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RESOLUTIONS AND OTHER ACTIONS OF INTERGOVERNMENTAL ORGANIZATIONS OF INTEREST TO PAHO

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* Original in English: section A. Original in Spanish: section B.

A. SEVENTY-FIRST WORLD HEALTH ASSEMBLY

1. The Seventy-first World Health Assembly of the World Health Organization (WHO) was held 21-26 May 2018 in Geneva, Switzerland, and attended by representatives and delegates of 191 Member States. The President of the Assembly was Zimbabwe, represented by Dr. Pagwesese David Parirenyatwa. Five countries served as vice-presidents: Djibouti, Dominican Republic, Kazakhstan, Maldives, and the Philippines, in representation of their respective regions.

2. The Dominican Republic, represented by Dr. Rafael Sánchez Cárdenas, Minister of Public Health, served as Vice President of the Assembly, representing the Region of the Americas, and in that capacity had the opportunity to lead the plenary session of the Assembly on several occasions. Ecuador served as Vice President of Committee A and El Salvador as Rapporteur of Committee B. The Americas was represented at the General Committee by Argentina, Barbados, Cuba, and the United States of America, as well as Dominican Republic in its role as Vice President of the Assembly; and in the Committee of Credentials by El Salvador and Jamaica.

3. In his opening remarks, Dr. Tedros Adhanom Ghebreyesus, Director-General of WHO, praised those that dedicated their lives in *pro* of the health of all and dedicated his speech to Dr. Carlo Urbani, the first to identify severe acute respiratory syndrome. The Director-General spoke of the responsibility that falls upon WHO and expressed his pride in the swift response regarding the most recent Ebola outbreak in the Democratic Republic of the Congo, noting that at this time the Organisation was in a much better place to deal with an outbreak than in 2014. Dr. Tedros enumerated several initiatives aimed at strengthening health systems in which WHO is involved, including: the High-Level Commission on Noncommunicable Diseases, the initiative on climate change and health in small island developing States, the Stop TB Partnership, an aggressive new initiative to jumpstart progress in the fight against malaria, a call to action to eliminate cervical cancer, and a new initiative to eliminate trans-fats from the global food supply by 2023, among others.

4. The Director-General addressed what he believed were the keys to success in order to deliver an impact in countries and make a measurable difference in the lives of the people served by WHO. One such key was the need for a stronger, transformed WHO, with the following as its foundation: *a*) the General Programme of Work (GPW); *b*) a transformation plan to make WHO more efficient and effective; *c*) a strong senior leadership team from all over the world; and *d*) the development of a new investment case that describes what a fully-funded WHO could achieve. In order to execute the GPW, the Director-General urged all countries to support WHO with high-quality, flexible funds, which some countries had already started doing.

5. Dr. Tedros spoke of the importance of political commitment, addressing his priority of engaging with leaders all over the world to advocate for political action on health, particularly on universal health coverage. Taking into account every country's unique

journey toward universal health coverage, Dr. Tedros believed the key was “primary care that delivers the services that people say they need, rather than the services someone else decides they should have” (1) The Director-General believed the upcoming Global Conference on Primary Healthcare in Kazakhstan in October would be a vital step and a second chance to deliver on the promise and commitment of Alma-Ata in 1978, which had failed to deliver thus far as a result of a lack of political commitment. The Director-General expressed that partnerships must be even deeper and stronger and noted the myriad other organizations from around the world with the same vision as WHO, which possess additional knowledge, skills, resources, and networks.

6. Dr. Tedros closed by noting the stories of triumph and hope encountered in his first year as Director-General, expressing that each experience is a reminder that targets, plans, strategies, guidelines, and meetings are not the foundation of WHO. Rather, the reason the Organisation exists is people: “to promote health, keep the world safe, and serve the vulnerable” (1).

7. The President of Rwanda, Paul Kagame, was a special guest at the opening session of the Assembly. In his keynote address, President Kagame emphasized that universal health coverage is the world’s priority and that strong political leadership would be necessary at every stage, and stressed the need to be reminded of the transformational nature of universal health coverage.

8. President Kagame continued his speech by signaling the reasons to strive for universal health coverage and highlighted: *a)* the affordability for countries at all income levels, as shown by examples throughout Africa; *b)* the early emphasis on primary healthcare as an effective strategy for rebuilding trust between citizens and government; and *c)* the forward-looking and entrepreneurship that is inspired by universal health coverage, allowing people to think of their future.

9. President Kagame closed by praising Dr. Tedros and WHO staff for the rapid and effective response to serious health emergencies in Africa over the past year, most recently the Ebola outbreak in the Democratic Republic of Congo.

10. During the Assembly, there was active participation and involvement from countries of the Region of the Americas in engaging in negotiations regarding resolutions and sponsoring side events. Speaking at the plenary of the Assembly, close to 30 Member States of the Americas reaffirmed their commitment to achieving, or strengthening, universal health. In a ceremony held during the Assembly, the Pro Palliative Care Unit Foundation of Costa Rica was awarded WHO’s Sasakawa Health Prize for its contribution to the rights of children with terminal illnesses.

11. The agenda of the Assembly included general items, some related to technical and health issues, as well as administrative, budgetary, and institutional items. As on previous occasions, these matters were dealt with in committees A and B, and in plenary sessions.

12. The documents related to this report can be consulted at the WHO website: http://apps.who.int/gb/e/e_wha71.html.

13. A list of the resolutions and decisions adopted by the World Health Assembly that are of interest to the Region, the related PAHO resolutions, and some of the implications that the WHA resolutions have for the Region can be found in the Annex.¹

Other Matters: Executive Board

14. The 143rd Session of the Executive Board was held on 28-29 May 2018. The Chair of the Executive Board was Ambassador Maria Nazareth Farani Azevêdo, of Brazil. With Canada's and the Dominican Republic's term coming to an end, Chile and the United States of America were elected to join Brazil, Colombia, Jamaica, and Mexico in occupying the six seats of the Board that represent the Region of the Americas. Furthermore, with the end of term of Dominican Republic, Brazil will occupy the second seat of the Americas in Programme, Budget and Administration Subcommittee. The region has two seats in the PBAC and the other is occupied by Mexico.

15. The agenda of the 143rd Session of the Executive Board included 14 items, including three on governance reform, one on hosted partnerships, and the statement by the representative of the WHO Staff Association, among others. In matters for information two items were discussed: the report on a meeting of expert committees and study groups, and the international classification of diseases.

16. Finally, the Board took note of the reports submitted and approved the date and location of the Seventy-second World Health Assembly. The Executive Board decided that the Seventy-second World Health Assembly be held at the Palais des Nations, in Geneva, starting on 20 May 2019 and ending no later than 28 May 2019. The Board also decided that its 144th Session would begin on 24 January 2019, at WHO headquarters in Geneva, and would end no later than 1 February 2019; that the Programme, Budget and Administration Committee of the Executive Board would hold its 29th meeting on 21-23 January 2019, at WHO headquarters in Geneva.

