



**PARTICIPATION OF SOCIAL ACTORS IN THE ACTIVITIES
OF THE SUMMITS OF THE AMERICAS PROCESS**

OEA/Ser.E
ASCA/doc.41/23
18 April 2023
Original: Spanish

**CONTRIBUTIONS BY CIVIL SOCIETY ORGANIZATIONS AND
SOCIAL ACTORS TO THE PRELIMINARY DRAFT ACTION PLAN
ON HEALTH AND RESILIENCE IN THE AMERICAS**

CONTRIBUTIONS BY CIVIL SOCIETY ORGANIZATIONS AND
SOCIAL ACTORS TO THE PRELIMINARY DRAFT ACTION PLAN
ON HEALTH AND RESILIENCE IN THE AMERICAS

Promote Equitable Access to Health Services and Products

Comments by civil society and social actors:

Health services must be equitable and accessible to all citizens of member states, free of any type of discrimination, and respecting citizens' privacy and human rights.

Work to close gaps in basic capacities, including those related to the International Health Regulations within and among the region's countries, paying particular attention to the effects on access to health-related products and services, through more active collaboration among member states, especially for marginalized populations and vulnerable communities, and the unique challenges of the least developed countries.

Expand equitable access to comprehensive, quality, and person- and community-centered health services, and strengthen primary health care to move towards universal health coverage, including access to sexual and reproductive health and reproductive rights in accordance with national legislation and policies, paying particular attention to the needs and challenges faced by members of historically marginalized, discriminated, or vulnerable groups, as well as all women, girls, people with disabilities, and older persons, and taking into account their diverse conditions and situations, in accordance with national legislation and international law.

States should establish regular meetings to exchange experiences, lessons learned, and good practices regarding health policies, norms, and standards.

1. Redouble efforts to accelerate achievement of the 2030 Agenda for Sustainable Development, including SDG 3. **(Pre-agreed – II TG – 02/23/23)**
2. Expand equitable access to quality, comprehensive, and people- and community-centered health services, and strengthen primary health care to move toward universal health coverage including access to sexual and reproductive health and reproductive rights in accordance to national laws and policies with particular attention to the needs and challenges faced by members of groups that have been historically marginalized, discriminated against and/or in vulnerable situations, as well as all women, ~~and~~ girls, [people with disabilities, and older persons](#), taking into account their diverse conditions and situations, in a manner consistent with national legislation and international law. To that end: **(Pre-agreed – III TG – 03/29/23 and IV TG – 04/19/23)**^{1/}
 - a. ~~Facilitate~~ [Establish regular meetings for](#) the sharing of experiences, lessons learned, and best practices regarding policies, regulations, and standards [among states](#); **(Pre-agreed – II TG – 02/23/23)**

1. During the meeting held on April 19, 2023, the delegations of Guatemala and Canada announced the submission of a footnote.

- b. Strengthen intersectoral coordination in order to address the [political](#), social, environmental and economic determinants of health; **(Pre-agreed – II TG – 02/23/23)**
 - c. Support the health of persons in the context of human mobility and other historically marginalized or excluded populations, including their access to essential health services, such as mental health, sexual and reproductive health, and maternal health services; and **(Pre-agreed – IV TG – 04/19/23)**
- [2.c.bis.]** Address inequalities and inequities and promote gender equality to ensure universal access to sexual and reproductive health and reproductive rights, [respecting and protecting the rights of children under the Convention on the Rights of the Child \(CRC\)](#) and as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences, as expressed in Target 5.6 of the 2030 Agenda for Sustainable Development; **(Pre-agreed – IV TG – 04/19/23)**²
- d. Strengthen institutional structures, including building capacities for the regulation and evaluation of health systems and medical countermeasures and the promotion of regulatory harmonization and convergence, ~~and~~ [along with electronic data systems](#) to facilitate [inventory handling and transfers of medicines](#), the provision [and prescription](#) of safe, effective, and high-quality health services and medicines; with due attention to building health security and other capacities necessary to perform essential public health functions, including during health emergencies. **(Pre-agreed – IV TG – 04/19/23)**
3. Work to close the gaps in basic capacities, including those of the International Health Regulations among and within the countries of the region, in particular considering impacts on access to health-related products and services, [through more active cooperation among the member states](#), especially for marginalized populations and communities in vulnerable situations, and the unique challenges of less developed countries and landlocked, small island, and low-lying coastal developing states in the Caribbean and Central America. **(Pre-agreed – IV TG – 04/19/23)**

Invest in Health Systems

Comments by civil society and social actors:

Governments are responsible for assuring robust budgets for decentralized health systems, distributed in consideration of the different particular needs of the population and preparedness for a possible pandemic.

