a comprehensive general plan on information systems for health, to be taken up by the Governing Bodies in 2018. The Committee had subsequently endorsed a proposal by the Bureau to undertake consultations with Member States on the proposed plan of action for the strengthening of vital statistics with a view to presenting it to the 29th Pan American Sanitary Conference for adoption. The Committee had also endorsed a roadmap for consultations on the development of a strategy and plan of action on information systems for health to be considered by the Governing Bodies in 2018.

95. Dr. Marcos Espinal (Director, Department of Communicable Diseases and Health Analysis, PASB) updated the Conference on developments since the Executive Committee session in June. He noted that the Region had made great progress in meeting the objectives of the Regional Plan of Action for Strengthening Vital and Statistics 2008-2013. However, hundreds of thousands of births and deaths in the Americas still went unreported and unregistered, and it had therefore been recommended in 2016 that a new plan of action on vital statistics should be drawn up to continue the work of the earlier plan. The proposed new plan of action was the product of intensive consultations with Member States.

96. In light of the concerns expressed by the Executive Committee, a working group had been formed to strengthen the plan through virtual consultations in July and August. Three drafts of the plan had been submitted to Member States, more than 70% of which had offered valuable suggestions that had been incorporated into the new plan as presented in Document CSP29/9. The new plan of action contained four strategic lines, which complemented global initiatives such as the WHO-World Bank Global Civil Registration and Vital Statistics Scaling Up Investment Plan 2015-2024 and the Roadmap for Health Measurement and Accountability initiative of WHO, the World Bank, and the United States Agency for International Development (USAID). The new plan of action represented a first step in addressing the issue of health information systems, for which a broader plan would be presented in 2018.

97. The Conference welcomed the revised *Plan of Action for the Strengthening of Vital Statistics 2017-2022*. Member States thanked the Bureau for organizing the consultations of July and August and agreed that they had yielded substantial improvements in the original document and resulted in a complete and updated plan that met Member States' needs with regard to improvement of their vital statistics. There was consensus that vital statistics systems were an essential component of health information systems and that they supported public health by informing policy, identifying priorities, and enabling progress toward national and global health goals. Numerous delegates noted that the registration of

individuals immediately after birth established their legal identity, giving them access to essential government benefits such as education and health services, while accurate death registration ensured, inter alia, the right to inherit, the updating of voter rolls, and the creation of an epidemiological profile for the population. Delegates also pointed out that well-functioning vital statistics systems with timely data collection were essential for appropriate resource allocation, policy making, health surveillance, program monitoring, reporting, and measuring progress toward the SDGs.

98. Delegates described their countries' progress in developing and/or improving their vital statistics systems, with several mentioning the usefulness of the Latin American and Caribbean Network for Strengthening Health Information Systems (RELAC SIS) for sharing successful practices. Common challenges included lack of cross-agency interoperability, limited interconnectivity with international health information systems, lack of comparable disaggregated and stratified data, and inadequate training of health personnel in death registration. PASB was encouraged to develop additional indicators to enhance the integration of vital statistics into health information systems and was requested to continue to provide guidance to countries seeking to improve their vital statistics systems.

99. Dr. Espinal thanked Member States for their excellent recommendations during the virtual consultations, adding that the latter were an outstanding example of organization and teamwork. PASB was committed to providing the technical cooperation and guidance requested by countries and to developing a plan of action on health information systems for consideration in 2018. The working group that had collaborated with the Bureau in strengthening the plan of action on vital statistics would continue providing support not only in the plan's implementation but also in the development of the plan of action on health information systems, which would include the additional indicators requested by one of the delegates.

100. The Director affirmed that birth registration was important to enable people to access not only health services but also other services, such as education, that were social determinants of health. Lack of birth registration was a problem that particularly affected poor, hard-to-reach communities and people living in conditions of vulnerability. She thanked Member States for working with the Bureau on the document and resolution and looked forward to working with them on the plan of action on health information systems.

101. The Conference adopted Resolution CSP29.R4, approving the Plan of Action for the Strengthening of Vital Statistics 2017-2023.

***Strategy on Human Resources for Universal Access to Health and Universal Health Coverage (Document CSP29/10)***

102. Dr. Rubén Nieto (Representative of the Executive Committee) reported that the Executive Committee had voiced strong support for the proposed strategy on human resources for universal access to health and universal health coverage and had considered that the strategy would support the development of policies and plans at the national level

and help to remedy inequities in the availability, distribution, and quality of human resources. The strategy's emphasis on intersectoral collaboration, particularly between the health and education sectors, had been welcomed, and the need to incorporate instruction on new health technologies into the training of health professionals had been underscored. Delegates had commended the strategy's recognition of the impact of health workforce migration and acknowledged the need for incentives to attract and retain health workers in rural and underserved areas. Delegates had also supported the strategy's emphasis on putting in place inter-professional teams at the first level of care and on developing information systems to identify human resource gaps. The Committee had adopted Resolution CE160.R4, recommending that the Pan American Sanitary Conference adopt the strategy.

103. The Conference expressed unanimous support for the strategy, with various delegates commenting that it was timely and accurately identified the principal challenges to be met in relation to human resources for health in the Region. Delegates welcomed the participatory approach taken in developing the strategy and considered that its three lines of action would provide appropriate guidance for the formulation and enhancement of national human resources policies, plans, regulations, and training programs. Several delegates reported that their countries were already implementing some of the interventions recommended under the strategy.

104. There was consensus that it would be impossible to achieve universal health coverage and guarantee the right of all to the enjoyment of the highest attainable standard of health without a sufficient supply of quality human resources. In order to ensure access to health services for vulnerable and underserved populations, it was considered critical to ensure adequate availability of appropriately trained health personnel at the primary care level. The importance of having the right mix and distribution of health professionals was also highlighted. In that connection, various delegates underscored the need for coordination between the health and education sectors to improve health workforce planning and ensure that the training of health professionals was suited to the needs of the populations they served. The importance of continuing education for health personnel was also emphasized, and it was suggested that license renewal for health professionals should be linked to a continuing education requirement.

105. Numerous delegates highlighted the need for effective strategies and incentive schemes to encourage the retention of health personnel, especially in remote and underserved areas. A number of delegates also lamented the brain drain—which one delegate characterized as “brain theft”—caused by recruitment of health personnel to work abroad, which had deprived their home countries of needed human resources, crippled the delivery of some health care services, and diminished the quality of care. It was suggested that the proposed resolution on this item should be amended to urge Member States to pursue dialogue and partnerships to address the acute challenges faced by source countries, including through bilateral agreements that would provide frameworks for orderly movement of skilled health personnel to address the needs of destination countries without undermining health security in source countries. The importance of adhering to the WHO Global Code of Practice on the International Recruitment of Health Personnel was stressed.

106. A representative of the International Federation of Medical Students' Association pointed out that shortages of health professionals could not be remedied merely by increasing the number of graduates; it was essential also to ensure the quality of their education through quality assurance mechanisms and mandatory accreditation. A representative of the Inter-American Heart Foundation welcomed the strategy's emphasis on improving the distribution of the health workforce to reach vulnerable and underserved populations. She drew attention to the problem of rheumatic heart disease, noting that it mainly affected children and young people living in conditions of poverty, and recommended that rheumatic heart disease interventions should be included in universal basic health care packages at the primary level.

107. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) recalled that the Bureau had begun the process of developing the strategy in 2015 in response to a call from Member States for a more strategic approach to address human resources needs. It was clear that the achievement of universal health coverage hinged on the availability, distribution, and quality of human resources for health. The Region needed to increase the number of physicians, nurses, and midwives per 10,000 population from the current level of 24 to 45, which would require a massive increase in the production of qualified human resources for health.

108. In the consultations on the strategy, Member States had highlighted the need for effective stewardship in order to guide health systems towards their objectives. One facet of stewardship was determining what human resources were required, which called for intersectoral dialogue among the health, education, labor, finance, and other sectors. The outcomes of such dialogue then had to be translated into national policies and regulations concerning health services and the competencies and performance of health professionals.

109. Migration of health workers was a phenomenon that affected all countries, with some experiencing significant losses of human resources for health. The strategy called for measures to encourage retention, but it also emphasized the importance of workforce planning, not just from the perspective of the health sector but also from the education and labor perspectives. Experience had shown that, while the migration of health workers could not be stopped altogether, it could certainly be reduced through the application of comprehensive strategies that included economic incentives, professional career development initiatives, and efforts to ensure stable and decent working conditions. The plan of action to be developed in the coming year would establish specific objectives, targets, and timelines for action on the issue of migration. Accreditation, which could be an important tool for ensuring the quality and response capacity of both health services and the health workforce, would also feature prominently in the plan of action.

110. Dr. Francisco Becerra Posada (Assistant Director, PASB) observed that the topic of human resources for health was a complex one. While some countries needed more doctors and could not find them, other countries produced too many doctors for their health systems to absorb. The same was true of other health professionals. There had, however, perhaps been too great a focus on medical professionals. It was important to recognize the

contribution that technical health workers could make towards strengthening primary health care. It was also important for educational institutions to work with the health sector in order to ensure that training programs would produce health workers with the right skills.

111. The proposed resolution contained in Document CSP29/10 was amended to reflect comments and suggestions made in the course of the discussion and was subsequently adopted as Resolution CSP29.R15, through which the Conference adopted the strategy.

***Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018-2022 (Document CSP29/11)***

112. Dr. Rubén Nieto (Representative of the Executive Committee) reported that the Executive Committee had expressed general support for the strategy and plan of action and endorsed the four strategic lines proposed under the plan. Delegates had acknowledged the strong link between tobacco use and death and disability from noncommunicable diseases and the economic impact of increased public health and out-of-pocket expenditure and lost workforce productivity resulting from tobacco use. Concern had been expressed about the continuing challenges to reducing tobacco use, especially tobacco industry interference with tobacco control efforts. Several delegates had highlighted the need to prioritize health over commercial interests, particularly those of the tobacco industry, and had called upon the Bureau to help Member States strengthen their capacity in that regard, including through technical cooperation to assist in the development of legal instruments and enhance understanding of international trade agreements. At the same time, it had been emphasized that tobacco control interventions must take account of national and local contexts and must be consistent with States' international trade obligations. The Committee had adopted Resolution CE160.R10, recommending that the Pan American Sanitary Conference approve the strategy and plan of action.

113. The Conference welcomed the strategy and plan of action and noted with satisfaction that they were aligned with the recommendations of the Conference of the Parties to the Framework Convention on Tobacco Control (FCTC). Delegates acknowledged that smoking was the primary risk factor for noncommunicable diseases, which were the main cause of morbidity and premature mortality in the Region. Noting the devastating consequences of NCDs, which disproportionately affected vulnerable populations, delegates agreed that the smoking epidemic was hindering progress toward achievement of the Sustainable Development Goals. The strategy and plan were considered a good roadmap for countries to accelerate implementation of the FCTC and contribute to the reduction of noncommunicable diseases and to better health for the peoples of the Americas.

114. Numerous delegates reported on their country's tobacco control efforts and achievements in terms of the four priority FCTC interventions, or "best buys," to strengthen tobacco control: raising taxes on tobacco products; smoke-free environments; large graphic health warnings on the packaging of tobacco products; and prohibition of advertising, promotion, and sponsorship of tobacco products. Several delegates noted that

their countries had seen significant reductions in NCDs as a result of tobacco control efforts, but indicated that smoking among adolescents and young adults remained a serious public health problem. The importance of preventing smoking initiation was stressed. To that end, delegates urged the adoption of measures such as plain packaging to help make smoking less glamorous, the control of e-cigarettes, and education and communication campaigns to raise awareness about the dangers of smoking. One delegate called for economically viable alternatives to tobacco growing to reduce the supply of tobacco products.

115. Several delegates mentioned the need for effective monitoring of compliance with national legislation. An area of particular concern was illicit trade in tobacco products, which in one country represented 20% of the cigarette market. To combat the problem, one delegate recommended strengthening customs systems and increasing inspection. Several reported that their countries had ratified the Protocol to Eliminate Illicit Trade in Tobacco Products.

116. The greatest concern cited by delegates was tobacco industry interference, which in some countries was stymying efforts to implement the FCTC. Delegates sought the Bureau's assistance in drafting national legislation and coordinating efforts to combat industry interference. Several Member States offered to share their experiences in tobacco control.

117. Representatives of three nongovernmental organizations congratulated the Organization on the strategy and plan of action, underscoring that smoking was the main preventable cause of morbidity and premature mortality in the Americas and the only risk factor common to the four principal noncommunicable diseases. They called for the implementation of basic public health measures to discourage smoking, the most effective of which were graphic images in health warnings on tobacco packaging and higher taxes on tobacco products. They further called for unity in efforts to combat the influence of the tobacco industry and those who furthered its interests, with the representative of the Inter-American Heart Foundation urging ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products with a view to undercutting the tobacco industry's argument that raising taxes on tobacco products would increase illicit trade.

118. Dr. Anselm Hennis (Director, Noncommunicable Diseases and Mental Health, PASB) observed that it was clear that Member States recognized that the strategy and plan of action were timely and aimed at accelerating implementation of the FCTC and strengthening evidence-based lines of action that had demonstrated results in reducing tobacco use in the Region. It was heartening to see concrete data on the impact of full implementation of the FCTC in some countries. The Convention had been successfully implemented by a number of countries in the Region, demonstrating that it was both feasible and politically viable. Nevertheless, 17 States parties in the Region had yet to establish smoke-free environments in public spaces and workplaces, which was the only effective means of protecting people from exposure to tobacco smoke. Furthermore, while there was ample evidence that health warnings on packaging were effective in making

smokers aware of the dangers of tobacco use, 19 countries in the Region had yet to require them.

119. Some progress had been made with respect to the illicit trade in tobacco, as some countries had begun marking, tracing, and tracking tobacco products, which was the only way to curb that trade. That was important, given the tobacco industry's contention that raising taxes would increase illicit trade. It was important to note that, while 40 States parties needed to ratify the Protocol to Eliminate Illicit Trade in Tobacco Products in order for it to enter into force and 30 countries had already signed on, only five countries in the Americas had become parties.

120. Responding to specific issues raised in the discussion, he congratulated Guyana as the first country in the Region to fully implement tobacco legislation, noting that six other countries had implemented three of the four "best buys." On the question of how PASB was going to tackle the issue of industry interference, he indicated that the Bureau would develop criteria for measuring indicator 4.1 of the plan of action, concerning how to strengthen implementation of FCTC article 5.3. The Bureau would also compile and share examples of implementation of that article communicated to it in the biennial progress reports of the States parties to the Convention. Particularly relevant would be the reports of the States parties in the Region that had documented their efforts in developing and introducing guidelines to enhance transparency and integrity and avoid conflicts of interest.

121. Dr. Francisco Becerra Posada (Assistant Director, PASB) acknowledged Member States' work on tobacco control, commenting that they had a steep road ahead, in light of the opposition by the tobacco industry and the restaurant and bar sector. A joint societal effort was essential for meeting the goals of tobacco control, as demonstrated by the countries with the greatest achievements. Uruguay's successful defense of its smoking restrictions in a lawsuit brought by the tobacco industry was an example for the rest of the Region. Another positive development was the emergence of a cohort of young people passionate about improving public health, as demonstrated by the representative of the International Federation of Medical Students' Associations. He expressed the hope that she and her fellow medical students would bring their passion to bear in supporting the work of ministries of health and that ministries would tap the enthusiasm of their medical students to communicate health messages to the population.

122. The Conference adopted Resolution CSP.R12, approving the strategy and plan of action.

***Update on the Situation and Challenges of Supplying Inactivated Poliovirus Vaccine to Maintain Polio Eradication in the Region of the Americas (Document CSP29/16)***

123. Dr. Cuautémoc Ruiz Matus (Chief, Comprehensive Family Immunization Unit, PASB) introduced this item, providing an update on the difficulties that the Region was facing in the procurement of inactivated polio vaccine (IPV). He recalled that, as part of the global strategy for the elimination of poliomyelitis, every country in the world had begun making the switch from the trivalent to the bivalent vaccine, eliminating the component that protected against poliovirus type 2. It had therefore been decided that

every country should introduce at least one dose of IPV into its vaccination schedule to protect against the potential circulation of a vaccine-derived poliovirus type 2, as had occurred in some regions of the world. Vaccine producers had committed to covering the current global demand for IVP, but had subsequently reported that they could meet only 50% or 60% of that demand, mainly owing to quality control and batch release issues. As a result, many countries had not introduced IPV or had faced stockouts of the vaccine. According to the United Nations Children's Fund (UNICEF), less than 50% of the global demand for the vaccine had been met.

124. Fortunately, the situation in the Americas had not been quite so dire. More than 50% of the demand for IPV had been met with a monodose of the vaccine in prefilled syringes. Total demand for 2017 had been estimated at around 8 million doses, and the supply offered had been around 5.1 million doses. To date, the Region had received 2.4 million doses; suppliers had not provided a delivery schedule for the remaining 2.7 million doses, and 31 countries were therefore at risk of experiencing vaccine shortages.

125. In 2014, the Technical Advisory Group (TAG) for the Americas had recommended that at least two doses of IVP should be administered to children. However, when the global shortage of the vaccine had come to light, the TAG had decided to recommend that only one dose should be administered. In 2016, when vaccine manufacturers had announced further limitations on the supply of the vaccine, the WHO Strategic Advisory Group of Experts on Immunization had recommended that all countries should shift to the use of fractional doses of IPV. In the Americas, the TAG had recommended the shift in March 2017. Research conducted by numerous countries, including Cuba in the Americas, had indicated that two fractional doses of IVP provided sufficient protection against any type of poliovirus. The main challenge associated with the use of fractional doses was the need to retrain health workers to administer intradermal injections. Eight countries were currently in the process of retraining their health workers.

126. As part of their mandate, PASB and the Revolving Fund for Vaccine Procurement had been in constant contact with suppliers around the world, and there was the possibility of obtaining a larger supply of IPV for 2017 and probably for the period 2018-2020. Procuring an adequate supply for the remainder of the current year would enable countries to postpone the use of fractional doses of IPV and give them time to retrain their health workers. However, it might be necessary to hold extraordinary negotiations with suppliers on the availability of additional doses. The Conference was therefore asked to consider the proposed resolution annexed to Document CSP29/16, which would authorize the Director to move forward with the negotiations.

127. In the ensuing discussion, delegates agreed that the looming threat of stockouts created a risk for the maintenance of polio eradication in the Region and could also undermine public confidence in immunization programs. Delegates noted that the countries of the Region were faced with tough decisions, one of which was whether to use fractional doses of IVP while awaiting an increased supply of the vaccine. The reaction to the

proposal to use fractional doses was mixed, with some delegations considering it a viable solution and others expressing hesitancy.

128. Many delegations expressed support for the proposed resolution to allow the Director to negotiate prices outside the parameters of the Revolving Fund, while also underscoring the need to obtain the best possible prices. A few, however, worried that adopting the resolution might open the door to higher prices for all vaccines. One delegate requested a detailed proposal for the price negotiations. It was stressed that the commercial and financial interests of the pharmaceutical industry must not be allowed to prevail over public health interests.

129. It was pointed out that the situation was especially acute in the Caribbean, where the recent hurricanes had destroyed the electrical grid and disrupted the cold chain, with the consequent loss of vaccines and other refrigerated medical supplies. Several delegates called on PASB to address the Caribbean's particular vulnerabilities, with one requesting the development of a master plan to share vaccines among the countries in order to optimize the immunization of children in the subregion.

130. Dr. Ruiz Matus applauded the work of Member States to maintain high vaccination coverage and ensure that the Region remained polio-free. He noted that delegates' comments had demonstrated broad support for the Revolving Fund and affirmed that the proposed resolution to allow the Director to enter into price negotiations for IPV was aligned with the Fund's principles of solidarity and Pan Americanism.

131. Dr. John Fitzsimmons (Chief, Special Program for the Revolving Fund for Vaccine Procurement, PASB) said that the Bureau would work with the Caribbean countries to mitigate the effects of the recent hurricanes and the loss of vaccines and equipment. Addressing the concerns about higher prices for vaccines in general if the requested negotiations went forward, he stressed that the IPV situation was an exceptional one. The Bureau was exploring all avenues in order to secure adequate supplies of the vaccine, but it had not been entirely successful. The Director had therefore felt that it was important to make Member States aware of the situation and seek their approval to conduct extraordinary negotiations if needed.

132. Dr. Francisco Becerra Posada (Assistant Director, PASB) commented that the work of the Revolving Fund involved not only technical support for Member States through the Comprehensive Family Immunization Unit, but also quality control through the Medicines and Health Technologies Unit of the Department of Health Systems and Services and procurement logistics through the Special Program for the Revolving Fund for Vaccine Procurement. He and the PASB legal team had devoted many hours to negotiating on behalf of countries to secure and maintain the best possible prices for the Revolving Fund. He thanked Member States for their support and efforts to maintain high vaccination coverage and keep the Region at the forefront of efforts eliminate vaccine-preventable diseases.

133. The proposed resolution was amended to address the various concerns expressed during the discussion. In particular, text was added to make it clear that the authorization to

adjust the terms and conditions of the Revolving Fund was being granted on an exceptional basis and applied only to the negotiations for IPV. The Bureau was asked to report in 2018 to the Executive Committee, through the Subcommittee on Program, Budget, and Administration, on the outcome of any extraordinary negotiations conducted. The Bureau was also requested to continue to coordinate with the Global Polio Eradication Initiative.

134. The amended resolution was adopted as Resolution CSP29.R16.

### **Administrative and Financial Matters**

#### ***Report on the Collection of Assessed Contributions (Document CSP29/12 and Add. I)***

135. Dr. Rubén Nieto (Representative of the Executive Committee) reported that the Executive Committee had been informed that, as of June 2017, the Organization had received \$26.8 million relating to prior years' assessments, which represented 66% of the total pending. That left an outstanding balance of \$13.7 million from prior years. The Committee had also been informed that, as of June, no Member State was subject to the voting restrictions provided for in Article 6.B of the PAHO Constitution. With regard to the current year, as of the end of June, \$30.9 million dollars had been received, equivalent to 30.2% of total assessed contributions for 2017. A total of 12 Member States had paid in full for 2017 and one had also paid a portion of its 2018 contribution.

136. Mr. Xavier Puente Chaudé (Director, Department of Financial Resources Management, PASB) reported that, as of 22 September 2017, \$51.7 million had been collected, representing 50.5% of assessed contributions for the year. That figure was some \$600,000 more than indicated in Document CSP29/12, Add. I, which had shown the total as at 18 September. Since that date, payments had been received from Cuba, Panama, Paraguay, and Uruguay, all of which had paid in full. A total of 23 Member States had paid their quota contributions in full, and thanks were due to them. Also, three countries had made advance payments for 2018.

137. While collections to date amounted to only 50.5% of the amount due, that was in fact the highest rate received by the same point in the year since 2012. In terms of past assessments, \$40.1 million had been received, representing 99% of prior years' assessments and leaving a pending balance of only \$0.4 million, an excellent result for the Organization. No Member State was currently subject to the voting restrictions provided for under Article 6.B of the PAHO Constitution.

138. The Director thanked the Member States that had paid their contributions, while expressing the hope that future payments would be received earlier in the year.

139. The Conference adopted Resolution CSP29.R1, expressing appreciation to those Member States that had already made payments for 2017 and urging all Member States to meet their financial obligations to the Organization in an expeditious manner.