17. The full versions of these reports, as well as other related documents, can be consulted at the WHO website: http://apps.who.int/gb/e/e_eb143.html.

Action by the Executive Committee

The Executive Committee is invited to take note of the resolutions in the Annex, consider their implications for the Region of the Americas, and provide any comments it deems relevant.

¹ A more exhaustive analysis of the implications of the WHO Resolutions for the Region will be presented during the 56th Directing Council to be held 24-28 September 2018.

References

1. World Health Organization. Opening address by Tedros Adhanom Ghebreyesus, WHO Director-General [Internet]. 71st World Health Assembly; 21 May 2018; Geneva, Switzerland. Geneva (Switzerland): WHO; 2018. Available at: <http://www.who.int/dg/speeches/2018/opening-world-health-assembly/en/>.

Annex

Table 1. Resolutions Adopted by the 71st World Health Assembly, Documents of Reference, and Implications for the Region of the Americas

Resolution	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region ² Progress in the Region
WHA71.1 Thirteenth General Programme of Work, 2019–2023 ¹	Draft thirteenth general programme of work 2019-2023 Documents A71/4 , A71/4 Add.1 and EB142/2018/REC/1 , resolution EB142.R2	CE162/INF/2 Proposed Process for Development of the PAHO Strategic Plan 2020-2025	<p>The 13th General Programme of Work (GPW) sets the strategic vision and direction for the Organization for the next five years. A results framework defining the impact and outcome goals and targets of the 13th GPW is under development and is expected to be finalized by August 2018.</p> <p>The implications for the Region include programmatic, budget and chronological aspects. There will be an overlap in the final year (2019) of the implementation of the current PAHO Strategic Plan 2014-2019 and approved Program and Budget (PB) 2018-2019 (any changes require Member States approval). Given the timing of the approval of the 13th GPW in May 2018, it is not possible to introduce changes in time for meaningful implementation in 2019.</p> <p>Member States of the Americas Region will have an opportunity to consider new programmatic priorities in the PAHO Strategic Plan 2020-2025 (SP 20-25) and corresponding PBs. The new PAHO Strategic Plan will respond to both the 13th GPW and the priorities set for the Region by Member States in the Sustainable Health Agenda for the Americas 2018-2030 (SHAA2030). PAHO does not anticipate major issues aligning with the 13th GPW at the impact and outcome levels. It will be also necessary to ensure budgetary alignment of the PB 20-21 and 22-23.</p>

² A more exhaustive analysis of the implications of the WHO Resolutions for the Region will be presented during the 29th Pan American Sanitary Conference.

Resolution	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region ² Progress in the Region
<p>WHA71.2 Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018</p>	<p>Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018 Documents A71/14 and A71/14 Add.1</p>	<p>CSP29/11 (2017) Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018-2022</p> <p>CD55/INF/12-C (2016) Plan of Action for the Prevention and Control of Noncommunicable Diseases: Midterm Review</p> <p>CD53/INF/4, Rev. 1 (2014) Report on the United Nations General Assembly High-level Meeting on the Progress Achieved in the Prevention and Control of Noncommunicable Diseases</p> <p>CD52.R9 (2013) Plan of Action for the Prevention and Control of Noncommunicable Diseases</p> <p>CSP28.R13 (2012) Strategy for the Prevention and Control of Noncommunicable Diseases</p>	<p>This report describes the global NCD situation, progress in and barriers for reaching national NCD commitments, and actions needed by WHO and Member States in preparing for the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018.</p> <p>In January 2018, the President of the United Nations General Assembly will appoint two co-facilitators who will lead a consultation with Member States to agree on the scope, dates, format and level of participation of the HLM.</p> <p>The HLM in 2018 will provide an opportunity to showcase progress in our Region on the four time-bound commitments of establishing national NCD plans, implementing risk factor reduction policies, improving health systems for NCD management, and surveillance.</p> <p>PAHO will continue to support its Member States on NCDs, as they prepare for participation in the HLM.</p>
<p>WHA71.3 Preparation for a high-level meeting of the General Assembly on ending tuberculosis</p>	<p>Preparation for a high-level meeting of the General Assembly on ending tuberculosis Documents A71/15, A71/16, A71/16 Add.1 and EB142/2018/REC/1, resolution EB142.R3</p>	<p>CD54.R10 (2015) Plan of Action for the Prevention and Control of Tuberculosis</p> <p>CD46.R12 (2005) Regional Strategy for Tuberculosis Control for 2005-2015</p>	<p>Documents A71/15 and A71/16 provide reports on the background and preparations for the high-level meeting of the General Assembly on ending tuberculosis, to be held in September 2018. It aims to galvanize the political commitment needed to step up the implementation of the End TB strategy and help accelerate progress towards ending the TB epidemic. The Moscow Declaration to End TB of 2017 provides commitments and calls to action to advance the TB response within the Sustainable Development Agenda; ensuring sufficient and sustainable</p>

Resolution	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region ² Progress in the Region
			<p>financing; pursuing science, research and innovation; and developing a multi-sectoral accountability framework.</p> <p>The resolution adopted urges Member States to support the preparations of the high-level meeting and pursue the implementation of all the commitments of the Moscow Declaration to End TB. It also requests the Director General of WHO to support the implementation of the Moscow Declaration in countries and to continue providing guidance and assistance to Member States on this matter.</p> <p>Member states of the Americas adopted the End TB Strategy through the current Plan of Action for the Prevention and Control of Tuberculosis and several of them have endorsed the Moscow Declaration. The UNGA high-level meeting will allow for more political commitment for TB, wider participation of stakeholders, better accountability and a push to all countries in the continent to move forward towards eliminating TB as a public health problem and be the first Region in the world to do so.</p>
WHA71.4 Cholera prevention and control			<p>The approved resolution urges Member States to strengthen national policies and plans regarding the prevention and management of cholera among others. The resolution also requests the Director-General to increase capacity to support countries to scale up their ability to implement and monitor interventions for cholera prevention, control and elimination.</p>
WHA71.5 Addressing the burden of snakebite envenoming	<p>Global snakebite burden Documents A71/17 and EB142/2018/REC/1, resolution EB142.R4</p>	<p>CD55/15 and CD55.R9 (2016) Plan of Action for the Elimination of Neglected Infectious Diseases and Post-Elimination Actions 2016-2022</p> <p>RIMSA 15 (2008) Mentioned by the</p>	<p>The document offers a situation analysis of the issues around snakebite, such as poor availability and accessibility of appropriately manufactured and quality-assured products. Market weakness that hinders investment in research and development, particularly in relation to improving current treatments and developing the next generation of biotherapeutics to reduce cost, improve safety and increase effectiveness.</p>

