



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



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**RESOLUTIONS AND OTHER ACTIONS OF INTERGOVERNMENTAL
ORGANIZATIONS OF INTEREST TO PAHO**

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A. SIXTY-SIXTH WORLD HEALTH ASSEMBLY

1. The 66th World Health Assembly of the World Health Organization (WHO) was held on 20-28 May 2013 in Geneva (Switzerland) and attended by representatives and delegates of 188 Member States. Dr. Shigeru Omi (Japan) acted as President of the Assembly. Five countries served as vice-presidents: Angola, Haiti, Nepal, Oman, and Ukraine, in representation of their respective regions. Dr. Florence Duperval Guillaume, Minister of Health of Haiti, replaced the President during the fifth plenary session of the General Assembly.

2. At the opening of the Assembly, Dr. Margaret Chan, Director-General of WHO, called attention to the outbreak of two new diseases: infections in human beings caused by a new coronavirus and by the influenza H7N9 virus. She emphasized that both diseases are a reminder to the entire world that the threat of emerging and epidemic-prone diseases is omnipresent. She also underlined the importance of maintaining strict surveillance and of immediate notification to WHO, as well as strict fulfillment of the obligations of the Member States settled in the International Health Regulations (2005).

3. She reported on the progress of the debate about the place that health should occupy on the post-2015 development agenda and urged Member States to fight strongly to ensure that health is placed high on the new development agenda. She presented information on the scope of the health-related Millennium Development Goals (MDG) and acknowledged the efforts made by countries to fulfill the MDGs, but urged them to redouble their efforts to overcome certain obstacles that hinder the delivery of services.

4. She emphasized that despite the achievements, the task is not easy, in particular the fight against noncommunicable diseases, especially since the risk factors are amplified by very economically powerful products and forces. She emphasized that WHO would never have good relations with the tobacco industry, but recognized that it would be possible to work with other industries that could play a role in reducing the risks of noncommunicable diseases, while always ensuring that WHO avoids conflicts of interest.

5. She made special mention of the commitment made by all to achieve universal health coverage and said that both WHO and the Member States were on the right path.

6. The Credentials Committee comprised of 12 Member States, was appointed, with the delegates of Canada and Nicaragua representing the Region of the Americas.

7. The Chairman of the Executive Board, Dr. Joy St. John, Director General of Health of Barbados, submitted her report on the subjects reviewed during the 131st and

132nd sessions of the Executive Board, highlighting the resolutions adopted by the Council.

8. The agenda of the Assembly included 23 general items, most of them related to technical and health matters; 13 progress reports on technical subjects; and 17 administrative, budgetary, and institutional items. As on previous occasions, these matters were dealt with in committees A and B and in the plenary sessions. The Assembly adopted 24 resolutions and made 13 decisions.

9. The full versions of these resolutions and decisions, along with other documents related to the World Health Assembly, can be consulted on the WHO website: http://apps.who.int/gb/e/e_wha66.html.

10. Table 1 contains a list of the resolutions adopted by the World Health Assembly that are of interest to the Region and the related Pan American Health Organization (PAHO) resolutions, as well as the implications that the WHA resolutions have for the Region and the progress that has been made on these subjects.

Other Matters: Executive Board

11. The 133rd meeting of the Executive Board was held on 29-30 May. The Presidency of the Executive Board rested with Australia. Argentina, Brazil, and Suriname were selected to be Executive Board members, complementing Cuba, Mexico, and Panama as the six members of the Region.

12. The agenda of the 131st Session of the Executive Board included 13 items, among them WHO reform; comprehensive and coordinated efforts for the management of autism spectrum disorders; a report by the Secretariat to provide a basis for a discussion on psoriasis; a report by the Secretariat suggesting an approach for the evaluation of the global strategy and plan of action on public health, innovation, and intellectual property; a report on improving the health of patients with viral hepatitis, based on the framework for global action. The Board made 10 decisions and adopted three resolutions at this session.

13. Finally, the Board took note of the reports submitted and approved the date and location of the 67th World Health Assembly, among other matters. It was agreed that the 67th World Health Assembly would be held at the Palais des Nations, in Geneva, starting on 19 May 2014 and ending no later than 24 May. The Board also decided that its 134th meeting will begin on Monday 20 January 2014, at WHO headquarters in Geneva, ending no later than 25 January; that the Programme, Budget, and Administration Committee of the Executive Board will hold its 19th meeting 16-17 January 2014, at

WHO headquarters, and that its 20th meeting will be held 15-16 May 2014, at WHO headquarters in Geneva.

14. Table 2 presents a list of the resolutions approved by the 133rd Meeting of the Executive Board of interest to the Region, and the PAHO resolutions linked with them, as well as the implications of these resolutions for the Region and the progress made in these areas.

15. The full versions of these reports, as well as other related documents, can be consulted on the WHO website: http://apps.who.int/gb/e/e_eb133.html.

Action by the Directing Council

16. The Directing Council is invited to take note of these resolutions, consider their implications for the Region of the Americas, and offer the recommendations they deem relevant.

**Table 1: Resolutions of Interest to the Region of the Americas
Approved by the 66th World Health Assembly**

Resolution	Items (and Reference Documents)	PAHO Resolutions and Documents	Implications for the Region Progress in Region
<p>WHA66.1 Twelfth General Programme of Work, 2014–2019</p>	<p>A66/6 Draft twelfth general programme of work</p> <p>A66/4 WHO reform High-level implementation plan and report</p>	<p>CE152/10, Rev. 1 Proposed PAHO Strategic Plan 2014-2019</p>	<p>The WHO Twelfth General Programme of Work, 2014-2019 presents the WHO's strategic vision for its work over the next six years and is one of the most important components of WHO programmatic reform. The document approved by the World Health Assembly is the result of several revisions, interactions, and consultations with the Member States and the Secretariat. The WHO Twelfth General Programme of Work has strongly influenced the preparation of the new PAHO Strategic Plan for 2014-2019 and a high degree of harmonization and alignment has been achieved. The PAHO Strategic Plan 2014-2019, with certain adaptations that reflect regional specificities, clearly identifies the Region's contribution to the global health agenda and uses the WHO programmatic structure (categories and programmatic areas), as well as the WHO results chain. As much as possible, the indicators proposed by WHO have been used to facilitate monitoring and reporting.</p>
<p>WHA66.2 Programme budget 2014–2015</p>	<p>A66/7 Proposed Program and Budget 2014-2015</p>	<p>CE152.SS.R1 Allocation of Funds by WHO to the Region of the Americas</p> <p>CE152/11 Proposed PAHO Program and Budget 2014-2015</p>	<p>The WHO Programme budget 2014-2015, like the General Programme of Work, was used extensively in the preparation of the PAHO Program and Budget 2014-2015, and a high degree of harmonization and alignment has been achieved.</p> <p>With regard to the budget component, it should be kept in mind that, for the first time, the World Health Assembly did not approve the appropriation of assessed contributions, giving the Director-General complete flexibility to decide later on the appropriation of assessed contributions. This decision could have implications for the Region of the Americas, which has been receiving a more or less constant amount of assessed contributions over the past three biennia.</p>

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<p>WHA66.3 Amendments to the Financial Regulations and Financial Rules</p>	<p>A66/33 Amendments to the Financial Regulations and Financial Rules</p>	<p>CE152/18 Amendments to the Financial Regulations</p>	<ul style="list-style-type: none"> The WHA has approved the amendments to the WHO Financial Regulations, effective 1 January 2014. The main changes concern Regulation V. Provision of Regular Budget Funds, since this is now extended to cover both assessed and voluntary sources to finance the entire budget. Furthermore, Regulation VII. Working Capital Fund and Internal Borrowing is revised to address the way in which the budget may be financed through the Working Capital Fund and internal borrowing, prior to the receipt of the assessed contributions. Although PAHO's Regulations do not require the Director to raise Voluntary Contributions, estimates of Voluntary Contributions are included as part of the Program and Budget and are reported to the Governing Bodies. The change to the Working Capital Fund is in line with PAHO's current Financial Regulations. PAHO has its own Financial Regulations; therefore, the changes to the WHO Financial Regulations do not have a major impact on PAHO.
<p>WHA66.4 Towards universal eye health: a global action plan 2014-2019</p>	<p>A66/11 Draft action plan for the prevention of avoidable blindness and visual impairment 2014-2019</p>	<p>CD49.R11 Plan of Action on the Prevention of Avoidable Blindness and Visual Impairment</p> <p>CD49/19 Plan of Action on the Prevention of Avoidable Blindness and Visual Impairment</p> <p>CD52/INF/4 (G) Towards the Elimination</p>	<p>Considering that PAHO has approved an plan of action for the prevention of blindness and avoidable visual deficiencies, it would be advisable to review it in the light of the global action plan 2014-2019 and align the PAHO regional plan of action with the action plan approved by the World Health Assembly. The new regional plan could be submitted to the PAHO Governing Bodies in 2014 and would include the following objectives, among others:</p> <ul style="list-style-type: none"> Implement, at the regional level and according to national priorities, the

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		<p>of Onchocercosis (River Blindness) in the Americas</p> <p>CD48.R12 Towards the Elimination of Onchocerciasis (River Blindness) in the Americas</p>	<p>measures proposed in the global action plan, in particular universal and equitable access to health services.</p> <ul style="list-style-type: none"> • Improve the integration of eye health into national health plans and the delivery of health services. • Develop plans and programs to improve the quality of eye health services. • Identify, document, and publish good practices in national eye health programs. • Monitor the implementation, outcomes, and impact of eye health policies.
<p>WHA66.6 Financial report and audited financial Statements for the period 1 January 2012–31 December 2012</p>	<p>A66/29 Financial Report and Audited Financial Statements for the year ended 31 December 2012</p>	<p>Official Document No. 344 Financial Report of the Director and Report of the External Auditor for 2012</p>	<ul style="list-style-type: none"> • PAHO also received an unqualified audit opinion on its 2012 Financial Statements. PAHO's External Auditors provided a Letter of Comfort to the WHO External Auditors with regard to the WHO funds administered by PAHO. • PAHO will present its 2012 audited Financial Statements and the Report of the External Auditor to PAHO's 152nd Executive Committee in June 2013. <p>The following important aspects of the WHO financial report may be of interest to the Region:</p> <ul style="list-style-type: none"> • Overall financial situation improved, but concerns remain. • Accounting surplus of \$214m includes funds to be made available for 2013 (<i>PAHO has a similar net surplus, but because it is the interim, funds remain available for the second year of the biennium</i>); however some