***Financial Report of the Director and Report of the External Auditor for 2016  
(Official Document 353)***

140. Dr. Rubén Nieto (Representative of the Executive Committee) reported that the Executive Committee had been informed that consolidated total revenue in 2016, including voluntary contributions and funds received for procurement on behalf of Member States, had totaled \$1.4 billion, which was slightly less than in 2015. The reduction had been due mainly to a decline in revenue from national voluntary contributions, which in turn had been the result of exchange rate depreciation. The Committee had also been informed that total expenditure in 2016 had amounted to \$1.426 billion and that the year had ended with a surplus of \$21.8 million. It had been noted that a similar surplus had been reported at year's end in 2014, also the first year of a biennium, when expenses tended to be lower than in the second year.

141. The Committee had welcomed the External Auditor's unmodified opinion on the Organization's financial statements and had commended the Bureau for its efficient and transparent management of resources. Delegates had also welcomed the surplus, noting that it had been achieved despite the decline in revenue in 2016. At the same time, it had been pointed out that budget implementation also appeared to have declined and that some voluntary contributions had been returned to donors. The Bureau had been encouraged to take steps to ensure that donor funding was fully implemented. The increase in the rate of collection of assessed contributions had been noted, but it had been pointed out that the rate was still low. Delegates had called upon the Bureau to continue its efforts to increase the collection rate and had urged Member States to pay their assessed contributions in a timely manner.

142. In the ensuing discussion, delegates welcomed the financial report and the report of the External Auditor, considering that together they made a major contribution to accountability and enabled Member States to know the extent to which the Organization was meeting its objectives. In the interests of transparency, it was suggested that future reports should show not only the monetary amounts of voluntary contributions but also the category and program area to which such resources would be allocated.

143. The Bureau was urged to implement all of the External Auditor's recommendations. It was pointed out that the recommendations relating to the PASB Management Information System (PMIS) appeared to indicate a need to review how the system was being used, and it was stressed that the system's use should not impede the work of the Organization. One delegate, noting that her delegation had repeatedly expressed concern about the large number of senior staff who were shortly to retire, pointed out that the External Auditor had raised two issues that in her view required action not only from the Bureau but also from Member States. One was the shortfall of \$192.1 million for after-service health insurance; the other was the need for mechanisms to capture the knowledge and experience of long-term PAHO staff. She considered that both of those issues should be examined in greater depth by the Subcommittee on Program, Budget, and Administration at its next session and requested that the Bureau provide more

information prior to the session on the scale of the problems and on the action that the Bureau was taking to resolve them.

144. Another delegate observed that it was well-known that the assessed contributions were not sufficient to fund the Organization's planned activities and that voluntary contributions had diminished and were inconsistent; in many cases they were often also earmarked for specific purposes. He also noted that, although the Region's allocation from WHO had risen somewhat, the amount had not been sufficient to resolve the problem of insufficient financing from assessed contributions. He sought clarification of why national voluntary contributions were not counted as part of the Organization's revenue.

145. Mr. Xavier Puente Chaudé (Director, Department of Financial Resources Management, PASB) responding to the comments about the PMIS, stressed that 2016 was the first year that the Organization had worked with the system in its entirety. Its implementation had been a challenge for the Bureau, which however had been successfully overcome, and the year had been closed using the system. The areas to which voluntary contributions were allocated was in fact already reported on, but the Bureau would work on making the information clearer. As had been reported several times in the past, PAHO and WHO were working together to progressively eliminate the shortfall in funding for afterservice health insurance, and that process was advancing satisfactorily.

146. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) explained that national voluntary contributions were not included in the Organization's program and budget because they were negotiated and donated at national level, the terms of how they should be spent were set at national level, and accountability for the use of the funds remained at national level. Moreover, national voluntary contributions were currently quite large, and incorporating them into PAHO's budget would involve a significant increase in the Program and Budget. However, a consultative group of Member States would be reviewing the next Strategic Plan and the next program budget cycle, starting in 2018, and the issue of how to treat national voluntary contributions in the future could be examined at that time.

147. The Director added that national voluntary contributions came from a very few countries and were for specific projects at country level. In recent years, the vast majority had come from Brazil for the Mais Médicos project. She concurred that assessed contributions represented an important source of flexible funding, particularly in the context of the Organization's bottom-up prioritization process, whereas many voluntary contributions were earmarked for specific purposes. The Bureau was making every effort to mobilize more flexible voluntary contributions. With regard to the transfer of knowledge of pending retirees, the Bureau had developed a program that mapped the kinds of knowledge and experience that needed to be transferred and helped determine the reprofiling that would be necessary, since the expertise that had been required 30 years earlier might no longer be needed.

148. The Conference took note of the report.

***Appointment of the External Auditor of PAHO for 2018-2021 (Document CSP29/13)***

149. Dr. Rubén Nieto (Representative of the Executive Committee) reported that the Executive Committee had been informed that in August 2016 the Bureau had sent a note verbale to Member States, Participating States, and Associate Members seeking nominations for the position of External Auditor. As no nominations had been received by the deadline of 31 January 2017, the deadline had been extended to 19 June. In mid-June, the Bureau had received a communication from the Government of the United Kingdom of Great Britain and Northern Ireland, nominating its National Audit Office for the position of External Auditor. The PAHO Audit Committee had reviewed the documentation submitted with the nomination and had strongly recommended that the National Audit Office should be selected as the PAHO External Auditor.

150. Sir Amyas C. E. Morse (Comptroller and Auditor General of the United Kingdom) gave a brief summary of the services that the National Audit Office could provide. A more complete description was contained in Annex B to Document CSP29/13. He stressed the Office's expertise and experience and its independence from the United Kingdom Government, at the same time praising PAHO's up-to-date approach to audit matters.

151. A number of delegates expressed appreciation for the Office's detailed and thorough approach to the task of audit, as described in the presentation. One commented that it would be helpful if the National Audit Office could complete its audit report by the time of the March session of the Subcommittee on Program, Budget, and Administration.

152. The Conference adopted Resolution CSP29.R7, appointing the National Audit Office of United Kingdom as External Auditor for the period 2018-2021.

**Selection of Member States to Boards and Committees*****Election of Two Members to the Advisory Committee of the Latin American and Caribbean Center on Health Sciences Information (BIREME) (Document CSP29/14)***

153. The Conference elected Barbados and El Salvador as members of the Advisory Committee of the Latin American and Caribbean Center on Health Sciences Information (BIREME) (Resolution CSP29.R9).

**Awards*****PAHO Award for Health Services Management and Leadership (2017) (Document CSP29/15)***

154. Dr. Rubén Nieto (Representative of the Executive Committee) reported that the Award Committee of the PAHO Award for Health Services Management and Leadership, consisting of representatives of Argentina, Brazil, Panama, Trinidad and Tobago, and the United States of America, had met during the Executive Committee's 160th session. After examining the information on the candidates nominated by Member States, the Award Committee had decided to recommend that the PAHO Award for Health Services Management and Leadership for 2017 be granted to Dr. Stella Bolaños Varela, of

Costa Rica, for her significant professional career and her long-standing commitment to the quality and management of health services at the national level, as well as for her outstanding contributions in the field of health education, management of health services for the older adult population, and the implementation of people-centered models of care.

155. The President of the Conference and the Director presented the PAHO Award for Health Services Management and Leadership (2017) to Dr. Stella Bolaños Varela, whose acceptance speech may be found on the webpage of the Conference.<sup>5</sup>

## **Matters for Information**

### ***Update on WHO Reform (Document CSP29/INF/1)***

156. Dr. Rubén Nieto (Representative of the Executive Committee) reported that the Committee had been informed that the majority of the WHO reform outputs had been delivered and that WHO had not included any reform-specific outputs in the program budget adopted by the World Health Assembly in May 2017. The Committee had also been informed that both PAHO and WHO had continued to apply a bottom-up planning approach for the development of their program budgets. Other reforms had included the implementation of the Framework of Engagement with Non-State Actors (FENSA), the establishment of the WHO Health Emergencies Program at the global and regional levels, and the introduction of a new staff recruitment tool.

157. The Executive Committee had welcomed the efforts undertaken at the global and regional levels to implement WHO reform and acknowledged that reforms at PAHO had predated those at WHO in some areas. Delegates had considered that reform efforts should continue as a means of enhancing performance, transparency, and accountability. PAHO's alignment with the WHO Health Emergencies Program had been welcomed, and the Bureau had been encouraged to continue assisting Member States in strengthening their emergency response capacity and building resilient health systems. It had been suggested that future reports relating to WHO reform might focus on PAHO and WHO matters of strategic importance to Member States and might include information on new initiatives and on progress with regard to ongoing activities, such as the new PAHO program and budget portal, the Health Emergencies Program, and discussions relating to PAHO at WHO Governing Bodies sessions.

158. In the ensuing discussion, Member States noted the progress made, applauded the improvements in transparency and accountability, and acknowledged the leadership of the Americas in the reform progress. It was suggested that, in the interests of even greater transparency, all PAHO senior staff, including PAHO/WHO representatives, should be required to sign conflict-of-interest declarations. The reforms introduced in the area of emergency management were welcomed, but it was pointed out that numerous challenges remained to be overcome, and the Bureau was urged to continue working with Member States to improve their emergency preparedness and response capacities. It was also noted

---

<sup>5</sup> Available at:

[http://www.paho.org/hq/index.php?option=com\\_content&view=article&id=13497&Itemid=2105&lang=en](http://www.paho.org/hq/index.php?option=com_content&view=article&id=13497&Itemid=2105&lang=en)

that work remained to be done in the area of governance reform. Delegates considered that, in order to be sustainable, reform must be an ongoing process. The recommendation concerning future reports on WHO reform was reiterated. It was suggested that other topics to be covered in future reports might include updates on the implementation of FENSA and information on significant events of interest to Member States, such as the WHO Global Conference on NCDs, to be held in Montevideo, Uruguay, in October 2017.

159. Mr. Dean Chambliss (Director, Department of Planning and Budget, PASB) said that the Bureau would prepare a document setting out a proposed approach to future reports on WHO reform. The document would be submitted for consideration by the Governing Bodies in 2018.

160. The Conference took note of the report.

***PAHO/WHO Collaborating Centers (Document CSP29/INF/2)***

161. Dr. Rubén Nieto (Representative of the Executive Committee) reported that the Executive Committee had been informed that there were currently 182 collaborating centers in the Region, distributed across 15 countries, which contributed to the Organization's technical cooperation and facilitated access to expertise in a variety of areas where PAHO lacked sufficient technical capacity or human resources to meet Member States' needs. The Committee had affirmed the importance of collaborating centers in strengthening PAHO and WHO technical cooperation with Member States and in facilitating the sharing of experiences and lessons learned. Nevertheless, several delegates had noted a need for greater transparency and better coordination and communication between collaborating centers and the governments of the countries in which they were located, calling for stronger support and oversight from the PAHO Secretariat to ensure that the work of collaborating centers had more impact in the host country.

162. In the ensuing discussion, delegates welcomed the report, seeing the centers as an important and cost-effective mechanism for cooperation and acknowledging that they made it possible for PAHO to leverage the experience and capacity of leading institutions in support of the Organization's activities. The centers were viewed as a successful example of Pan Americanism. It was pointed out, however, that the document did not list all of the collaborating centers in the Region or all the types of work they performed and it was suggested that a fuller description would enable Member States to take better advantage of their services. The Delegate of Argentina expressed gratitude for the recent designation of INCUCAI (Instituto Nacional Central Único Coordinador de Ablación e Implante) as a collaborating center and reiterated her country's commitment to continue working with PAHO, WHO, and other Member States in the area of organ donation and transplantation.

163. Dr. Francisco Becerra Posada (Assistant Director, PASB) agreed that the collaborating centers were a useful tool for meeting highly specialized needs that PASB might not have the capacity to address. He noted that delegates had been given a pamphlet containing an Internet link to a list of all the collaborating centers in the Region, broken down by categories of PAHO's work. He stressed that PASB continually reviewed its

collaboration with existing and potential centers and always sought the approval of the government of the country concerned for the official designation as a collaborating center. The Bureau was also working to enhance the web platform that provided information on the centers in order to make it easier for Member States to identify the fields in which each one worked. He thanked the Member States that were supporting collaborating centers and urged countries hosting institutions with the potential to become centers to inform the Bureau accordingly.

164. The Conference took note of the report.

***Impact of Violence on the Health of the Populations in the Americas: Final Report (Document CSP29/INF/3)***

165. Dr. Karen Sealey (Representative of the Executive Committee) reported that the Executive Committee had applauded the progress made in addressing violence as a public health issue, but had noted that the Americas remained the most violent of the six WHO regions and therefore much work remained to be done. It had been agreed that there was an urgent need to scale up prevention and response efforts, and PAHO had been encouraged to look for ways to maximize the impact of investments in prevention, programs, practice, and policies by doing more to address the interconnection between the various forms of violence.

166. In the Conference's discussion of the report, delegates applauded the Bureau's support for countries in tackling the issue of violence and described the situation in their countries and the government and civil society efforts to prevent violence. They acknowledged the interconnection between different forms of violence and recommended continued implementation of the measures established in the regional and global plans of action. The need for a coordinated response between clinical and community services, together with trauma training for health workers and support for survivors, was noted. Delegates expressed concern about the rise in gender-based and gang violence and emphasized that violence was a societal problem and that a cultural change would be needed in order to meet the SDG targets related to violence prevention.

167. There was consensus that violence and injuries were a serious public health problem that exacerbated morbidity, mortality, and disability indicators and placed a growing burden on health systems; nevertheless, the issue had received little recognition, due in part to lack of evidence to inform policy-making. Delegates called for improved data collection that included the identification of risk factors, the disaggregation of data, better reporting mechanisms, greater information exchange, and a comprehensive multisectoral and institutional approach, with the health sector playing a key role in the identification and treatment of victims, reporting, and prevention.

168. Interpersonal violence, particularly against women, children, and other vulnerable populations, such as the elderly and the lesbian, gay, bisexual, and trans (LGBT) community, as well as homicide among men, was the focus of much discussion. Noting that such violence was often fueled by alcohol and psychoactive drug use, a number of delegates emphasized the importance of community-based mental health and

drug rehabilitation services. Delegates also stressed the need for a gender-based approach and the strengthening of gender equity strategies, as well as training for hospital personnel to recognize victims of domestic violence, render appropriate care, and report cases to the authorities. The use of the WHO INSPIRE package of strategies for ending violence against children was recommended.

169. Road traffic injuries were considered another major problem requiring government and civil society intervention, especially in urban areas. It was pointed out that many such injuries were also connected with alcohol and psychoactive drug use, placing a growing burden on health systems. There was consensus that not enough attention had been paid to this phenomenon.

170. Several delegates underscored the need to restrict the availability and use of firearms, with one noting that the flow of illegal guns into his country was stymying its violence prevention efforts. He called for assistance from PAHO and WHO and solidarity from other countries to prevent the smuggling of firearms across borders. The delegate of Colombia added that his country was deploying a strategy to combat the violence stemming from the internal armed conflict that had raged for over 60 years, noting that the conflict had been a product of inequities, structural issues, and social norms that countenanced violence. Other delegates offered to share their country's experiences in violence prevention, and the Canadian delegation invited Member States to attend WHO's Eighth Milestones of a Global Campaign for Violence Prevention Meeting later in the year in Ottawa. A representative of the International Federation of Medical Students' Associations commended PAHO for its advocacy for the recognition of violence as a public health issue.

171. Dr. Kira Fortune (Acting Chief, Sustainable Development and Health Equity, PASB) thanked Member States for their work in addressing violence and violence prevention, observing that all had reported progress, but challenges remained. The issue was complex and required complex solutions calling for support from other sectors, such as justice and education. The 2030 Agenda for Sustainable Development, the first global agreement with targets and indicators that addressed violence prevention, represented a paradigm shift in that it was not a sector-specific agenda, and it thus opened up opportunities to work with other sectors on the issue.

172. Recognition of violence as a public health issue was imperative. Health systems needed not only to identify victims but to gather data and evidence, which could be used to work with other sectors to ensure that policies and legislation on violence were put in place. Lack of data on violence was one of the biggest challenges for the Region. Countries were advancing in terms of developing violence prevention plans, but the absence of quality data was impeding progress. PASB would work with other sectors and with other United Nations agencies to help improve data collection.

173. It was important to recognize that health services treated men and women who experienced violence very differently. Men who came into contact with the health system as a result of a gunshot wound, for example, were treated as victims of violence and

registered in the statistics; however, that was not necessarily the case for women and children who experienced domestic and other types of violence. Violence against women was a huge challenge in the Region, and the Bureau had therefore expended a great deal of time and resources developing guidelines and tools to support national health authorities in addressing the problem. It had also worked hand in hand with health care providers to offer training to ensure that the health sector would be ready to deal with victims who came through the health system.

174. Violence against the elderly was a much bigger problem than originally thought. The latest evidence indicated that one in six elderly people experienced violence. In May 2017, the World Health Assembly had adopted a resolution on aging and health with a specific line of action on violence against the elderly. PASB would examine the issue and continue to collect data and develop guidelines based on a life-course approach.

175. As the Delegate of Colombia had indicated, it was important to address violence as an issue related to inequities. The Bureau had recently created an equity commission, comprising individuals with expertise in gender, human rights, and ethnicity. One of the commission's tasks was to look at gender-based violence within the framework of social determinants of health in order to gain a better understanding of its root causes. The commission's objective was to draft concrete and actionable recommendations on how to tackle the issues involved.

176. The Director said that it was evident from Member States' comments that violence was a major societal issue in the Region. Violence not only impacted morbidity and mortality, but had wide-ranging social and economic implications. A multifaceted problem, it was deeply rooted in other issues, such as inequity, poverty, and the disenfranchisement of youth and men in the Region. Thus, it was an issue that required leadership and commitment at the very highest level in all Member States to give violence prevention higher priority. The Bureau would keep working toward that goal and would strengthen its violence and injury prevention program, strive to raise awareness at all levels of society, and strongly advocate for joint action, working closely with Member States, academia, civil society, and the private sector to mount a much stronger public health response as part of a broader multisectoral effort.

***Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control: Final Report (Document CSP29/INF/4)***

177. Dr. Karen Sealey (Representative of the Executive Committee) reported that the Executive Committee had welcomed the advances made in preventing and controlling cervical cancer, while also acknowledging that more needed to be done, especially to increase access to prevention and treatment services for women in vulnerable populations. There had general consensus on the importance of sharing information, lessons learned, and best practices. Several delegates had mentioned the importance of educating the public and enlisting health care workers and civil society in efforts to promote the introduction of the HPV vaccine. Others had spoken of the need to improve health information systems

and cervical cancer registries and to take advantage of the Revolving Fund to procure the HPV vaccine at affordable prices.

178. The Conference also welcomed the progress made, emphasizing the value of the strategy and plan of action in supporting cervical cancer prevention efforts. Delegates noted that, although cervical cancer could be prevented and controlled through a comprehensive program of health education, screening, diagnosis, treatment and palliative care, it continued to cause premature mortality and disproportionately affected women in lower economic strata, evidencing the existing health inequalities in the Region. Delegates called for continued technical cooperation from PASB to strengthen the public health response to the problem.

179. Delegates described their country's cervical cancer programs, which in most cases were part of national noncommunicable diseases programs. They underscored the importance of prevention through HPV vaccination and early detection and treatment of precancerous lesions and cancer in its early stages. It was pointed out that the cost of treating advanced cancer with surgery, chemotherapy, and/or radiotherapy was very high, especially in the Caribbean, where patients in countries lacking radiotherapy services were often sent abroad for treatment at government expense. A delegate called for greater implementation of planning, monitoring, and evaluation tools to monitor screening, increase detection coverage, and improve links to treatment

180. There was consensus on the need for greater interinstitutional information exchange, partnerships, and improved data collection in order to strengthen cancer information systems, evaluate program performance, and support decision-making. The Bureau was called upon to provide greater opportunities for sharing experiences and lessons learned. Delegates took note of PASB's dissemination of evidence-based guidelines to the managers of national cervical cancer programs, which would assist them in updating screening practices and taking advantage of the latest developments in the field.

181. With regard to prevention, numerous delegations reported that the HPV vaccine had been introduced into their country's routine vaccination schedules for pre-adolescent and adolescent girls and, in some cases, boys and young adults. Nevertheless, the need for campaigns to vaccinate people over the age of 25 was noted. Several delegates reported resistance to vaccination due to cultural and religious barriers, the efforts of anti-vaccination groups, and negative publicity, calling for campaigns to raise public awareness about the benefits of the HPV vaccine. Delegates underscored the importance of the Revolving Fund in lowering the cost of the vaccine and enabling Member States to continue vaccination activities in resource-constrained environments. One delegate reported that his country was partnering with a pharmaceutical company to produce the vaccine nationally in order to make it more widely available.

182. Delegates also described their countries' screening programs, most of which relied on periodic Pap smears or visual inspection with acetic acid, although the HPV test was gradually being introduced; nevertheless, despite the availability of free screening,

coverage gaps remained, particularly among women living in remote locations. Women's reluctance to take advantage of screening services was cited as another factor limiting coverage. One delegate called for efforts to reduce stigma and misinformation about cervical cancer screening in order to encourage women to get screened. The importance of information and education campaigns, as well as promotional events such as Cervical Cancer Awareness Month, was highlighted.

183. A representative of the National Alliance for Hispanic Health expressed her organization's commitment to working with PAHO to promote and advance cervical cancer prevention and control in the Americas. She noted that the Alliance was working in partnership with community and civil society organizations in Peru and Brazil to support efforts to raise awareness and increase knowledge about HPV and cervical cancer prevention and would be expanding its partnerships to other Latin American countries.

184. Dr. Anselm Hennis (Director, Noncommunicable Diseases and Mental Health, PASB) congratulated Member States for the significant progress made in improving their public health response to cervical cancer. All countries now had publicly mandated screening, and nine had adopted novel strategies to improve screening, notably using HPV testing as a primary screening strategy, although the traditional Pap test continued to be the main strategy. Although screening follow-up tended to be the primary indicator of program success, there was no information on the proportion of women with abnormal test results who had received diagnosis and treatment. This signaled the need to incorporate cervical cancer program performance indicators into health systems.

185. As of the end of December 2016, 23 countries and territories in the Americas had introduced the HPV vaccine, many facilitated by the PAHO Revolving Fund, and every country in the Region, with the exception of some Caribbean countries, had a radiotherapy program. Nevertheless, The high cost of cancer treatment and limitations in health system capacity to provide cancer surgery, radiotherapy, and chemotherapy posed a real challenge to improving cancer care. Palliative care was another challenge, as only nine countries had such services in place.

186. Commenting on the consensus among the countries that cervical cancer disproportionately affected women living in vulnerable conditions, Dr. Hennis noted the need for a call to action, since cervical cancer was eminently eliminable. PASB would continue to work with Member States toward that end.

187. Dr. Francisco Becerra Posada (Assistant Director, PASB) joined Dr. Hennis in congratulating Member States for the progress made in detection, prevention, and control of cervical cancer. He stressed the important role that the HPV vaccine had played in those successes, noting that the price of the vaccine had fallen substantially thanks to efforts of the Revolving Fund. Recent evidence showed that countries that had introduced the HPV vaccine right after it came out had witnessed a dramatic decline in the incidence of cervical cancer in the cohorts that had received the vaccine. There were inequities in access to the vaccine, however, due to the urban focus of cervical cancer prevention programs; women and girls in rural areas needed to be reached, and coverage for those groups should be

emphasized in vaccination plans. He invited countries that had not yet done so to introduce the HPV vaccine into their vaccination schedules, as it was the most cost-effective intervention for cervical cancer control.

188. The Conference took note of the report.

***Proposed Ten-Year Regional Plan on Oral Health for the Americas: Final Report (Document CSP29/INF/5)***

189. Dr. Karen Sealey (Representative of the Executive Committee) reported that the Executive Committee had applauded the progress made under the 10-year Regional Plan on Oral Health. There had been consensus on the importance of oral health to overall health and to the prevention of systemic disease throughout the life course. Various delegates had described their countries' oral health programs and achievements, underscoring the need for integrated, intersectoral efforts that included educational programs, partnerships with universities, oral health programs in primary health care facilities, water and salt fluoridation, and nutrition programs, among other measures. The importance of early intervention through school programs had been highlighted.