Resolution	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region ² Progress in the Region
		ministers of health and agriculture.	<p>WHO has included snakebite envenoming as part of the Organization's wider efforts to overcome the global impact of neglected tropical diseases, a diverse group of communicable and zoonotic diseases that prevail mainly under tropical and subtropical conditions. The Assembly is invited to note the report and provide further guidance on the Organization's response to the global snakebite burden.</p> <p>This issue is of health importance for PAHO member countries because it is a neglected health problem in our Region, from the perspective of the epidemiological situation of accidents by venomous animals, as well as the distribution of sera and antivenoms.</p>
<p>WHA71.6 WHO global action plan on physical activity 2018–2030</p>	<p>Physical activity for health Documents A71/18 and EB142/2018/REC/1, resolution EB142.R5</p>	<p>CE162/INF/20-B (2018) Plan of Action for the Prevention of Obesity in Children and Adolescents: Midterm review</p> <p>CD53.R13 (2014) Plan of Action for the Prevention of Obesity in Children and Adolescents</p>	<p>The document is a draft global action plan on physical activity. It contains four strategic objectives aiming at achieving a concrete 15% relative reduction on the global prevalence of physical inactivity by 2030: 1) changes on social norms and attitudes; 2) creating/(re)shaping active environments; 3) creating access to opportunities and programs to help people engage in regular physical activity; 4) application of a systems approach to strengthen/enable better governance of all physical activity related policies and its respective policy makers and leading sectors.</p> <p>All current and previous PAHO action plans and strategies on the prevention of obesity, NCDs, healthy cities, etc., are aligned with this global action plan on physical activity. The plan will help strengthening the policies and actions that had been put in place by PAHO and its Member States, and mainly, improve the governance of the required actions, as many of the structural actions to reduce the prevalence of physical inactivity are led by other sectors of the government.</p>

Resolution	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region ² Progress in the Region
WHA71.7 Digital health	mHealth Document A71/20	CD51/13 (2011) eHealth Strategy and Plan of Action (2012-2017) CD55/INF/12-A (2016) Strategy and Plan of action on eHealth: Midterm review	<p>The report looks at increase Member States' capacity to implement digital health technologies in order to accelerate progress towards achieving universal health coverage.</p> <p>This report is pertinent and it is aligned with PAHO's priorities on this topic. According to the International Telecommunication Union (ITU), the Americas Region has a penetration of 108 mobile lines per 100 inhabitants, which presents an opportunity for the Region to take advantage of this kind of technology for improving health.</p> <p>This resolution puts focus on the integration and scale-up of digital technologies within existing health system infrastructures; address health system barriers and promote opportunities, as appropriate, through the use of digital technologies; build capacity for human resources for digital health; and to develop national regulations around issues such as data ownership, sharing, consent, security, privacy and interoperability.</p> <p>This mandate will be aligned with PAHO's work on e-Health and health information systems, through the initiative Information Systems for Health (IS4H), that introduces a framework of action and a common understanding of the specific components of information systems for health. It is aimed at improving decision and policy making mechanisms in the countries through health systems that will ensure universal, free and timely access to quality and open data, and strategic information using the most cost-effective ICT tools.</p>
WHA71.8 Improving access to assistive technology	Improving access to assistive technology Documents A71/21 and EB142/2018/REC/1, resolution EB142.R6	CD53.R12 (2014) Plan of Action on Disabilities and Rehabilitation	<p>This resolution on Assistive technology (AT), includes devices such as wheelchairs, hearing aids, eye glasses and communication software which help people with difficulties in functioning to maintain or increase their independence and optimize well-being.</p> <p>The resolution calls on Members States to increase policies and programmes</p>

Resolution	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region ² Progress in the Region
			<p>ensuring access to AT. It also calls for increased research, data and international and regional collaboration. There is a request for a global report on AT in 2021.</p> <p>This is an important issue for the Americas. With the rise of aging populations and NCDs, more and more people are likely to become reliant on assistive devices in order to maintain functioning and independence. Furthermore, the Region's susceptibility to natural disasters means strategies to manage the provision of assistive devices in emergency situations needs to be addressed. Thirty-one countries in the Region have ratified the UN Convention on the Rights of Persons with Disabilities, which includes ensuring access to assistive technology.</p>
<p>WHA71.9 Infant and young child feeding</p>	<p>Maternal, infant and young child nutrition Comprehensive implementation plan on maternal, infant and young child nutrition: biennial report Document A71/22 Safeguarding against possible conflicts of interest in nutrition programmes Document A71/23</p>	<p>CD53.R13 (2014) Plan of Action for the Prevention of Obesity in Children and Adolescents CSP28.R20 (2012) Strategy and Plan of Action for Integrated Child Health CD51/12 and CD51.R12 (2011) Plan of Action to Accelerate the Reduction in Maternal Mortality and Severe Maternal Morbidity CD50.R11 (2010) Strategy and Plan of Action for the Reduction of Chronic Malnutrition CD48.R4, Rev. 1 (2008) Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care</p>	<p>Document A71/22 describes the progress made in carrying out the comprehensive implementation plan on maternal, infant and young child nutrition. It also provides information on the status of the national measures to give effect to the International Code of Marketing of Breast Milk Substitutes, adopted in resolution WHA34.22 (1981) and updated through subsequent relate WHA resolutions and describe the progress made in drawing up technical guidance on ending the inappropriate promotion of food for infants and young children, as welcome with appreciation by the WHA resolution WHA69.9 (2016).</p> <p>The document can strengthen PAHO's work on protecting food and nutrition policies from industry interference. The document offers a thorough decision-making process, so another implication of the document for the Americas is that PAHO will be able to use the document as a reference to produce concrete tools that will help government officials and also PAHO focal points to establish safeguards against conflicts of interest in nutrition policies and programs at country and subregional level.</p>

Resolution	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region ² Progress in the Region
WHA71.13 Reform of the global internship programme			The resolution calls for continued improvements to the internship programme. It urges Member States to support WHO in mobilizing resources for the programme, among others.
WHA71.14 Rheumatic fever and rheumatic heart disease	Rheumatic fever and rheumatic heart disease Documents A71/25 and EB141/2017/REC/1, resolution EB141.R1		<p>This is a report to the 71st World Health Assembly that describes the global situation on rheumatic fever and rheumatic heart disease, the public health strategies for its prevention, control and potential elimination, challenges to reduce the burden of RHD, and recommended actions for Member States and WHO to improve the public health response to RHD.</p> <p>In the Americas, there are approximately 12,846 deaths from RHD per year, representing 0.19% of all deaths. People in marginalized communities, including indigenous populations are disproportionately affected by this disease. If the document is approved in the WHA, PAHO would promote the recommended actions contained in the report and support Member States to implement the primary prevention interventions, as part of cardiovascular disease prevention programs.</p>

Table 2. Decisions Adopted by the 71th World Health Assembly, Documents of Reference, and Implications for the Region of the Americas