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			<p>areas of the budget are underfunded.</p> <ul style="list-style-type: none"> • PBAC noted unfunded long term liabilities, specifically staff health insurance of \$823m, which WHO anticipates funding by 2042 (<i>PAHO will also show a net liability for ASHI – this will be highlighted and explained in the presentation of the Financial Report of the Director for 2012 to the ExCom in June. However, a 30 year funding scenario poses challenges for the Organization</i>). • PBAC noted imbalance between earmarked and unearmarked (8%) VC (the vast majority of PAHO VC funds are earmarked). • PBAC emphasized importance of showing meaningful budgetary comparisons against expenditure in Statement 5 (<i>As the budget is biennial and the financials are annual, there is a theoretical constraint – PAHO has chosen to show the full budget against the annual expenditure which illustrates the balance of funds to be implemented in the biennium</i>). • PBAC emphasized the need for a healthy cash surplus and recommended that estimated staff costs be covered for a biennium (<i>PAHO has similar cash flow challenges due to the concentration of contributions in a few large member states – currently, PAHO has depleted its working capital fund and is using internal resources to fund the Regular Budget pending the receipt of assessments</i>).
WHA66.7 Implementation of the	A66/14 Follow-up actions to recommendations of	CD52/INF/4(A) Regional Strategy and Plan of Action for	Through the regional programs, following up on the commitment made in Resolution WHA66.7 to provide the

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recommendations of the United Nations Commission on Life-Saving Commodities for Women and Children	the high-level commissions convened to advance women's and children's health	<p>Neonatal Health within the continuum of Maternal, Newborn, and Child Care (2008-2015): Mid-term Evaluation</p> <p>CD45.R7 Access to Medicines</p> <p>CD48.R4, Rev. 1 Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care</p>	<p>population, especially the poorest population, with access to the 13 life-saving commodities:</p> <p>This resolution is entirely in line with the approach taken by the Member States of the Americas in accordance with Resolution CD45.R7 (2004): assign priority to the issue of access to essential medicines and other public health supplies, addressing the determinants of access at the national level with special focus on poor and marginalized populations; develop generic drug policies as a means to increase the availability and affordability of essential medicines, ensuring product quality and safety through effective regulation; and promote rational use through incentives aimed at both providers and users.</p>
WHA66.8 Comprehensive mental health action plan 2013-2020	A66/10 Rev.1 Draft comprehensive mental health action plan 2013-2020	<p>CD49.R17 Strategy and Plan of Action on Mental Health</p> <p>CD49/11 Strategy and Plan of Action on Mental Health</p>	Considering that PAHO approved a Strategy and Plan of Action on Mental Health, it would be advisable to review it in the light of the global action plan 2013-2020.
WHA66.9 Disability	A66/12 Disability	<p>CD50.R8 Health and Human Rights</p> <p>CD50/12 Health and Human Rights</p>	This resolution gives impetus to the sectoral policy-making efforts undertaken by the Member States of the Region to address the situation of persons with disabilities, and gives the Organization the mandate to provide the Member States with the necessary technical cooperation to develop national plans that guarantee the social protection of persons with disabilities and their access to information, habilitation and rehabilitation services, and assistive technologies. The resolution also supports proper training for health professionals. In this context, it is necessary to develop a regional plan of action with measurable goals to allow more rational planning and

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			use of resources. Also, the different sectors must achieve more effective coordination to bridge the gaps and overcome the barriers that prevent persons with disabilities from fully enjoying their human rights and improving their quality of life.
<p>WHA66.10 Follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases</p>	<p>A66/8 Draft comprehensive global monitoring framework and targets for the prevention and control of noncommunicable diseases. Formal Meeting of Member States to conclude the work on the comprehensive global monitoring framework, including indicators, and a set of voluntary global targets for the prevention and control of noncommunicable diseases.</p> <p>A66/9 A66/9 Corr.1 Draft action plan for the prevention and control of noncommunicable diseases 2013-2020</p> <p>Documents A66/8 and A66/9. Resolution 66/2 of the United Nations General Assembly. Resolution 66/288 of the United Nations General Assembly.</p>	<p>CD51/INF/4 Report on the United Nations High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases</p>	<p>By Resolution WHA66.10 the Member States decided to: adopt the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020; and adopt the comprehensive global monitoring framework for the prevention and control of noncommunicable diseases, including all its goals and indicators. Member States were urged to accelerate implementation by Parties of the WHO Framework Convention on Tobacco Control, and to give high priority to the implementation of the Global strategy on diet, physical activity and health (WHA57.17), the Global strategy to reduce the harmful use of alcohol (WHA63.13), and the recommendations on the Marketing of food and non-alcoholic beverages to children (WHA63.14), as being integral to making progress in this matter. Member States were also urged to strengthen engagement with other sectors and with civil society. The Director was requested to prepare draft terms of reference for a global coordination mechanism of an intersectoral nature, and to conduct regional consultations.</p> <p>The Region of the Americas has taken a very active part in the global process, presenting a united position on several points of discussion and showing clear leadership in comparison with other regions. The global action plan provides a road map with a selection of policy options for the States and other key actors to take coordinated and coherent action. For the first time, the plan promotes nine voluntary goals and a monitoring</p>

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			framework with 25 indicators that the Region has included in its regional Plan and that the countries can adapt and adjust for inclusion in their national health plans and in the noncommunicable diseases policy component.
<p>WHA66.11 Health in the post-2015 UN development agenda</p>	<p>A66/47 Health in the post-2015 UN development agenda</p> <p>A66/13 Monitoring the achievement of the health-related Millennium Development Goals</p> <p>A66/15 Social determinants of health</p>	<p>CE152/INF/6 Health in the Post-2015 Development Agenda: Report on the Panel Preparations</p> <p>PAHO website that includes a set of tools to support Member States: http://new.paho.org/mdgpost2015/</p>	<p>Resolution WHA66.11 urges the Member States to ensure that health is central to the post-2015 UN development agenda and to actively engage in discussions in order to accomplish this; to honor their commitments toward the MDGs and to support the countries at risk of not achieving them; it asks the Director-General to include the discussion of health in the post-2015 UN development agenda as an agenda item in the meetings of the WHO regional committees.</p> <p>The subject is already in the agenda both of the Executive Committee and the Regional Committee of the Americas.</p>
<p>WHA66.12 Neglected tropical diseases</p>	<p>A66/20 Neglected tropical diseases Prevention, control, elimination and eradication</p> <p>Accelerating Work to Overcome the Global Impact of Neglected Tropical Diseases: A Roadmap for Implementation.</p> <p>http://www.who.int/neglected_diseases/NTD_RoadMap_2012_Fullversion.pdf</p> <p>WHA65.21 Elimination of schistosomiasis</p>	<p>CD49.R19 Elimination of Neglected Diseases and Other Poverty-Related Infections</p> <p>CD50.R17 Strategy and Plan of Action for Chagas Disease Prevention, Control, and Care</p> <p>CD48/13 Integrated Vector Management: A Comprehensive Response to Vector-borne Diseases</p> <p>PAHO Technical Report (2010): Control and Elimination of Five Neglected Diseases</p>	<ul style="list-style-type: none"> • The resolution approved by the Assembly will help strengthen PAHO technical cooperation with the countries for the control and elimination of neglected tropical diseases, and will provide stronger support for the agreements in PAHO Resolution CD49.R19 (2009). • The Region of the Americas has made significant progress toward the control and elimination targets. One of the main challenges now is to build capacity to implement preventive chemotherapy interventions to reach at least 75% of the at-risk population for as long as necessary. • In terms of control and elimination, the specific challenges of the corresponding program in the Region involve reaching at-risk school children with antihelminthics;

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		<p>in Latin America and the Caribbean, 2010-2015: Analysis of Progress, Priorities and Lines of Action for Lymphatic filariasis (LF), Schistosomiasis, Onchocerciasis, Trachoma and Soil-transmitted helminthiases</p> <p>http://www.paho.org/hq/index.php?option=com_content&view=category&layout=blog&id=903&Itemid=1103&lang=en</p>	<p>conducting studies to detect Chagas disease in pregnant women; providing tests and full treatment for patients of all ages with leprosy, trachoma, and leishmaniasis; and providing appropriate and timely treatment for persons with chronic Chagas disease, LF, and trachoma.</p> <ul style="list-style-type: none"> Other Regions could benefit from the lessons learned by PAHO in this process, building on the Region's experience in the elimination of Chagas disease (elimination of the household vector, screening of blood banks); onchocerciasis (reaching isolated populations); lymphatic filariasis (especially in urban areas); and schistosomiasis and trachoma (improving surveillance, basic health care, and safe access to water); as well as in the elimination verification process. <p>The Pan American Foot-and-Mouth Disease Center (PANAFTOSA) considers it necessary to step up the promotion of intersectoral work among the ministries of health and agriculture for more comprehensive strengthening of zoonotic disease prevention, monitoring, and control activities.</p>
<p>WHA66.13 Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution</p>	<p>A66/30 Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution</p>	<p>CE152/16, Rev. 1 Report on the Collection of Assessed Contributions</p>	<p>In the Region of the Americas at the time of the opening of the 66th World Health Assembly, the voting rights of Grenada were suspended. Antigua and Barbuda would be in the same situation if their quotas have not been paid by the 67th Assembly.</p>