190. In the discussion that followed, Member States thanked the Bureau for its efforts to improve oral health in the Region, underscoring the importance of oral health to the general health of the population. Delegates called for greater emphasis on oral health and the sustainable integration of oral health programs into primary health care. It was pointed out that such programs should not be limited to a focus on dental caries, but should address periodontal disease and oral cancer as well. A number of delegates drew attention to the need to develop patient registries to strengthen health information systems through the incorporation of oral health data. They also noted that all of those actions would require greater material, financial, and human resources.

191. There was agreement on the need to train primary health care teams on oral health and the risk factors for oral disease. Partnerships with other regional and global initiatives to combat chronic noncommunicable diseases were recommended, since the principal oral health problems were themselves chronic NCDs. Given the key role of oral health in healthy aging and quality of life, delegates stressed the importance of adopting a life-course approach, calling for partnerships with school health programs to foster good oral health at an early age and throughout life.

192. Delegates expressed satisfaction at the great strides made in reducing oral health problems in the Region, acknowledging the role of universities in training dentists and other oral health personnel and conducting research. A number of delegates described their national programs, noting that they emphasized the prevention of caries and gingivitis through good oral hygiene, healthy lifestyles and eating habits, and above all water and salt fluoridation. They also noted the need to increase access by vulnerable populations to quality services and highlighted the importance of targeted preventive and restorative interventions for pregnant women, children under 5, older persons, and persons with disabilities. The need to overcome cultural barriers to seeking dental care was also noted.

193. Dr. Luis Andrés de Francisco Serpa (Director, Family, Gender, and Life Course, PASB) affirmed that impressive progress had been made in oral health in the past 10 years thanks to water and salt fluoridation and improvements in oral health services. He agreed that there was a clear link between good oral health and quality of life and that the adoption of a preventive and life-course approach from gestation onward were key. He also agreed that data and epidemiological surveillance were essential, noting the need for integrated databases with oral health information on children and young adults. There was a particular need for data on vulnerable populations, which had the greatest oral health problems, but received the least care. An intersectoral approach and partnership with the education sector were very important, as schools provided an opportunity to promote preventive interventions and provide information on oral health problems.

194. Dr. Francisco Becerra Posada (Assistant Director, PASB) congratulated Member States on their progress in oral health, which indicated the priority they were giving to the issue. He stressed that it was essential to take a life-course approach to oral health to protect teeth in the early years and to improve the quality of life in old age. Noting the persistence of caries and oral infections and the rise in oral cancer, he recommended that Member States should consider giving high priority to oral health in the prioritization exercise for the next PAHO Strategic Plan and pledged that the Bureau would continue working with countries to integrate oral health into the life-course approach as a quality of life issue.

195. The Conference took note of the report.

***Implementation of the International Health Regulations (IHR)***  
**(Document CSP29/INF/6)**

196. Dr. Ciro Ugarte (Director, Health Emergencies Department, PASB) introduced the report contained in Document CSP29/INF/6, noting that it comprised two parts. The first, which summarized the information received from countries of the Americas on their progress in implementing the International Health Regulations, indicated that the Region was making slow but steady progress in building IHR core capacities, although weaknesses persisted, especially in relation to the capacity to deal with chemical and radiological emergencies. The second part of the report dealt with the consultations with Member States on the development of a draft five-year global strategic plan to improve public health preparedness and response and summarized the conclusions reached during the regional consultation held in São Paulo, Brazil, in July 2017. The most salient recommendations coming out of that consultation were that the five-year global strategic plan should be separate from the IHR Monitoring and Evaluation Framework, that the five-year plan should be made more strategic, and that joint external evaluations conducted under the Monitoring and Evaluation Framework should remain voluntary.

197. The Conference welcomed the progress made in implementing the Regulations, but acknowledged that work remained to be done. Delegates described the steps their countries had taken to put in the place and strengthen the IHR core capacities and highlighted the challenges they faced. The removal of a definitive date for full implementation was

welcomed, with one delegate expressing relief that achieving IHR compliance was now seen as a continuous process and not as a race to meet a deadline. It was pointed out that some capacities, such as advanced laboratory capacity and response to chemical and radiological and nuclear events, might be better addressed at the regional or subregional level, particularly in the case of small island developing States. PASB was requested to develop a special process for supporting countries that had encountered the greatest difficulties in building their core capacities.

198. Several delegates highlighted the positive effects of IHR implementation in their countries, which included strengthening of health systems and of alert and response capacity and forging of stronger linkages and partnerships with other sectors, which in turn had made it easier to mobilize support for efforts to enhance emergency preparedness and response capabilities. Various delegates noted that it was increasingly understood that the IHRs were a tool for increasing capacity for executing essential public health functions and for institutionalizing intersectoral collaboration mechanisms. The need to avoid distractions and disagreements and remain focused on the goal of full implementation was emphasized.

199. With regard to the draft five-year global strategic plan to improve public health preparedness and response and the IHR Monitoring and Evaluation Framework, Member States endorsed the conclusions of the 2017 regional consultation. Support was expressed for the nine guiding principles of the five-year plan, but delegates viewed the plan as a work in progress and called for its revision in order to achieve the desired strategic intent. Delegates emphasized that strategic pillar 1 should link the IHR core capacities with essential public health functions and should reflect the variation across States parties with respect to both the maturity of their health systems and the status of their implementation of the Regulations. The development of a five-year regional operational plan separate from PAHO's biennial work plans was not considered necessary.

200. There was broad agreement that the IHR Monitoring and Evaluation Framework should be presented as a standalone document, separate from the draft global strategic plan, for consideration and adoption by the Seventy-first World Health Assembly in May 2018, although one delegate expressed the view that, as a voluntary technical document that was already in use, the Monitoring and Evaluation Framework did not warrant further deliberations at the Governing Bodies level. Delegates emphasized that the voluntary components of the Monitoring and Evaluation Framework should remain voluntary. They also stressed that the views expressed in the regional consultations held in 2015, 2016, and 2017 should be taken into account in the ongoing consultative process and called for the report of the São Paulo consultation<sup>6</sup> to be submitted to the WHO Executive Board.

201. Dr. Peter Salama (Deputy Director, Health Emergencies Program, WHO) commended the Region on its real ownership of the IHRs and its pioneering work on building essential public health functions. He assured Member States that the WHO

---

<sup>6</sup> Available at:  
[http://www.paho.org/disasters/index.php?option=com\\_docman&task=doc\\_view&gid=2523&Itemid=270](http://www.paho.org/disasters/index.php?option=com_docman&task=doc_view&gid=2523&Itemid=270).

Secretariat was not seeking a one-size-fits-all approach for either the Monitoring and Evaluation Framework or the five-year global strategic plan. The Secretariat was committed to ensuring that the consultation process was transparent and inclusive and would continue to conduct web-based consultations to enable States to provide additional input. A full-day meeting on 2 November 2017 in Geneva would provide an additional opportunity to discuss revisions to the draft five-year plan.

202. He affirmed that the voluntary components of the Monitoring and Evaluation Framework would remain voluntary. While the Secretariat did not necessarily believe that a separate document on monitoring and evaluation was necessary, it was very open to discussing a potential resolution that would approve the five-year strategic plan and the Monitoring and Evaluation Framework as two important components of the work on the IHRs.

203. He pointed out that, while gaps remained, tremendous progress had been made in the implementation of the Regulations. In his view, it was important to pause and acknowledge that progress and not allow any disagreements to disrupt the robust implementation of the IHRs globally.

204. Dr. Ugarte agreed that a subregional or regional approach to the development of core capacities might be more appropriate in some cases. He noted that the Region of the Americas was the only WHO region that had conducted a consultation like the one in São Paulo, with the participation of all countries and territories, and noted that such participation was essential for the collective and transparent development of processes for the implementation of the IHRs.

205. The Director expressed thanks to Member States for their active engagement in the consultation process and for their success in enhancing IHR core capacities in the past two years. She underscored the importance of early reporting of public health events of potential international concern, noting that such reporting was crucial to the Bureau's ability to work with the affected country and with neighboring countries in order to contain the threat.

206. The Conference took note of the report.

***Progress Reports on Technical Matters (Document CSP29/INF/7, A-M)***

207. Dr. Rubén Nieto (Representative of the Executive Committee) reported that, in relation to the Plan of Action on Health in All Policies, Member States had recognized that social determinants of health and decisions made by sectors other than the health sector could affect the health of populations, both positively and negatively, and had underlined the need for intersectoral approaches to public health problems. With regard to the report on Chronic Kidney Disease in Agricultural Communities in Central America, the need for educational and preventive measures targeting young people of working age, families, and communities had been highlighted, as had the need for epidemiological surveillance of occupational environments.

208. Concerning the report on Causes of Disparities in Health Service Access and Utilization for Lesbian, Gay, Bisexual and Trans (LGBT) Persons, delegates had affirmed that all people, regardless of their sexual orientation or gender identity, had the right to the highest attainable standard of physical and mental health and had highlighted the need for training to enable health care providers to understand how gender stereotypes and discrimination could affect health. With respect to the report on Health and Human Rights, delegates had pointed out that the conceptual framework took into account many important determinants that had an impact on health and well-being but did not explicitly recognize gender equality as a health determinant. The Bureau had been encouraged to integrate gender equality as a key focus in all of its technical cooperation on health and human rights.

209. The limited progress towards the targets established in the Plan of Action on Immunization had been noted and the need for Member States to reaffirm their commitment to maintaining high vaccination coverage had been stressed. It had been emphasized that the targets for measles and rubella should be maintained, as migration and other factors posed a risk of the introduction of cases. With regard the Strategy and Plan of Action on Epilepsy, delegates had supported the proposed adjustments to various indicators and had underscored the importance of combating the stigma associated with epilepsy.

210. In relation to the Plan of Action on Mental Health, strong support had been expressed for community-based models of care for persons with mental health problems, and the importance of incorporating mental health services into primary health care had been underscored. Support had been expressed for the actions recommended in the progress report, in particular those relating to strengthening of information and surveillance systems and enhancing the accuracy of information on suicide in the Region. Regarding the Plan of Action on Disabilities and Rehabilitation, it had been suggested that future reports should include information on country-level investment to train and recruit skilled health professionals to serve individuals with disabilities and should also include examples of best practices with regard to health system interventions to improve the lives and well-being of such persons.

211. In the Committee's discussion of the midterm review of the Plan of Action for the Coordination of Humanitarian Assistance, the Delegate of Ecuador had outlined the work her country was undertaking, drawing on the lessons learned from the recent earthquake in Ecuador. With regard to the progress report on Cooperation for Health Development in the Americas, delegates had underlined the value of sharing successful experiences and lessons learned and suggested that future reports should provide concrete examples of cooperation for health development and information on the results achieved.

A. *Plan of Action on Health in All Policies: Progress Report*

212. It was pointed out that a health-in-all-policies approach could foster greater equity in health, and the role of the State in addressing social determinants of health and

upholding the right of the population to participate in promoting its own health was highlighted.

213. Dr. Kira Fortune (Acting Chief, Sustainable Development and Health Equity, PASB) affirmed that equity was at the heart of the Plan of Action on Health in All Policies. Noting that the Region was seen as a leader in terms of how to implement health-in-all policies approaches, she said that the Bureau was working hand in hand with Member States to document the progress made and identify best practices in that regard. The Bureau had also established a task force on the SDGs and health in all policies, which had undertaken a thorough analysis of the Goals and drawn up a concrete work plan.

214. The Conference took note of the report.

*B. Chronic Kidney Disease in Agricultural Communities in Central America: Progress Report*

215. Delegates affirmed that chronic kidney disease of nontraditional etiology was a serious public health problem, especially in the countries of Central America, and emphasized the need for multisectoral action to address it. It was considered especially important to work with the agriculture sector in order to regulate and reduce the risks associated with pesticide use. Delegates also stressed the need for a preventive approach and for early diagnosis and treatment and called on the Bureau to increase its support for countries' prevention efforts. The importance of enhancing epidemiological surveillance in order to determine the true magnitude of the problem was highlighted. Representatives of two NGOs working in the area of nephrology drew attention to the need for research in order to gain a better understanding of kidney disease of nontraditional etiology, with one pointing out that the disease was also occurring in other regions.

216. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) agreed that prevention and early detection were key to avoiding the complications that accompanied the advanced stages of kidney disease and minimizing the need for kidney transplants. While capacity for detection and diagnosis was improving, there was still some way to go with regard to ensuring the ability to differentiate between chronic kidney disease due to diabetes myelitis, hypertension, and other traditional causes from chronic kidney disease of nontraditional or unknown etiology. He also agreed on the importance of epidemiological surveillance and the need for intersectoral coordination in order to address the problem, and affirmed that the Bureau would strengthen its technical cooperation with Member States in those areas.

217. The Conference took note of the report.

*C. Plan of Action for Universal Access to Safe Blood: Midterm Review*

218. Member States welcomed the progress made under the Plan of Action and underlined the importance of voluntary non-remunerated donation. The Bureau was requested to continue supporting Member States' efforts to promote such donation, achieve self-sufficiency in blood and blood products, and ensure the safety of their blood supply.

Delegates called for support in improving their information management systems in order to enable them to assess the sufficiency and safety of their blood supply. The Bureau was also asked to facilitate the sharing of successful experiences and best practices.

219. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) highlighted the link between the efforts to reorganize and consolidate blood services to improve efficiency, minimize waste, and improve both donation and transfusion and the efforts to increase access to comprehensive people-centered community-based health services as part of the drive to achieve universal access to health and universal health coverage. He also noted the need to strengthen governance, stewardship, and regulatory capacity in order to ensure the quality, safety, and efficacy of medical products, including blood and blood derivatives. He pointed out that limited capacity for fractionation was a problem in the Region, as was blood wastage, and said that the Bureau would increase its attention to those issues. It would also share the results of studies currently under way on cultural, socioeconomic, and other barriers to access to blood services in the Region.

220. The Director said that significant improvements were needed in relation to access to safe blood in the Region. Only 15 countries had established a national strategic plan for that purpose and only 10 countries in Latin America and the Caribbean had 100% voluntary non-remunerated donation. Rising levels of violence and injuries would increase demand for blood, and Member States and the Bureau should therefore redouble their efforts to ensure an adequate supply of safe, quality blood and blood products.

221. The Conference took note of the report.

*D. Addressing the Causes of Disparities in Health Service Access and Utilization for Lesbian, Gay, Bisexual, and Trans (LGBT) Persons: Progress Report*

222. Delegates reported on their countries' efforts to improve access to health services and address discrimination against LGBT persons, emphasizing the importance of rights-based approaches. Governments were urged to decriminalize same-sex conduct, support the work of grassroots LGBT organizations and combat violence and discrimination against individuals based on their sexual orientation or gender identity. Attention was drawn to the problem of intersectional discrimination against LGBT persons, who might also face discrimination on the basis of race, ethnicity, and other factors. The importance of mental health care for LGBT persons was noted. The need for training to combat stereotyping and stigmatization of LGBT persons by health care professionals was highlighted, as was the importance of incorporating a gender perspective in all health policies and programs. It was also considered important to improve the collection of data to inform policy- and decision-making, although the need to protect the privacy of LGBT persons was stressed. It was suggested that intersex persons should be included in the group targeted under Resolution CD52.R6. The Bureau was asked to facilitate the identification and sharing of successful experiences and to consider drafting guidelines for addressing the issues raised in the Director's forthcoming report on the health situation and access to care of LGBT persons.

223. Dr. Heidi Jiménez (Legal Counsel, PASB) outlined some of the steps that the Bureau had taken to implement Resolution CD52.R6, noting that the Region of the Americas was the first WHO region to adopt a specific resolution on the rights of LGBT persons and on disparities in their access to health services. In order to compile the report called for in the resolution, the Director had established an interprogrammatic working group to gather information not only from Member States but also from NGOs and other interested stakeholders. The Bureau was convinced that the information it had collected would enable it to put together practical recommendations regarding legislative and other measures that Member States could apply at the country level to reduce discrimination and improve access to care for LGBT persons.

224. Dr. James Fitzgerald (Director, Department of Health Systems and Services, PASB) said that it was clear from the progress report that significant advances had been made in the provision of services to the LGBT population. However, progress had been uneven and there were still major gaps to be addressed. Overcoming discrimination and stigma was a key challenge, as was ensuring financial protection and access to insurance coverage for LGBT persons. Training and capacity-building were also clearly needed to enable health professionals to provide culturally sensitive care.

225. The Conference took note of the report.

*E. Health and Human Rights: Progress Report*

226. The need to incorporate a rights perspective in all health policies and in the work on the SDGs was stressed, as was the need to work with the legislative and judicial branches of government and with civil society to protect the right to health.

227. Dr. Heidi Jiménez (Legal Counsel, PASB) stressed that human rights, including the right to health, was a cross-cutting theme in all of the Bureau's work and assured delegations that PASB stood ready to assist any Member State that requested technical cooperation in relation to health and human rights.

228. The Conference took note of the report.

*F. Plan of Action on Immunization: Midterm Review*

229. Delegates emphasized the need to redouble efforts to achieve the targets established under the Plan of Action, noting that the lack of progress to date, coupled with growing population mobility, raised the risk of reemergence of diseases that had been eliminated in the Region. The importance of immunization for the achievement of the SDGs was highlighted. The need to maintain national commitment to immunization programs was stressed, as was the need for information campaigns to counter vaccine hesitancy. Delegates expressed appreciation for PAHO's contributions to the strengthening of their immunization programs, particularly through the Revolving Fund for Vaccine Procurement, and affirmed that immunization remained one of the most cost-effective public health interventions.

230. Dr. Luis Andrés de Francisco Serpa (Director, Department of Family, Gender, and Life Course, PASB), expressing thanks to Member States for their strong commitment to immunization, noted that the Region had made exceptional progress in the elimination of vaccine-preventable diseases. In order to protect the gains made, it would be necessary to maintain effective epidemiological surveillance and ensure sufficient funding and human resources for immunization programs. He assured Member States that the Bureau would continue to support their efforts in those areas.

231. The Director pointed out that there was some evidence of reductions in coverage for some of the older vaccines and underscored the need to maintain high coverage for all vaccines across all municipalities in all countries in order to prevent the reintroduction of diseases that had been eliminated. She encouraged Member States to show solidarity by purchasing vaccines through the Revolving Fund in order to help ensure that all countries could continue to access vaccines at low cost. She agreed that vaccine hesitancy was a serious issue and said that the Bureau would work with Member States to devise a strategy to address it.

232. The Conference took note of the report.

*G. Strategy and Plan of Action on Epilepsy: Midterm Review*

233. Delegates noted that epilepsy was a leading cause of years of healthy life lost, despite being relatively inexpensive to prevent and treat. Combating the stigma associated with epilepsy was considered critical to improve the quality of life of persons with the disease. Continued efforts by government and the private and social sectors were also considered necessary for the implementation of effective prevention and treatment programs. Support was expressed for the proposed adjustments to indicators 1.1.1, 1.2.1, and 1.2.3, and it was suggested that Member States should consider establishing one or more indicators for objective 3.2 that could be used to track the implementation of standardized epilepsy education programs and public awareness campaigns.

*H. Plan of Action on Mental Health: Midterm Review*

234. Delegates emphasized that mental health was as important as, and interrelated with, physical health and commended PAHO's ongoing efforts to prevent mental illness and promote mental wellness, drawing attention to the economic and social costs of poor mental health. Delegates expressed strong support for community-based models of care for persons with mental health problems and emphasized the importance of incorporating mental health services into primary health care. The importance of support for the families of persons with mental disorders was also noted. Delegates voiced concern about the growing problem of suicide and noted the link between poor mental health and increased risk of intentional and unintentional injury. The importance of a life course approach to mental health was underscored, with one delegate highlighting the need for increased attention to the specific mental health needs of youth, while another drew attention to the need for health services to address the growing burden of mental health problems

associated with population aging. One delegate noted that there could be an increase in mental health problems following hurricanes and other natural disasters.

*I. Plan of Action on Disabilities and Rehabilitation: Midterm Review*

235. Delegates reaffirmed their support for the Plan of Action and described the steps their countries had taken to strengthen health care and rehabilitation services for persons with disabilities and to promote their inclusion, protect their rights, and prevent discrimination against them. The Delegate of Brazil drew attention to the need to prepare to deal with the disabilities associated with microcephaly in children born to women who had been infected by the Zika virus during pregnancy. Several delegates noted the need for more and better data on disability and called on the Bureau to support countries in strengthening their information systems. Support for the training of human resources was also requested. In future progress reports, the Bureau was requested to specify the countries that formed the baseline for the various indicators and those that had met the respective targets.

236. Dr. Anselm Hennis (Director, Department of Noncommunicable Diseases and Mental Health, PASB), responding to the comments on the midterm reviews on the plans of action on epilepsy, mental health, and disabilities and rehabilitation, congratulated Member States on the progress made in the three areas. Regarding epilepsy, he agreed that combating stigma was essential, as was improving care throughout the life course. He also agreed on the need to strengthen services at primary health care level and took note of the suggestions made for improvements to indicators and objectives. He welcomed the increased integration of mental health and primary health care services and acknowledged the calls for empowerment of the families of the mentally ill, noting that PASB had already begun work in that area. He also acknowledged the challenges that Member States faced regarding data and information, noting that those areas would require significant investment and technical cooperation. He noted, too, the progress made in the area of disabilities and rehabilitation, in particular the success of schemes for issuing certificates of disability. He encouraged all Member States to include the International Classification of Functioning, Disability and Health (ICF) in their certification schemes.

237. The Conference took note of the reports.

*J. Plan of Action for the Coordination of Humanitarian Assistance: Midterm Review*

238. Delegates welcomed the progress made under the Plan of Action. One delegate pointed out that efficient coordination of humanitarian assistance was more important than ever at a time of evident climate change, severe and worsening weather events, and epidemics, all of which were impacting health and resulting in ecosystem damage and major economic losses. She stressed the need to seek efficiency and avoid duplication of effort in implementing plans for the coordination of humanitarian assistance. The importance of coordination between the PAHO and WHO health emergencies programs was stressed, and information was sought on how PAHO would use the WHO incident management system. Delegates described their countries' administrative arrangements and

physical infrastructure for coordinating humanitarian assistance. It was reported that the Member States of UNASUR had recently adopted a declaration on minimum requirements for emergency medical teams and that several Latin American countries were working together to set up a logistics network.

239. Dr. Ciro Ugarte (Director, Health Emergencies Department, PASB) pointed out that the Plan of Action had been formulated taking into account the capacities already in existence in the Region. He noted that most of the targets under the Plan had already been met or exceeded, thanks to the fact that the Region had for many years had substantial installed capacity, which had grown even stronger thanks to financial support received from various countries. Many of the initiatives that WHO was now promoting, including an incident management system and a network of emergency medical teams, had been in place in the Region for years. He emphasized that initiatives to ensure safe, smart, and resilient hospitals had clearly borne fruit: in the countries recently affected by hurricanes, some hospitals had sustained damage, but all had nevertheless continued operating, and in Mexico, too, no hospitals had collapsed in the wake of the recent earthquake.

240. The Director said that Member States could be proud of the emergency programs that had been built up in the Region over many years. She confirmed that PAHO was working closely with the WHO Health Emergencies Program, sharing experiences and lessons learned. However, in some respects PAHO's health emergencies activities were more advanced than those of WHO, as Dr. Ugarte had noted, and she did not believe it would be wise to diminish what PAHO was doing simply for the sake of being well coordinated with WHO.