Decision	Items and Reference Documents	PAHO Resolutions and Documents	Implications for the Region ³ Progress in the Region
<p>WHA71(8) Addressing the global shortage of, and access to, medicines and vaccines</p>	<p>Addressing the global shortage of, and access to, medicines and vaccines Documents A71/12 and EB142/2018/REC/1, decision EB142(3)</p>	<p>CSP29/16 (2017) Situation Update on the Challenges of Supplying Inactivated Polio Vaccine to Maintain Eradication of the Disease in the Region of the Americas</p> <p>CD55/10, Rev. 1 and CD55.R12 (2016) Access to and rational use of strategic and high-cost medicines and other health technologies</p>	<p>The new global strategy on access to medicines will build on previous WHO Medicines Strategies, integrate existing resolutions, and lay the foundation for the future work.</p> <p>Member States can avail of the PAHO Strategic Fund to resolve, in so far as possible regional shortage of medicines. The Strategic Fund can pool demand, identify potential suppliers, and work with NRAs of Regional Reference in ensuring quality. Very positive experience in this area has been achieved with Benzimidazole and Benzathine Penicillin.</p>
<p>WHA71(9) Global strategy and plan of action on public health, innovation and intellectual property: overall programme review</p>	<p>Global strategy and plan of action on public health, innovation and intellectual property Documents A71/13 and EB142/2018/REC/1, decision EB142(4)</p>	<p>CD55/10, Rev. 1 and CD55.R12 (2016) Access to and rational use of strategic and high-cost medicines and other health technologies</p> <p>CD48.R15 (2008) Public Health, Innovation and Intellectual Property: A Regional Perspective</p>	<p>The document reports the activity of the expert review panel approved by resolution WHA 68.18 to conduct an overall program review of the global strategy and plan of action, its aims and objectives, and recommend a way forward, including details of what elements or actions should be added, enhanced or concluded until 2022.</p> <p>The report includes recommendations for each of the 8 elements of GSPOA for the period of 2018-2022 and with an estimated budget of US\$31.5 million (US\$ 16.3 million for the high priority actions). The budget is not covered within existing resources.</p> <p>The priority actions include many important measures that would be very useful in the Region.</p>

³ A more exhaustive analysis of the implications of the WHO Resolutions for the Region will be presented during the 56th Directing Council.

B. SUBREGIONAL ORGANIZATIONS

Introduction

1. The purpose of this report is to inform the Member States of relevant developments since the last report presented in 2017 with respect to public health-related agreements and resolutions within the framework of subregional integration processes of interest to the Governing Bodies of the Pan American Health Organization (PAHO).

2. This report also covers the progress made in activities carried out as part of cooperation agreements between PAHO and subregional integration entities.

3. The framework for subregional technical cooperation is supported by Resolution CD45.R6 (1), adopted by the Directing Council in 2004. With the adoption of this resolution, subregional technical cooperation was included in the budget policy in order to promote the strengthening of PAHO collaboration in integration processes in three subregions: Central America, the Caribbean, and South America.

4. Through the signing of specific agreements and memorandums of understanding, PAHO currently provides technical cooperation to the subregional integration organizations mentioned below. This report includes tables showing the new developments and progress made in the implementation of priority resolutions emanating from these integration bodies, their relation to PAHO activities, and the measures that the Organization has supported.

a) Central America

- Central American Integration System (SICA): Council of Ministers of Health of Central America and the Dominican Republic (COMISCA); Regional Intersectoral Forum for the Health of Central America and the Dominican Republic; Central American Economic Integration System (SIECA)
- Mesoamerica Integration and Development Project (MIDP)

b) Caribbean

- Caribbean Community (CARICOM): Council for Human and Social Development (COHSOD); Council for Trade and Economic Development (COTED)

c) South America

- Andean Community: Andean Health Agency-Hipólito Unanue Agreement (ORAS-CONHU)

- Southern Common Market (MERCOSUR): Meeting of Ministers of Health of MERCOSUR and Working Subgroup on Health 11 (SGT 11)
- Union of South American Nations (UNASUR): South American Health Council
- Amazon Cooperation Treaty Organization (ACTO)

Integration Entities in Central America

Central American Integration System (SICA)¹

5. PAHO/WHO provides technical cooperation to various entities (bodies, secretariats, and specialized institutions) of SICA. However, given the binding nature of the resolutions, this report focuses on the Council of Ministers of Health.

Council of Ministers of Health of Central America (COMISCA)

6. COMISCA is part of the political body of the Central American Integration System (SICA), whose purpose is to identify and prioritize regional health issues. COMISCA constitutes the main regional forum for analysis, deliberation, and presentation of proposals by the ministers of health. The last regular meeting of COMISCA was held in Panama on 5 December 2017. One day earlier, a cooperation agreement was signed by the Executive Secretariat of COMISCA and the Pan American Health Organization/World Health Organization (PAHO/WHO), establishing the framework for cooperation and coordination to strengthen the joint activities of the two organizations. This cooperation agreement complements the provisions in the cooperation agreement between PAHO/WHO and the General Secretariat of SICA, signed in 1995.

7. The Nutrition Institute of Central America and Panama (INCAP) is an Institution of the Central American Integration System specialized in food and nutrition. Founded on September 14, 1949, based in Guatemala and with offices in each of its other Member States: Belize, Costa Rica, El Salvador, Honduras, Nicaragua, Panama and Dominican Republic. Since its inception and until 2010 PAHO served as the administrator of INCAP and at the same time as participating member of the Directing and the Advisory Councils. Starting in 2010 the INCAP-PAHO relationship is governed by a Memorandum of Understanding for collaboration; the current MOU ends in December, 2019. Every two years a biennial work plan responding to PAHO's Strategic Plan is prepared and implemented with PAHO's technical advice. During 2017 operational plans for the reduction of child and adolescent obesity, the accreditation of Baby friendly hospitals, update of the micronutrients deficiency prevention strategy and training on the criteria for the humanization of baby delivery and breast feeding, were included as part of the PAHO-INCAP work plan.

¹ More information on SICA is available at: <http://www.sica.int/>.

8. The INCAP Directing Council is the highest governance body of the Institute whose membership includes the Health Ministers of the eight Member States and the Director of the Pan American Sanitary Bureau. INCAP's mission is to support the efforts of Member States, providing technical cooperation to achieve and maintain Food and Nutrition Security of their populations, through its basic functions of research, information and communication, technical assistance, training and mobilization of human resources, and mobilization of financial and non-financial resources. INCAP's Directing Council met in April of 2018 in Panama where resolutions on breast feeding and food labeling were approved.