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<p>WHA66.18 Follow-up of the report of the Working Group on the Election of the Director-General of the World Health Organization</p>	<p>A66/41 Follow-up of the report of the Working Group on the Election of the Director-General of the World Health Organization</p>	<p>CE150/INF/1 Process for the Election of the Director of the Pan American Sanitary Bureau and the Nomination of the Regional Director of the World Health Organization for the Americas</p>	<p>Among other aspects, Resolution WHA66.18 establishes a candidates' forum, similar to that of the Region of the Americas, as well as a standard, limited-length form for the submission candidates' curriculum vitae. This form could be considered by the Member States of the Region as an innovative tool for the procedure of choosing the Regional Director.</p>
<p>WHA66.20 Agreement between the World Health Organization and the South Centre</p>	<p>A66/46 Agreements with intergovernmental organizations Agreement between the World Health Organization and the South Centre</p>	<p>CE152/15 Cooperation among Countries for Health Development in the Americas</p>	<p>The South Centre is an intergovernmental organization of developing countries established by an Intergovernmental Treaty which came into force on 31 July 1995. The organization is made up of 51 countries from the five regions of the World Health Organization.</p> <p>The objectives of the South Centre relevant to cooperation with WHO are: to promote South solidarity and South-South action and cooperation in order to improve mutual understanding and cooperation between the South and the North; and to foster convergent views and approaches, in particular with regard to development.</p> <p>Its 51 Member States include a large number of countries in the Region of the Americas: Barbados, Bolivia, Brazil, Cuba, the Dominican Republic, Ecuador, Guyana, Honduras, Jamaica, Panama, Suriname, and Venezuela. The South Centre may be very useful for implementation of the concepts explained in the document on cooperation among countries to be discussed by the Directing Council, particularly with regard to overcoming the compartmentalization of South-South cooperation within the WHO regions.</p>
<p>WHA66.22 Follow up of the</p>	<p>A66/23 Follow up of the</p>	<p>CSP28/18, Rev. 2 Regional Consultation on</p>	<p>The WHO Regional Offices have been requested to organize regional</p>

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<p>report of the Consultative Expert Working Group on Research and Development: Financing and Coordination</p>	<p>report of the Consultative Expert Working Group on Research and Development: Financing and Coordination: Report by the Director-General</p> <p>EB132/21 Follow up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination: Report by the Director-General</p> <p>EB133/7 Suggested approach for the evaluation of the implementation of the global strategy and plan of action on public health, innovation and intellectual property</p>	<p>the Report of the Consultative Expert Working Group on Research and Development: Financing and Coordination</p> <p>CD48.R15 Public Health, Innovation, and Intellectual Property: A Regional Perspective</p>	<p>consultations to identify the gaps in research and development related to the acquisition, preparation, and distribution of medical products for diseases that disproportionately affect developing countries.</p> <p>The 66th World Health Assembly also requested the Director-General to undertake activities in relation to monitoring, coordination, and financing for health research and development; and, in accordance with Resolution WHA66.22, to convene a two-to-three-day technical advisory meeting in order to help identify demonstration projects. The Member States, through their regional offices, should submit project proposals to be considered for the demonstrations.</p> <p>PAHO is initiating a regional consultation process to identify three priority areas for research and development, select four demonstration projects, and agree on a methodology to select the four projects to be evaluated by an international group of experts. This process will be carried out between August and October 2013. The regional projects will be presented to WHO in late October 2013.</p>
<p>WHA66.23 Transforming health workforce education in support of universal health coverage</p>	<p>A66/24 Universal Health Coverage</p>	<p>CE152/12, Rev. 1 Social Protection in Health</p> <p>CD52/6 Human Resources for Health</p>	<p>The Region of the Americas has been carrying out technical cooperation activities to help the countries advance in the preparation of national human resources plans that include specific goals related to those presented in the resolution adopted by the Assembly.</p> <p>PAHO should further strengthen the lines of work now in place to support universal health coverage and implement the protocol and standardized instrument to be created by WHO, as stated in Document A66/24.</p>

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			<p>PAHO has selected an instrument to evaluate the goals and is in the second stage of measuring the goals in most countries in the Region.</p> <p>New guidelines have been developed for training health professionals with a primary health care (PHC) approach.</p> <p>A proposal has been developed with specific recommendations to refocus medical residencies in order to ensure a supply of specialists in family medicine and to design strategic plans for their retention in underserved areas.</p> <p>Virtual courses on PHC have been designed and delivered through the Virtual Campus for Public Health.</p> <p>Networks and communities of practice have been created among schools and associations of health professionals in several countries.</p> <p>Public health competencies have been defined for reference in the design of academic training programs and continuing education programs.</p> <p>A draft document has been prepared for the PAHO Governing Bodies, aimed at increased access to health services for vulnerable and hard-to-reach communities. This document will be presented to the 52nd Directing Council.</p> <p>Organizational assistance is being provided for the Global Forum on Human Resources to be held in Recife, Brazil, in November this year.</p>
WHA66.24 eHealth standardization and interoperability	A66/26 eHealth and health Internet domain names	CD51.R5 Strategy and Plan of Action on <i>eHealth</i>	<ul style="list-style-type: none"> Resolutions WHA58.28 (2005) and CD51.R5 (2012) demonstrate the impact of eHealth in order for it to be integrated into national cooperation strategies for the development of

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		<p>CD51/13 Strategy and Plan of Action on <i>eHealth</i></p>	<p>health systems and the achievement of universal health coverage.</p> <ul style="list-style-type: none"> • PAHO resolution CD51.R5 aligns with resolution WHA66.24 adopted by the Assembly. • In addition to the provisions of the PAHO resolution, the Member States should consider possible mechanisms for working with their national representatives on the ICANN Governmental Advisory Committee in order to coordinate national positions on the use of health-related Internet domain names. • To date, PAHO has provided technical cooperation on eHealth to 19 countries in the Region. • PAHO's regional eHealth Laboratory has been implemented (available at: healthwww.paho.org/ict4health). • Agreements have been signed with the National Center for Supercomputing at the University of Illinois and others have been initiated with other institutions. • In early 2012, PAHO participated in the review of the National eHealth Strategy Toolkit, published jointly by WHO and the International Telecommunications Union (ITU). • PAHO participates in the Forum on Health Data Standardization and Interoperability and collaborates with the Member States to identify and implement appropriate eHealth standards. • In collaboration with WHO, a regional technical consultation on standardization and interoperability

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			<p>was carried out with the participation of eight countries, among other regional consultations.</p> <ul style="list-style-type: none"><li data-bbox="980 562 1435 674">• In late 2013, the Pan American Journal of Public Health will publish a special issue on eHealth, for which over 70 articles have been received.

**Table 2. Resolutions of Interest to the Region of the Americas
Approved by the 133rd Executive Board**

Resolution	Items (and Reference Documents)	PAHO Resolutions and Documents	Implications for the Region Progress in Region
<p>EB133.R1 Comprehensive and coordinated efforts for the management of autism spectrum disorders</p>	<p>A66/10 Rev.1 Draft comprehensive mental health action plan 2013-2020</p>	<p>CD49.R17 Resolution on the Strategy and Plan of Action on Mental Health</p> <p>CD49/11 Strategy and Plan of Action on Mental Health</p>	<p>The document offers a global update on the issue and the general approach to it. It does not appear necessary or advisable for the Region to prepare a specific document on this topic. As part of the review of the Plan of Action on Mental Health to be presented to the Directing Council, the issue of childhood disorders, including autism spectrum disorders, could be addressed.</p>
<p>EB133.R2 World psoriasis day</p>	<p>EB133/5 Psoriasis</p>		<p>The resolution recognizes psoriasis as an incurable chronic disease and encourages Member States, including those in the Region of the Americas, to hold World Psoriasis Day activities every 29 October. It also requests the Director-General to prepare and publish a global report on psoriasis and to include the information on the WHO web site.</p>
<p>EB133.R3 Confirmation of amendments to the Staff Rules</p>	<p>EB133/12 Amendments to the Staff Regulations and Staff Rules</p>	<p>CE152/22 Amendments to the PASB Staff Rules</p> <p>CE152.R11 Amendments to the Staff Rules of the Pan American Sanitary Bureau</p>	<p>PAHO has made the same amendments to article 1020 of its Staff Rules with respect to the retirement age for new participants in the United Nations Joint Staff Pension Fund, starting 1 January 2014. This was recommended by the Joint Staff Pension Board in view of the actuarial situation of the Fund.</p> <p>However, PAHO has not amended article 630 to reduce accrued annual leave from 60 to 30 days.</p>

B. SUBREGIONAL ORGANIZATIONS

1. This document presents the principal agreements and resolutions of interest to the Governing Bodies of the Pan American Health Organization (PAHO) adopted by different intergovernmental regional and subregional entities linked with public health and that are related to PAHO's work as the specialized health agency of the Inter-American System.

(a) Central America

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

(b) Caribbean

- Caribbean Community (CARICOM): Council for Human and Social Development (COHSOD)
- Caucus of Caribbean Ministers of Health

(c) South America

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

Resolutions and Agreements on Health Matters Adopted by Subregional Integration Entities¹ and Related to PAHO Activities

(a) CENTRAL AMERICA

*Central American Integration System (SICA): Council of Ministers of Health of Central America and the Dominican Republic (COMISCA)*²

2. The Council of Ministers of Health of Central America and the Dominican Republic (COMISCA) of the Central American Integration System (SICA) is the forum

¹ The meetings considered are the latest ones held within the framework of subregional bodies linked with health up to 31 July 2013.

² Link to information on COMISCA: <http://www.sica.int/comisca/>.

that brings together the Ministers and Ministries of Health. The Pan American Health Organization/World Health Organization (PAHO/WHO) participates in the regular meetings of the Council by invitation of the Executive Secretariat of COMISCA as the lead agency in health matters in the Region and because of the technical assistance it provides in the thematic Technical Commissions (Technical Commission on Pharmaceuticals, Human Resources, Chronic Noncommunicable Diseases, and Cancer; Technical Commission on Surveillance in Health and Information Systems; and the Regional Coordinating Mechanism on HIV/AIDS). Furthermore, PAHO/WHO has a permanent representative on the Executive Committee for Implementation of the Health Plan for Central America and the Dominican Republic (CEIP) and on the Advisory Committee of the Technical Commission on Surveillance in Health and Information Systems.

3. COMISCA holds regular sessions twice a year in the countries that hold the presidency *pro tempore*. The last regular meeting of COMISCA (XXXVII Regular Meeting of COMISCA, 3-4 December 2012) was held in the city of Managua (Nicaragua), the country that held the presidency *pro tempore* during the second half of 2012.