Collaboration among the region's states to reinforce good practices, and education sharing with other leaders of member states.

2. During the meeting held on April 19, 2023, the delegation of Guatemala announced the submission of a footnote.

We must focus on strengthening education programs in fields of study that support the areas of medicine, public health, nutrition, epidemiology, biomedical scientific research, and the manufacturing of health and medicine products.

Work to increase the number of health professionals in high-need specialties and subspecialties in keeping with the region's needs, with competitive remuneration that includes primary health care.

Promote the use of public and joint procurement mechanisms for medicines, diagnostics, and supplies to ensure the affordability, sustainability, expertise, and development of current health budgets in an effective, efficient, and inclusive way, taking into account national legislation and commitments made at the regional and subregional levels.

Strengthen measures to promote transparency and accountability in health budgets and related spending, and promote ethical conduct to prevent corruption in both the public and private sectors through a system of data-driven monitoring and open government.

4. Increase the retention and the availability of well-trained and qualified health workers and build future leadership in public health governance and management, mindful that women make up the majority of the health workforce in the region: **(Pre-agreed – IV TG – 04/19/23)** collaborating among the region's states to reinforce good practices, and sharing education with other leaders of member states.
 - a. Strengthen educational programs in areas of study supporting the fields of medicine, public health, nutrition, epidemiology, and biomedical science research, and the manufacturing of health and medicine products; **(Pre-agreed – II TG – 02/23/23)**
 - b. Increase the number of health professionals in high-need specialties and subspecialties in keeping with the region's needs, with competitive remuneration that includes including primary care; **(Pre-agreed – II TG – 02/23/23)**
 - c. Strengthen recruitment and skills development of all professionals engaged in the field of health; **(Pre-agreed – II TG – 02/23/23)**
 - d. Strengthen continuing professional education and training; **(Pre-agreed – II TG – 02/23/23)**
 - e. Incentivize health professionals to work in underserved, rural, and hard to access locations; **(Pre-agreed – II TG – 02/23/23)**
 - f. Promote a comprehensive approach that takes into account biological, social, psychological and environmental factors to meet the health needs of our populations in a way that is sensitive to gender, culture, and education~~gender—and culturally sensitive manner~~; **(Pre-agreed – IV TG – 04/19/23)**
 - g. Encourage private sector engagement and consultancy in supporting the development of health personnel and stability in the health sector profession; and **(Pre-agreed – II TG – 02/23/23)**

h. Support retention of health personnel within developing countries, ~~especially in less developed countries~~ and small island and low-lying coastal developing states of the Caribbean and Central America. **(Pre-agreed – II TG – 02/23/23)**

[4.bis.] Strengthen epidemiological surveillance systems to detect and respond to events of international and national public health importance, as well as unusual events ~~according to the International Health Regulations (2005)~~, disease outbreaks, and other factors that drive and/or exacerbate chronic, non-communicable and infectious diseases, including with disaggregated data, as well as to monitor and guide policies and interventions for said diseases, in fulfillment of the commitments established pursuant to the International Health Regulations (2005), **(Pre-agreed – IV TG – 04/19/23)** [with open data and open governments.](#)

5. Strengthen the network of national and subnational reference laboratories through application of quality principles, implementation of appropriate laboratory diagnostics for priority pathogens, and building strong collaborative networks with relevant sectors, at every level of the health system. **(Pre-agreed – II TG – 02/23/23)**

[5.bis.] Jointly strengthen surveillance systems, care in health services and laboratory diagnostic capacity in border cities between countries **(Pre-agreed – II TG – 02/23/23)**