COMISCA	
XLVII Regular meeting of COMISCA, 5 December 2017	
PAHO-related agreements and resolutions	Subregional impact and progress
Approval of the proposal for the strengthening and financial sustainability of the COMISCA model for joint negotiation of drug prices and procurement, which includes the participation of non-SICA-member health institutions as users of this joint negotiation mechanism.	To a greater or lesser extent, all SICA member countries use the PAHO Strategic Fund to purchase medicines and PAHO maintains an open dialogue with the Executive Secretariat of COMISCA (SE-COMISCA) to identify opportunities for joint work. Furthermore, the countries receive continuous technical cooperation to manage supplies and estimate national needs in order to improve the planning and scheduling of purchases and avoid stock-outs. Close coordination with COMISCA is needed in order to create synergies and avoid duplication of efforts between the joint negotiation model and the PAHO Strategic Fund.
Review and analysis of the proposed regulations for front-of-package nutritional labeling, requesting that the Institute of Nutrition of Central America and Panama (INCAP) provide evidence and technical support for the process, and also requesting that SE-COMISCA monitor the coordination with the SICA Secretariat, the General Secretariat of SIECA, INCAP, and the <i>pro tempore</i> chairs of COMISCA and the Council of Ministers for Central American Economic Integration (COMIECO).	PAHO, through its participation in INCAP's Directing Council and Advisory Committee, and through the technical assistance provided at the country level, helps define standards for front-of-package nutritional labeling that is compatible with the commitments made by the SICA member countries to the Governing Bodies of PAHO and WHO.
Approval of the joint approach to requesting Global Fund grants to combat HIV/AIDS in Central America and the Dominican Republic, in order to ensure cost-effective interventions.	The document on the joint approach was prepared with the technical support of PAHO/WHO, the Global Fund team, the Regional Coordination Mechanism (MCR), and strategic partners in the subregion. The document was harmonized in accordance with WHO health strategies and the PAHO Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections 2016-2021, and was validated

PAHO-related agreements and resolutions	Subregional impact and progress
	<p>by the SE-COMISCA/ MCR technical team. The joint approach complements the PAHO Plan of Action 2016-2021 by focusing on combination prevention. It will also help combat mother-to-child transmission of HIV and congenital syphilis, bringing the countries closer to the elimination of this type of transmission. The joint approach allows the countries of the Central American subregion to advance with standardized and harmonized criteria, identify gaps between countries and, finally, formulate strategies to close these gaps.</p>
<p>Approval of proposed strategic guidelines resulting from the First Regional Intersectoral Forum for the Health of Central America and the Dominican Republic, held in Panama on 24-25 October 2017, including health of migrants, healthy diet, environment (air, water, and soil; and control of antimicrobial resistance), and mental health, as follows:</p> <p>Formulation of a regional policy focused on the social determinants of health and human rights for an intersectoral approach to the health of migrants that includes sustainable financing and the promotion of solidarity among SICA members.</p>	<p>The recommendation to formulate a regional policy on the health of migrants provides the opportunity for PAHO to give technical cooperation within the framework of implementation of policy paper CD55/11, Rev.1 (Health of Migrants) and Resolution CD55.R13, adopted by the 55th Directing Council of PAHO, and to move forward in the implementation of the Declaration on Health and Migration in Mesoamerica.</p>
<p>Healthy diet: The summit of Heads of State and Government of the Region was requested to adopt the Policy on Food and Nutrition Security in Central America and the Dominican Republic 2012-2032, to formulate a legal framework for regional action for a healthy and sustainable diet throughout the life course, and to issue a regional declaration on the importance of promoting a sustainable healthy diet with an intersectoral approach throughout the Region.</p>	<p>The recommendation to adopt a policy on food and nutrition security offers the opportunity to work with the respective subregional entities, together with INCAP, in order to harmonize the various existing mandates at the regional and world levels and in Central America in particular.</p>

PAHO-related agreements and resolutions	Subregional impact and progress
<p>Antimicrobial resistance: review and harmonization of strategies, plans, and programs in order to formulate an intersectoral regional plan to control antimicrobial resistance (PAHO/WHO, International Regional Organization for Plant Protection and Animal Health [RIOPPAH], United Nations Food and Agriculture Organization [FAO], World Organization for Animal Health [OIE], and the health, environment, and agriculture sectors).</p>	<p>This recommendation creates the opportunity for PAHO/WHO technical cooperation on this subject, involving intersectoral coordination with different SICA entities to promote implementation of PAHO Resolution CD54.R15, Plan of Action on Antimicrobial Resistance and the Global Action Plan on Antimicrobial Resistance (Document WHA68.7), respectively.</p>
<p>Environmental health: it was recommended that a regional policy on water, sanitation, air, and soil be prepared, as well as the corresponding investment plan; integrated management of garbage and solid waste; management of the agrochemical substances and creation of regional strategic partnerships for the exchange of information on environmental indicators that have an impact on health.</p>	<p>The recommendation creates an opportunity for intersectoral work within SICA, with the Regional Technical Team for Water and Sanitation (ETRAS) and other technical units participating in the preparation of this policy.</p>
<p>Mental health: It was requested that a regional mental health policy be developed to guide the implementation of regional strategies, plans, and programs, ensuring an approach that takes into account intersectoral and intercultural factors, human rights, gender, and social determinants.</p>	<p>PAHO supports the SICA member countries and entities of the integration mechanism in the implementation of mental health activities, including the reorganization of mental health services in primary care, adolescent health, data collection and analysis, and the recommendations arising from the XXVII, XXVIII, XXX, and XXXII Meeting of the Health Sector of Central America and the Dominican Republic (RESSCAD)² on the subject. This creates an opportunity to implement the Plan of Action on Mental Health for 2015-2020 (Document CD53/8, Rev. 1) and also to ensure that the illicit drug problem is included in the health agenda of the countries of the Region and that this problem is defined as a public health issue in drug control policies.</p>

² More information on RESSCAD is available at: <http://www.paho.org/resscad/>.

*Mesoamerican Integration and Development Project: Mesoamerican Public Health System*³

9. The Mesoamerican Project is a mechanism developed by 10 Mesoamerican countries to strengthen regional integration and promote economic and social development in the participating countries. The objective is to improve conditions and human prosperity among the population. It was officially launched by the Presidents and Heads of State and Government at the Tenth Tuxtla Dialogue and Agreement Mechanism Summit, held in Tabasco, Mexico, on 27-28 June 2008.

Mesoamerican Public Health System (SMSP)

10. The purpose of the Mesoamerican Public Health System (SMSP) is to respond to the main common challenges in public health and to strengthen the national health systems through selected interventions and operational support of the Mesoamerican Institute of Public Health (IMSP), established on 3 July 2009. Costa Rica took the *pro tempore* chair in August 2017, during the Second Meeting of National Coordinators of the Mesoamerican Public Health System, held in Cali (Colombia), where the next steps were also defined in the process of restructuring of the SMSP. In June 2017, the SMSP was strengthened with: the establishment of a Mesoamerican Strategic Framework for Public Health; technical endorsement of the SMSP operational regulations, to be submitted for the approval of the Council of Ministers; mapping of the advances made in the implementation of national health plans; and a road map to manage the resources needed to finance SMSP activities. In September 2017, the VIII Meeting of the Council of Ministers of the SMSP was held in Washington, D.C., where the SMSP operational regulations were updated and the Mesoamerican Strategic Framework for Public Health was approved.