4. It should be noted that a special session of COMISCA was held on 22 February 2013 in the city of San José (Costa Rica), the country that holds the presidency *pro tempore* during the first half of 2013. At that time, the procedure for rotation of the COMISCA Executive Secretariat was presented and approved, as were the adjustments made by the Executive Committee to the 2013-2015 Health Plan and to the 2013 Annual Operating Plan for implementation of the Health Plan. The XXXVIII Regular Meeting of COMISCA took place in the city of San José (Costa Rica) from 27 June to 28 June.

5. PAHO/WHO also participates in the Central American System within the framework of the Mesoamerican Integration and Development Project, which is governed by the mandates arising from the Summit of Heads of State and of Government of the Tuxtla Dialogue and Consensus-building Mechanism. The project has an Executive Board (with permanent headquarters in El Salvador) and an Inter-institutional Technical Group (GTI), in which PAHO participates together with other partners to coordinate actions with the different initiatives in the Mesoamerican Project. PAHO/WHO does not receive or implement resources to finance the Master Plans, but does contribute a technical perspective to guide interventions in health in order to ensure that they are coherent with regional and global methods and goals.

Central American Integration System XXXVIII Regular Meeting of the Council of Ministers of Health of Central America and the Dominican Republic City of San José (Costa Rica), 27-28 June 2013	
Items approved by COMISCA	Relation to PAHO activities
<p>Sustainability strategy for the comprehensive response to HIV – Report of the Regional Coordination Mechanism</p> <p>Progress on the 2nd Central American Diploma in Monitoring and Evaluation for Policy and Program Management of HIV/AIDS</p>	<p>Linked with HIV/AIDS technical programs.</p> <p>Linked with the Progress Report on the PAHO Regional Strategic Plan for HIV/AIDS/STI, 2006-2015: Mid-term Evaluation (Document CSP28/INF/3(D) [2012]).</p> <p>Linked with the technical program on health and laboratory services and the technical program on HIV.</p> <p>Linked with Strengthening National Regulatory Authorities for Medicines and Biologicals, (Resolution CD50.R9 [2010]).</p>
<p>Joint negotiations on medicines</p>	<p>Linked with the Regional Revolving Fund for Strategic Public Health Supplies.</p> <p>Linked with the technical program on Drugs and Health Technologies.</p> <p>Regional Platform on Access and Innovation for Health Technologies (2012).</p> <p>Linked with Health Technology Assessment and Incorporation into Health Systems (Document CSP28/11 and Resolution CSP28.R9 [2012]).</p>
<p>Risk Management in Health—CTEGERS</p>	<p>Linked with the program on emergency preparedness and disaster relief.</p> <p>Linked with the Coordination of International Humanitarian Assistance in Health in Case of Disasters (Document CSP28/13 and Resolution CSP28.R19 [2012]).</p>
<p>Elimination of malaria in Mesoamerica and Hispaniola</p>	<p>Linked with the Strategy and Plan of Action on Malaria (Document CD51/11 [2011]).</p> <p>Linked with the initiative for the Elimination of Neglected Diseases and Other Poverty-related Infections (Document CD49/9 [2009]).</p>

Central American Integration System XXXVIII Regular Meeting of the Council of Ministers of Health of Central America and the Dominican Republic City of San José (Costa Rica), 27-28 June 2013	
Items approved by COMISCA	Relation to PAHO activities
	Linked with Integrated Vector Management: a Comprehensive Response to Vector-borne Diseases (Document CD48/13 [2008]).
Mesoamerican Public Health System	Linked with the technical program for subregional health cooperation.
Cooperation to strengthen national capabilities—IHR	Linked with Health Technology Assessment and Incorporation into Health Systems (Document CSP28/11 and Resolution CSP28.R9 [2012]).
Chronic kidney disease	<p>Linked with the Strategy for the Prevention and Control of Noncommunicable Diseases, 2012-2025 (Document CSP28/9 and Resolution CSP28.R13 [2012]).</p> <p>Linked with the Pan American Forum for Action on Noncommunicable Diseases (2012).</p> <p>Linked with the Report on the United Nations High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases (Document CD51/INF/4 [2011]).</p> <p>Linked with the Regional Strategy and Plan of Action for an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity, and Health (Resolution CD47.R9 [2006]).</p>
Central American survey of health and working conditions (ECCTS)	<p>Linked with the technical program on workers' health.</p> <p>Linked with the Regional Plan of Action on Workers' Health (May 2001).</p>

Central American Integration System XXXVIII Regular Meeting of the Council of Ministers of Health of Central America and the Dominican Republic City of San José (Costa Rica), 27-28 June 2013	
Items approved by COMISCA	Relation to PAHO activities
Neglected diseases	Linked with the initiative for the Elimination of Neglected Diseases and Other poverty-related Infections (Document CD49/9 [2009]).
Prevention and control of micronutrient deficiencies in Central America and the Dominican Republic	Linked with the Regional Strategy and Plan of Action on Nutrition in Health and Development 2006-2015: Mid-term Review (Document CSP28/INF/3(C) [2012]).
Food safety and nutrition policy	Linked with the Regional Strategy and Plan of Action on Nutrition in Health and Development 2006-2015: Mid-term Review (Document CSP28/INF/3(C) [2012]).
Obesity: a public health problem	Linked with the Regional Strategy and Plan of Action on Nutrition in Health and Development 2006-2015: Mid-term Review (Document CSP28/INF/3(C) [2012]). Linked with the Pan American Alliance on Nutrition and Development for the Achievement of the Millennium Development Goals.
Mental health	Linked with the Strategy and Plan of Action on Mental Health (Resolution CD49.R17 [2009]).
Donation and transplantation of human organs and tissues	Linked with the Policy Framework for Human Organ Donation and Transplantation (Resolution CD49.R18 [2009]).

Meeting of the Health Sector of Central America and the Dominican Republic (RESSCAD)³

6. The Ministers of Health of Central America and the Dominican Republic participate along with the social security and water and sanitation institutions in the Meeting of the Health Sector of Central America and the Dominican Republic (RESSCAD). PAHO serves as the Technical Secretariat for this forum. Meetings are held once a year. In 2013, the XXIX RESSCAD was held from 16 to 18 July in Guatemala.

RESSCAD XXIX Meeting of the Health Sector of Central America and the Dominican Republic Antigua (Guatemala) 16–18 July 2013	
Agreements adopted by RESSCAD	Relation to PAHO activities
Governance and access to water with a human rights approach	Linked with the technical program on sustainable development and environmental health. Linked with the Health and Human Rights (Resolution CD50.R8 [2010]) and Health, Human Security, and Well-being (Resolution CD50.R16 [2010]).
The drug addiction situation in the Hemisphere and its impact on Central America	Linked with the Memorandum of Understanding signed between the OAS and PAHO to cooperate in reducing the demand for illicit drugs in the countries of the Americas (May 2012).
Medicines and health technologies: regulation, national drug authorities, and access	Linked with Health Technology Assessment and Incorporation into Health Systems (Document CSP28/11 and Resolution CSP28.R9 [2012]). Linked with Strengthening National Regulatory Authorities for Medicines and Biologicals (Resolution CD50.R9 [2010]). Linked with the progress report on the Implementation of the Global Strategy and Plan of Action on Public Health, Innovation, and Intellectual Property (Document CD51/INF/5(B) [2011]).

³ Link to information on RESSCAD: <http://new.paho.org/resscad/>.

RESSCAD XXIX Meeting of the Health Sector of Central America and the Dominican Republic Antigua (Guatemala) 16–18 July 2013	
Agreements adopted by RESSCAD	Relation to PAHO activities
Toward the Elimination of Neglected Infectious Diseases (NIDs) in Central America and the Dominican Republic	Linked with the initiative for the Elimination of Neglected Diseases and Other Poverty-related Infections (Document CD49/9 [2009]).
Equity in health through primary health care interventions that impact social determinants	Linked with the Strategy for Health Personnel Competency Development in Primary Health Care-based Health Systems (Resolution CD50.R7 [2010]).
Emergency medical care for persons in transit insured by social security institutions in Central America and the Dominican Republic	<p>Linked with: Health and Tourism (Document CD49/15 and Resolution CD49.R20 [2009]).</p> <p>Linked with the strategies promoted by the Organization for the study of health services and systems, health economics, and the extension of social health protection.</p> <p>Linked with the Strategy for Health Personnel Competency Development in Primary Health Care-based Health Systems (Resolution CD50.R7 [2010]).</p>
Chronic kidney disease from non-traditional causes (CKDnT)	<p>Linked with the Strategy for the Prevention and Control of Noncommunicable Diseases (Document CSP28/9 and Resolution CSP28.R13 [2012]).</p> <p>Linked with the Pan American Forum for Action on NCDs (2012).</p> <p>Linked with the Report on the United Nations High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases (Document CD51/INF/4 [2011]).</p> <p>Linked with the Regional Strategy and Plan of Action for an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity, and Health (Resolution CD47.R9 [2006]).</p>

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

7. Within the framework of CARICOM, the Ministers of Health meet in regular sessions in the Council for Human and Social Development (COHSOD). PAHO participates in this forum as the technical advisory agency on health. The last regular meeting was held in July 2012 in Providence (Guyana).