241. PASB had adopted an all-of-Bureau approach to disaster response and to humanitarian assistance. Procedures were in place to make much of the response work automatic: when a disaster occurred, staff in the areas of procurement, finance, and human resources knew their roles and went into action immediately. Disaster risk reduction was an important component of PAHO's Health Emergencies Program, as risk reduction helped to build capacity in countries and mitigate or prevent disasters. The Bureau would continue to assess the response to all disasters and apply the lessons learned in order to further strengthen its emergency management capabilities.

242. The Conference took note of the report.

*K. Cooperation for Health Development in the Americas: Progress Report*

243. Progress in this area was welcomed. It was suggested that any new activities to be undertaken in this context should be defined in consultation with Member States and should include differentiated technical assistance adapted to the needs of each individual country. Several delegates praised the assistance provided by the FIOCRUZ Center for International Relations in Health to strengthen the capacities of international relations offices within the ministries of health of the Region, particularly in the area of health diplomacy. It was pointed out that stronger health diplomacy capacity would enable Member States to participate more effectively in the global health agenda and in global

health governance. The Bureau was encouraged to continue cooperating with the Center. It was also urged to facilitate the exchange and distribution of information on potential opportunities for cooperation and on successful cooperation experiences.

244. Ms. Ana Solis-Ortega Treasure (Head, Country and Subregional Coordination, PASB) congratulated Member States on their efforts to promote cooperation for health development as an aspect of South-South cooperation. She was in agreement on the need to bolster and promote best practices and lessons learned. She recognized, too, the need to strengthen international relations offices, as requested by several Member States, and to continue working to strengthen cooperation among countries. Acknowledging the various suggestions made for enhanced work by PAHO, she noted that the Organization had established a financing mechanism for cooperation for health development, and encouraged health authorities to submit relevant project proposals to the PAHO/WHO representatives in their countries.

245. The Director noted that the Region had a long history of working through South-South and triangular cooperation. The Bureau had formalized a program for supporting health development cooperation among countries, but had recognized that in order to improve the program it needed also to incorporate the network of international relations officers within the ministries of health. One of the areas in which additional work was needed was the development of a repository of projects, including those carried out between countries without PAHO involvement. She appealed to Member States for help in building up a repository of project information, which would be of benefit to the Region as a whole.

*L. Review of the Charge Assessed on the Procurement of Public Health Supplies for Member States: Progress Report*

246. A delegate drew attention to some problems that had occurred in relation to the procurement of immunobiologicals through the Revolving Fund owing to cold chain disruptions and delays in replacing immunobiologicals that had been rejected as a result of such disruptions.

247. Mr. John Fitzsimmons (Chief, Special Program for the Revolving Fund for Vaccine Procurement, PASB) said that the Bureau was aware that there had been challenges relating to the cold chain for a number of the vaccines and immunobiologicals supplied through the Revolving Fund. The issue was a complex one having to do with the relationship between suppliers and transport companies. The Bureau was working with suppliers Member States to guard against cold chain disruptions and ensure that products arrived in the conditions stated in the procurement contract. An assessment of the situation was currently in hand, and the Bureau would be forwarding its outcome to Member States in due course.

*M. Status of the Pan American Centers*

248. The Conference took note of the report.

***Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO  
(Document CSP29/INF/8, Rev. 1, A-C)***

249. Dr. Rubén Nieto (Representative of the Executive Committee) reported that the Executive Committee had examined a report on the resolutions and other actions of the Seventieth World Health Assembly and of various subregional bodies considered to be of particular interest to the PAHO Governing Bodies. Special attention had been drawn to the Health Assembly resolutions on human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth and to the decision on Strengthening Synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control. With regard to the actions of subregional bodies of interest to PAHO, it had been noted that a number of resolutions and agreements on health-related matters had been adopted by subregional integration organizations in Central America, the Caribbean, and South America and that the Bureau remained committed to supporting subregional processes in areas such as joint negotiations on the price of high-cost medicines, coordination of policies on the training of human resources for health, and the response to vector-borne diseases.

*A. Seventieth World Health Assembly*

250. Ms. Piedad Huerta (Senior Advisor, Governing Bodies Office, PASB) congratulated the countries of the Region on their work at the World Health Assembly, where they had presented several coordinated regional positions and played many facilitating roles.

251. The Conference took note of the report.

*B. Forty-seventh Regular Session of the General Assembly of the Organization of American States*

252. The Conference took note of the report.

*C. Subregional Organizations*

253. A delegate welcomed the additional information on South American integration organizations to the report, but pointed out that information on the work of the South American Institute of Governance in Health (ISAGS) had not been included. The Delegate of Brazil noted that his country had recently taken over the presidency of Southern Common Market (MERCOSUR) and would host a meeting of the MERCOSUR health ministers in December 2017. Topics to be discussed included chronic noncommunicable diseases and human resources for health. He also suggested that PAHO should seek to promote the interests of the Region of the Americas within the context of the G-20, which involved five countries in the Region and would be chaired by Argentina in 2018.

254. The Director explained that the report covered only the larger subregional entities and sought to provide a broad understanding of the issues being discussed and the

decisions being taken at a strategic level within each subregion. There were many other subregional entities, but it would not be feasible to include information about all of them. She confirmed that both the Bureau and the WHO Secretariat were already in discussions with Argentina to ensure that health had a place in the deliberations of the G-20.

255. The delegate of Argentina thanked PASB and the WHO Secretariat for their assistance in preparing for the arduous G-20 work ahead

256. The Conference took note of the report.

***Update on the Implementation of the Framework of Engagement with non-State Actors (FENSA) (Document CSP29/INF/9)***

257. Dr. Rubén Nieto (Representative of the Executive Committee) reported that the Executive Committee had been informed that FENSA had replaced PAHO's Guidelines on Collaboration with Commercial Enterprises and the Principles Governing Relations between PAHO and Nongovernmental Organizations. The Committee had also been informed of other steps taken to implement FENSA in the Region, including the issuance of a general information bulletin explaining the new policy to staff and briefings during various regional and subregional staff meetings. The Committee had welcomed the progress made in implementing FENSA at the regional level and affirmed that the Framework would help to protect against undue influence by non-State actors in the formulation and implementation of public health policies, preserve the integrity and independence of PAHO and WHO, and enhance public trust in the two organizations.

258. In the Conference's discussion of the report on FENSA, Member States expressed appreciation for the Bureau's efforts to ensure full implementation of the Framework within a two-year period and noted that the Region had played a leading role in the Framework's development and was now also leading the way in its implementation. It was emphasized that FENSA must be a fair, credible, and workable tool to support WHO engagement at all three levels of the Organization and that it must be applied coherently and consistently and with appropriate care and due diligence.

259. At the same time, it was considered that the application of the Framework should not render the process of engagement unduly burdensome. PAHO and WHO were encouraged to adopt an approach that managed risk without being either overly risk-averse or overly cavalier. The importance of providing training on the Framework for all staff at all levels was also stressed. The Bureau was asked to report on any challenges encountered as a result of the implementation of FENSA, including, for example, whether it had been necessary to suspend relations with any non-State actors and how much time was required to carry out the approval process.

260. Dr. Heidi Jiménez (Legal Counsel, PASB) said that, while the implementation of FENSA was well under way, the Bureau was still waiting for WHO to conclude its work on several tools that were needed to complete the implementation process. One was the guide for staff, which was still under review. The WHO Secretariat had conducted extensive consultations with all of the regions, and PAHO had participated actively,

providing both written and verbal comments. The Bureau had been informed that the document should be finished by the end of 2017. The handbook for non-State actors, another of the tools that WHO had been mandated to prepare, was also under review and due to be completed by the end of 2017.

261. With regard to the register of non-State actors, the final element of the package of tools being developed by WHO, the Bureau understood that WHO had encountered more challenges than originally expected. It had released a pilot tool, but it was not yet fully operational. The Bureau had been informed that the WHO Secretariat expected a full rollout of the register by the beginning of 2018. As soon as those tools were made available, the Bureau would do its best to implement them promptly in the Region.

262. The Bureau was still in the process of reviewing its engagement with non-State actors in the light of FENSA. It was applying a balanced approach, with careful due diligence and risk analysis, but without being excessively averse to risk. Although FENSA was still relatively new and the Bureau's experience with it was therefore limited, it would be happy to prepare a report outlining the challenges that it saw, the time involved in reviewing each engagement, and generally how the Framework was being applied in the Region.

263. The Conference took note of the report.

***Draft Concept Note towards WHO's 13th General Program of Work 2019-2023 (Document CSP29/INF/10)***

264. Dr. Peter Salama (Deputy Director, Health Emergencies Program, WHO) introduced the draft concept note, noting that it had been presented to all the regional committees with the aim of kick-starting consultations on WHO's Thirteenth General Program of Work (GPW13) and hearing the views of Member States, particularly with regard to the proposal to hold a special session of the WHO Executive Board in order to continue discussions on GPW13, a first draft of which would be published in November 2017. The aim was for the World Health Assembly to approve the new program of work in May 2018. In the meantime, there would be ongoing web-based and face-to-face consultations with Member States.

265. GPW13 would set out how WHO would support countries in achieving the Sustainable Development Goals during the period 2019-2023. It would also reflect the Director-General's vision and five leadership priorities: health emergencies; universal health coverage; health of women, children, and adolescents; health impacts of climate and environmental change; and transformation of WHO into a more effective, transparent, and accountable organization. In addition, GPW13 would incorporate ongoing global and regional commitments. Under GPW13, the Secretariat would focus on outcomes and impact, set clear priorities and follow them through, strive to make WHO more operational while also strengthening its normative and technical functions, place countries squarely at the center of WHO's work, and provide political leadership with a strong focus on equity.

266. Dr. Salama concluded his presentation by summarizing some of the issues raised in the consultations with other regional committees and reviewing the timeline for consultations on GPW13 (contained in Document CSP29/INF/10). The issues raised by other regional committees related, inter alia, to health systems and the health workforce, the need for a multisectoral approach to address health challenges such as climate change and noncommunicable diseases, ensuring that WHO played a role in partnership with Ministries of Health to advocate for increased financing for health, and championing gender equality in health as a human right.

267. Delegates welcomed the opportunity to provide comments on the draft concept note, but several regretted that they had not had more time to review the document. Some supported the WHO Secretariat's plan to fast-track the approval of the new general program of work, which would allow more time to consider the development of the program budget for 2020-2021 and to mobilize resources. Other delegates were concerned that there would not be sufficient time to undertake a thorough bottom-up consultation and prioritization process. The importance of Member State ownership of the GPW was stressed, with one delegate observing that a country focus did not necessarily imply country ownership and noting that Member States should be involved both in implementing the GPW and in monitoring and evaluating its implementation.

268. It was pointed out that participation in a special session of the Executive Board in November could be difficult for Member States that had not budgeted resources for that purpose and for those that lacked a permanent mission in Geneva. The WHO Secretariat was urged to make provision for the participation of all Member States in the consultation process. It was suggested that an open-ended working group of Member States should be formed for that purpose. The Delegate of Barbados said that her country's mission would be pleased to receive and transmit comments from delegations that were unable to participate in person in Geneva.

269. With regard to the proposed framework for GPW13, Member States welcomed the alignment with the Sustainable Development Goals and the Director-General's five priorities. Further elaboration was requested, however, on how the GPW would contribute to progress towards the SDG targets. The proposed focus on the health impacts of climate and environmental change, in particular, was applauded, as was the emphasis on strengthening and improving the resilience of health systems.

270. The emphasis on impacts was also welcomed. In that connection, it was suggested that it would be important to retain a results chain like the one in the Twelfth General Program of Work, which had facilitated the identification of ways of achieving impacts, both by the Secretariat and by technical teams in countries. It was pointed out that the impact indicators under the new program of work should be designed to take account of the situation of small island States, for which reporting on indicators based on 100,000 population would be a challenge. The need to take account of the differing situations of the various regions in setting priorities was also highlighted. It was noted in that regard that the Region of the Americas had already eradicated poliomyelitis.

271. Several delegations underscored the need for ongoing reform of WHO, with one calling for intensive reform and a recommitment to core principles. Others highlighted the need to find new ways of working and of anticipating and responding to threats and risks and of exerting WHO's influence at the highest decision-making levels. A representative of an NGO drew attention to the need to address the high price of medicines and health technologies and called on WHO and PAHO to consider the practical measures needed to change the business model and delink financing for research and development from prices.

272. Dr. Tedros Adhanom Ghebreyesus (Director-General, WHO) said that, in response to the many points raised in the discussion, it might be useful to elucidate some of the shifts proposed under GPW13. The first was the focus on the Sustainable Development Goals, which would form the foundation for the new program of work. The second was a shift away from output- or process-oriented goals and a greater emphasis on impact- and outcome-based goals and planning, a major change that would mean measuring progress in terms of, for example, saved lives and expanded access to health care. It would also mean identifying exactly what WHO's contribution would be. The third shift was the approach to prioritization, which would require cooperation from Member States. They would have to be prepared to accept a limited number of priorities that all had agreed upon and not insist that their particular priorities should be priorities for the Organization as a whole, since if everything was a priority, nothing was.

273. Another major shift would be to make WHO more operational in countries that required operational support, such as countries in conflict where health systems had broken down and there were huge service gaps. In such situations, WHO could play a role both by involving itself directly in operations and by coordinating the operational activities of other actors. At the same time, WHO needed to ensure that it was relevant to all Member States. In the past, the Organization had tended to engage mainly with low- or middle-income countries, but it also needed to be able to enter into a policy dialogue and provide appropriate technical assistance to high-income countries, which could also have gaps and failings in their systems.

274. Becoming more operational would not, however, mean that WHO neglected its normative functions. On the contrary, it would seek to strengthen those functions. But it was, in his view, essential for WHO to play a more operational role in fragile countries, since without a strong WHO presence such countries could become incubators for the next global epidemic. Moreover, building up the health systems of such countries would contribute to overall development.

275. The fifth shift was putting countries at the center of the Organization's work and ensuring country ownership of and commitment to that work, without which no meaningful progress could be made. An important aspect of the country focus would be ensuring that the GPW reflected not just a global consensus, but also regional and country priorities. In that connection, Dr. Tedros pointed out that the preparation of GPW13 had been a bottom-up process, which had begun with the consultations undertaken during his electoral campaign. Indeed, many of the shifts he had described under this item and those he had mentioned in the areas of emergency management and climate change in his earlier

remarks on the Director's quinquennial report (see paragraphs 13 to 26 above) had been proposed by Member States and by WHO staff at the country and regional levels.

276. Another shift would be to enhance the political role of WHO, which had long had mainly a technical orientation. The Organization had political advocacy responsibilities, however, and it must not shy away from those responsibilities because issues such as how to finance health systems and ensure access to medicines were political issues. Similarly, at the national level, ministers of health should not shy away from engaging with heads of State and Government and other high-level political leaders. It was also important to engage in advocacy work with citizens and civil society groups at the grassroots level.

277. He believed that there should also be a change in the area of resource mobilization. The current financing dialogue was, in his opinion, an unworkable model because it put WHO on the begging side and Member States on the donor side. A better model would be one in which Member States and the Secretariat worked together to finance the global health agenda, which belonged to all. It was also important to acknowledge that organizations such as the Global Fund and the GAVI Alliance were partners, not competitors, in advancing the global health agenda and to view funding for the agenda as a big envelope in which WHO funds were merely a subset.

278. In the area of reform, WHO would align itself with the Secretary-General's reform agenda and work with other United Nations agencies, seeking to create synergies and work more effectively to deliver better results for Member States, particularly in the joint effort to achieve the SDGs.

279. With regard to the proposed timeline for approval of GPW13, Dr. Tedros stressed that the Organization could not take two years to agree on a program of work. It needed to have a document in place to guide the development of the next program budget and to serve as a basis for resource mobilization. He invited Member States to continue providing input on the GPW and pledged that the Secretariat would ensure that all countries, including those that lacked representation in Geneva, were able to participate fully in the consultation process.

280. The Conference took note of the report.

### **Other Matters**

281. An update was requested on what steps the Bureau was taking to assist the countries and territories in the Caribbean whose vaccine supplies had been destroyed by the recent hurricanes. The Director replied that the Bureau would first work with the affected islands to assess damages to the cold chain and to vaccine supplies. It would then prepare a plan for replacement of vaccines and cold chain equipment and would move quickly to seek funding for the plan. In the meantime, a mechanism was in place to make vaccines available from neighboring countries to cover acute needs.

### **Closure of the Session**

282. Following the customary exchange of courtesies, the President declared the 29th Pan American Sanitary Conference closed.

### **Resolutions and Decisions**

283. The following are the resolutions and decisions adopted by the 29th Pan American Sanitary Conference:

#### ***Resolutions***

#### ***CSP29.R1 Collection of Assessed Contributions***

#### ***THE 29th PAN AMERICAN SANITARY CONFERENCE,***

Having considered the report of the Director on the collection of assessed contributions (Documents CSP29/12 and Add. I), and the concern expressed by the 160th Session of the Executive Committee with respect to the status of the collection of assessed contributions;

Noting that no Member State is in arrears such that it would be subject to Article 6.B of the PAHO Constitution,

#### ***RESOLVES:***

1. To take note of the report of the Director on the collection of assessed contributions (Documents CSP29/12 and Add. I).
2. To express appreciation to those Member States which have already made payments in 2017, and to urge all Member States in arrears to meet their financial obligations to the Organization in an expeditious manner.
3. To congratulate those Member States which have fully met their assessed obligations through 2017.
4. To compliment those Member States which have made significant efforts to reduce arrearages in assessed contributions from prior years.
5. To request the Director to:
  - a) continue to explore mechanisms that will increase the rate of collection of assessed contributions;
  - b) inform the Executive Committee of Member States' compliance with their commitment to pay their assessed contributions;

- c) report to the 56th Directing Council on the status of the collection of assessed contributions for 2018 and prior years.

*(Second meeting, 25 September 2017)*

**CSP29.R2 Sustainable Health Agenda for the Americas 2018-2030**

**THE 29th PAN AMERICAN SANITARY CONFERENCE,**

Having considered the *Sustainable Health Agenda for the Americas 2018-2030: A call to action for health and well-being in the Region* (Documents CSP29/6, Rev. 3 and Add. I);

Observing that the Sustainable Health Agenda constitutes the framework for policy and strategic planning on health in the Region of the Americas that will serve to guide PAHO's strategic plans and the national plans of the Member States, while fostering cohesion among them;

Taking note that the health authorities of the Region have decided that this Agenda is a call for collective action to achieve higher standards of health and well-being in the new regional and global context, and that it represents the response of the health sector to the commitments made by PAHO's Member States in the 2030 Agenda for Sustainable Development and to the unfinished business of the Millennium Development Goals (MDGs) and the Health Agenda for the Americas 2008-2017, as well as the emerging regional challenges surrounding public health;

Recognizing that the Countries Working Group, made up of delegates of the ministries and secretariats of health of 16 Member States in representation of each subregion of the Hemisphere and with the support of the Pan American Sanitary Bureau in its role as technical secretariat, has worked intensely and has held consultations with the Member States on the subject in order to develop a proposal for the new Agenda in a participatory and inclusive manner,

**RESOLVES:**

1. To approve the *Sustainable Health Agenda for the Americas 2018-2030: A call to action for health and well-being in the Region* (Document CSP29/6, Rev. 3).

2. To thank the Countries Working Group, through its President, the Minister of Public Health of Ecuador, and its Vice Presidents, the Ministers of Health of Barbados and Panama, for its leadership and contributions to the development of the Agenda, and thank the Director for the important support lent by PASB in role as the technical secretariat for the Group.
3. To urge the Member States to:
  - a) use this Agenda as an important strategic input for health policy-making in their countries, as they deem appropriate;
  - b) determine the measures and resources necessary to achieve the Agenda's goals and to fully implement the Agenda, taking into account the specific context of each country, established priorities, and international obligations;
  - c) exchange experiences and good practices, and promote partnerships aimed at achieving the targets and goals, in accordance with the principle of Pan American solidarity;
  - d) make efforts to promote intersectoral governmental coordination and the participation of civil society organizations in order to ensure progress on the Agenda, while promoting accountability;
  - e) support and participate in monitoring, evaluation, and reporting on advances in their countries toward the achievement of the goals and targets of the Agenda, using established mechanisms.
4. To ask the Director to:
  - a) use the Sustainable Health Agenda for the Americas 2018-2030 as the framework for the highest level of policy and strategic planning in the Region with a view to guiding the formulation of PAHO's future strategic plans;
  - b) establish that PAHO's strategic plans will be the instruments for implementing the new Agenda in the regional context and that efforts and strategies for cooperation between the Organization and the Member States will be guided by these strategic plans;
  - c) establish, with the Member States, processes for defining the indicators for implementation, monitoring, evaluation, and reporting on the new Agenda, on the basis of currently existing systems within the Organization;
  - d) coordinate with the relevant entities of the Organization of American States (OAS) and the Economic Commission for Latin America and the Caribbean (ECLAC) in order to strengthen regional cooperation mechanisms in the implementation of this Agenda and the 2030 Agenda;
  - e) promote the dissemination of the new Agenda among international cooperation agencies and regional and subregional integration forums involved in health, with a

view to achieving harmonization and synergies that foster contributions to the achievement of the Agenda's goals;

- f) inform Member States about the implementation of the Agenda, including achievement of the targets set out herein, through periodic progress reports to PAHO's Governing Bodies.

*(Second meeting, 25 September 2017)*

**CSP29.R3 Policy on Ethnicity and Health**

**THE 29th PAN AMERICAN SANITARY CONFERENCE,**

Having reviewed the *Policy on Ethnicity and Health* (Document CSP29/7, Rev. 1);

Considering the need to promote an intercultural approach to health to eliminate health inequities among indigenous peoples, Afro-descendants, Roma, and members of other ethnic groups, as applicable to the national context;

Recognizing the differences among ethnic groups between and within countries and acknowledging the differences in their challenges, needs, and respective historical contexts;

Recalling the principles enshrined in the Durban Declaration and Programme of Action (2001); the United Nations Declaration on the Rights of Indigenous Peoples (2007); the Rio Political Declaration on the Social Determinants of Health (2011); the World Summit of Afro-descendants (2011); the International Decade for People of African Descent 2015-2024 (2013); the World Conference on Indigenous Peoples (2014); and the 2030 Agenda for Sustainable Development (2015), as well as the principles enshrined in other international instruments related to ethnicity and health;

Referring to the framework of PAHO mandates related to the health of indigenous peoples, the mainstreaming of ethnicity as a cross-cutting theme of the PAHO Strategic Plan 2014-2019, and the lessons learned;

Recognizing the importance of PAHO as a whole (PASB and Member States) emphasizing efforts to strengthen the intercultural approach to health to achieve the enjoyment of the highest attainable standard of health by indigenous peoples, Afro-descendants, Roma, and members of other ethnic groups, based on their respective national context;

Bearing in mind the need to adopt the necessary measures to guarantee the intercultural approach to health and equal treatment of indigenous peoples, Afro-descendants, Roma, and members of other ethnic groups from the standpoint of

equality and mutual respect, considering the value of their cultural practices, which include their lifestyles, value systems, traditions, and world views,

**RESOLVES:**

1. To adopt the *Policy on Ethnicity and Health* (Document CSP29/7, Rev. 1).
2. To urge the Member States, as appropriate, and taking their national context, regulatory frameworks, priorities, and financial and budgetary situation into account, to:
  - a) promote public policies that address ethnicity as a social determinant of health, from the perspective of indigenous peoples, Afro-descendants, Roma, and members of other ethnic groups;
  - b) foster better access to quality health services, among other things, promoting intercultural health models that, through dialogue, include the perspective of the ancestral and spiritual wisdom and practices of indigenous peoples, Afro-descendants, Roma, and members of other ethnic groups, based on the respective national context;
  - c) strengthen institutional and community capacity in the Member States to produce sufficient quality data and generate evidence for policy-making with respect to the inequalities and inequities in health experienced by indigenous peoples, Afro-descendants, Roma, and members of other ethnic groups, for intersectoral policy-making in health;
  - d) strengthen institutional and community capacity at all levels to implement the intercultural approach to health systems and services, helping, among other things, to guarantee access to quality health services;
  - e) increase, promote, and ensure the social participation of all indigenous peoples, Afro-descendants, Roma, and members of other ethnic groups in the development and implementation of health policies, considering gender differences and life-course perspective;
  - f) promote the generation of knowledge and dedicated spaces for ancestral medicine and wisdom to strengthen the intercultural approach to health;
  - g) integrate the ethnic approach and vision of indigenous peoples, Afro-descendants, Roma, and members of other ethnic groups in the implementation of the Plan of Action on Health in All Policies (Document CD53/10, Rev.1 [2014]), in keeping with national realities;
  - h) promote intersectoral cooperation for the sustainable development of indigenous peoples, Afro-descendants, Roma, and members of other ethnic groups.