Mesoamerican Integration and Development Project: Mesoamerican Public Health System VIII Meeting of the Council of Ministers of the SMSP, 24 September 2017	
PAHO-related agreements and resolutions	Subregional impact and progress
Updating of the SMSP operational regulations.	Updating the operational regulations strengthens SMSP's institutionality and lays the groundwork for its linkage with other international institutions and organizations, creating an opportunity to formalize the relationship between the Meeting of Ministers of Health of Mesoamerica and PAHO.
Approval of the Mesoamerican Strategic Framework for Public Health.	As a planning instrument, this framework will help to more clearly define the areas of collaboration between the Mesoamerican Public Health System and PAHO, in addition to those already defined in the Mesoamerican Master Plans.

³ More information on the Mesoamerican Integration and Development Project is available at: <http://www.proyectomesoamerica.org/>.

Caribbean Integration Entities*Caribbean Community (CARICOM)*⁴

11. The CARICOM Community (CARICOM), a grouping of 20 countries (15 Member States and five Associate Members), came into being in July 1973 with the signing of the Treaty of Chaguaramas, which defines its structure, which consists of organs, bodies and institutions. The organs are the Conference of Heads of Government and the Ministerial Councils, which have responsibility for key policy areas and are the decision-making bodies of CARICOM. The CARICOM Community Strategic Plan 2015-2019, operationalizes its pillars: economic integration; foreign policy coordination; human and social development; and security.

12. The CARICOM Conference of Heads of Government meets twice a year: an inter-sessional meeting and a regular meeting. CARICOM convenes an annual Council for Human and Social Development (COHSOD), which is responsible for the promotion of health, education, and living and working conditions in the Caribbean Community. The chair rotates among the member countries every year. COHSOD meetings are traditionally held at PAHO Headquarters prior to the Pan American Sanitary Conference or the Directing Council.

13. PAHO's relationship with CARICOM is defined by a Memorandum of Understanding, signed in 1983. The PAHO Subregional Program Coordination Office is the Organization's main interlocutor with CARICOM; and through its technical cooperation, PAHO supports the development and implementation of the Caribbean Cooperation in Health, the functional cooperation strategy for health adopted by CARICOM Ministers of Health. The PAHO Subregional Cooperation Strategy for 2016-2019 is fully aligned with the CARICOM Caribbean Cooperation in Health strategy for 2016-2025.

14. The Caribbean Public Health Agency (CARPHA) is an institution of the Caribbean Community (pursuant to Article 21 of the Revised Treaty of Chaguaramas) established in 2011. The Twenty-Eighth Conference of Heads of Government of the Caribbean Community in July 2007 approved the integration of the five Caribbean Regional Health Institutions into a single Caribbean Public Health Agency. Two of the Regional Health Institutions, the Caribbean Epidemiology Centre (CAREC) and the Caribbean Food and Nutrition Institute (CFNI) were administered by PAHO. PAHO's 50th Directing Council adopted Resolution CD50.R14 that requested PAHO to work with the CARICOM Secretariat to transfer the relevant functions and resources of CAREC and CFNI to CARPHA.

15. Since CARPHA's establishment in 2012, there exists a Framework Agreement between CARPHA and PAHO that defines the relationship between the two institutions. Under the Framework Agreement both CARPHA and PAHO jointly prepare biennial Plans

⁴ More information on the CARICOM is available at: www.caricom.org.

of Work where PAHO provides financial support towards strategic objectives based on both parties' respective roles, responsibilities and objectives.

CARICOM	
38th Regular Meeting of the CARICOM Conference of Heads of Government, 4-6 July 2017	
PAHO-related agreements and resolutions	Subregional impact and progress
<p>10th Anniversary of the First Summit of CARICOM Heads of Government on Chronic Noncommunicable Diseases and the Declaration of Port of Spain:</p> <p>Recognition of insufficient progress toward implementing the actions recommended in the Port of Spain Declaration.</p>	<p>PAHO supported the CARICOM Secretariat with a briefing paper on the status of NCDs in the Caribbean and achievement of progress towards global recommendations as an input to the Heads of Government meeting. As a result, Heads of Government recognized that the Community had not made sufficient progress towards implementing the actions recommended in the Port of Spain Declaration and recommended that Member States support policies which promote harm reduction, such as taxation of tobacco, alcohol, and sugary foods as a fiscal measure to support the health sector. Recommendations from Heads of Government has provided the needed impetus for accelerated intersectoral action, including work with the Caribbean Court of Justice on health and law related to sugar sweetened tax legislation. PAHO is supporting CARICOM to convene health and trade ministers to discuss trade related issues that impede progress towards the elimination of childhood obesity.</p> <p>In addition, the G20 Health Working Group focuses on "child overweight and obesity" as an area of particular interest and CARICOM has been invited by Argentina to the G20 Meetings.</p>

CARICOM	
33rd Meeting of COHSOD: Health, 23-24 September 2017	
PAHO-related agreements and resolutions	Subregional impact and progress
<p>Caribbean Cooperation in Health IV (CCH IV): Framework for coordinated action on health in the Caribbean</p> <p>The COHSOD endorsed the expanded membership for the CCH IV steering committee and emphasized the importance of an implementation plan and a monitoring and evaluation framework for CCHIV.</p>	<p>The PAHO Subregional Cooperation Strategy was developed and is fully aligned with the CCH IV and technical cooperation contributes to the CCH IV lines of action. The Caribbean Public Health Agency (CARPHA) has the responsibility for the monitoring and evaluation framework of CCHIV. PAHO, as member of the CCH IV Secretariat provides technical cooperation for the development of the monitoring and evaluation framework and implementation plan, ensuring alignment with SDGs and regional mandates.</p>
<p>Noncommunicable diseases: Progress towards WHO's NCD targets</p> <p>COHSOD recognized:</p> <p>limited progress toward the global NCD targets and the time-bound commitments needed to transform health systems to respond effectively to the increased burden of NCDs, with special emphasis on primary health care. It also expressed support to implement the WHO Global Hearts Initiative as an innovative strategy to transform health systems and strengthen integrated NCD management.</p>	<p>PAHO provides financial and technical support to the Caribbean Public Health Agency (CARPHA) to achieve aligned and coordinated action towards WHO's NCD Targets, including support towards the implementation of the WHO Global Hearts Initiative.</p> <p>CARPHA's "6-point policy package" on healthier food environments is a comprehensive, evidence, informed set of policies that has been validated by the CARICOM Council for Trade and Economic Development. The CARPHA initiative is aligned with the WHO NCD Targets. The policies include: <i>a)</i> mandatory food labelling; <i>b)</i> nutritional standards and guidelines for schools; <i>c)</i> reduction in the marketing of unhealthy foods; <i>d)</i> fiscal and trade measures; <i>e)</i> product reformulation and work with manufacturers to reduce harmful ingredients such as fat, salt and sugar levels; and, <i>f)</i> promoting fruit and vegetable consumption.</p>
<p>Noncommunicable diseases: Report on Cooperation Among Countries in Health and Development (CCHD) between CARICOM and Chile.</p>	<p>The COHSOD recognized Chile's leadership in front-of-package labelling as a useful tool to address childhood obesity and the COHSOD approved the CCHD between CARICOM and Chile. As a result of the Chile and CARICOM CCHD, two CARICOM countries are in the process of submitting proposals for front-of-package labelling to the Council for Trade and Economic Development (COTED). CARICOM Institutions such as CARPHA,</p>