CARICOM Twenty-third Meeting of the Council for Human and Social Development (COHSOD) Providence (Guyana), 10-11 July 2012 “Childhood and Youth”	
Main items addressed by COHSOD	Relation to PAHO activities
Integrated agenda for children and youth	<p>Linked with Health and Human Rights (Resolution CD50.R8 [2010]) and Health, Human Security, and Well-being (CD50.R16 [2010]).</p> <p>Linked with the Strategy and the Plan of Action for Integrated Child Health (Document CSP28/10 and Resolution CSP28.R20 [2012]).</p>
Regional Framework for the Action on the subject of childhood	<p>Linked with the Strategy and Plan of Action for Integrated Child Health (Document CSP28/10 and Resolution CSP28.R20 [2012]).</p>
Violence against boys, girls, and young people	<p>Linked with Health and Human Rights (Resolution CD50.R8 [2010]) and on Health, Human Security, and Well-being (Resolution CD50.R16 [2010]).</p> <p>Linked with the Strategy and the Plan of Action for Integrated Child Health (Document CSP28/10 and Resolution CSP28.R20 [2012]).</p> <p>Linked with the Plan of Action on Adolescent and Youth Health (Resolution CD49.R14 [2009]).</p> <p>Linked with the program on gender and health.</p>

CARICOM Twenty-third Meeting of the Council for Human and Social Development (COHSOD) Providence (Guyana), 10-11 July 2012 “Childhood and Youth”	
Main items addressed by COHSOD	Relation to PAHO activities
Health hazards in boys, girls, and adolescents	<p>Linked with the technical programs on health promotion and adolescent health.</p> <p>Linked with the Regional Strategy and Plan of Action for an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity, and Health (Resolution CD47.R9 [2006]).</p> <p>Linked with the Plan of Action on Adolescent and Youth Health (Resolution CD49.R14 [2009]).</p>
Toward the prohibition of corporal punishment	Linked with Health and Human Rights (Resolution CD50.R8 [2010]).
Creation of institutional capacity to address violence with a gender approach	<p>Linked with the program on gender and health.</p> <p>Linked with the Plan of Action for Implementing the Gender Equality Policy (Document CSP28/INF/3(B) [2012]).</p>

Caucus of Ministers of Health of the Caribbean

8. PAHO offers its facilities for meetings of the Caucus of Ministers of Health of the Caribbean and, along with CARICOM, acts as secretariat. The most recent meeting of the Caucus was held 15-16 September 2012 in Washington D.C., before the 28th Pan American Sanitary Conference.

CARICOM XXI Meeting of the Caucus of Ministers of Health of the Caribbean Washington D.C., PAHO Headquarters, 15-16 September 2012	
Items addressed	Relation to PAHO activities
CARPHA	Linked with PAHO’s subregional work program with the Caribbean, especially CAREC and CFNI.

CARICOM	
XXI Meeting of the Caucus of Ministers of Health of the Caribbean Washington D.C., PAHO Headquarters, 15-16 September 2012	
Items addressed	Relation to PAHO activities
Noncommunicable diseases: Report on the implementation of the Declaration of Port of Spain and of the United Nations High-level Meeting of the General Assembly (2011)	<p>Linked with the Strategy for the Prevention and Control of Noncommunicable Diseases (Document CSP28/9 and Resolution CSP28.R13 [2012]); and the Report on the United Nations High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases (Document CD51/INF/4 [2011]).</p> <p>Linked with the Regional Strategy and Plan of Action for an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity, and Health (Resolution CD47.R9 [2006]).</p> <p>Pan American Forum for Action on NCDs (2012).</p>
Development of Human Resources for Health (Registration of nurses)	<p>Linked with Regional Goals for Human Resources for Health 2007-2015 (Document CSP28/INF/3 (G) [2012]).</p> <p>Linked with the technical program for the development of human resources for health.</p> <p>Regional Observatory of Human Resources for Health.</p>
Elimination of the vertical transmission of HIV and congenital syphilis	<p>Linked with the progress report on the PAHO Regional Strategic Plan for HIV/AIDS/STI, 2006-2015: Mid-term Evaluation (Document CSP28/INF/3(D) [2012]).</p> <p>Linked with the Strategy and Plan of Action for Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis (Resolution CD50.R12 [2010]).</p> <p>Linked with the program for Health Surveillance and Disease Prevention and Control.</p>

CARICOM	
XXI Meeting of the Caucus of Ministers of Health of the Caribbean Washington D.C., PAHO Headquarters, 15-16 September 2012	
Items addressed	Relation to PAHO activities
PANCAP/CARPHA partnership and update on progress of Phase II of the Global Fund Round 9 Grant	Linked with the progress report on the PAHO Regional Strategic Plan for HIV/AIDS/STI, 2006-2015: Mid-term Evaluation (Document CSP28/INF/3(D) [2012]).
Updating of IHR implementation, including the handling of radioactive material and toxic chemicals	Linked with the initiative: Radiation Protection and Safety of Radiation Sources: International Basic Safety Standards (Document CSP28/17 and Resolution CSP28.R15 [2012]). Linked with the Implementation of the International Health Regulations (Document CD51/INF/5(D) [2011]).
Implementation of the regional pharmaceutical policy	Linked with Strengthening National Regulatory Authorities for Medicines and Biologicals (Resolution CD50.R9 [2010]).
Review of the PAHO subregional cooperation framework	Linked with the Caribbean subregional Cooperation Program.
University of the West Indies: graduate-level programs in public health	Linked with Regional Goals for Human Resources for Health, 2007-2015 (Document CSP28/INF/3(G) [2012]). Linked with the technical program for the development of human resources for health. Regional Observatory of Human Resources for Health.

(c) SOUTH AMERICA

Andean Community of Nations (CAN): Andean Health Agency/Hipólito Unanue Agreement (ORAS/CONHU)

9. Within the framework of the Andean Community of Nations, the Andean Agency of Health/Hipólito Unanue Agreement (ORAS/CONHU) acts as technical secretariat of

the Meeting of Ministers of Health of the Andean Area (REMSAA).⁴ PAHO participates in these meetings as the technical advisory agency on health. The most recent REMSAA was held in Bogotá (Colombia), 21-23 November 2012. The XXXIV REMSAA will be held in Bolivia in 2013. The date has not yet been confirmed.

Andean Community of Nations Andean Agency of Health/Hipólito Unanue Agreement (ORAS-CONHU) XXXIII Regular Meeting of Ministers of Health of the Andean Area (REMSAA) Bogotá (Colombia), 21-23 November 2012	
Resolutions adopted	Relation to PAHO activities
REMSAA XXXIII/474: Andean policy on the planning and management of human resources in health	<p>Linked with the technical program for the development of human resources for health.</p> <p>Regional Observatory of Human Resources for Health.</p> <p>Linked with Regional Goals for Human Resources for Health 2007-2015 (Document CSP28/INF/3(G) [2012]).</p>
REMSAA XXXIII/475: Andean week of social response against dengue	<p>Linked with the progress report on the Current Dengue Situation (Document CSP28/INF/3(E) [2012]).</p> <p>Linked with the regional dengue program (PAHO/GT-Dengue International).</p> <p>Linked with the technical program on dengue and Resolution CD44.R9 (2003).</p>
REMSAA XXXIII/476: Andean plan for health disaster risk management, 2013-2017	<p>Linked with the program on emergency preparedness and disaster relief.</p> <p>Linked with the Coordination of International Humanitarian Assistance in Health in Case of Disasters (Document CSP28/13 and Resolution CSP28.R19 [2012]).</p>
REMSAA XXXIII/477: Generic drug strategy of the countries of the Andean subregion	<p>Linked with the Strategic Fund and with the technical program on medicines and health technologies.</p> <p>Regional Platform on Access and Innovation for Health Technologies (2012).</p>

⁴ Link to information on REMSAA: <http://www.orasconhu.org/remsa/resoluciones-8>.

Andean Community of Nations Andean Agency of Health/Hipólito Unanue Agreement (ORAS-CONHU) XXXIII Regular Meeting of Ministers of Health of the Andean Area (REMSAA) Bogotá (Colombia), 21-23 November 2012	
Resolutions adopted	Relation to PAHO activities
	Linked with Health Technology Assessment and Incorporation into Health Systems (Document CSP28/11 and Resolution CSP28.R9 [2012]).
REMSAA XXXIII/478: Andean Policy: sexual and reproductive health for adolescents with emphasis on pregnancy prevention	Linked with the Adolescent and Youth Regional Strategy and Plan of Action, 2010-2018. Linked with Health and Human Rights (Resolution CD50.R8 [2010]) and Health, Human Security, and Well-being (Resolution CD50.R16 [2010]).
REMSAA XXXIII/479: Plan of action on the Andean Disability Policy	Linked with the technical program on disability and rehabilitation.
REMSAA XXXIII/480: Andean subregional plan for a joint effort on HIV and blood transfusion safety, 2013-2017	Linked with the HIV/AIDS technical program. Linked with the progress report on the PAHO Regional Strategic Plan for HIV/AIDS/STI, 2006-2015: Mid-term Evaluation (Document CSP28/INF/3(D) [2012]). Improving Blood Availability and Transfusion Safety in the Americas, 2006-2010 (Resolution CD48.R7 [2008]). Progress Report on the Regional Initiative for Blood Safety and Plan of Action for 2006-2010 (Document CD46/16 [2005]). Strengthening Blood Banks in the Region of the Americas (Document CD41/13 [1999]).
REMSAA XXXIII/481: Health situation of Andean migrants in Spain	Linked with Health and Human Rights (Resolution CD50.R8 [2010]) and on Health, Human Security, and Well-being (Resolution CD50.R16 [2010]).

Andean Community of Nations Andean Agency of Health/Hipólito Unanue Agreement (ORAS-CONHU) XXXIII Regular Meeting of Ministers of Health of the Andean Area (REMSAA) Bogotá (Colombia), 21-23 November 2012	
Resolutions adopted	Relation to PAHO activities
REMSAA XXXIII/483: Strategic Plan 2013-2017 of the Andean Health Agency-Hipólito Unanue Agreement and Operating Plan 2013	Linked with the technical program that deals with subregional health cooperation.

Southern Common Market (MERCOSUR): Working Subgroup 11 (SGT 11)

10. In this area, it should be noted that meetings of Working Subgroup 11 on Health (SGT 11) adopt resolutions that are then submitted for the consideration of the Common Market Group (GMC), discuss proposed resolutions that are sent for internal consultation, and analyze resolutions that constitute recommendations in each Commission of SGT 11 (the Commission on Health Care, the Commission on Health Products, and the Commission on Health Surveillance, in addition to the resolutions on national coordination). In general, these are issues related to regulation and the harmonization of standards. PAHO participates in its capacity as the technical advisory agency on health. The latest of these meetings, the XL Regular Meeting of SGT 11 (Health) was held in Montevideo (Uruguay), from 8 to 12 April 2013. As always, resolutions submitted for the consideration of the GMC were adopted.