3. Request the Director, as the financial resources of the Organization permit, to:
  - a) advocate for the inclusion of strategic components on ethnicity and health in the Sustainable Health Agenda for the Americas 2018-2030 and the PAHO strategic plan for the period 2020-2025;
  - b) prioritize technical cooperation to assist countries in strengthening health system capacity to include ethnicity as a social determinant of health from the perspective of indigenous peoples, Afro-descendants, Roma, and members of other ethnic groups, in line with the Sustainable Development Goals (SDGs) and applicable international and regional human rights instruments;
  - c) continue prioritizing ethnicity as a cross-cutting theme of PAHO technical cooperation, in harmony with gender, equity, and human rights;
  - d) strengthen interinstitutional coordination and collaboration mechanisms to achieve synergies and efficiency in technical cooperation within the United Nations and Inter-American systems and with other stakeholder entities working in the field of ethnicity in health, especially subregional integration mechanisms and pertinent international financial institutions.

*(Third meeting, 26 September 2017)*

***CSP29.R4 Plan of Action for the Strengthening of Vital Statistics 2017 2022***

***THE 29th PAN AMERICAN SANITARY CONFERENCE,***

Having reviewed the *Plan of Action for the Strengthening of Vital Statistics 2017-2022* (Document CSP29/9);

Recognizing the importance of improving the coverage and quality of vital statistics in order to have more reliable and valid information for the design, implementation, monitoring, and evaluation of health policies in the countries, following international recommendations;

Recognizing the need to have valid and timely data with the greatest degree of disaggregation possible at the subnational, national, subregional, and regional levels for the assessment and formulation of health policies and the monitoring of indicators such as those established for the Sustainable Development Goals, the Sustainable Health Agenda for the Americas 2018-2030, and the PAHO Strategic Plan 2014-2019;

Aware of the efforts made and the achievements obtained thus far through the previous Plan of Action for Strengthening Vital and Health Statistics (2008-2012), and of the recommendations by the Member States to continue and expand it, emphasizing the subnational levels and statistical analytical capacity;

Considering the importance of a new plan of action that gives continuous and constant guidance to improve the coverage and quality of vital statistics in the countries of the Region of the Americas,

**RESOLVES:**

1. To approve the *Plan of Action for the Strengthening of Vital Statistics 2017-2022* (Document CSP29/9) within the context of the specific conditions of each country.
2. To urge the Member States to:
  - a) promote participation and coordination with national and sectoral statistics and civil registry offices, health information and epidemiology departments, priority programs and finance units of ministries of health, PAHO/WHO collaborating centers, and other public and private actors involved in analyzing the situation and preparing or strengthening national plans of action;
  - b) consider mobilizing human, technological, and financial resources for the implementation of this new plan of action to strengthen vital statistics;
  - c) coordinate with other countries of the Region in the implementation of their own plans of action and in the dissemination and use of tools to help strengthen the production of vital statistics, including information and communications technology;
  - d) increase the commitment to and participation in networks created to strengthen health information systems such as the Latin American and Caribbean Network for the Strengthening of Health Information Systems (RELAC SIS) and the WHO Family of International Classifications Network in order to make use of the invested resources and take maximum advantage of the contributions made through South-South cooperation.
3. Request the Director to:
  - a) work with the Member States to evaluate and update their national plans of action and to disseminate tools that favor the production and strengthening of vital statistics within a renewed approach to health information systems;
  - b) strengthen coordination of the plan of action with similar initiatives developed by other international technical and financial agencies and global initiatives to strengthen vital statistics in the countries;
  - c) work with the Member States in developing a strategy and plan of action for strengthening health information systems, to be submitted for consideration by the Governing Bodies in 2018;
  - d) report periodically to the Governing Bodies on the progress made and challenges faced in implementation of the plan of action.

*(Fourth meeting, 26 September 2017)*

**CSP29.R5 *Strategic Plan of the Pan American Health Organization 2014-2019 (Amended)***

**THE 29th PAN AMERICAN SANITARY CONFERENCE,**

Having considered the proposed amendments to the *Strategic Plan of the Pan American Health Organization 2014-2019* (Official Document 345 and Add. I), which modifies the 2014 version of the Strategic Plan;

Welcoming the programmatic and functional alignment with the WHO emergency management reform in the Region of the Americas;

Recognizing the importance of programmatic prioritization in consultation with Member States using a robust and systematic methodology,

**RESOLVES:**

1. To approve the proposed amended version of the *Strategic Plan of the Pan American Health Organization 2014-2019* (Official Document 345).
2. To thank the national health authorities who conducted the programmatic prioritization exercises using the refined PAHO-Hanlon methodology.
3. To request the Director to:
  - a) implement the programmatic changes in the 2018-2019 biennium with corresponding adjustments to the Program and Budget 2018-2019 in response to the revised categories and outcomes in the Strategic Plan of PAHO 2014-2019;
  - b) update the compendium of outcome indicators and the Strategic Plan Monitoring System (SPMS) to facilitate the joint assessment with Member States of the Strategic Plan outcomes and Program and Budget outputs;
  - c) present a second interim report on the implementation of the Strategic Plan of PAHO 2014-2019 in 2018, and a final report in 2020.

*(Fourth meeting, 26 September 2017)*

**CSP29.R6 *Program and Budget of the Pan American Health Organization 2018-2019***

**THE 29th PAN AMERICAN SANITARY CONFERENCE,**

Having examined the *Program and Budget of the Pan American Health Organization 2018-2019* (Official Document 354, and documents Add. I and Add. II);

Having considered the report of the 160th Session of the Executive Committee (Document CSP29/2);

Noting the efforts of the Pan American Sanitary Bureau (PASB) to propose a Program and Budget that takes into account both the global and regional financial climate and its implications for Member States and the achievement of the Member States' and the Organization's public health commitments;

Bearing in mind Article 14.C of the Constitution of the Pan American Health Organization and Article III, paragraph 3.5 of the PAHO Financial Regulations,

**RESOLVES:**

1. To approve the program of work of the Pan American Health Organization with a budget of US\$ 619.6 million for base programs and \$56.0 million for specific programs and response to emergencies, as outlined in the PAHO Program and Budget 2018-2019.
2. To encourage Member States to continue to make timely payments of their assessments in 2018 and 2019 and of arrears that might have accumulated in the previous budgetary periods.
3. To encourage Member States to continue advocating for an equitable share of WHO resources and specifically for WHO to fully fund the budget space allocated to the Region of the Americas.
4. To encourage all Member States, Participating States, and Associate Members to make voluntary contributions that are aligned with the Program and Budget 2018-2019, and, where possible, to consider making these contributions fully flexible and to a pool of un-earmarked funds.
5. To allocate the budget for the 2018-2019 budgetary period among the six programmatic categories as follows:

Category	Amount (US\$)
1. Communicable Diseases	114,600,000
2. Noncommunicable Diseases and Risk Factors	59,100,000
3. Determinants of Health and Promoting Health throughout the Life Course	81,400,000
4. Health Systems	118,400,000
5. Health Emergencies	56,400,000
6. Leadership, Governance, and Enabling Functions	189,700,000
<b>Base Programs – Total (Categories 1-6)</b>	<b>619,600,000</b>
Specific Programs and Response to Emergencies	56,000,000
<b>Program and Budget – Total</b>	<b>675,600,000</b>

6. To finance the approved budget for base programs in the following manner and from the indicated sources of financing:

Fund Source	Amount (US\$)
a) Assessed Contributions from PAHO Member States, Participating States, and Associate Members	210,640,000
Less Credit from Tax Equalization Fund	(16,340,000)
b) Budgeted Miscellaneous Revenue	20,000,000
c) Other Sources	215,200,000
d) Funding allocation to the Region of the Americas from the World Health Organization	190,100,000
<b>TOTAL</b>	<b>619,600,000</b>

7. To request the Director to make sure that, in establishing the contributions of Member States, Participating States, and Associate Members, assessments shall be reduced further by the amount standing to their credit in the Tax Equalization Fund, except that credits of those States that levy taxes on the emoluments received from the PASB by their nationals and residents shall be reduced by the amounts of such tax reimbursements by the PASB.

8. To authorize the Director to use assessed contributions, miscellaneous revenue, other sources such as voluntary contributions, and the funding allocation from the World Health Organization to the Region of the Americas to fund the budget as allocated above, subject to the availability of funding.

9. To further authorize the Director to make budget transfers, where necessary, among the six categories listed above, up to an amount not exceeding 10% of the approved budget in either the receiving or the source category. The expenditures resulting from such transfers shall be reported under the final category in the financial reports for the years 2018 and 2019.

10. To request the Director to report to the Governing Bodies the expenditure amounts from each source of financing against the categories and program areas outlined in the Program and Budget 2018-2019.

*(Fourth meeting, 26 September 2017)*

***CSP29.R7 Appointment of the External Auditor of PAHO for 2018-2021***

***THE 29th PAN AMERICAN SANITARY CONFERENCE,***

Having considered the report of the Director of the Pan American Sanitary Bureau (PASB) on the Appointment of the External Auditor (Document CSP29/13);

Noting the regulations, rules, and practices of the Pan American Health Organization,

***RESOLVES:***

1. To appoint the National Audit Office of the Government of the United Kingdom of Great Britain and Northern Ireland as External Auditor of the accounts of the Pan American Health Organization for the period 2018-2021, in accordance with the principles and requirements stipulated in Financial Regulation XIV.
2. To request the Director:
  - a) to establish contractual terms and conditions between the Organization and the appointed External Auditor to cover the modalities of the External Auditor's work in fulfilling its mandate as per Annex B of Document CSP29/13 which provides further background information on the appointment of the External Auditor;
  - b) to express its appreciation to the President of the Spanish Court of Audit for the excellent service provided to the Pan American Health Organization for the 2012 through 2017 financial periods, especially with respect to the commitment to its mandate and the quality of recommendations provided, which have contributed to increased efficiency and effectiveness of the Organization's operations.

*(Fifth meeting, 27 September 2017)*

***CSP29.R8 Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Guatemala, Trinidad and Tobago, and United States of America***

***THE 29th PAN AMERICAN SANITARY CONFERENCE,***

Bearing in mind the provision of Articles 4.D and 15.A of the Constitution of the Pan American Health Organization;

Considering that Belize, Canada, and Peru were elected to serve on the Executive Committee upon the expiration of the periods of office of Guatemala, Trinidad and Tobago, and the United States of America,

**RESOLVES:**

1. To declare Belize, Canada, and Peru elected to membership on the Executive Committee for a period of three years.
2. To thank Guatemala, Trinidad and Tobago, and the United States of America for the services rendered to the Organization during the past three years by their delegates on the Executive Committee.

*(Fifth meeting, 27 September 2017)*

**CSP29.R9 Election of Two Members to the Advisory Committee of the Latin American and Caribbean Center on Health Sciences Information (BIREME)**

**THE 29th PAN AMERICAN SANITARY CONFERENCE,**

Bearing in mind that Article VI of the Statute of BIREME establishes that the Advisory Committee of BIREME is to be comprised of one representative appointed by the Director of PASB and one by the Government of Brazil as permanent members, and that five nonpermanent members are to be selected and named by the Directing Council or the Pan American Sanitary Conference of the Pan American Health Organization (PAHO) from among the BIREME membership (which at this time includes all PAHO Member States, Participating States, and Associated States), taking geographical representation into account;

Recalling that Article VI further states that the five nonpermanent members of the BIREME Advisory Committee should be rotated every three years, and that the Directing Council or the Pan American Sanitary Conference of PAHO may indicate a shorter rotation period in cases where it is necessary to maintain balance among members of the Advisory Committee;

Considering that Barbados and El Salvador were elected to serve on the BIREME Advisory Committee beginning 1 January 2018, due to the completion of the term of Panama and Trinidad and Tobago,

**RESOLVES:**

1. To declare Barbados and El Salvador elected as nonpermanent members of the BIREME Advisory Committee for a three-year term.
2. To thank Panama and Trinidad and Tobago for the services provided to the Organization by their delegates on the BIREME Advisory Committee over the past two years.

*(Fifth meeting, 27 September 2017)*

***CSP29.R10 Election of the Director of the Pan American Sanitary Bureau and Nomination of the Regional Director of the World Health Organization for the Americas***

***THE 29th PAN AMERICAN SANITARY CONFERENCE,***

Bearing in mind Articles 4.E and 21.A of the Constitution of the Pan American Health Organization, which provide that the Pan American Sanitary Bureau shall have a Director elected at the Conference by the vote of a majority of the Members of the Organization;

Bearing in mind Article 4 of the Agreement between the World Health Organization and the Pan American Health Organization and Article 52 of the Constitution of the World Health Organization, which establish the procedure for the appointment of Regional Directors of the World Health Organization;

Satisfied that the election of the Director of the Pan American Sanitary Bureau has been held in accordance with the established rules and procedures,

***RESOLVES:***

1. To declare Dr. Carissa F. Etienne elected Director of the Pan American Sanitary Bureau for a period of five years to begin 1 February 2018 and ending on 31 January 2023.
2. To submit to the Executive Board of the World Health Organization the name of Dr. Carissa F. Etienne for appointment as Regional Director of the World Health Organization for the Americas for the same period.

*(Fifth meeting, 27 September 2017)*

***CSP29.R11 Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018-2023***

***THE 29th PAN AMERICAN SANITARY CONFERENCE,***

Having reviewed the *Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018-2023* (Document CSP29/8);

Having considered the declaration of measles, rubella, and congenital rubella syndrome elimination in the Americas in the report submitted by the chairman of the International Expert Committee for Documenting and Verifying Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas to the Director and to the

Member States at the 55th Directing Council of PAHO, 68th Session of the Regional Committee of WHO for the Americas, in September 2016;

Having reviewed the recommendations of the International Expert Committee to maintain the Region of the Americas free from the endemic transmission of measles, rubella, and congenital rubella syndrome;

Recognizing the enormous work that the Member States have done in finalizing the documentation and verification of interruption of the endemic transmission of measles and rubella in the Region of the Americas, as requested in Resolution CSP28.R14 (2012);

Noting with concern that the global initiative to eliminate measles and rubella in other regions of the world has not progressed significantly, and that, as long as transmission of the two viruses is not interrupted on a global scale, importation of the viruses is possible and the achievements of the Region of the Americas are at risk;

Considering that the sustainability phase of measles and rubella elimination requires the highest level of political commitment on the part of the PAHO Member States to address the challenges in their vaccination programs and their surveillance systems to avoid threats to the elimination of these diseases;

Recognizing the need for an action plan to protect the achievements of our Region, maintain elimination on an ongoing basis, and avoid the risk of reestablishment of endemic transmission of these viruses through importation of cases from other regions of the world,

***RESOLVES:***

1. To congratulate all the Member States and their health workers on the historic achievement of measles, rubella, and congenital rubella syndrome elimination in the Region of the Americas.
2. To approve and implement the *Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018-2023* (Document CSP29/8) in the context of the particular conditions in each country.
3. To urge all Member States to:
  - a) promote implementation of the objectives and indicators contained in the PAHO Plan of Action on Immunization for the period 2015-2019 (Document CD54/7, Rev. 2 [2015]) in order to achieve at least 95% vaccination coverage at the national and municipal levels with the first and second doses of measles, mumps, and rubella vaccine, as well as least 95% national and municipal coverage of follow-up vaccination campaigns against measles and rubella;
  - b) strengthen epidemiological surveillance of measles, rubella, and congenital rubella syndrome for achieving timely detection of all suspected and confirmed cases of

- these diseases in the context of emerging new diseases that are public health priorities, such as arbovirus diseases;
- c) build national operational capacity in the countries to sustain measles and rubella elimination by creating or maintaining national committees to monitor fulfillment of plans for the sustainability of elimination, and also by using regional and national tools to update and train health workers in the public and private sectors;
  - d) establish standardized mechanisms for rapid response to imported cases of measles, rubella, and congenital rubella syndrome in order to prevent the reestablishment of endemic transmission of these diseases within countries, while also creating or activating rapid response teams trained for this purpose and implementing national rapid response plans in the event of imported cases.
4. To request the Director to:
- a) continue to provide Member States with technical cooperation for strengthening national capacity to carry out the activities needed to immunize the population and conduct high-quality epidemiological surveillance of measles, rubella, and congenital rubella syndrome, as described in this Plan of Action, to ensure the sustainability of elimination of these viruses;
  - b) continue to mobilize the additional financing necessary to support Member States in preparing their response to measles and rubella outbreaks associated with imported cases, as well as in conducting follow-up vaccination campaigns and other activities described in this Plan of Action;
  - c) continue to promote efforts at the highest political level in other regions of the world and with partners and allies to move rapidly toward reaching the targets established by WHO for the global elimination of measles and rubella and the ultimate eradication of both viruses.

*(Sixth meeting, 27 September 2017)*

***CSP29.R12 Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018-2022***

***THE 29th PAN AMERICAN SANITARY CONFERENCE,***

Having examined the *Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018-2022* (Document CSP29/11);

Recognizing that tobacco use and exposure to tobacco smoke remain a serious public health problem and are a common risk factor for the main noncommunicable diseases (NCDs);

Recognizing that NCDs are the primary cause of mortality in the Region and that approximately one-third of the deaths from NCDs are premature, occurring in people aged 30-70 years;

Recognizing the high cost of tobacco-related illness to households and health systems in the Member States, which exacerbates poverty and inequalities in health and hinders achievement of the objective of universal health in the Region;

Recognizing that even though the Framework Convention on Tobacco Control (FCTC) of the World Health Organization has been internationally in force for 12 years and that 30 Member States in the Region are States Parties to it, progress in implementing its measures has been unequal among the countries and in terms of the types of measures approved, and the pace of their implementation has been slowing;

Recognizing also that many circumstances have hindered domestic implementation of FCTC measures by the States Parties, but underscoring that the common and greatest challenge to all countries is interference by the tobacco industry and those who work to further its interests;

Observing that this Strategy and Plan of Action prioritizes the FCTC measures contained in the interventions for NCD prevention and control, which WHO has determined to be highly cost-effective and applicable even in contexts of limited resources, making its implementation important for all Member States, regardless of whether they are States Parties to the FCTC,

***RESOLVES:***

1. To approve the *Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018-2022* (Document CSP29/11) within the context of the specific conditions of each country.
2. To urge the Member States, considering their national context, to:
  - a) promote public health practices that protect the general public, and children and adolescents in particular, from the dangers of tobacco use and exposure to tobacco smoke, with the ultimate goal of reducing the burden of disease and death that they entail;
  - b) prioritize the adoption of a comprehensive regulation on smoke-free environments and the inclusion of health warnings on the packaging of tobacco products, as well as the strengthening and eventual improvement of existing regulations on these matters and their enforcement, so that these measures protect the entire population of the Americas;
  - c) consider adopting or strengthening implementation of the remaining FCTC measures, with special emphasis on banning the advertising, promotion, and

- sponsorship of tobacco products in accordance with Article 13 of the FCTC and adopting fiscal measures to reduce the demand for tobacco;
- d) regard taxes on tobacco as a source of revenue that, pursuant to domestic legislation, could be used as a domestic source of financing for health in particular and development in general;
  - e) strengthen their national surveillance systems to enable countries to evaluate not only the prevalence of tobacco use, but the effectiveness of the measures implemented and to obtain information disaggregated by sex, gender, ethnicity, and other factors, insofar as possible, and use this information to create evidence-based interventions targeted to reduce disparities;
  - f) oppose attempts by the tobacco industry and its front groups to interfere with, delay, hinder, or impede implementation of tobacco control measures designed to protect public health, and recognize the need to monitor, document, and, pursuant to current domestic legislation, publicize industry activities in order to expose industry strategies and reduce their effectiveness;
  - g) consider the need for legal instruments to address the issue of conflicts of interests among government officials and employees with respect to tobacco control;
  - h) consider, if Party to the FCTC, ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products to ensure its speedy entry into force at the international level.
3. Request the Director to:
- a) assist the Member States in the preparation, review, and implementation of tobacco control regulations and policies, regardless of whether they are States Parties to the FCTC;
  - b) promote technical cooperation with and among countries to share best practices and lessons learned;
  - c) strengthen technical cooperation to improve Member States' capacities to promote policy coherence between trade and public health in the context of tobacco control, to protect health from tobacco industry interference;
  - d) promote partnerships with other international organizations and subregional entities, as well as members of civil society at the national and international levels, for the implementation of this Strategy and Plan of Action.

*(Sixth meeting, 27 September 2017)*

***CSP29.R13 New Scale of Assessed Contributions***

***THE 29th PAN AMERICAN SANITARY CONFERENCE,***

Having considered the report of the Executive Committee on the *New Scale of Assessed Contributions* for Member States, Participating States, and Associate Members of the Pan American Health Organization (Documents CSP29/5 and Add. I);

Considering that Member Governments of the Pan American Health Organization are assessed in conformity with Article 60 of the Pan American Sanitary Code and Article 24 (a) of the Constitution of the Pan American Health Organization;

Noting that nearly 34% of the PAHO Program and Budget 2018-2019, considered in *Official Document 354*, will be financed from assessed contributions from Member States, Participating States, and Associate Members;

Considering that the General Assembly of the Organization of American States (OAS) has adopted a transitional scale of quota assessments for the fiscal period 2018 while the current quota system and methodology is under review,

***RESOLVES:***

1. To approve the proposed scale of assessed contributions for Member States, Participating States, and Associate Members of the Pan American Health Organization for application in the fiscal year 2018 as shown in the table below.
2. To submit for consideration of PAHO's Governing Bodies a revised scale of assessment for fiscal year 2019 on the basis of the 2019 OAS quota scale of assessments, as and when that scale is adopted.