PAHO-related agreements and resolutions	Subregional impact and progress
	UWI, CARICOM Regional Organization for Standards and Quality (CROSQ) are part of this initiative.
Strategy and Plan of Action for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis (Resolution CD50.R12) indicates that the basic conditions for eliminating the two diseases are within reach of the countries. In 2017, six countries and territories ⁵ received validation of the elimination of mother to child transmission of HIV and syphilis.	The COHSOD report includes a decision point to encourage remaining countries to complete reports for submission to the validation committee. The COHSOD decision point provides the opportunity for continued and strengthened technical cooperation to the remaining countries in the Caribbean that plan to apply for validation.
Implementation of the International Health Regulations (2005) (Resolution WHA65.23): An update on the status of IHR core capacities was presented to Ministers. The COHSOD acknowledged the increase in State Party membership to the International Atomic Energy Agency (IAEA) to develop capacities to deal with radionuclear events. The COHSOD urged State Parties to pursue a multi-sectoral approach, including the Ministry of Finance to plan for the IHR. State Parties were also urged to finalize and commence implementation of their national action plans on antimicrobial resistance, in accordance with Resolution CD54.R15 Plan of Action on Antimicrobial Resistance.	<p>The decision points provide the opportunity to continue technical cooperation to State Parties to strengthen IHR core capacities, particularly in areas such as chemical events and facilitating membership to the IAEA.</p> <p>PAHO helped countries develop action plans on antimicrobial resistance, in accordance with Resolution CD54.R15. The COHSOD decision provides the opportunity to further support Member States to finalize the AMR plans and begin implementation.</p>
Health financing and Universal access to health and universal health coverage: CARICOM Member States agreed to consider a high-level dialogue on improving efficiency in health service delivery and sustainable financing that will improve the resilience of health systems (in line with Resolution CD55.R8 on Resilient Health Systems).	PAHO is supporting the Organization of Eastern Caribbean States (OECS) working group to review current health financing arrangements and conducting case studies on health financing and health service delivery models for universal health coverage. There is an opportunity for the results of the review and case studies to contribute to a policy dialogue on health financing with Ministers of Finance. The COHSOD decision and the OECS working group provide the platform to present the results of these efforts to the OECS Heads of Government and then expand to CARICOM Heads of Government.

⁵ Anguilla, Antigua and Barbuda, Bermuda, Cayman Islands, Montserrat, and St Kitts and Nevis.

PAHO-related agreements and resolutions	Subregional impact and progress
Human resources for universal health: Ministers were presented with the consultation process taken to develop a Caribbean roadmap on human resources for universal health. Ministers recognized the need to support actions of countries to strengthen human resources for health and endorsed in principle the priorities agreed by Member States to implement the roadmap.	The Caribbean Roadmap on Human Resources for Universal Health provides an opportunity to support Caribbean countries to align their HRH plans with the PAHO Strategy on Human Resources for Universal Access to Health and Universal Health Coverage (CSP29/10). PAHO is responding to Member States by conducting a survey on migration of health workers in the Caribbean to provide Member States with an analysis of the issues impacting the health workforce. The results of this study will be integrated into the Caribbean Roadmap on Human Resources for Universal Health.

South American Integration Entities

Andean Community (CAN): Andean Health Agency–Hipólito Unanue Agreement (ORAS-CONHU)⁶

16. In the Andean Integration System, the Andean Health Agency/Hipólito Unanue Agreement (ORAS-CONHU) acts as executive secretariat for the Meeting of Ministers of Health of the Andean Area (REMSAA).⁷ PAHO participates in these meetings as the technical advisory agency on health. An umbrella memorandum of understanding was signed between PAHO and ORAS-CONHU on 16 March 2017. PAHO's Subregional Program for South America is the Organization's main interlocutor with ORAS-CONHU and, through its technical cooperation, it supports the development and implementation of its recently approved strategic plan for health integration. The PAHO subregional cooperation strategy for South America for 2019-2022 is completely in accordance with the ORAS-CONHU strategic plan for health integration for 2018-2022. The XXXI Special Meeting of Ministers of Health of the Andean Area was held in Lima on 15 February 2018

ORAS-CONHU XXXI REMSAA. Lima, 15 February 2018	
PAHO-related agreements and resolutions	Subregional impact and progress
Approval of the Andean Health Agency's 2018-2022 strategic plan and review of its annual operating plan for 2018	PAHO is working with ORAS-CONHU to identify measures and joint activities within the respective programmatic frameworks of PAHO and ORAS. Areas of joint effort have been defined and prioritized in accordance with the PAHO Strategic Plan 2014-2019 and PAHO's subregional cooperation strategy for South America.

⁶ More information on ORAS/CONHU is available at: <http://www.orasconhu.org>.

⁷ More information on REMSAA resolutions is available at: <http://www.orasconhu.org/reuniones-ordinarias>

ORAS-CONHU	
Meeting of Ministers and Secretaries of Health on “Contribution of regional integration in the Americas: Toward the goal of ending tuberculosis”, 15 February 2018, Lima	
PAHO-related agreements and resolutions	Subregional impact and progress
The commitment to end tuberculosis in the Region was reaffirmed. There was an analysis of ways to ensure the sustainability of the project to strengthen the tuberculosis laboratory network in the Region of the Americas, administered by ORAS-CONHU and financed by the Global Fund to Fight AIDS, Tuberculosis, and Malaria.	PAHO contributed considerably to the development of this project and supports its execution. This declaration offers an opportunity for PAHO to identify the best strategy to support this phase of implementation through adequate coordination with the regional tuberculosis program. This will make it possible to implement WHO Resolution WHA67.1, <i>Global strategy and targets for tuberculosis prevention, care and control after 2015</i> , and PAHO Resolution CD54.R10, Plan of Action for the Prevention and Control of Tuberculosis.

Southern Common Market (MERCOSUR):⁸ Meeting of Ministers of Health of MERCOSUR and Working Subgroup 11, on Health (SGT 11)

17. Working Subgroup 11 on Health addressed health issues during the Meeting of Ministers of Health of MERCOSUR and Associated States. The Working Subgroup is a technical body made up of representatives of the States Parties of MERCOSUR. Its main objective is the formulation and harmonization of common regulations in MERCOSUR within each area of jurisdiction. The main objective of the Meeting is to harmonize strategic policies linked with public health and align them with regional priorities, as well as to develop plans and programs of action for their joint implementation. The Member States rotate the *pro tempore* presidency every six months. Brazil held the *pro tempore* presidency in the second half of 2017. Meetings are held in the country that holds the *pro tempore* presidency. PAHO participates as the technical advisory agency on health. An umbrella memorandum of understanding was signed between PAHO and MERCOSUR on 11 June 2015. PAHO’s Subregional Program for South America is the Organization’s main interlocutor with MERCOSUR and, through its technical cooperation, it supports development and implementation of the thematic areas contained in the memorandum of understanding. PAHO’s subregional cooperation strategy for South America for 2019-2022 is entirely coherent with the thematic areas defined in the memorandum of understanding. The XLI Meeting of Ministers of Health of MERCOSUR was held in Foz de Iguazú (Brazil) on 7 December 2017. At this meeting, the *pro tempore* presidency was transferred to Paraguay. The next meeting will be held on 15 June 2018 in Paraguay.