11. Furthermore, regular sessions of the meetings of MERCOSUR ministers of health are held at least twice a year (one under each *pro tempore* presidency, which rotates every six months). The XXXIV Meeting of MERCOSUR Ministers of Health (RMS) was held from 14 to 15 June 2013 in the city of Montevideo (Uruguay).

MERCOSUR XXXIV Meeting of MERCOSUR Ministers of Health Montevideo (Uruguay), 14-15 June 2013	
Agreements approved	Relation to PAHO activities
Agreement 01/13: Dissemination of case studies of interventions on social determinants of health	Linked with the technical program on sustainable development and environmental health. Linked with the progress report on social determinants of health (Document CSP28/INF/3-A [2012])

MERCOSUR XXXIV Meeting of MERCOSUR Ministers of Health Montevideo (Uruguay), 14-15 June 2013	
Agreements approved	Relation to PAHO activities
	<p>Linked with the Strategy and Plan of Action on Climate Change (Document CD51/6, Rev.1 and Resolution CD51.R15 [2011]).</p> <p>Linked with the Faces, Voices, and Places initiative.</p> <p>Linked with the World Conference on Social Determinants of Health (Rio de Janeiro [Brazil], October 2011) and the Regional Consultation on Social Determinants of Health (Costa Rica, August 2011).</p>
<p>Agreement 02/13: Invitation to the Ministers responsible for social programs to support health-promotion initiatives to combat the continual increase in obesity and other noncommunicable chronic diseases</p>	<p>Linked with the Regional Strategy and Plan of Action on Nutrition in Health and Development 2006-2015: Mid-term Review (Document CSP28/INF/3-C [2012]).</p> <p>Linked with the Pan American Alliance on Nutrition and Development for the Achievement of the Millennium Development Goals.</p>
<p>Declaration on universal access to diagnosis and treatment for tuberculosis control</p>	<p>Linked with the Regional Strategy for Tuberculosis Control, 2005-2015 (Resolution CD46.R12 [2005]).</p> <p>Linked with PAHO report: Tuberculosis in the Region of the Americas Regional Report 2011. Epidemiology, Control, and Financing.</p>
<p>Declaration on sexual and reproductive health for Cairo+20</p>	<p>Linked with the Plan of Action on Adolescent and Youth Health (Resolution CD49.R14 [2009]).</p> <p>Linked with Health and Human Rights (Resolution CD50.R8 [2010]) and Health, Human Security, and Well-being (Resolution CD50.R16 [2010]).</p>

MERCOSUR XXXIV Meeting of MERCOSUR Ministers of Health Montevideo (Uruguay), 14-15 June 2013	
Agreements approved	Relation to PAHO activities
Declaration for the drafting of an action protocol for the donation of skin tissue for disaster situations	Linked with the Policy Framework for Human Organ Donation and Transplantation (Resolution CD49.R18 [2009]).
Declaration on the management of chemical substances	Linked with the technical program for sustainable development and environmental health. Linked with the initiative: Radiation Protection and Safety of Radiation Sources: International Basic Safety Standards (Document CSP28/17 and Resolution CSP28.R15 [2012]).

Amazon Cooperation Treaty Organization (ACTO)⁵

12. Within the framework of the new Strategic Agenda 2012-2020, PAHO/WHO is engaged in technical cooperation activities with the Health Coordination Office of the ACTO Permanent Secretariat. This technical cooperation was formalized with the signing of a Framework Agreement between the two organizations during the 51st Directing Council of PAHO (2011).

Union of South American Nations (UNASUR)⁶: ***South American Health Council***

13. The South American Health Council (CSS) of UNASUR has a Coordinating Committee, a Technical Secretariat, and several technical groups. The Technical Secretariat, which is comprised of the President *pro tempore* and representatives of two countries (the preceding and following *pro tempore* presidents) convenes and supports the meetings of the Council. PAHO participates in the Coordinating Committee as an observer. Peru currently holds the *pro tempore* presidency and Suriname will be the next country. The most recent meeting of the CSS was held in Lima (Peru) on 4-5 September 2012.

⁵ Link to information on ACTO: <http://www.otca.info/portal/>.

⁶ Link to information on the South American Health Council: www.unasursg.org.

UNASUR VIII Meeting of the South American Health Council Lima (Peru), 4-5 September 2012	
Items addressed by the CSS	Relation to PAHO activities
Plan for the risk and disaster management network	Linked with the program on emergency preparedness and disaster relief. Linked with the Coordination of International Humanitarian Assistance in Health in Case of Disasters (Document CSP28/13 and Resolution CSP28.R19 [2012]).
ISAGS Annual Operating Plan 2013	Linked with the subregional technical cooperation program for South America.
Medicines: price database and study of production capacity in South America	Linked with the initiative for Strengthening National Regulatory Authorities for Medicines and Biologicals, (Resolution CD50.R9 [2010]). Linked with the progress report on the Strategy and Plan of Action on Public Health, Innovation, and Intellectual Property. (Document CD51/INF/5(B) [2011]).
Support proposal on the relationship with third parties in the field of the financing	Linked with external relations and resource mobilization area.
Proposed Declaration: South American Day of voluntary, free, and altruistic donation of breast milk	Linked with the technical program on maternal and child nutrition. Linked with the Pan American Alliance on Nutrition and Development for the Achievement of the Millennium Development Goals.
Comprehensive care for disabilities	Linked with the technical program on disability and rehabilitation.

Action by the Directing Council

14. The Directing Council is invited to take note of this report.

C. FORTY-THIRD REGULAR SESSION OF THE GENERAL ASSEMBLY OF THE ORGANIZATION OF AMERICAN STATES

Background

1. This document presents the resolutions adopted during the Forty-third Regular Session of the General Assembly of the Organization of American States (OAS), held in the city of Antigua (Guatemala) from 4 to 6 June 2013. The agenda, detailed documents, and resolutions can be consulted at <http://www.oas.org/en/43ga>.

2. The ministers of foreign affairs of the Member States of the American hemisphere and other official delegates attended the meeting, as did representatives of the governments accredited as Permanent Observers and representatives of Inter-American System agencies, among them the Pan American Health Organization (PAHO) and the bodies that compose the Summit Implementation Review Group. The Minister of Foreign Affairs of Guatemala was elected President of this regular session of the General Assembly.

3. The theme of this General Assembly was “For a Comprehensive Policy against the World Drug Problem in the Americas,” the topic addressed by heads of delegation in their presentations. The Secretary General of the OAS presented the results of The Drug Problem in the Americas, a study that responds to the mandate arising from the Sixth Summit of the Americas.

4. In addition to the resolutions and declarations of this session, the General Assembly adopted the Declaration of Antigua, which is presented as an Annex to this document. This declaration is linked to the Strategy on Substance Use and Public Health [CD50.R2](#) [2010], approved by the 50th Directing Council.

5. The majority of the recommendations and resolutions had been discussed and agreed upon earlier by the Permanent Council. The items on which a consensus had not been reached or new items proposed by the Member States were discussed in the General Committee of the Assembly or in special working groups that met in parallel with the plenary meeting.

6. The resolutions of interest to the Governing Bodies of the Pan American Health Organization and related to its work as the specialized health agency of the Inter-American System have been selected (table attached).

Action by the Directing Council

7. The Directing Council is invited to take note of this report.

Table 1: Resolutions adopted by the Forty-third Regular Session of the OAS General Assembly that are related to PAHO¹ activities

Declaration of the OAS General Assembly	Relation to PAHO activities
<p>AG/DEC. 73 (XLIII-O/13)</p> <p>Declaration of Antigua Guatemala “FOR A COMPREHENSIVE POLICY AGAINST THE WORLD DRUG PROBLEM IN THE AMERICAS”</p>	<p>Linkage with the “Strategy on Substance Use and Public Health” (Resolution CD50.R2 [2010])</p> <p>Linkage with the “Plan of Action on Psychoactive Substance Use and Public Health” (Resolution CD51.R7 [2011])</p>
Resolutions of the Assembly	Relation to PAHO activities
<p>AG/DEC. 71 (XLIII-O/13)</p> <p>HUMAN RIGHTS EDUCATION</p>	<p>Linkage with “Health and Human Rights” (Resolution CD50.R8 [2010]).</p>
<p>AG/RES. 2769 (XLIII-O/13)</p> <p>NETWORK FOR CONSUMER SAFETY AND HEALTH AND INTER-AMERICAN RAPID PRODUCT-SAFETY WARNING SYSTEM</p>	<p>Linkage with the International Health Regulations (2005) (Resolution CSP27.R13 [2007]), food safety programs, and epidemic alert and response programs.</p> <p>PAHO participates in the Inter-American Network for Consumer Safety and Health.</p>
<p>AG/RES. 2770 (XLIII-O/13)</p> <p>PROMOTION OF WOMEN’S HUMAN RIGHTS AND GENDER EQUITY AND EQUALITY AND STRENGTHENING OF THE INTER-AMERICAN COMMISSION OF WOMEN</p>	<p>Linkage with the Plan of Action for Implementing the Gender Equality Policy (Resolution CD49.R12 [2009]).</p>

¹ Taken from the resolutions approved by OAS General Assembly:
<http://scm.oas.org/ag/documentos/Index.htm#VolumenAP>