Member State	Assessment Rate (%)
Antigua and Barbuda	0.022
Argentina	3.000
Bahamas	0.047
Barbados	0.026
Belize	0.022
Bolivia	0.070
Brazil	12.457
Canada	9.801
Chile	1.415
Colombia	1.638
Costa Rica	0.256
Cuba	0.132
Dominica	0.022
Dominican Republic	0.268
Ecuador	0.402
El Salvador	0.076
Grenada	0.022
Guatemala	0.171
Guyana	0.022
Haiti	0.022
Honduras	0.043
Jamaica	0.053
Mexico	6.470
Nicaragua	0.022
Panama	0.191
Paraguay	0.087
Peru	1.005
Saint Kitts and Nevis	0.022
Saint Lucia	0.022
Saint Vincent and the Grenadines	0.022
Suriname	0.022
Trinidad and Tobago	0.129
United States	59.445
Uruguay	0.298
Venezuela	1.940
Participating State	Assessment Rate (%)
France	0.203
The Netherlands	0.022
United Kingdom	0.022

Associate Member	Assessment Rate (%)
Aruba	0.022
Curaçao	0.022
Puerto Rico	0.025
Sint Maarten	0.022
TOTAL	100.00

(Eighth meeting, 28 September 2017)

***CSP29.R14 Assessed Contributions of the Member States, Participating States, and Associate Members of the Pan American Health Organization for 2018***

***THE 29th PAN AMERICAN SANITARY CONFERENCE,***

Considering that the 29th Pan American Sanitary Conference approved, in Resolution CSP29.R6, the *Pan American Health Organization Program and Budget 2018-2019* (Official Document 354);

Considering Article 60 of the Pan American Sanitary Code, which says, "For the purpose of discharging the functions and duties imposed upon the Pan American Sanitary Bureau, a fund of not less than \$50,000 shall be collected by the Pan American Union, apportioned among the Signatory Governments on the same basis as are the expenses of the Pan American Union";

Bearing in mind that the 29th Pan American Sanitary Conference, in Resolution CSP29.R13, adopted the scale of assessments for the Members of the Pan American Health Organization (PAHO) for 2018,

***RESOLVES:***

1. To establish the assessed contributions of the Member States, Participating States, and Associate Members of the Pan American Health Organization for the financial period 2018 in accordance with the scale of assessments shown below and in the corresponding amounts, which represent zero nominal growth in gross assessments with respect to the financial period 2017.
2. To call upon the Pan American Sanitary Bureau to revise the assessed contributions of Member States, Participating States, and Associate Members of the Pan American Health Organization for the financial period 2019, when the Organization of American States (OAS) adopts a new quota scale for the same period. The revised scale of assessment for PAHO Members in 2019 should be submitted to the first PAHO Governing Body meeting following adoption in the OAS.

ASSESSMENTS OF THE MEMBER STATES, PARTICIPATING STATES, AND ASSOCIATE MEMBERS OF THE PAN AMERICAN HEALTH ORGANIZATION FOR 2018										
Membership	Assessment Rate (%)		Gross Assessment (US Dollars)		Credit from Tax Equalization Fund (US Dollars)		Adjustments for taxes imposed by Member States on Emoluments of PASB Staff (US Dollars)		Net Assessment (US Dollars)	
	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019
<i>Member States</i>										
Antigua and Barbuda	0.022		23,170		1,797					21,373
Argentina	3.000		3,159,600		245,100					2,914,500
Bahamas	0.047		49,500		3,840					45,661
Barbados	0.026		27,383		2,124					25,259
Belize	0.022		23,170		1,797					21,373
Bolivia	0.070		73,724		5,719					68,005
Brazil	12.457		13,119,712		1,017,737					12,101,976
Canada	9.801		10,322,413		800,742		40,000			9,561,672
Chile	1.415		1,490,278		115,606					1,374,673
Colombia	1.638		1,725,142		133,825					1,591,317
Costa Rica	0.256		269,619		20,915					248,704
Cuba	0.132		139,022		10,784					128,238
Dominica	0.022		23,170		1,797					21,373
Dominican Republic	0.268		282,258		21,896					260,362
Ecuador	0.402		423,386		32,843					390,543
El Salvador	0.076		80,043		6,209					73,834
Grenada	0.022		23,170		1,797					21,373
Guatemala	0.171		180,097		13,971					166,127
Guyana	0.022		23,170		1,797					21,373
Haiti	0.022		23,170		1,797					21,373
Honduras	0.043		45,288		3,513					41,775
Jamaica	0.053		55,820		4,330					51,490
Mexico	6.470		6,814,204		528,599					6,285,605
Nicaragua	0.022		23,170		1,797					21,373
Panama	0.191		201,161		15,605					185,557

ASSESSMENTS OF THE MEMBER STATES, PARTICIPATING STATES, AND ASSOCIATE MEMBERS OF THE PAN AMERICAN HEALTH ORGANIZATION FOR 2018										
Membership	Assessment Rate (%)		Gross Assessment (US Dollars)		Credit from Tax Equalization Fund (US Dollars)		Adjustments for taxes imposed by Member States on Emoluments of PASB Staff (US Dollars)		Net Assessment (US Dollars)	
	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019
Paraguay	0.087		91,628		7,108					84,521
Peru	1.005		1,058,466		82,109					976,358
Saint Kitts and Nevis	0.022		23,170		1,797					21,373
Saint Lucia	0.022		23,170		1,797					21,373
Saint Vincent and the Grenadines	0.022		23,170		1,797					21,373
Suriname	0.022		23,170		1,797					21,373
Trinidad and Tobago	0.129		135,863		10,539					125,324
United States	59.445		62,607,474		4,856,657		6,000,000			63,750,818
Uruguay	0.298		313,854		24,347					289,507
Venezuela	1.940		2,043,208		158,498		35,000			1,919,710
<i>Participating States</i>										
France	0.203		213,800		16,585					197,215
The Netherlands	0.022		23,170		1,797					21,373
United Kingdom	0.022		23,170		1,797					21,373
<i>Associate Members</i>										
Aruba	0.022		23,170		1,797					21,373
Curaçao	0.022		23,170		1,797					21,373
Puerto Rico	0.025		26,330		2,043					24,288
Sint Maarten	0.022		23,170		1,797					21,373
<b>TOTAL</b>	<b>100.000</b>		<b>105,320,000</b>		<b>8,170,000</b>		<b>6,075,000</b>			<b>103,225,000</b>

(Eighth meeting, 28 September 2017)

***CSP29.R15 Strategy on Human Resources for Universal Access to Health and Universal Health Coverage***

***THE 29th PAN AMERICAN SANITARY CONFERENCE,***

Having considered the *Strategy on Human Resources for Universal Access to Health and Universal Health Coverage* (Document CSP29/10), presented by the Director;

Taking into account that the United Nations General Assembly adopted the new 2030 Agenda for Sustainable Development, in which Goal 3 seeks “to ensure healthy lives and promote well-being for all at all ages”;

Aware that the implementation of the Strategy for Universal Access to Health and Universal Health Coverage, approved during the 53rd Directing Council of PAHO (2014), calls for human resources that are sufficient in number, distributed equitably and possess the appropriate capacities, in accordance with the needs of communities;

Considering that the 69th World Health Assembly, in May 2016, adopted the Global Strategy on Human Resources for Health: Workforce 2030; that the High-level Commission on Health Employment and Economic Growth convened by the United Nations in November 2016 established that investing in employment in the health sector can generate economic growth and contribute to the development of countries; and that the 70th World Health Assembly, in May 2017, adopted the Five-year Action Plan for Health Employment and Inclusive Economic Growth (2017-2021) (Document A70/18);

Recognizing that, despite progress made, challenges remain, especially in the availability and distribution of personnel, planning, governance, intersectoral coordination, and training in order to meet the needs of health systems in transformation towards universal access to health and universal health coverage,

***RESOLVES:***

1. To adopt the *Strategy on Human Resources for Universal Access to Health and Universal Health Coverage* (Document CSP29/10).
2. To urge the Member States, as appropriate to their context and their domestic priorities, to:
  - a) establish formal mechanisms to strengthen stewardship in the development of national policies on human resources for health, including high-level intersectoral collaboration and coordination to promote synergies in regulation, strategic planning, and decision-making, based on the needs of the health system;
  - b) increase public spending and financial efficiency, fostering quality education and employment in the health sector to increase the availability of human resources

- for health, motivate health teams, promote retention, improve health outcomes, and support economic development;
- c) strengthen strategic planning, forecasting of present and future needs, and performance monitoring, through the development of information systems on human resources for health;
  - d) promote the development of interprofessional teams within services networks through interprofessional training and the diversification of learning environments, realigning professional profiles and new work management processes (task shifting/task sharing) to foment the integration of these teams within health services networks;
  - e) implement strategies to retain human resources for health, particularly for underserved areas, consonant with the intercultural characteristics of each community, that include economic and professional development incentives, life plans, and work and infrastructure conditions;
  - f) advocate for the transformation of professional health education through strengthened accreditation to include the principles of social mission, the incorporation of a public health perspective, and a social determinants approach, as linchpins in the education of human resources for health;
  - g) promote high-level agreements between education and health sectors in order to align the education of human resources with current and future health system needs, and move forward in the evaluation and accreditation of health sciences training programs which incorporate social relevance among the criteria for educational quality standards;
  - h) develop continuous professional development strategies for health professionals, incorporating new information and communications technologies, telehealth, virtual education, and learning networks, in order to improve the problem-solving capacity and quality performance of integrated health services networks;
  - i) strengthen governance in planning and regulating the education of specialists, setting incremental goals for more positions in family and community health and in basic specialties;
  - j) incorporate a gender perspective as well as the needs of female workers in future models for organizing and contracting health services, taking into consideration the growing feminization of human resources in the health sector;
  - k) pursue—using the WHO Global Code of Practice on the International Recruitment of Health Personnel as a guide—enhanced dialogue and partnerships, including bilateral arrangements, where appropriate, to address the challenges of health personnel migration and health systems strengthening; such arrangements could address enhanced training of skilled personnel from source countries and provide frameworks for orderly movement of skilled health personnel, among other measures outlined in the Code, to address the needs of destination countries without undermining health security in source countries.

3. Request the Director to:
  - a) promote intersectoral policy dialogue to facilitate implementation of the Strategy on Human Resources for Universal Access to Health and Universal Health Coverage in the Member States and, in particular, to increase investment in human resources for health;
  - b) prepare a regional plan of action for 2018, with specific objectives and indicators in order to advance more quickly on the path established in this strategy;
  - c) support countries in strengthening their capacity for strategic planning, human resources management, and the development of information systems to help inform current and future scenarios for the progressive achievement of universal access to health and universal health coverage;
  - d) promote research, the sharing of experiences, and cooperation among countries in areas such as interprofessional health teams, quality and socially relevant education, and retention strategies for human resources;
  - e) promote coordination among United Nations agencies and other international organizations working on issues related to human resources for health, and establish a high-level technical commission to evaluate trends, capacities, and mobility in human resources for health in the Region of the Americas.

*(Eighth meeting, 28 September 2017)*

***CSP29.R16 Situation Update on the Challenges of Supplying Inactivated Polio Vaccine to Maintain Eradication of the Disease in the Region of the Americas***

***THE 29th PAN AMERICAN SANITARY CONFERENCE,***

Having reviewed the *Situation Update on the Challenges of Supplying Inactivated Polio Vaccine to Maintain Eradication of the Disease in the Region of the Americas* (Document CSP29/16) on the historic achievements in the Region of the Americas with regard to polio eradication and the current challenges of supplying the inactivated polio vaccine (IPV);

Recognizing the valuable contributions made by the Pan American Health Organization's Revolving Fund for Vaccine Procurement (the "Revolving Fund") to guarantee timely and equitable access to polio vaccines for the Member States of the Pan American Health Organization (PAHO);

Considering the importance of the active participation of the Member States of PAHO in the Revolving Fund;

Reaffirming the principles, terms and conditions, and procedures of the Revolving Fund and its benefit for public health in the Region of the Americas (Resolution CD52.R5 [2013]);

Recognizing the importance of keeping the Region of the Americas polio-free and advancing toward the global eradication of this disease;

Aware of the special circumstances currently existing for implementation of the Polio Eradication and Endgame Strategic Plan 2013-2018, and the current situation of global demand and limited supply of IPV, as reported by the Director-General of WHO in May 2017, as well as the importance of maintaining polio eradication in the Region of the Americas;

Considering, furthermore, that if the Revolving Fund managed to obtain additional doses of IPV, this would enable the Member States participating in the Revolving Fund to adequately plan the use of fractional doses of IPV (fIPV) administered intradermally in a two-dose series;

Recognizing that the Pan American Sanitary Bureau (the Bureau) requires the approval of the Member States of PAHO in order to conduct any negotiation that does not comply with the principles, terms and conditions, and procedures of the Revolving Fund,

***RESOLVES:***

1. To urge the Member States to:
  - a) continue to recognize the PAHO Revolving Fund as the strategic cooperation mechanism most suitable for providing access to vaccines such as IPV;
  - b) promote solidarity and Pan-Americanism through their participation in the Revolving Fund.
2. To request the Director to:
  - a) negotiate extraordinarily for the best possible price for procurement of IPV for the Region of the Americas and, if necessary, adjust the terms and conditions of the Revolving Fund for this occasion only, in order to address the special circumstances currently existing and provide the supply of IPV for the Region of the Americas;
  - b) maintain coordination with the Global Polio Eradication Initiative throughout this process in alignment with the Polio Eradication and Endgame Strategic Plan 2013-2018;
  - c) maintain dialogue with partners and global producers of IPV in order to accelerate and ensure the capacity to produce the necessary doses of IPV for the Region of the Americas;

- d) continue to support the Member States of PAHO in preparation for the use of fIPV;
- e) report in 2018 to the Executive Committee, through the Subcommittee on Program, Budget and Administration, on the situation of IPV supply in the Region of the Americas, and of extraordinary negotiations, if any are held, and the results achieved and progress made through the aforementioned dialogue.

*(Eighth meeting, 28 September 2017)*

### ***Decisions***

#### ***Decision CSP29(D1) Appointment of the Committee on Credentials***

Pursuant to Rule 32 of the Rules of Procedure of the Pan American Sanitary Conference, the Conference appointed Barbados, El Salvador, and Uruguay as members of the Committee on Credentials.

*(First meeting, 25 September 2017)*

#### ***Decision CSP29(D2) Election of Officers***

Pursuant to Rule 17 of the Rules of Procedure of the Pan American Sanitary Conference, the Conference elected Paraguay as President, Guyana and Panama as Vice Presidents, and Canada as Rapporteur of the 29th Pan American Sanitary Conference.

*(First meeting, 25 September 2017)*

#### ***Decision CSP29(D3) Establishment of the General Committee***

Pursuant to Rule 33 of the Rules of Procedure of the Pan American Sanitary Conference, the Conference appointed Bolivia, Cuba, and United States of America as members of the General Committee.

*(First meeting, 25 September 2017)*

#### ***Decision CSP29(D4) Adoption of the Agenda***

Pursuant to Rule 11 of the Rules of Procedure of the Pan American Sanitary Conference, the Conference adopted the agenda submitted by the Director, as amended during the session (Document CSP29/1, Rev. 1).

*(First meeting, 25 September 2017)*

IN WITNESS WHEREOF, the President of the 29th Pan American Sanitary Conference, 69th Session of the Regional Committee of WHO for the Americas, Delegate of Paraguay, and the Secretary ex officio, Director of the Pan American Sanitary Bureau, sign the present Final Report in the Spanish language.

DONE in Washington, D.C., United States of America, on this twenty-ninth day of September in the year two thousand seventeen. The Secretary shall deposit the original texts in the archives of the Pan American Sanitary Bureau. The Final Report will be published on the webpage of the Pan American Health Organization once approved by the President.

---

Antonio C. Barrios Fernández  
President of the  
29th Pan American Sanitary Conference,  
69th Session of the Regional Committee of  
WHO for the Americas  
Delegate of Paraguay

---

Carissa Etienne  
Secretary ex officio of the  
29th Pan American Sanitary Conference,  
69th Session of the Regional Committee of  
WHO for the Americas  
Director of the  
Pan American Sanitary Bureau

## **AGENDA**

### **1. OPENING OF THE SESSION**

### **2. PROCEDURAL MATTERS**

- 2.1 Appointment of the Committee on Credentials
- 2.2 Election of Officers
- 2.3 Establishment of a Working Party to Study the Application of Article 6.B of the PAHO Constitution
- 2.4 Establishment of the General Committee
- 2.5 Adoption of the Agenda

### **3. CONSTITUTIONAL MATTERS**

- 3.1 Annual Report of the President of the Executive Committee
- 3.2 Reports of the Pan American Sanitary Bureau
  - a) Quinquennial Report 2013-2017 of the Director of the Pan American Sanitary Bureau
  - b) Health in the Americas
- 3.3 Election of the Director of the Pan American Sanitary Bureau and Nomination of the Regional Director of the World Health Organization for the Americas
- 3.4 Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Guatemala, Trinidad and Tobago, and United States of America

### **4. PROGRAM POLICY MATTERS**

- 4.1 Strategic Plan of the Pan American Health Organization 2014-2019 (Amended 2017)
  - 4.2 PAHO Program and Budget 2018-2019
-

**4. PROGRAM POLICY MATTERS** (*cont.*)

- 4.3 New Scale of Assessed Contributions
- 4.4 Sustainable Health Agenda for the Americas 2018-2030
- 4.5 Policy on Ethnicity and Health
- 4.6 Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018-2023
- 4.7 Plan of Action for the Strengthening of Vital Statistics 2017-2022
- 4.8 Strategy on Human Resources for Universal Access to Health and Universal Health Coverage
- 4.9 Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018-2022
- 4.10 Update on the Situation and Challenges of Inactivated Poliovirus Vaccine Supply to Maintain Polio Eradication in the Region of the Americas

**5. ADMINISTRATIVE AND FINANCIAL MATTERS**

- 5.1 Report on the Collection of Assessed Contributions
- 5.2 Financial Report of the Director and Report of the External Auditor for 2016
- 5.3 Appointment of the External Auditor of PAHO for 2018-2021

**6. SELECTION OF MEMBER STATES TO BOARDS AND COMMITTEES**

- 6.1 Election of Two Members to the Advisory Committee of the Latin American and Caribbean Center on Health Sciences Information (BIREME)

**7. AWARDS**

- 7.1 PAHO Award for Health Services Management and Leadership (2017)

**8. MATTERS FOR INFORMATION**

- 8.1 Update on WHO Reform
- 8.2 PAHO/WHO Collaborating Centers
- 8.3 Impact of Violence on the Health of the Populations in the Americas: Final Report
- 8.4 Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control: Final Report
- 8.5 Proposed 10-Year Regional Plan on Oral Health for the Americas: Final Report
- 8.6 Implementation of the International Health Regulations (IHR)
- 8.7 Progress Reports on Technical Matters:
  - A. Plan of Action on Health in All Policies: Progress Report
  - B. Chronic Kidney Disease in Agricultural Communities in Central America: Progress Report
  - C. Plan of Action for Universal Access to Safe Blood: Midterm Review
  - D. Addressing the Causes of Disparities in Health Service Access and Utilization for Lesbian, Gay, Bisexual, and Trans (LGBT) Persons: Progress Report
  - E. Health and Human Rights: Progress Report
  - F. Plan of Action on Immunization: Midterm Review
  - G. Strategy and Plan of Action on Epilepsy: Midterm Review
  - H. Plan of Action on Mental Health: Midterm Review
  - I. Plan of Action on Disabilities and Rehabilitation: Midterm Review
  - J. Plan of Action for the Coordination of Humanitarian Assistance: Midterm Review
  - K. Cooperation for Health Development in the Americas: Progress Report
  - L. Review of the Charge Assessed on the Procurement of Public Health Supplies for Member States: Progress Report
  - M. Status of the Pan American Centers

- 8.8 Resolutions and Other Actions of Intergovernmental Organizations of Interest to PAHO:
  - A. Seventieth World Health Assembly
  - B. Forty-seventh Regular Session of the General Assembly of the Organization of American States
  - C. Subregional Organizations
- 8.9 Update on the Implementation of the Framework of Engagement with non-State Actors (FENSA)
- 8.10 Draft Concept Note towards WHO's 13th General Programme of Work 2019-2023

**9. OTHER MATTERS**

**10. CLOSURE OF THE SESSION**

## LIST OF DOCUMENTS

### Official Documents

<i>OD345</i> and Add. I	Strategic Plan of the Pan American Health Organization 2014-2019 (Amended 2017)
<i>OD353</i>	Financial Report of the Director and Report of the External Auditor for 2016
<i>OD354</i> , Add. I and Add. II	PAHO Program and Budget 2018-2019
<i>OD355</i> and Corr.	Quinquennial Report 2013-2017 of the Director of the Pan American Sanitary Bureau
<i>PCT642</i> and Add.I	Health in the Americas

### Working Documents

CSP29/1, Rev. 2	Agenda
CSP29/2	Annual Report of the President of the Executive Committee
CSP29/3	Election of the Director of the Pan American Sanitary Bureau and Nomination of the Regional Director of the World Health Organization for the Americas
CSP29/4	Election of Three Member States to the Executive Committee on the Expiration of the Periods of Office of Guatemala, Trinidad and Tobago, and United States of America
CSP29/5 and Add. I	New Scale of Assessed Contributions
CSP29/6, Rev. 3 and Add. I	Sustainable Health Agenda for the Americas 2018-2030
CSP29/7, Rev. 1	Policy on Ethnicity and Health
CSP29/8	Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018-2023

---

**Working Documents** (*cont.*)

CSP29/9	Plan of Action for the Strengthening of Vital Statistics 2017-2022
CSP29/10	Strategy on Human Resources for Universal Access to Health and Universal Health Coverage
CSP29/11	Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018-2022
CSP29/12 and Add. I	Report on the Collection of Assessed Contributions
CSP29/13	Appointment of the External Auditor of PAHO for 2018-2021
CSP29/14	Election of Two Members to the Advisory Committee of the Latin American and Caribbean Center on Health Sciences Information (BIREME)
CSP29/15	PAHO Award for Health Services Management and Leadership (2017)

**Information Documents**

CSP29/INF/1	Update on WHO Reform
CSP29/INF/2	PAHO/WHO Collaborating Centers
CSP29/INF/3	Impact of Violence on the Health of the Populations in the Americas: Final Report
CSP29/INF/4	Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control: Final Report
CSP29/INF/5	Proposed 10-Year Regional Plan on Oral Health for the Americas: Final Report
CSP29/INF/6	Implementation of the International Health Regulations (IHR)
CSP29/INF/7	Progress Reports on Technical Matters
	A. Plan of Action on Health in All Policies: Progress Report
	B. Chronic Kidney Disease in Agricultural Communities in Central America: Progress Report

**Information Documents** (*cont.*)

- CSP29/INF/7            Progress Reports on Technical Matters: (*cont.*)
- C. Plan of Action for Universal Access to Safe Blood: Midterm Review
  - D. Addressing the Causes of Disparities in Health Service Access and Utilization for Lesbian, Gay, Bisexual, and Trans (LGBT) Persons: Progress Report
  - E. Health and Human Rights: Progress Report
  - F. Plan of Action on Immunization: Midterm Review
  - G. Strategy and Plan of Action on Epilepsy: Midterm Review
  - H. Plan of Action on Mental Health: Midterm Review
  - I. Plan of Action on Disabilities and Rehabilitation: Midterm Review
  - J. Plan of Action for the Coordination of Humanitarian Assistance: Midterm Review
  - K. Cooperation for Health Development in the Americas: Progress Report
  - L. Review of the Charge Assessed on the Procurement of Public Health Supplies for Member States: Progress Report
  - M. Status of the Pan American Centers
- CSP29/INF/8            Resolutions and other Actions of Intergovernmental Organizations of Interest to PAHO:
- A. Seventieth World Health Assembly
  - B. Forty-seventh Regular Session of the General Assembly of the Organization of American States
  - C. Subregional Organizations
- CSP29/INF/9            Update on the Implementation of the Framework of Engagement with non-State Actors (FENSA)
- CSP29/INF/10          Draft Concept Note towards WHO’s 13th General Programme of Work 2019-2023

**LIST OF PARTICIPANTS/LISTA DE PARTICIPANTES  
OFFICERS/MESA DIRECTIVA**

<b>President / Presidente:</b>	Dr. Antonio C. Barrios Fernández (Paraguay)
<b>Vice-President / Vicepresidente:</b>	Hon. Ms. Volda Lawrence (Guyana)
<b>Vice-President / Vicepresidente:</b>	Dr. Miguel Mayo Di Bello (Panamá)
<b>Rapporteur / Relator:</b>	Ms. Lucero Hernandez (Canada)

**MEMBER STATES/ESTADOS MIEMBROS**

**ARGENTINA**

Head of Delegation – Jefe de Delegación

Dr. Jorge Daniel Lemus  
Ministro de Salud  
Ministerio de Salud de la Nación  
Buenos Aires

Alternate Head of Delegation – Jefe Alterno de Delegación

Dr. Rubén A. Nieto  
Secretario de Relaciones Nacionales e Internacionales  
Ministerio de Salud de la Nación  
Buenos Aires

Delegates – Delegados

Dra. Miguela Pico  
Subsecretaria de Relaciones Institucionales  
Ministerio de Salud de la Nación  
Buenos Aires

Dra. María del Carmen Lucioni  
Asesora del Ministro  
Ministerio de Salud  
Buenos Aires

Alternates and Advisers – Suplentes y Asesores

Dr. Valentín Aragüés y Oroz  
Asesor del Ministro  
Ministerio de Salud  
Buenos Aires

Dra. Daniela Rocío Lemus  
Asesora Privada del Sr. Ministro  
Ministerio de Salud  
Buenos Aires

**ARGENTINA (cont.)**

Alternates and Advisers – Suplentes y Asesores (cont.)