6. Examine and develop national budgeting mechanisms that are sustainable over time, in addition to innovative financing tools to strengthen health systems and to: **(Pre-agreed – II TG – 02/23/23)**

a. Improve efficiency, effectiveness, transparency, sustainability, and equity in financing and budgeting for health systems; **(Pre-agreed – II TG – 02/23/23)**

b. Increase and improve sustainable public financing for health; and **(Pre-agreed – II TG – 02/23/23)**

c. Sustainably invest in health emergency and disaster prevention, preparedness, and timely responses, including epidemiological surveillance. **(Pre-agreed – II TG – 02/23/23)**

7. To promote the use of public and pooled procurement mechanisms for medicines, diagnostics and supplies to further affordability, sustainability, expertise, and development of existing health budgets in an effective, efficient, and inclusive manner, taking into account national legislation and regional and sub-regional commitments. **(Pre-agreed – II TG – 02/23/23)**

8. Strengthen measures to promote transparency and accountability in health budgets and related expenditures and promote ethical conduct to prevent corruption in both the public and the private sectors [through an oversight system.](#) **(Pre-agreed – II TG – 02/23/23)** [through open data and open governments.](#)

9. Encourage regional activities to increase investment and foster industry participation while protecting public health interests, including voluntary technology transfer on mutually agreed terms. **(Pre-agreed – II TG – 02/23/23)**

Strengthen Emergency Preparedness

Comments by civil society and social actors:

Emergency response plans for effective emergency preparedness and rapid response must be developed and organized.

Bolster laboratory capacity for processing tests and rapidly responding to health emergencies, including electronic communication systems accessible to all regions within the states.

Allocation of adequate budgets and funding resources to guarantee effective emergency responses in the medium and long terms.

Strengthen international cooperation among states to share information and resources, developing common strategies for dealing with health emergencies.

Encourage more fluent communications between authorities, health personnel, and citizens to ensure that everyone is informed in the event of a health emergency.

Invest in the training of health personnel to build their capacity for the prevention and control of infectious diseases.

10. Strengthen regional and global health [BR: ~~security~~] [CA, US: security] and public health emergency preparedness for the future in keeping with previously established commitments: **(Pending – III TG – 03/29/23 and VI TG – 04/19/23)**

- a. Respond to regional health threats and needs through ~~an One Health~~ approach, as appropriate, particularly during public health emergencies; and **(Pre-agreed – III TG – 03/29/23)**
- b. Strengthen surveillance and laboratory systems to rapidly detect and accurately diagnose and report on the causes of the public health issues of concern. **(Pre-agreed – III TG – 03/29/23)**
- c. Strive to increase health and public health research and development enabling mechanisms, including funding; **(Pre-agreed – III TG – 03/29/23)** [with the auditing and monitoring of compliance with the projects presented.](#)
- d. Promote regional actions to build ~~and strengthen national and regional development~~ and sustainable production capacities for raw materials, pharmaceuticals, and medicines, including safe and effective vaccines, medical supplies, and other essential health technologies, including integration into regional production chains; **(Pre-agreed – III TG – 03/29/23)**
- e. Consider approaches to facilitate more rapid and equitable access to safe, effective, and high-quality health services, products and materials in emergencies; **(Pre-agreed – III TG – 03/29/23)**

- f. Take steps to improve affordability and access to critical medicines, vaccines, ~~medical~~ supplies, and other medical products; **(Pre-agreed – III TG – 03/29/23)**
 - g. Promote and strengthen all capabilities as prescribed under the International Health Regulations (IHR), especially as regards to legal preparedness, and by engaging new partners and continuing to work with current regional and global partners, **(Pre-agreed – III TG – 03/29/23)**
11. Strengthen the capacities of health authorities and infrastructure and national epidemiological surveillance and monitoring systems, as appropriate, to prevent, prepare for, detect, and respond to infectious disease outbreaks and events with epidemic and pandemic potential and other public health emergencies: **(Pre-agreed – III TG – 03/29/23)**
- a. Fulfill obligations undertaken under the IHR (2005) and other relevant international agreements, respecting the human rights of citizens; **(Pre-agreed – III TG – 03/29/23)**
 - b. Conduct health system situation gap analyses with respect to prevention, detection, and response to public health threats through the various assessments available and address those gaps through National Action Plans. **(Pre-agreed – III TG – 03/29/23)**
 - c. Participate in international cooperation and technical assistance coordinated by international organizations such as the Pan American Health Organization. **(Pre-agreed – III TG – 03/29/23)**
 - d. Strengthen collaborations and information sharing across human, animal, environmental sectors for an ~~One Health~~ approach to infectious disease outbreaks and events. **(Pre-agreed – III TG – 03/29/23)**