Resolutions of the Assembly	Relation to PAHO activities
<p>AG/RES. 2771 (XLIII-O/13)</p> <p>PREVENTION AND ERADICATION OF SEXUAL EXPLOITATION AND SMUGGLING OF AND TRAFFICKING IN MINORS</p>	<p>Linkage with the Department of Family, Gender, and Life Course.</p> <p>Linkage with the Gender and Cultural Diversity Unit. “Health and Human Rights” (Resolution CD50.R8 [2010]).</p> <p>“Preventing Violence and Injuries and Promoting Safety: A Call for Action in the Region” (Resolution CD48.R11 [2008]).</p> <p>“Health, Human Security, and Well-being” (Resolution CD50.R16 [2010]).</p>
<p>AG/RES. 2772 (XLIII-O/13)</p> <p>SUPPORT FOR AND FOLLOW-UP TO THE SUMMITS OF THE AMERICAS PROCESS</p>	<p>Linkage with the Department of External Relations, Partnerships, and Governing Bodies.</p> <p>Linkage with PAHO activities as part of the Joint Summit Working Group.</p> <p>Monitoring of health mandates and technical contribution to support the OAS Summits of the Americas Secretariat and the Host Government of the VII Summit of the Americas 2015 (Colombia).</p>
<p>AG/RES. 2775 (XLIII-O/13) ELABORATION OF THE PLAN OF ACTION OF THE SOCIAL CHARTER OF THE AMERICAS</p>	<p>Linkage with the Health Agenda for the Americas.</p>
<p>AG/RES.2781 (XLIII-O/13)</p> <p>PROGRAM OF ACTION FOR THE DECADE OF THE AMERICAS FOR THE RIGHTS AND DIGNITY OF PERSONS WITH DISABILITIES (2006-2016) AND SUPPORT FOR ITS TECHNICAL SECRETARIAT (SEDISCAP)</p>	<p>Linkage with “Disability: Prevention and Rehabilitation in the Context of the Right to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health and Other Related Rights” (Resolution CD47.R1 [2006]).</p> <p>Linkage with the Gender and Cultural Diversity Unit.</p> <p>“Health and Human Rights” (Resolution CD50.R8 [2010]).</p> <p>Through its activities related to the health of people living with disabilities, PAHO will continue to work in coordination with the institutions of the Inter-American system to ensure compliance with the commitments established in the Plan of Action 2006-2016.</p>

Resolutions of the Assembly	Relation to PAHO activities
<p>AG/RES. 2784 (XLIII-O/13)</p> <p>RECOGNITION AND PROMOTION OF THE RIGHTS OF PEOPLE OF AFRICAN DESCENT IN THE AMERICAS</p>	<p>Linkage with the Gender and Cultural Diversity Unit.</p> <p>“Health and Human Rights” (Resolution CD50.R8 [2010]).</p>
<p>AG/RES. 2785 (XLIII-O/13)</p> <p>SUPPORT FOR THE COMMITTEE FOR THE ELIMINATION OF ALL FORMS OF DISCRIMINATION AGAINST PERSONS WITH DISABILITIES AND ITS TECHNICAL SECRETARIAT</p>	<p>Linkage with “Disability: Prevention and Rehabilitation in the Context of the Right to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health and Other Related Rights” (Resolution CD47.R1 [2006]).</p> <p>Linkage with the Gender and Cultural Diversity Unit.</p> <p>“Health and Human Rights” (Resolution CD50.R8 [2010]).</p>
<p>AG/RES. 2792 (XLIII-O/13)</p> <p>DRAFT INTER-AMERICAN CONVENTION ON PROTECTING THE HUMAN RIGHTS OF OLDER PERSONS</p>	<p>Linkage with the Healthy Life Course Unit.</p> <p>“Health and Aging” (Resolution CSP26.R20 [2002]).</p> <p>“Plan of Action on the Health of Older Persons, Including Active and Healthy Aging” (Resolution CD49.R15 [2009]).</p> <p>Linkage with the Gender, Diversity, and Human Rights Unit.</p> <p>“Health and Human Rights” (Resolution CD50.R8 [2010]).</p>
<p>AG/RES. 2793 (XLIII-O/13)</p> <p>DRAFT AMERICAN DECLARATION ON THE RIGHTS OF INDIGENOUS PEOPLES</p>	<p>Linkage with the Gender and Cultural Diversity Unit.</p> <p>“Health of the Indigenous Peoples in the Americas” (Resolution CD47.R18 [2006]).</p> <p>“Health and Human Rights” (Resolution CD50.R8 [2010]).</p>

Resolutions of the Assembly	Relation to PAHO activities
<p>AG/RES. 2802 (XLIII-O/13)</p> <p>PROMOTION AND PROTECTION OF HUMAN RIGHTS OF PEOPLE VULNERABLE TO, LIVING WITH, OR AFFECTED BY HIV/AIDS IN THE AMERICAS</p>	<p>Linkage with the Gender and Cultural Diversity Unit.</p> <p>“Health and Human Rights” (Resolution CD50.R8 [2010]).</p> <p>Linkage with the HIV, Hepatitis, Tuberculosis, and Sexually Transmitted Infections Unit.</p> <p>“Acquired Immunodeficiency Syndrome (AIDS) in the Americas” (Resolution CSP26.R12 [2002]).</p> <p>“Regional Strategic Plan for HIV/AIDS/STI, 2006-2015, of the Pan American Health Organization” (Resolution CD46.R15 [2005]).</p>
<p>AG/RES.2803/13 (XLIII-O/13)</p> <p>IMPLEMENTATION OF THE INTER-AMERICAN CONVENTION ON THE PREVENTION, PUNISHMENT, AND ERADICATION OF VIOLENCE AGAINST WOMEN, “CONVENTION OF BELÉM DO PARÁ”</p>	<p>“Preventing Violence and Injuries and Promoting Safety: A Call for Action in the Region” (Resolution CD48.R11 [2008]).</p> <p>“Health, Human Security, and Well-being” (Resolution CD50.R16 [2010]).</p> <p>Linkage with the Gender and Cultural Diversity Unit.</p> <p>“Health and Human Rights” (Resolution CD50.R8 [2010]).</p>
<p>AG/RES. 2807 (XLIII-O/13)</p> <p>HUMAN RIGHTS, SEXUAL ORIENTATION, AND GENDER IDENTITY AND EXPRESSION</p>	<p>Linkage with the Gender and Cultural Diversity Unit.</p> <p>“Health and Human Rights” (Resolution CD50.R8 [2010]).</p>
<p>AG/RES. 2810 (XLIII-O/13)</p> <p>ELIMINATION OF NEGLECTED DISEASES AND OTHER POVERTY-RELATED INFECTIONS</p>	<p>Linkage with the Vector-borne, Neglected, and Tropical Diseases Unit.</p> <p>“Elimination of Neglected Diseases and Other Poverty-related Infections” (Resolution CD49.R19 [2009]).</p>

AG/DEC. 73 (XLIII-O/13)

Declaration of Antigua Guatemala
“FOR A COMPREHENSIVE POLICY AGAINST
THE WORLD DRUG PROBLEM IN THE AMERICAS”

(Adopted at the fourth plenary session, held on June 6, 2013)

THE MINISTERS OF FOREIGN AFFAIRS AND HEADS OF DELEGATION OF THE MEMBER STATES OF THE ORGANIZATION OF AMERICAN STATES (OAS) gathered in Antigua, Guatemala, at the forty-third regular session of the OAS General Assembly;

RECOGNIZING that the world drug problem, including its political, economic, social and environmental costs, has become an increasingly complex, dynamic, and multicausal challenge that creates negative effects on health, social relations, citizen security, and on the integrity of democratic institutions, public policies, development, and economic activities and that, under the principle of common and shared responsibility, which requires a comprehensive, balanced, multidisciplinary approach, built on a framework of full respect for human rights and fundamental freedoms;

MINDFUL of the complexity of the world drug problem and that addressing it must take into account the different realities of member states;

RECALLING that General Assembly resolutions AG/RES. 2556 (XL-O/10) y AG/RES. 2621 (XLI-O/11) endorsed the Hemispheric Drug Strategy and its 2011-2015 Plan of Action on Drugs which reflect significant updates and reforms from earlier documents and serve as the foundation of and guide for our joint Hemispheric drug control efforts;

DEEPLY MOVED by the large number of human lives lost and cut short, as well as the great suffering caused by the world drug problem;

REITERATING the need to cooperate through a comprehensive approach, based on scientific evidence and experience, taking into account the needs and realities of each country in order to more efficiently and effectively face the challenges, threats, risks and vulnerabilities generated by the world drug problem;

RECOGNIZING that efforts and progress made at the national, subregional and hemispheric levels to address the world drug problem continue to be challenged by persistent illicit channels of production, distribution, and trafficking of drugs that are

dominated by transnational and local criminal organizations and that tend to replicate and focus on each country to varying degrees;

CONVINCED that policies to reduce illicit drug demand should focus on the welfare of individuals and their environments, so that from a multisectoral and multidisciplinary approach and using available scientific evidence and best practices, be based on approaches to mitigate the negative impact of drug abuse, reinforce the social fabric, and strengthen justice, human rights, health, development, social inclusion, citizen security, and the collective well-being;

REITERATING the need to strengthen State institutions and its public policies and strategies, particularly those related to education, health, and citizen security, in order to enhance prevention of drug abuse, violence and related crimes, with full respect for human rights and fundamental freedoms;

REITERATING also the importance of greater allocation of public and private resources for the implementation of prevention, treatment, rehabilitation and social reintegration programs for the most vulnerable populations;

REITERATING further the importance of participation by civil society in addressing the world drug problem, including the design, execution, and evaluation of public policies, based on their experience and knowledge;

MINDFUL of the need to reduce crime and violence associated with the activities of criminal organizations involved in illicit drug trafficking and related crimes, strengthening the role of the State as a guarantor of peace;

RECOGNIZING that women and minors may be victims of exploitation by illicit drug trafficking networks, posing harm to families and society at large;

CONCERNED because the illicit manufacturing of and trafficking in firearms, ammunition, explosives, and other related materials have become factors that feed and strengthen organized criminal groups that engage in illicit drug trafficking;

RECOGNIZING that money laundering and corruption related to illicit drug trafficking activities impact the rule of law, democratic institutions and governance, and can distort the operation of economies;

CONCERNED ALSO at the prevalence of drugs and their abuse in the Americas;

RECOGNIZING that regulatory measures to prevent diversion of chemical substances and precursors used in the illicit manufacture of narcotic and psychotropic substances represent an important critical tool against illicit drug trafficking;

RECOGNIZING that the experiences and new approaches that different governments and societies have developed in relation to the world drug problem may provide global lessons for the evolution of current policies on drugs, particularly when they consider human beings, their environments, social integration and human dignity, using criteria for mitigating negative effects of drug abuse, and taking into account the principles set forth in the international instruments in force, including the three United Nations drug control conventions and international human rights instruments consistent with parties' obligations;

RECOGNIZING the role of the Inter-American Drug Abuse Control Commission (CICAD) as a consultative and advisory body of the OAS on the abuse and production of, and illicit trafficking in, drugs, as well as its contribution to promoting multilateral cooperation among member states and strengthening their capacity to address the world drug problem;

RECALLING the mandate of the Heads of State and Government, gathered in Cartagena, Colombia, at the Sixth Summit of the Americas,^{1/2/} to analyze the results of the current policy on drugs in the Americas and to explore new approaches to strengthen this struggle and to become more effective;

TAKING NOTE of the report of the Secretary General of the OAS "The Drug Problem in the Americas" pursuant to the mandate given by the Heads of State and Government, gathered at the Sixth Summit of the Americas,^{2/}

DECLARE:

1. That it is essential that the Hemisphere continue to advance in a coordinated manner in the search for effective solutions to the world drug problem with a

¹ The Republic of Ecuador enters its express reservation to references to the Sixth Summit of the Americas, held from April 14 to 15, 2012, in Cartagena de Indias, Colombia, without prejudice to the contents approved by Ecuador in other negotiation contexts, as appropriate.