Sra. María Lorena Capra  
Primera Secretaria, Representante Alternativa de Argentina ante la Organización de los Estados Americanos  
Washington, D.C.

**BAHAMAS**

Head of Delegation – Jefe de Delegación

Hon. Dr. Duane Sands  
Minister of Health  
Ministry of Health of the Commonwealth of the Bahamas  
Nassau

Alternate Head of Delegation – Jefe Alterno de Delegación

Dr. Merceline Dahl-Regis  
Consultant  
Ministry of Health  
Nassau

Delegates – Delegados

Dr. Phillip Swann  
Registrar  
Ministry of Health  
Nassau

**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

**BARBADOS**

Head of Delegation – Jefe de Delegación

Ms. Gabrielle Springer  
Permanent Secretary  
Ministry of Health  
St. Michael

Alternate Head of Delegation – Jefe Alterno de Delegación

His Excellency Selwin Hart  
Ambassador, Permanent Representative  
of Barbados to the Organization of  
American States  
Washington, D.C.

Delegates – Delegados

Dr. Joy St. John  
Chief Medical Officer  
Ministry of Health  
St. Michael

Dr. Alafia Samuels  
Director, George Alleyne Chronic Disease  
and Research Centre  
University of West Indies  
St. Michael

Alternates and Advisers – Suplentes y Asesores

Mr. Jovan Bernard Reid  
Second Secretary, Alternate Representative  
of Barbados to the Organization of  
American States  
Washington, D.C.

**BELIZE/BELICE**

Head of Delegation – Jefe de Delegación

Hon. Pablo Saul Marin  
Minister of Health  
Ministry of Health  
Belmopan City

**BELIZE/BELICE (cont.)**

Alternate Head of Delegation – Jefe Alterno de Delegación

His Excellency Francisco D. Gutierrez  
Ambassador, Permanent Representative  
of Belize to the Organization of American  
States  
Washington, D.C.

Delegates – Delegados

Dr. Marvin Manzanero  
Director of Health Services  
Ministry of Health  
Belmopan City

**BOLIVIA (PLURINATIONAL STATE OF/ ESTADO PLURINACIONAL DE)**

Head of Delegation – Jefe de Delegación

Dr. Álvaro Terrazas Peláez  
Viceministro de Salud y Promoción  
Ministerio de Salud  
La Paz

Alternate Head of Delegation – Jefe Alterno de Delegación

Excmo. Sr. Diego Pary  
Embajador, Representante Permanente de  
Bolivia ante la Organización de los  
Estados Americanos  
Washington, D.C.

Delegates – Delegados

Dr. Dante Ergueta Jiménez  
Director General de Seguros de Salud  
Ministerio de Salud  
La Paz

Dr. Miguel Jorge Seoane Gómez  
Profesional Técnico  
Ministerio de Salud  
La Paz

**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

**BOLIVIA (PLURINATIONAL STATE OF/ ESTADO PLURINACIONAL DE) (cont.)**

Alternates and Advisers – Suplentes y Asesores

Sra. Tania Paz González  
Primera Secretaria, Representante Alternativa de Bolivia ante la Organización de los Estados Americanos  
Washington, D.C.

**BRAZIL/BRASIL**

Head of Delegation – Jefe de Delegación

Sr. Ricardo Barros  
Ministro de Estado da Saúde  
Ministério da Saúde  
Brasília

Alternate Head of Delegation – Jefe Alternativo de Delegación

Excmo. José Luiz Machado E. Costa  
Embaixador, Representante Permanente do Brasil junto à Organização dos Estados Americanos  
Washington, D.C.

Delegates – Delegados

Dr. Nísia Trindade Lima  
Presidente, Fundação Oswaldo Cruz  
Rio de Janeiro

Sr. Paulo Buss  
Director do Centro de Relações Internacionais em Saúde  
Ministério da Saúde  
Brasília

Alternates and Advisers – Suplentes y Asesores

Sr. Antonio Carlos Figueiredo Nardi  
Secretário-Executivo do Ministério da Saúde  
Ministério da Saúde  
Brasília

**BRAZIL/BRASIL (cont.)**

Alternates and Advisers – Suplentes y Asesores (cont.)

Conselheiro Fabio Rocha Frederico  
Assessor Especial do Ministro da Saúde  
Para Assuntos Internacionais  
Ministério da Saúde  
Brasília

Sra. Indira Meira Gonçalves  
Técnica da Assessoria de Assuntos Internacionais de Saúde  
Ministério da Saúde  
Brasília

Sr. Alexandre Fonseca  
Director de Programas da Secretaria Executiva  
Ministério da Saúde  
Brasília

Sr. Luiz Augusto Galvão  
Assessor para organismos multilaterais  
Centro de Relações Internacionais em Saúde  
Ministério da Saúde  
Brasília

Sr. Bernardo Paranhos Velloso  
Ministro, Representante Alternativo do Brasil junto à Organização dos Estados Americanos  
Washington, D.C.

Sr. Carlos Fernando Gallinal Cuenca  
Conselheiro, Representante Alternativo do Brasil junto à Organização dos Estados Americanos  
Washington, D.C.

Sr. Rodrigo de Carvalho Dias Papa  
Segundo Secretário, Representante Alternativo do Brasil junto à Organização dos Estados Americanos  
Washington, D.C.

**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

**CANADA/CANADÁ**

Head of Delegation – Jefe de Delegación

Hon. Ginette Petitpas Taylor  
Minister of Health  
Office of International Affairs for the  
Health Portfolio  
Health Canada  
Ottawa

Alternate Head of Delegation – Jefe Alterno de Delegación

Ms. Sarah Lawley  
Director General  
Office of International Affairs for the  
Health Portfolio  
Health Canada  
Ottawa

Delegates – Delegados

Mr. Simon Kennedy  
Deputy Minister of Health  
Office of International Affairs for the  
Health Portfolio  
Health Canada  
Ottawa

Dr. Theresa Tam  
Chief Public Health Officer  
Public Health of Canada  
Ottawa

Alternates and Advisers – Suplentes y Asesores

Ms. Genevieve Hinse  
Chief of Staff, Minister's Office  
Office of International Affairs for the  
Health Portfolio  
Health Canada  
Ottawa

Her Excellency Jennifer Loten  
Ambassador, Permanent Representative  
of Canada to the Organization of  
American States  
Washington, D.C.

**CANADA/CANADÁ (cont.)**

Alternates and Advisers – Suplentes y Asesores (cont.)

Ms. Christine Harmston  
Acting Director  
Multilateral Relations Division  
Office of International Affairs for the  
Health Portfolio  
Health Canada  
Ottawa

Ms. Lucero Hernandez  
Manager, Multilateral Relations Division  
Office of International Affairs for the  
Health Portfolio  
Health Canada  
Ottawa

Ms. Monica Palak  
Senior Policy Analyst  
Multilateral Relations Division  
Office of International Affairs for the  
Health Portfolio  
Health Canada  
Ottawa

Mr. Sebastien Sigouin  
Counselor, Alternate Representative of  
Canada to the Organization of  
American States  
Washington, D.C.

Ms. Charlotte McDowell  
Senior Development Officer and Alternate  
Representative of Canada to the  
Organization of American States  
Washington, D.C.

Dr. Horacio Arruda  
Directeur national de santé publique et  
sous-ministre adjoint  
Ministère de la Santé et des Services  
Sociaux du Québec  
Québec

**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

**CANADA/CANADÁ (cont.)**

Alternates and Advisers – Suplentes y  
Asesores (cont.)

Ms. Geneviève Poirier  
Conseillère en coopération internationale  
Direction des affaires intergouvernementales  
et de la coopération internationale  
Ministère de la Santé et des Services  
Sociaux du Québec  
Québec

Mr. Frédéric Tremblay  
Directeur  
Bureau du Québec  
Washington, D.C.

Ms. Nicola Toffelmire  
Youth Delegate  
Simon Fraser University  
Ottawa

**CHILE**

Head of Delegation – Jefe de Delegación

Dra. Carmen Castillo Taucher  
Ministra de Salud  
Ministerio de Salud  
Santiago

Alternate Head of Delegation – Jefe Alterno de  
Delegación

Excmo. Sr. Juan Aníbal Barría  
Embajador, Representante Permanente de  
Chile ante la Organización de los Estados  
Americanos  
Washington, D.C.

Delegates – Delegados

Dra. Matilde Maddaleno  
Jefa, Oficina de Cooperación y Asuntos  
Internacionales  
Ministerio de Salud  
Santiago

Dra. Raquel Child  
Asesora de la Ministra de Salud  
Ministerio de Salud  
Santiago

**CHILE (cont.)**

Alternates and Advisers – Suplentes y  
Asesores

Sra. Carolina Horta  
Segunda Secretaria, Representante Alterna  
de Chile ante la Organización de los  
Estados Americanos  
Washington, D.C.

**COLOMBIA**

Head of Delegation – Jefe de Delegación

Dr. Luis Fernando Correa Serna  
Viceministro de Salud Pública y Prestación  
de Servicios  
Ministerio de Salud y Protección Social  
Bogotá

Alternate Head of Delegation – Jefe Alterno de  
Delegación

Excmo. Sr. Andrés González Díaz  
Embajador, Representante Permanente de  
Colombia ante la Organización de los  
Estados Americanos  
Washington, D.C.

Delegates – Delegados

Sra. Carmen Inés Vásquez Camacho  
Ministra Plenipotenciaria, Representante  
Alterna de Colombia ante la Organización  
de los Estados Americanos  
Washington, D.C.

Sr. Jaime Matute Hernández  
Coordinador de Cooperación y Relaciones  
Internacionales  
Ministerio de Salud y Protección Social  
Bogotá

Alternates and Advisers – Suplentes y  
Asesores

Sra. Carolina Schlesinger Faccini  
Segunda Secretaria, Representante Alterna  
de Colombia ante la Organización de los  
Estados Americanos  
Washington, D.C.

**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

**COSTA RICA**

Head of Delegation – Jefe de Delegación

Dra. Karen Mayorga Quirós  
Ministra de Salud  
Ministerio de Salud  
San José

Alternate Head of Delegation – Jefe Alterno de Delegación

Sra. Linyi Baidal Sequeira  
Ministra Consejera, Representante Alternativa de Costa Rica ante la Organización de los Estados Americanos  
Washington, D.C.

Delegates – Delegados

Sr. Antonio Alarcón  
Ministro Consejero, Representante Alternativo de Costa Rica ante la Organización de los Estados Americanos  
Washington, D.C.

**CUBA**

Head of Delegation – Jefe de Delegación

Dra. Marcia Cobas Ruiz  
Viceministra de Salud  
Ministerio de Salud Pública  
La Habana

Alternate Head of Delegation – Jefe Alterno de Delegación

Excmo. Sr. José R. Cabañas Rodríguez  
Embajador Extraordinario y Plenipotenciario de la República de Cuba ante los Estados Unidos  
Washington, D.C.

Delegates – Delegados

Dra. Evelyn Martínez Cruz  
Jefa del Departamento de Organismos Internacionales  
Dirección de Relaciones Internacionales  
Ministerio de Salud Pública  
La Habana

**CUBA (cont.)**

Delegates – Delegados (cont.)

Sr. Luis Javier Baro Báez  
Primer Secretario  
Embajada de Cuba ante la Organización de las Naciones Unidas  
Ginebra, Suiza

Alternates and Advisers – Suplentes y Asesores

Sr. Alfonso Casanova Valdés  
Segundo Secretario  
Embajada de Cuba  
Washington, D.C.

**DOMINICA**

Head of Delegation – Jefe de Delegación

Her Excellency Loreen Bannis Roberts  
Ambassador, Permanent Representative of the Commonwealth of Dominica to the United Nations  
New York

Alternates and Advisers - Suplentes y Asesores

Ms. Judith-Anne Rolle  
First Secretary, Alternative Representative of Dominica to the Organization of American States  
Washington, D.C.

**DOMINICAN REPUBLIC/REPÚBLICA DOMINICANA**

Head of Delegation – Jefe de Delegación

Dra. Altagracia Guzmán Marcelino  
Ministra de Salud  
Ministerio de Salud Pública  
Santo Domingo

**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

**DOMINICAN REPUBLIC/REPÚBLICA  
DOMINICANA (cont.)**

Alternate Head of Delegation – Jefe Alterno de Delegación

Excmo. Gedeón Santos  
Embajador, Representante Permanente de la República Dominicana ante la Organización de los Estados Americanos Washington, D.C.

Delegates – Delegados

Licda. Dania Guzmán  
Directora de Planificación Institucional  
Ministerio de Salud Pública  
Santo Domingo

Sr. Flavio Holguín  
Ministro Consejero, Representante Alterno de la República Dominicana ante la Organización de los Estados Americanos Washington, D.C.

Alternates and Advisers - Suplentes y Asesores

Sr. Pedro Zaiter  
Encargado de Negocios, a.i., Representante Alterno de la República Dominicana ante la Organización de los Estados Americanos Washington, D.C.

Sra. Érika Álvarez Rodríguez  
Consejera, Representante Alterna de la República Dominicana ante la Organización de los Estados Americanos Washington, D.C.

**ECUADOR**

Head of Delegation – Jefe de Delegación

Dra. María Verónica Espinosa Serrano  
Ministra de Salud Pública  
Ministerio de Salud Pública  
Quito

**ECUADOR (cont.)**

Alternate Head of Delegation – Jefe Alterno de Delegación

Excmo. Sr. Marcelo Vázquez  
Embajador, Representante Alterno del Ecuador ante la Organización de los Estados Americanos Washington, D.C.

Delegates – Delegados

Mag. Cristina Luna Ribadeneira  
Asesora Despacho Ministerial  
Ministerio de Salud Pública  
Quito

Sr. Soc. Peter N. Skerrett Guanoluisa  
Analista de Cooperación y Relaciones Internacionales  
Ministerio de Salud Pública  
Quito

**EL SALVADOR**

Head of Delegation – Jefe de Delegación

Dra. Elvia Violeta Menjívar Escalante  
Ministra de Salud  
Ministerio de Salud  
San Salvador

Alternate Head of Delegation – Jefe Alterno de Delegación

Excmo. Carlos Calles Castillo  
Embajador, Representante Permanente de El Salvador ante la Organización de los Estados Americanos Washington, D.C.

Delegates – Delegados

Dr. José Eliseo Orellana  
Asesor del Despacho Ministerial  
Ministerio de Salud  
San Salvador

**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

**EL SALVADOR (cont.)**

Delegates – Delegados (cont.)

Srta. Wendy J. Acevedo  
Representante Alternativa de El Salvador ante la  
Organización de los Estados Americanos  
Washington, D.C.

**GRENADA/GRANADA**

Head of Delegation – Jefe de Delegación

Hon. Nickolas Steele  
Minister of Health and Social Security  
Ministry of Health and Social Security  
St. George's

Alternate Head of Delegation – Jefe Alternativo de  
Delegación

His Excellency Dr. E. Angus Friday  
Ambassador, Permanent Representative  
of Grenada to the Organization of the  
American States  
Washington, D.C.

Delegates – Delegados

Dr. George Mitchell  
Chief Medical Officer  
Ministry of Health and Social Security  
St. George's

**GUATEMALA**

Head of Delegation – Jefe de Delegación

Dr. Carlos E. Soto Menegazzo  
Ministro de Salud Pública y Asistencia Social  
Ministerio de Salud Pública  
y Asistencia Social  
Ciudad de Guatemala

Alternate Head of Delegation – Jefe Alternativo de  
Delegación

Excmo. Gabriel E. Aguilera Peralta  
Embajador, Representante Permanente de  
Guatemala ante la Organización de los  
Estados Americanos  
Washington, D.C.

**GUATEMALA (cont.)**

Delegates – Delegados

Sra. Libna E. Bonilla Alarcón  
Ministra Consejera, Representante Alternativa  
de Guatemala ante la Organización de los  
Estados Americanos  
Washington, D.C.

Sr. Mauricio R. Benard Estrada  
Tercer Secretario, Representante Alternativo  
de Guatemala ante la Organización de los  
Estados Americanos  
Washington, D.C.

**GUYANA**

Head of Delegation – Jefe de Delegación

Hon. Ms. Volda Lawrence  
Minister of Public Health  
Ministry of Public Health  
Georgetown

Alternate Head of Delegation – Jefe Alternativo de  
Delegación

Dr. Karen Gordon-Boyle  
Deputy Chief Medical Officer  
Ministry of Public Health  
Georgetown

Delegates – Delegados

Mr. Jason Fields  
First Secretary, Alternate Representative  
of Guyana to the Organization of  
American States  
Washington, D.C.

**HAITI/HAÏTÍ**

Head of Delegation – Jefe de Delegación

Dr. Marie Greta Roy Clément  
Ministre de la Santé publique  
et de la Population  
Ministère de la Santé publique  
et de la Population  
Port-au-Prince

**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

**HAITI/HAÏTÍ (cont.)**

Alternate Head of Delegation – Jefe Alterno de Delegación

Ambassadeur Léon Charles  
Représentant Permanent, a.i.  
Mission Permanente de la République  
d'Haïti auprès de l'OEA  
Washington, D.C.

Delegates – Delegados

Dr Dernst Eddy Jean Baptiste  
Directeur de Cabinet  
Ministère de la Santé Publique et de la  
Population  
Port-au-Prince

Dr Jean Patrick Alfred  
Directeur de l'Unité de Planification  
Ministère de la Santé Publique et de la  
Population  
Port-au-Prince

Alternates and Advisers – Suplentes y Asesores

Dr Johnny Calonges  
Directeur de l'Unité de Contractualisation  
Ministère de la Santé Publique et de la  
Population  
Port-au-Prince

Dr Pavel Desrosiers  
Conseiller Technique à la Direction Générale  
Ministère de la Santé Publique et de la  
Population  
Port-au-Prince

Madame Claudine Lebrun Veillard  
Première Secrétaire  
Mission Permanente de la République  
d'Haïti auprès de l'OEA  
Washington, D.C.

**HONDURAS**

Head of Delegation – Jefe de Delegación

Dra. Delia Rivas Lobo  
Secretaria de Estado en el Despacho  
de Salud  
Secretaría de Salud  
Tegucigalpa

Alternate Head of Delegation – Jefe Alterno de Delegación

Excmo. Leonidas Rosa-Bautista  
Embajador, Representante Permanente de  
Honduras ante la Organización de los  
Estados Americanos  
Washington, D.C.

Delegates – Delegados

Dra. Janethe Aguilar Montano  
Directora de la Unidad de Planeamiento  
y Evaluación de la Gestión  
Secretaría de Salud  
Tegucigalpa

Sr. Luis Cordero  
Ministro, Representante Alterno de  
Honduras ante la Organización de los  
Estados Americanos  
Washington, D.C.

**JAMAICA**

Head of Delegation – Jefe de Delegación

Hon. Christopher Tufton  
Minister of Health  
Ministry of Health  
Kingston

Alternate Head of Delegation – Jefe Alterno de Delegación

Her Excellency Audrey Marks  
Ambassador, Permanent Representative of  
Jamaica to the Organization of American  
States  
Washington, D.C.

**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

**JAMAICA (cont.)**

Delegates – Delegados

Mrs. Sancia Bennett Templer  
Permanent Secretary  
Ministry of Health  
Kingston

Dr. Winston De La Haye  
Chief Medical Officer  
Ministry of Health  
Kingston

Alternates and Advisers – Suplentes y  
Asesores

Ms. Ava-Gay Timberlake  
Director of International Cooperation  
Ministry of Health  
Kingston

Ms. Denese McFarlane  
Health Specialist  
Planning Institute of Jamaica  
Kingston

Mrs. Marsha Coore-Lobban  
Deputy Chief of Mission  
Embassy of Jamaica  
Washington, D.C.

Mr. Deon Williams  
Minister, Alternate Representative of  
Jamaica to the Organization of American  
States  
Washington, D.C.

**MEXICO/MÉXICO**

Head of Delegation – Jefe de Delegación

Licda. Hilda Dávila Chávez  
Directora de Relaciones Internacionales  
Secretaría de Salud  
México, D.F.

Alternate Head of Delegation – Jefe Alterno de  
Delegación

Licda. Martha Leticia Caballero Abraham  
Directora de Cooperación Bilateral y  
Regional  
Secretaría de Salud  
México, D.F.

**MEXICO/MÉXICO (cont.)**

Delegates – Delegados

Dra. Gudelia Rangel  
Comisión de Salud Fronteriza México-  
Estados Unidos  
México, D.F.

Licdo. Jesús Schucry Giacoman Zapata  
Consejero, Representante Alterno de  
México ante la Organización de los  
Estados Americanos  
Washington, D.C.

**NICARAGUA**

Head of Delegation – Jefe de Delegación

Dr. Carlos José Sáenz Torres  
Secretario General  
Ministerio de Salud  
Managua

Alternate Head of Delegation – Jefe Alterno de  
Delegación

Licdo. Luis E. Alvarado Ramirez  
Ministro Consejero, Representante Alterno  
de Nicaragua ante la Organización de los  
Estados Americanos  
Washington, D.C.

**PANAMA/PANAMÁ**

Head of Delegation – Jefe de Delegación

Dr. Miguel Mayo Di Bello  
Ministro de Salud  
Ministerio de Salud  
Ciudad de Panamá

Alternate Head of Delegation – Jefe Alterno de  
Delegación

Excmo. Sr. Jesús Sierra Victoria  
Embajador, Representante Permanente de  
Panamá ante la Organización de los  
Estados Americanos  
Washington, D.C.

**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

**PANAMA/PANAMÁ (cont.)**

Delegates – Delegados

Licda. Natasha Dormoi  
Directora de Asuntos Internacionales y  
Cooperación Técnica  
Ministerio de Salud  
Ciudad de Panamá

Dra. Itza Barahona de Mosca  
Directora General de Salud  
Ministerio de Salud  
Ciudad de Panamá

Alternates and Advisers – Suplentes y  
Asesores

Dra. Reina Gisela Roa  
Directora Nacional de Planificación  
Ministerio de Salud  
Ciudad de Panamá

Dr. Julio García Vallarín  
Subdirector General de la Caja  
del Seguro Social  
Ministerio de Salud  
Ciudad de Panamá

Sr. Demetrio Fong Vigil  
Consejero, Representante Alterno de  
Panamá ante la Organización de los  
Estados Americanos  
Washington, D.C.

