RESOLUTION

CD52.R11

SOCIAL PROTECTION IN HEALTH

THE 52nd DIRECTING COUNCIL,

Having reviewed the concept paper Social Protection in Health (Document CD52/5);

Considering Resolution CSP26.R19 (2002), which supports the extension of social protection as a line of work in PAHO’s technical cooperation activities;

Taking into account that the United Nations General Assembly, at its 67th session, recognized that improving social protection towards universal coverage is an investment in people that empowers them to adjust to changes in the economy and the labor market;

Aware of the framework of the Inter-American Social Protection Network (IASPN) committed to by leaders and heads of state at the Fifth Summit of the Americas to alleviate poverty and reduce inequality by sharing social protection good practices and facilitating technical assistance cooperation, and of the Joint Summit Working Group, of which PAHO is a member, and which supports the implementation of the IASPN, as well as of the United Nations Social Protection Floor Initiative adopted in 2009 by the United Nations Chief Executives Board, and Recommendation 202 on Social Protection Floors adopted by the International Labour Organization in 2012;
Recognizing that the countries of the Region have made significant progress in reforming their health systems (despite the persistence of major challenges, such as continuing to improve the quality of health services for all) and in addressing segmentation and fragmentation that creates inequity;

Aware of the need to continue to develop policies and programs focused on the construction of more integrated, equitable, and solidarity-based health systems that support the right to the enjoyment of the highest attainable standard of health;

Considering that, from a strategic standpoint, social protection in health is implemented through primary health care, based on its three core values, namely equity, solidarity, and the right to the enjoyment of the highest attainable standard of health, and in accordance with its principles,

RESOLVES:

1. To take note of the concept paper Social Protection in Health.

2. To urge the Member States, as appropriate within their particular contexts, to:

   (a) recognize the need for strengthening health initiatives and social protection to reduce the impact of poverty on health outcomes in the Region;

   (b) incorporate, as appropriate, the concept of social protection in health as a cornerstone of health system governance and reform processes, including the creation or strengthening of institutions responsible for advancing social protection in health;

   (c) establish legal frameworks, as appropriate, that set out measures related to social protection in health, in the framework of the right to the enjoyment of the highest attainable standard of health, and of solidarity and equity, as elements to reduce poverty in the Region;

   (d) strengthen the health components of social protection programs (especially focusing on primary health care and social determinants of health), including conditional cash transfers, comprehensive health benefit plans, and other social programs, as appropriate;

   (e) promote social participation, intersectoral work, and awareness of the rights and duties associated with the individual, the family, and the community, both in society as a whole and among all workers in the health system;
(f) utilize established mechanisms, such as the Inter-American Social Protection Network and other subregional and regional initiatives, to share good practices in health-related antipoverty programs implemented by governments and institutions throughout the Region;

(g) establish financial sustainability mechanisms, as appropriate, to finance the system for social protection in health;

(h) develop and strengthen, as appropriate, national and sub-national capacities for data generation for informed decision-making in order to implement and strengthen the system for social protection in health.

3. To request the Director to:

(a) strengthen technical cooperation for social protection in health as a priority work area on the path toward universal coverage;

(b) promote the systematic production of information and evidence on the gaps and progress in social protection in health observed in the countries of the Region, including evidence and best practice around conditional cash transfers;

(c) disseminate and promote good practices for social protection in health and also promote the communication and linkage of progress made in the Region in social protection with discussions in the World Health Organization on universal health coverage, leveraging existing mechanisms;

(d) strengthen inter-institutional efforts in relation to social protection;

(e) develop a strategy based on this concept paper that sets a course for addressing social protection in health in the Region, which recognizes the particular contexts of Member States in the Region, taking into account that there are many ways to achieve social protection in health.

(Eighth meeting, 3 October 2013)