² The Government of Nicaragua considers that the reference to the Summit in Cartagena, Colombia, and the appeal to strengthen the so-called "Summit of the Americas" are inappropriate in that during that event, the Heads of State and Government were unable to consider or adopt the Political Declaration, which reflected the common will of the countries of Latin America and the Caribbean for the sister republic of Cuba to participate unconditionally and on a footing of sovereign equality. We reaffirm that a "Summit of the Americas" cannot be held without the presence of Cuba. The mandates and operative paragraphs on the core themes were part of the Political Declaration and as the latter were not adopted, nor were the former. For that reason, Nicaragua disagrees with making references to these documents and mandates, which were not adopted.

comprehensive integrated, strengthened, balanced and multidisciplinary approach with full respect for human rights and fundamental freedoms that fully incorporates public health, education, and social inclusion, together with preventive actions to address transnational organized crime, and the strengthening of democratic institutions, as well as the promotion of local and national development.

2. That they encourage the consideration of new approaches to the world drug problem in the Americas based on scientific knowledge and evidence.

3. That it is necessary, based on the principle of common and shared responsibility, to bolster and promote hemispheric cooperation by mobilizing different resources to coordinate and strengthen a comprehensive, balanced and multidisciplinary approach that recognizes, *inter alia*, the different impacts and manifestations of the world drug problem in each country, allows the challenges, threats, risks, and vulnerabilities generated thereby to be effectively confronted, and includes mechanisms for the exchange of information and experiences among countries.

4. The importance of fully implementing the three international drug control conventions (including the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971, and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988), which constitute the framework of the international drug control system; as well as the importance of ratifying or acceding to, and implementing, as appropriate, the United Nations Convention against Corruption of 2003; the United Nations Convention against Transnational Organized Crime of 2000 and its three protocols: the Protocol Against the Smuggling of Migrants by Land, Sea and Air; the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children; and the Protocol Against the Illicit Manufacturing of and Trafficking in Firearms, their Parts and Components and Ammunition; the Inter-American Convention against Illicit Manufacturing of and Trafficking in Firearms, Ammunition, Explosives and Other Related Materials (CIFTA); the Inter-American Convention against Corruption; and the Inter-American Convention on Mutual Assistance in Criminal Matters.

5. That they recognize the Multilateral Evaluation Mechanism (MEM) as the only valid hemispheric tool for evaluating drug control policies in the countries that make up the inter-American system.

6. Recall that the evaluation of drug control policies must be a multilateral exercise^{3/}.

³ The United States respects the sovereign right of states to determine how and under what conditions its resources may be allocated. We fully support the concept that evaluations of drug policies are best conducted in a collaborative manner.

7. That they encourage broad and open debate on the world drug problem so that all sectors of society participate and continue offering, as the case may be, their experience and knowledge of the different aspects of the phenomenon and thereby contribute to the strengthening of national strategies, as fundamental elements for the effectiveness of public policies.

8. Their commitment to strengthen the capacity of their states and institutions by fostering professionalization and improving policies and mechanisms for coordination, oversight, and transparency, in order to deal with the threats associated with the world drug problem, as well as its causes and consequences.

9. That drug abuse is also a public health problem and, therefore, it is necessary to strengthen public health systems, particularly in the areas of prevention, treatment, and rehabilitation, and, at the same time, develop evidence-based national monitoring mechanisms that will enable us to identify current drug use trends, demand for and access to health services, and institutional capacities to respond to this phenomenon.

10. That drug policies must have a crosscutting human rights perspective consistent with the obligations of parties under international law, including the American Convention on Human Rights and other applicable human rights instruments, as well as the American Declaration of the Rights and Duties of Man, in order to promote and achieve, *inter alia*, the well-being of individuals, their social inclusion, access to justice and health.

11. That public policies to address the world drug problem must necessarily be designed and implemented with gender awareness, where appropriate.

12. Their commitment to make greater efforts to effectively reduce demand for drugs.

13. Their commitment to strengthen efforts at reducing the illicit supply of drugs.

14. That to reduce the levels of violence associated with the world drug problem and related crimes it is essential to implement and strengthen more-effective measures to prevent the illicit manufacturing of and trafficking in firearms, ammunition, explosives and related materials and their illicit diversion to organized criminal groups among other security measures.

15. Their commitment, within the framework of each state's domestic laws, to increase efforts to prevent, detect, and punish operations that launder the proceeds of criminal activities, particularly illicit drug trafficking and corruption, and to strengthen international cooperation to prevent those proceeds from entering into, transiting through, or egressing from our financial systems, and other asset-exchange activities as they can distort the operation of economies and affect other spheres of society.

16. That they urge those countries that produce, export, import and transit chemical substances and precursors that are used in the illicit manufacture of narcotic and psychotropic substances to strengthen, in cooperation with the private sector, their measures for controlling production, distribution, and domestic and foreign sales of chemical substances and precursors, in order to prevent their diversion toward illicit activities, and to encourage international cooperation and strategic public-private partnerships.

17. That they encourage member states, in the framework of international cooperation, to analyze, based on scientific knowledge and research, and share experiences, lessons learned and outcomes of, *inter alia*, their demand-reduction strategies and their impact on health, crime, the judicial system, and the prison population.

18. That they encourage member states, in accordance with their domestic law, to continue strengthening measures and policies, including a gender perspective, as appropriate, to reduce overcrowding in prisons, while promoting greater access to justice for all, and establishing penalties that are reasonable and proportionate to the severity of the crime, and supporting alternatives to incarceration in appropriate cases, particularly by increasing access to rehabilitation, comprehensive health care, and social reintegration programs; and, in that regard, they encourage member states to strive to incorporate the relevant provisions of the United Nations Standards and Norms into their practices.

19. That they encourage member states to consider, as part of their national policies, comprehensive and sustainable alternative development programs and measures—including, where appropriate, preventive alternative development—aimed at eliminating the factors that cause poverty, social exclusion, and environmental degradation in order to avert the involvement of vulnerable populations in activities connected with illicit drug production and trafficking.

20. To initiate a process of consultation, taking into account the contents of the present declaration, the general debate in the plenary, the resolutions and mandates about this matter approved in the current regular session as well as the "Report on the Drug Problem in the Americas" presented by the Secretary General.

This process will take place, among others, in the following instances:

- a) At the national level, as decided by each member state;
- b) In regional multidisciplinary groups to consider actions strategies, according to what each interested country decides;
- c) In the Inter-American Drug Abuse Control Commission at its 54th Ordinary Session;
- d) In the Meeting of Ministers Responsible for Public Security in the Americas, to be held in Medellin, Colombia in November 2013;
- e) In specialized meetings coordinated by the General Secretariat of the OAS with other regional organizations and entities.

On the basis of results obtained from these processes, entrusts the Permanent Council to call for a Special Session of the General Assembly to be held no later than 2014.^{4/5}

21. To request the General Secretariat to support implementation of this Declaration, at the request of Member States, and subject to existing financial resources in the program budget of the Organization and other resources.

⁴ The United States believes that the decision on how to continue the dialogue on drugs is best suited for the Permanent Council if the Permanent Council decides that a Special General Assembly is desirable, we believe such a meeting should be held in 2015, so as not to conflict with or detract from the March 2014 high level meeting of the Commission on Narcotic Drugs (CND), and to provide enough time to incorporate the outcomes from the CND into the OAS Special General Assembly. We further believe that the Special General Assembly should focus specifically on strengthening the Hemispheric Drug Strategy and considering whether to undertake a new Plan of Action for 2016-2020 through CICAD. Any additional Special Sessions of the OAS General Assembly should be funded by voluntary contributions.

⁵ The delegation of Saint Vincent and the Grenadines understands that the various mechanisms articulated in the paragraph are sufficient to inform the next steps in the process and is further of the view that the stipulation of an indicative date for holding a Special General Assembly is premature.

FOOTNOTES

1. ...to the contents approved by Ecuador in other negotiation contexts, as appropriate.
2. ... “Summit of the Americas” are inappropriate in that during that event, the Heads of State and Government were unable to consider or adopt the Political Declaration, which reflected the common will of the countries of Latin America and the Caribbean for the sister republic of Cuba to participate unconditionally and on a footing of sovereign equality. We reaffirm that a “Summit of the Americas” cannot be held without the presence of Cuba. The mandates and operative paragraphs on the core themes were part of the Political Declaration and as the latter were not adopted, nor were the former. For that reason, Nicaragua disagrees with making references to these documents and mandates, which were not adopted.
3. ... of drug policies are best conducted in a collaborative manner.
4. ... If the Permanent Council decides that a Special General Assembly is desirable, we believe such a meeting should be held in 2015, so as not to conflict with or detract from the March 2014 high level meeting of the Commission on Narcotic Drugs (CND), and to provide enough time to incorporate the outcomes from the CND into the OAS Special General Assembly. We further believe that the Special General Assembly should focus specifically on strengthening the Hemispheric Drug Strategy and considering whether to undertake a new Plan of Action for 2016-2020 through CICAD. Any additional Special Sessions of the OAS General Assembly should be funded by voluntary contributions.
5. ... in the process and is further of the view that the stipulation of an indicative date for holding a Special General Assembly is premature.