**PARAGUAY**

Head of Delegation – Jefe de Delegación

Dr. Antonio Carlos Barrios Fernández  
Ministro de Salud Pública y  
Bienestar Social  
Ministerio de Salud Pública y  
Bienestar Social  
Asunción

Alternate Head of Delegation – Jefe Alterno de  
Delegación

Excma. Sra. Elisa Ruíz Díaz Bareiro  
Embajadora, Representante Permanente de  
Paraguay ante la Organización de los  
Estados Americanos  
Washington, D.C.

**PARAGUAY (cont.)**

Delegates – Delegados

Dra. Rocío Fernández de Britez  
Directora General de Asesoría Jurídica  
Ministerio de Salud Pública y  
Bienestar Social  
Asunción

Dra. Águeda Cabello  
Directora General de Vigilancia de la Salud  
Ministerio de Salud Pública y  
Bienestar Social  
Asunción

Alternates and Advisers – Suplentes y  
Asesores

Lic. Rubén Darío Barrios Velásquez  
Director Financiero  
Dirección General de Administración  
y Finanzas  
Asunción

Sr. Ricardo Fabián Chávez Galeano  
Abogado, Misión Permanente del Paraguay  
ante la Organización de los Estados  
Americanos  
Washington, D.C.

**PERU/PERÚ**

Head of Delegation – Jefe de Delegación

Excma. Ana Rosa Valdivieso Santa María  
Embajadora, Representante Permanente de  
Perú ante la Organización de los  
Estados Americanos  
Washington, D.C.

Alternate Head of Delegation – Jefe Alterno de  
Delegación

Lic. Rocío Cathia Casildo Canedo  
Directora General de Cooperación Técnica  
Ministerio de Salud  
Lima

**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

**PERU/PERÚ (cont.)**

Delegates – Delegado

Sr. José Luis Gonzáles  
Ministro, Representante Alterno  
de Perú ante la Organización de los  
Estados Americanos  
Washington, D.C.

Sr. José Marcos Rodríguez  
Consejero, Representante Alterno  
de Perú ante la Organización de los  
Estados Americanos  
Washington, D.C.

**SAINT LUCIA/SANTA LUCÍA**

Head of Delegation – Jefe de Delegación

Senator Honourable Mary Issac  
Minister for Health and Wellness  
Ministry of Health and Wellness  
Waterfront, Castries

Alternate Head of Delegation – Jefe Alterno de  
Delegación

Dr. Merlene Fredericks  
Chief Medical Officer  
Ministry of Health and Wellness  
Waterfront, Castries

**SAINT KITTS AND NEVIS/SAINT KITTS  
Y NEVIS**

Head of Delegation – Jefe de Delegación

Dr. Hazel Oreta Laws  
Chief Medical Officer  
Ministry of Health  
Basseterre

Alternate Head of Delegation – Jefe Alterno de  
Delegación

Her Excellency Dr. Thelma Phillip-Browne  
Ambassador  
Embassy of St. Kitts & Nevis  
Washington, D.C.

**SAINT VINCENT AND THE GRENADINES/  
SAN VICENTE Y LAS GRANADINAS**

Head of Delegation – Jefe de Delegación

Honorable Robert T.L.V Browne  
Minister of Health, Wellness and the  
Environment  
Ministry of Health, Wellness and the  
Environment  
Kingstown

**SURINAME**

Head of Delegation – Jefe de Delegación

Hon. Patrick V. Pengel  
Minister of Health  
Ministry of Health  
Paramaribo

Alternate Head of Delegation – Jefe Alterno de  
Delegación

Mrs. Edith J. Tilon  
Deputy Director of Health  
Ministry of Health  
Paramaribo

Delegates – Delegados

Mrs. Ludmilla H. Williams  
UN Focal Point  
Ministry of Health

Mrs. Jhanjan A. Roshnie  
CARICOM Focal Point  
Ministry of Health  
Paramaribo

**TRINIDAD AND TOBAGO/TRINIDAD Y  
TABAGO**

Head of Delegation – Jefe de Delegación

His Excellency Brigadier General  
(Ret'd.) Anthony W. J. Phillips-Spencer  
Ambassador, Permanent Representative  
of the Republic of Trinidad and Tobago to  
the Organization of American States  
Washington, D.C.

**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

**TRINIDAD AND TOBAGO/TRINIDAD Y TABAGO (cont.)**

Alternate Head of Delegation – Jefe Alterno de Delegación

Dr. Karen Sealey  
Executive Technical Advisor  
Ministry of Health  
Port-of-Spain

**UNITED STATES OF AMERICA/ESTADOS UNIDOS DE AMÉRICA**

Head of Delegation – Jefe de Delegación

Honorable Dr. Tom Price  
Secretary of Health and Human Services  
Department of Health and Human Services  
Washington, D.C.

Alternate Head of Delegation – Jefe Alterno de Delegación

Dr. Mitchell Wolfe  
Deputy Assistant Secretary  
Office of Global Affairs  
Department of Health and Human Services  
Washington, D.C.

Delegates – Delegados

Dr. Nerissa Cook  
Deputy Assistant Secretary of State  
Bureau of International Organization Affairs  
Department of State  
Washington, D.C.

Ms. Tracy Carson  
Health Attaché  
U.S. Mission of the United Nations and  
Other International Organizations  
Department of State  
Geneva

**UNITED STATES OF AMERICA/ESTADOS UNIDOS DE AMÉRICA (cont.)**

Alternates and Advisers – Suplentes y Asesores

Ms. Melissa Kopolow McCall  
Health Advisor  
Office of Economic and Development Affairs  
Bureau of International Organization Affairs  
Department of State  
Washington, D.C.

Mr. Keagan Lenihan  
Senior Counselor  
Department of Health and Human Services  
Washington, D.C.

Mr. Peter Schmeissner  
Director, Multilateral Affairs  
Office of Global Affairs  
Department of Health and Human Services  
Washington, D.C.

Ms. Maggie Wynne  
Counselor to the Secretary  
Immediate Office of the Secretary  
Director, Multilateral Affairs  
Department of Health and Human Services  
Washington, D.C.

Ms. Ann Danelski  
Global Health Officer  
Office of Global Affairs  
Department of Health and Human Services  
Washington, D.C.

Mr. Jose Fernandez  
Global Health Security Agenda Team Lead  
Office of Global Affairs  
Department of Health and Human Services  
Washington, D.C.

Ms. Adriana Gonzalez  
Office of Management, Policy, and Resources  
Bureau of International Organization Affairs  
Department of State  
Washington, D.C.

**MEMBER STATES/ESTADOS MIEMBROS (cont.)**

**UNITED STATES OF AMERICA/ESTADOS UNIDOS DE AMÉRICA (cont.)**

Alternates and Advisers – Suplentes y Asesores (cont.)

Ms. Jenifer Healy  
Chief of Staff  
Office of Global Affairs  
Department of Health and Human Services  
Washington, D.C.

Ms. Gabrielle Lamourelle  
Deputy Director, Multilateral Relations  
Office of Global Affairs  
Department of Health and Human Services  
Washington, D.C.

Ms. Maya Levine  
Senior Global Health Officer  
Office of Global Affairs  
Department of Health and Human Services  
Washington, D.C.

Ms. Allison O'Donnell  
Global Health Officer  
Americas Region  
Office of Global Affairs  
Department of Health and Human Services  
Washington, D.C.

Ms. Tammy Pomerleau  
Management Analyst  
Office of Management, Policy, and Resources  
Bureau of International Organization Affairs  
Department of State  
Washington, D.C.

Ms. Katie Qutub  
Senior Health System Strengthening Advisor  
Bureau for Latin America and the Caribbean  
Agency for International Development  
Washington, D.C.

Ms. Cristina Rabadan-Diehl  
Director  
Office of the Americas  
Office of Global Affairs  
Department of Health and Human Services  
Washington

**UNITED STATES OF AMERICA/ESTADOS UNIDOS DE AMÉRICA (cont.)**

Alternates and Advisers – Suplentes y Asesores (cont.)

Mr. John Stowell  
Health Advisor  
Office of Economic and Development Assistance  
U.S. Department of State  
Washington, D.C.

Ms. Rachel Wood  
Global Health Officer  
Multilateral Affairs Office  
Office of Global Affairs  
Department of Health and Human Services  
Washington, D.C.

**URUGUAY**

Head of Delegation – Jefe de Delegación

Dr. Jorge Otto Basso Garrido  
Ministro de Salud Pública  
Ministerio de Salud Pública  
Montevideo

Alternate Head of Delegation – Jefe Alterno de Delegación

Excmo. Sr. Hugo Cayrús  
Embajador, Representante Permanente del Uruguay ante la Organización de los Estados Americanos  
Washington, D.C.

Delegates – Delegados

Sra. Paula Rolando  
Consejera, Representante Alterna del Uruguay ante la Organización de los Estados Americanos  
Washington, D.C.

**MEMBER STATES/ESTADOS MIEMBROS** *(cont.)*

**VENEZUELA (BOLIVARIAN REPUBLIC OF/  
REPÚBLICA BOLIVARIANA DE)**

Head of Delegation – Jefe de Delegación

Dr. Maiqui Micheli Flores Meneses  
Viceministro de Salud Integral  
Poder Popular para la Salud  
Caracas

Alternate Head of Delegation – Jefe Alterno de Delegación

Excma. Sra. Carmen Velásquez de Visbal  
Embajadora, Encargada de Negocios, a.i.  
de la República Bolivariana de Venezuela  
ante la Organización de los Estados  
Americanos  
Washington, D.C.

Delegates – Delegados

Sra. Asbina Marín  
Primera Secretaria, Representante Alternata  
de la República Bolivariana de Venezuela  
ante la Organización de los Estados  
Americanos  
Washington, D.C.

**VENEZUELA (BOLIVARIAN REPUBLIC OF/  
REPÚBLICA BOLIVARIANA DE)** *(cont.)*

Delegates – Delegados *(cont.)*

Sra. Sara Lambertini  
Primera Secretaria, Representante Alternata  
de la República Bolivariana de Venezuela  
Ante la Organización de los Estados  
Americanos  
Washington, D.C.

Alternates and Advisers – Suplentes y Asesores

Sra. Gabriela Torrealba  
Personal de Apoyo  
Misión Permanente de la República  
Bolivariana de Venezuela ante la  
Organización de los Estados Americanos  
Washington, D.C.

Sra. Rocío Figueroa García  
Segunda Secretaria, Representante Alternata  
de la República Bolivariana de Venezuela  
ante la Organización de los Estados  
Americanos  
Washington, D.C.

**PARTICIPATING STATES/ESTADOS PARTICIPANTES**

**FRANCE/FRANCIA**

Head of Delegation – Jefe de Delegación

Mr. Michel Pinard  
Ambassador, Permanent Representative of  
France to the Organization of American  
States  
Washington, D.C.

Alternate Head of Delegation – Jefe Alterno de Delegación

Mr. Pierre Pedico  
Alternate Observer of France to the  
Organization of American States  
Washington, D.C.

**FRANCE/FRANCIA** *(cont.)*

Delegates - Delegados

Mrs. Ondine Tavernier  
Policy Officer  
French Mission to the Organization of  
American States  
Washington, D.C.

Mrs. Céline Jaeggy  
Counselor in social affairs  
Embassy of France  
Washington, D.C.

**PARTICIPATING STATES/ESTADOS PARTICIPANTES (cont.)**

**FRANCE/FRANCIA (cont.)**

Alternates and Advisers – Suplentes y  
Asesores

Mr. Michael Garnier-Lavalley  
Counselor in social affairs  
Embassy of France  
Washington, D.C.

**NETHERLANDS/PAÍSES BAJOS**

Head of Delegation – Jefe de Delegación

Dr. Regine Aalders  
Counselor  
Ministry of Health, Welfare and Sport  
Embassy of the Kingdom of the Netherlands  
Washington

Alternate Head of Delegation – Jefe Alterno de  
Delegación

Ms. Eline Huisman  
Ministry of Health, Welfare and Sport  
Embassy of the Kingdom of the Netherlands  
Washington

Delegates - Delegados

Mr. Roland A. Driece  
Deputy Director  
International Affairs  
Ministry of Health, Welfare and Sport  
Embassy of the Kingdom of the Netherlands  
Washington

**UNITED KINGDOM/REINO UNIDO**

Head of Delegation – Jefe de Delegación

Mrs. Alison Raw  
Lead for Overseas Territories and Devolved  
Administrators  
Department of Health  
United Kingdom

Alternate Head of Delegation – Jefe Alterno de  
Delegación

Mrs. Catherine Houlsby  
Lead, of Global Health and International  
Business  
Department of Health  
United Kingdom

Delegates - Delegados

Mrs. Nueteki Akuetteh  
Senior Policy Adviser  
Global and Economic Policy Group  
British Embassy  
Washington D.C.

**ASSOCIATE MEMBERS/MIEMBROS ASOCIADOS**

**ARUBA**

**CURAÇAO**

Head of Delegation – Jefe de Delegación

Honorable Suzanne Camellia-Römer  
Minister of Health and the Environment  
Ministry of Health and the Environment  
Willemstad

Alternate Head of Delegation – Jefe Alterno de Delegación

Mrs. Aimée Fransisco-Kleinmoedig  
Chief of Staff  
Ministry of Health and the Environment  
Willemstad

**CURAÇAO (cont.)**

Delegates - Delegados

Mrs. Jeanine Constansia-Kook  
Policy Director  
Ministry of Health and the Environment  
Willemstad

**PUERTO RICO**

**SINT MAARTEN/SAN MARTÍN**

**OBSERVER STATES/ESTADOS OBSERVADORES**

**PORTUGAL**

Ms. Mariana Faisca  
Counselor to the Deputy Chief of Mission  
Embassy of Portugal  
Washington, D.C.

**SPAIN/ESPAÑA**

Excmo. Sr. D. Cristóbal Valdés  
Embajador, Observador Permanente de España ante la Organización de los Estados Americanos  
Washington, D.C.

**SPAIN/ESPAÑA (cont.)**

Sr. D. Jorge Cabezas  
Observador Permanente Adjunto de España ante la Organización de los Estados Americanos  
Washington, D.C.

Sr. D. Ignacio Lázaro  
Colaborador  
Misión Observadora Permanente de España ante la Organización de los Estados Americanos  
Washington, D.C.

**REPRESENTATIVES OF THE EXECUTIVE COMMITTEE/  
REPRESENTANTES DEL COMITÉ EJECUTIVO**

Dr. Rubén A. Nieto  
Secretario de Relaciones Nacionales e Internacionales  
Ministerio de Salud de la Nación  
Buenos Aires

Dr. Karen Sealey  
Executive Technical Advisor  
Ministry of Health  
Port-of-Spain

**AWARD WINNERS/  
GANADORES DE LOS PREMIOS**

**PAHO Award for Health Services  
Management and Leadership 2017/  
Premio OPS a la Gestión y al Liderazgo en  
los Servicios de Salud 2017**

Dra. Stella Bolaños Varela  
Costa Rica

**UNITED NATIONS AND SPECIALIZED AGENCIES/  
NACIONES UNIDAS Y AGENCIAS ESPECIALIZADAS**

**Caribbean Community/  
Comunidad del Caribe**

Dr. Douglas Slater  
Dr. Rudolph Cummings

**Caribbean Public Health Agency/ Agencia  
de Salud Pública del Caribe**

Dr. James Hospedales  
Dr. Virginia Asin-Oostburg

**Economic Commission for Latin America  
and the Caribbean/Comisión Económica  
para América Latina y el Caribe**

Sra. Inés Bustillo  
Sra. Helvia Velloso

**United Nations Environment Programme/  
Programa de las Naciones Unidas para el  
Medio Ambiente**

Ms. Laura Fuller

**REPRESENTATIVES OF INTERGOVERNMENTAL ORGANIZATIONS/  
REPRESENTANTES DE ORGANIZACIONES INTERGUBERNAMENTALES**

**Amazon Cooperation Treaty  
Organization/Organización del Tratado de  
Cooperación Amazónica**

Dr. Luis Francisco Sanchez Otero

**Council of Health Ministers of Central  
America and the Dominican Republic/  
Consejo de Ministros de Salud de  
Centroamérica y República Dominicana**

Dr. Alejandro Solís Martínez

**Hipólito Unanue Agreement/  
Convenio Hipólito Unanue**

Dra. Nila Heredia Miranda  
Dr. Jorge Jemio  
Sra. Gloria Lagos

**Inter-American Institute for Cooperation on  
Agriculture/Instituto Interamericano de  
Cooperación para la Agricultura**

Sr. Horrys Friaça

**Institute of Nutrition of Central America and  
Panama/Instituto de Nutrición de Centro  
América y Panamá**

Sra. Carolina Siu Bermúdez  
Dra. Ana Victoria Román

**Japan International Cooperation  
Agency/Agencia de Cooperación  
Internacional del Japón**

Mr. Yosuke Kobayashi

**REPRESENTATIVES OF INTERGOVERNMENTAL ORGANIZATIONS/  
REPRESENTANTES DE ORGANIZACIONES INTERGUBERNAMENTALES (cont.)**

**Organization of Eastern Caribbean States/  
Organización de Estados del Caribe  
Oriental**

Dr. Carlene Radix

**Proyecto de Integración y Desarrollo de  
Mesoamérica/ Mesoamerica Integration and  
Development Project**

Dra. Lidia Fromm Cea

**Organization of American  
States/Organización de los Estados  
Americanos**

Sr. Mauricio Rands

**South American Institute of Government in  
Health/Instituto Suramericano de Gobierno  
en Salud**

Dra. Carina Vance Mafla

**REPRESENTATIVES OF NON-STATES ACTORS IN OFFICIAL RELATIONS WITH  
PAHO / REPRESENTANTES DE ACTORES NO ESTATALES EN RELACIONES  
OFICIALES CON LA OPS**

**American Speech-Language-Hearing  
Association/Asociación Americana del  
Habla, Lenguaje y Audición**

Mrs. Lily Waterston

**Latin American Federation of the  
Pharmaceutical Industry/  
Federación Latinoamericana de la Industria  
Farmacéutica**

Sr. Luis Villalba  
Sr. Juan Carlos Trujillo de Hart  
Mr. Herlys Gianelli  
Mr. Antonio Arce  
Mr. Carl Meacham  
Mr. Ariosto Matus Pérez

**American Public Health Association/  
Asociación Americana de Salud Pública**

Ms. Vina HuLamm

**Inter-American Heart Foundation/  
Fundación Interamericana del Corazón**

Dr. Beatriz Champagne

**Latin American Society of Nephrology and  
Hypertension/Sociedad Latinoamericana de  
Nefrología e Hipertensión**

Dr. Alberto Alles  
Dr. Alfonso Cueto-Manzano

**Inter-American Association of Sanitary  
and Environmental Engineering/  
Asociación Interamericana de Ingeniería  
Sanitaria y Ambiental**

Sra. Pilar Tello Espinoza

**Mundo Sano**

Ms. Amber Cashwell

**Latin American Association of  
Pharmaceutical Industries/Asociación  
Latinoamericana de Industrias  
Farmacéuticas**

Dr. Rubén Abete

**REPRESENTATIVES OF NON-STATES ACTORS IN OFFICIAL RELATIONS WITH PAHO / REPRESENTANTES DE ACTORES NO ESTATALES EN RELACIONES OFICIALES CON LA OPS (cont.)**

**National Alliance for Hispanic Health/  
Alianza Nacional para la Salud Hispana**

Ms. Marcela Gaitán

**Sabin Vaccine Institute /Instituto de Vacunas Sabin**

Mr. Brian Davis  
Ms. Ana Carvalho  
Ms. Tara Hayward  
Ms. Carly Gasca  
Ms. Sarah Kester  
Ms. Cathy Smith  
Ms. Chidi Obasi  
Ms. Dana Silver

**REPRESENTATIVES OF NON-STATES ACTORS IN OFFICIAL RELATIONS WITH WHO / REPRESENTANTES DE ACTORES NO ESTATALES EN RELACIONES OFICIALES CON LA OMS**

**American Heart Association/Asociación Americana del Corazón**

Ms. Diana Vaca McGhie

**International Federation of Medical Students' Associations/Federación Internacional de Asociaciones de Estudiantes de Medicina**

Mr. Frank Rodríguez Yépez  
Mr. Iván Canaval Díaz  
Ms. Marian Antonieta Flores Salinas  
Ms. Michelle Houde  
Mr. Juan Camilo Londoño  
Mr. Andres Quinteros Leyra

**Bill and Melinda Gates Foundation/  
Fundación Bill y Melinda Gates**

Ms. Sandra Fried

**Framework Convention Alliance for Tobacco Control/Alianza para el Convenio Marco para el Control del Tabaco**

Mr. Laurent Huber  
Ms. Patricia Sosa

**International Federation of Pharmaceutical Manufacturers Associations/Federación Internacional de la Industria del Medicamento**

Ms. Shira Kilcoyne  
Ms. Kathleen Laya  
Ms. Alejandra Martínez

**Global Fund to Fight AIDS, Tuberculosis and Malaria/ Fondo mundial para la lucha contra el VIH/SIDA, la tuberculosis y la malaria**

Ms. Annelise Hirschmann  
Ms. Lilian Pedrosa

**Knowledge Ecology International**

Ms. Claire Cassidy  
Mr. Andrew Goldman

**Union for International Cancer Control**

Mr. Paul Holmes

**SPECIAL GUESTS/  
INVITADOS ESPECIALES**

Sir Amyas Morse  
Comptroller and Auditor General of the  
United Kingdom  
National Audit Office  
London

Mr. Simon Irwin  
Audit Manager  
National Audit Office  
London

Mr. Ahn H-Young  
Ambassador  
Embassy of the Republic of Korea

Mr. Minsoo Park  
Minister-Counselor for Health & Welfare  
Embassy of the Republic of Korea

Sra. Samuel Samuel  
Coordinadora Nacional de Organizaciones  
negras panameñas (CONEGPA)  
Panamá

Sra. Dali Ángel  
Coordinadora de la Unidad de Juventud  
Indígena del Fondo para el Desarrollo de  
los Pueblos Indígenas de América Latina y  
el Caribe (FILAC)  
México

Sra. Ariadyne Acunha  
Asociación Internacional Mayle Sara Kali  
Brasil

**WORLD HEALTH ORGANIZATION/  
ORGANIZACIÓN MUNDIAL DE LA SALUD**

Dr. Tedros Ghebreyesus  
Director-General

Dr. Senait Fisseha  
Senior Advisor to the Director General

Dr. Peter Salama  
Executive Director, HEO

Dr. Carmen Dolea  
Technical Officer, IHR Global Functions

Mr. Nicholas Jeffreys  
Comptroller and Director, FNM

Mr. Werner Obermeyer  
Deputy Executive Director  
United Nations Office  
New York

Ms. Jessica Clark  
Meetings and Events Coordinator  
United Nations Office  
New York

**PAN AMERICAN HEALTH ORGANIZATION/  
ORGANIZACIÓN PANAMERICANA DE LA SALUD**

**Director and Secretary ex officio of the  
Conference/Directora y Secretaria ex officio  
de la Conferencia**

Dr. Carissa F. Etienne

**Advisors to the Director  
Asesores de la Directora**

Dr. Isabella Danel  
Deputy Director  
Directora Adjunta

Dr. Francisco Becerra Posada  
Assistant Director  
Subdirector

**Advisors to the Director (cont.)  
Asesores de la Directora (cont.)**

Mr. Gerald Anderson  
Director of Administration  
Director de Administración

Dr. Heidi Jiménez  
Legal Counsel, Office of the Legal Counsel  
Asesora Jurídica, Oficina del Asesor  
Jurídico

Ms. Piedad Huerta  
Senior Advisor, Governing Bodies Office  
Asesora Principal, Oficina de los Cuerpos  
Directivos

- - -

---