⁸ More information on MERCOSUR is available at: <http://www.mercosur.int>.

MERCOSUR	
XLI Meeting of Ministers of Health of MERCOSUR, 7 December 2017	
PAHO-related agreements and resolutions	Subregional impact and progress
Sexual and reproductive health and its inclusion in primary health care in the MERCOSUR countries.	This is an area of subregional coordination in which PAHO collaborates with ORAS-CONHU and UNASUR. It is also an area of possible cooperation with MERCOSUR and among the subregions (e.g. with SICA). This agreement is synergized with the Strategy for Universal Access to Health and Universal Health Coverage, approved by the Governing Bodies of PAHO/WHO in 2014, through Resolution CD53.R14.
Rigorous regulation of advertising of alcoholic beverages, and control of their sale and consumption.	This agreement offers PAHO the opportunity to move forward in the implementation of the Strategy for the Prevention and Control of Noncommunicable Diseases 2012-2025, approved by the Pan American Sanitary Conference in 2012 (Document CSP28/9, Rev. 1), at the subregional level, through the corresponding work plan, as well as the potential for engaging in intersectoral action.
Participation of health-related entities in the registry, control, and regulation of agrochemical products.	This agreement offers PAHO the opportunity to move forward in the implementation of the Mar del Plata Declaration of Ministers of Health and Environment of the Americas (HEMA meeting, Mar del Plata, Argentina, 2005) at the subregional level, as well as its inclusion in the health agenda through other integration mechanisms. There is high potential for cooperation in the South American and the Central American subregions on this subject.
Adoption of policies aimed at the gradual elimination of trans fats in the MERCOSUR countries.	PAHO's work plan contains this line of action to implement the Strategy for the Prevention and Control of Noncommunicable Diseases 2012-2025, approved by the PAHO Pan American Sanitary Conference (Document CSP28/9, Rev. 1), within the framework of its work with MERCOSUR and other integration mechanisms. This agreement strengthens and promotes this PAHO activity at the subregional level and increases the opportunity to undertake intersectoral action.
Restructuring of MERCOSUR's intergovernmental commissions (ICs).	PAHO has taken note of this restructuring, which has led to the reduction of ICs and the inclusion of their agendas in other already existing ICs. PAHO will conduct an analysis of this new structure in order to guide the work and respond better to institutional mandates.

*Union of South American Nations (UNASUR)*⁹

18. UNASUR has a South American Council on Health (CSS), made up of the Coordinating Committee, the Technical Secretariat, five technical groups, six networks, and the South American Institute of Governance in Health (ISAGS). The Technical Secretariat, consisting of representatives from three Member States (the Member holding the current pro tempore presidency and the Members holding the past and future pro tempore presidencies), convenes and supports the Council's meetings. The presidency of the CSS corresponds to the minister of health of the same country that occupies the pro tempore presidency of UNASUR. The pro tempore presidency of UNASUR is held successively by each Member State, in alphabetical order, for one-year periods. Argentina held the pro tempore presidency from 18 April 2017 to 17 April 2018 and was succeeded by Plurinational State of Bolivia. UNASUR Member States have not reached consensus regarding its Secretary General. The pro tempore president is responsible for coordinating the activities of all entities and directing the Technical Secretariat. The last meeting of the CSS took place on 24 September 2017 in Washington, D.C., prior to the 29th Pan American Sanitary Conference.

UNASUR Meeting of the South American Health Council of the Union of South American Nations (UNASUR), 24 September 2017, Washington, D. C.	
PAHO-related agreements and resolutions	Subregional impact and progress
Human resources for health: Agreement to implement the policy guidelines on human resources for health for the South American region and recognition of the opportunities for synergy with PAHO, ORAS, and ACTO on this subject.	PAHO is working with the respective organs of UNASUR (ISAGS, Technical Group for the Development and Management of Human Resources in Health, Network of Technical Schools in Health, and Network of Public Health Schools of CSS/UNASUR) to implement policies on human resources for health in the South American region. This allows for implementation of the Strategy for Human Resources for Universal Access to Health and Universal Health Coverage, adopted in 2017 (Document CSP29/10 and Resolution CSP29.R15).
Network of National Health Institutes: Approval was given for the project <i>Methodological development and regional strategies for monitoring the impact of environmental changes on the occurrence of health emergencies</i> .	PAHO is working to prepare the health component of national plans for adaptation to climate change, in accordance with the Strategy and Plan of Action on Climate Change (Document CD51/6, Rev.1), approved by the 51st Directing Council in 2011. This project will be taken into account in the implementation of this line of work. It also has potential use for other subregional plans and for collaboration between South American and subregional integration mechanisms.

⁹ More information on UNASUR is available at: www.unasursg.org.

PAHO-related agreements and resolutions	Subregional impact and progress
Health disaster risk management network (GRIDS): Approval to update the South American health disaster risk management plan.	This resolution presents an opportunity to deepen PAHO's work, at the subregional level, to implement the Plan of Action for Disaster Risk Reduction, 2016-2021 (Document CD55/17, Rev. 1) adopted by the 55th Directing Council of PAHO. Furthermore, it permits the convergence of agendas and synergies with ORAS-CONHU on this issue.
Front-of-package labeling of processed food: Confirmation of the desirability and commitment to continue to strengthen healthy food policies in South America, including innovative strategies for front-of-package labeling of processed food.	This resolution offers an opportunity for PAHO to continue implementing the Strategy for the Prevention and Control of Noncommunicable Diseases 2012-2025 (Document CSP28/9, Rev. 1), adopted by the Pan American Sanitary Conference. This has been underway at the regional and country levels, but on this occasion it will be done at the subregional level, offering the opportunity for collaboration between South American integration mechanisms.

Amazon Cooperation Treaty Organization (ACTO)

19. Within the framework of the Amazon Strategic Cooperation Agenda for 2010-2018, PAHO/WHO carries out technical cooperation with the Permanent Secretariat of ACTO through health coordination activities. The memorandum of understanding on cooperation was renewed in June 2017, defining cooperation in accordance with the Agenda's strategic lines for regional health management and knowledge management. PAHO's subregional program for South America is the Organization's main interlocutor with the Permanent Secretariat of ACTO and, through its technical cooperation, it supports the development and implementation of the Agenda's health-related components. PAHO's subregional cooperation strategy for South America for 2019-2022 is fully coherent with the health-related components of the ACTO agenda.

Action by the Executive Committee

20. The Executive Committee is invited to take note of this report and make the comments it deems pertinent.

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