Address Non-Communicable Diseases

Addressing non-communicable diseases requires combining efforts to educate and promote healthy lifestyles, improve early detection and effective treatment, strengthen health systems, and promote research and innovation by fostering international collaboration.

States must promote preventive medicine and innovative treatments for chronic and degenerative diseases that affect citizens' quality of life.

- 12. Redouble efforts to accelerate achievement of the 2030 Agenda for Sustainable Development, including target 3.4 – to reduce by one-third premature mortality from non-communicable diseases (NCDs) through promotion and preventive actions on mental health and well-being, as well as early and timely detection of NCDs: **(Pre-agreed – III TG – 03/29/23)**
- 13. Considering the major funding gap in addressing prevention and control of NCDs, scale up commitments to mobilize and allocate adequate, predictable, and sustained resources through domestic, bilateral, regional, and multilateral channels, including international cooperation and official development assistance; and: **(Pre-agreed – III TG – 03/29/23)**

- a. Continue exploring voluntary innovative financing mechanisms and partnerships to effectively prevent, control, and treat NCDs; **(Pre-agreed – III TG – 03/29/23)**
- b. Cooperation among the member states regarding effective practices for managing funding with audits, and tools to report on the budgets used in projects to balance their funding.

Leverage Technology Appropriately

Comments by civil society and social actors:

Take advantage of available digital tools such as the use of electronic medical record systems and systems for drug manufacturing, packaging, and handling, using inventory and formulation control systems.

Health personnel must be trained so they use the tools in a safe and appropriate way and so they are able to use modern medical technology.

Member states must adopt appropriate policies to protect patients' privacy and human rights, including compliance with data-protection laws and regulations.

Ensure that people have access to health technology, including personal health monitoring technology, mobile applications, and medical devices. This includes improving the technological infrastructure of health systems, such as the adoption of health information systems and the deployment of modern medical technologies.

14. Leverage digital tools and strengthen cooperation and the exchange of best practices for the development, equitable distribution, and ~~application of these technologies~~, including the use of controlled artificial intelligence and robotics technologies: **(Pre-agreed – III TG – 03/29/23)**

[New 14.a.] Accelerate the cybersecure and sustainable incorporation of digital solutions in health services; **(Pre-agreed – III TG – 03/29/23)**

[New 14.b.] Safeguard privacy, confidentiality and security in the collection, sharing, use and reporting of personal data, respecting the human rights of patients and citizens; **(Pre-agreed – III TG – 03/29/23)**

[New 14.c.] Facilitate equitable access to technology and digital tools for promotion of preventive and curative care, including treatment to bolster national, regional and local capacities; and with an emphasis on standardized and connected solutions; **(Pre-agreed – III TG – 03/29/23)**

[New 14.d.] Enable appropriate access to meaningful and comprehensive healthcare data for individuals, decision makers, and the health workforce to support ~~an individual's health~~ needs, quality health programs and services, and research, including to advance

healthcare applications of controlled artificial intelligence and other emerging technologies, and the interoperability of healthcare information systems, respecting patients' privacy and human rights; **(Pre-agreed – III TG – 03/29/23)**

[New 14.e.] Implement scientific, technical and technological research in health, prioritizing any threat to health; and **(Pre-agreed – III TG – 03/29/23)**

[New 14.f.] To promote the equitable and appropriate use of digital health tools and virtual care to facilitate access to ~~health~~care for marginalized populations, including those with difficulty in accessing health services. **(Pre-agreed – III TG – 03/29/23)**