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REPORT ON THE THIRD SUMMIT OF THE AMERICAS

This report reviews the recent progress of the Summit of the Americas process, examines upcoming hemispheric challenges, and considers what bearing these will have on health issues in the Region, as well as how they will impact on the role and work of the Pan American Health Organization (PAHO). This document was reviewed at the 128th Session of the Executive Committee. The Committee commended PAHO on its leadership role and requested that PAHO continue its work towards the implementation of the health mandates of the Summit processes.

On 20-21 April 2001, the Third Summit of the Americas convened in Quebec, Canada. The leaders of the Americas have worked together since 1994 to set social, political, and economic agendas for the Hemisphere and guide the actions of international organizations in support of their mandates.

Summits represent an opportunity for hemispheric leaders to promote their collective belief that strong hemispheric partnerships encourage the advancement of mutual goals, such as peace, democracy, economic integration, social justice, and poverty eradication. The Summit process, by taking a multisectoral approach to dealing with a wide range of issues, brings all sectors of government together with international organizations, civil society, and other stakeholders to discuss political, economic, and social issues in a holistic manner.

For an outward-looking international organization such as PAHO which is dedicated to realizing hemispheric health priorities, participation in the various inter-American and international fora is of great importance. The Summits of the Americas present an opportunity to highlight the importance of health in the Region and to heighten PAHO's profile through its participation, which in turn increases its effectiveness in achieving the goals of the Member States.

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QUEBEC SUMMIT OF THE AMERICAS

1. Introduction

The 1998 Santiago Summit helped raise awareness of the role that health plays in human rights and poverty alleviation, and that access to health services is an integral part of preserving democracy. The concept that health is a crosscutting theme and that equitable access to quality health services is a prerequisite for a stable democracy, as well as for a healthy workforce and thereby a strong economy, was continued at the Quebec City Summit. References to health can be found throughout the new Action Plan under environment, labor, drugs, indigenous health, and children, and specifically, in Section 14 which is devoted entirely to health. The presentations made by leaders in Quebec pointed out that the solutions to health issues are an integral part of the poverty eradication effort and as such are extremely important to any dialogue concerning the Americas, including the one on the Free Trade Agreement of the Americas (FTAA).

As globalization, democratization, and decentralization progressed in recent years, it became increasingly important for international organizations, countries, and civil society organizations (CSO) to collaborate and enhance each other's efforts and initiatives as well as to avoid the duplication of efforts. The Shared Agenda for Health in the Americas, signed in June 2000 by the Pan American Health Organization (PAHO), the World Bank, and the Inter-American Development Bank (IDB), is just one example of recent efforts in coordination. In addition, in the spirit of Pan-Americanism, summits help streamline and coordinate cooperation efforts by stimulating countries to work together. Based on the Miami and Santiago Summits' Plans of Action, PAHO mobilized financial resources for the implementation of health mandates of close to US\$ 50 million from the United States, Canadian, and European partners (Denmark, Norway, Spain, Sweden, and the Netherlands). PAHO will receive close to CAN\$ 20 million from the Canadian International Development Agency (CIDA) for the prevention and control of communicable diseases which PAHO has been mandated to undertake in the Quebec Plan of Action.

The Quebec Summit highlighted the many changes that have taken place in the Hemisphere since the 1994 Miami Summit. Across the Region, the transition to democracy is almost complete, human rights abuses have declined, civil society has found a voice, and free trade in the Americas will become a reality in the next few years. These factors, particularly the fruition of the FTAA process, will bring about a new set of challenges. In the meantime, the problem of inequity in the Region continues, threatening to undermine much of the progress made. Inequity manifests itself in unequal access to quality education, avoidable health disparities, lack of economic opportunity, and limited personal security. There is still much work to be done in all areas, particularly on the

social agenda, where health continues to play a pivotal role, since it is a prerequisite for human development and the achievement of economic and political goals. The new challenges in health that will be brought about by the FTAA, especially in areas of environment, labor, and intellectual property rights in the area of drugs, particularly in the case of HIV/AIDS treatment, require that PAHO plays a greater than ever leadership role in the Summit process.

2. Previous Summits of the Americas

2.1 *Miami Summit 1994*

In December 1994, leaders of 34 countries met in Miami to participate in the First Summit of the Americas. They released a Declaration of Principles, which focused on four major themes: preserving and strengthening democracy; promoting economic integration and free trade; eradicating poverty and discrimination; and guaranteeing sustainable development. The aim was to channel the momentum created by the convergence of political and economic values in the Region into a concrete plan of action. The resulting plan is composed of 23 initiatives covering four theme areas.

PAHO was given the role of responsible coordinator of Initiative 17, *Equitable Access to Basic Health Services*. Focus was placed on reduction of infant and child mortality, reduction of maternal mortality, eradication of measles by the year 2000, health sector reform, and programs to prevent the spread of communicable diseases with emphasis on HIV/AIDS. An independent evaluation of the Miami Summit process found that PAHO was among the most effective of all responsible coordinators. PAHO was also asked to play a role in the following areas: Initiative 18, *Strengthening the Role of Women in Society*; and Initiative 23, *Partnership for Pollution Prevention*.

In December 1999, PAHO launched a new initiative called “Healthy Children: Goal 2002” aimed to prevent 100,000 deaths in children under five years of age in the Americas by 2002 using the Integrated Management of Childhood Illness (IMCI) strategy. As of January 2001, 11 countries have endorsed this Initiative and held national launches. For the periods 1990-1995 and 1995-2000, countries with infant mortality rates between 30 and 40 per 1,000 live births reduced its mortality from communicable diseases by 15%. Countries with infant mortality rates between 10 and 20 per 1,000 live births achieved a reduction of 65%. If these trends continue and IMCI is added, it will be possible to reduce deaths in children under five years of age due to communicable diseases by approximately 100,000.

In their efforts to reduce maternal mortality, the majority of countries have revised their national plans. PAHO has strengthened ongoing regional projects for adolescent

reproductive health in 14 countries and is working with USAID to implement a project to improve emergency obstetrical care in 11 countries.

The goal of measles eradication in the Region of the Americas is within reach. Countries that have followed PAHO's recommended three-step vaccination strategy are effectively protecting children in the 1 through 14-year age range, and the Region has seen a marked reduction in the annual number of reported cases. Cases of measles in the Hemisphere fell from 246,612 in 1990 to 1,745 in 2000.

In health sector reform, the objective has been to develop methodologies that permit countries to conduct evaluations of sectoral change and consequently formulate detailed plans for reform implementation and master investment. To achieve the goal of facilitating access to critical and useful health reform information to those involved in the process, a center for analysis and information was developed and is being maintained. This center, which is an electronic Web site, consists of a virtual library of subject literature, a reform thesaurus, more than 20 country profiles which delineate systems and services, a net of contacts, and an inventory of all outcomes of the initiative.¹ There is also a twice-yearly newsletter. In health reform process follow-up and evaluation, the design and application of a methodological guide based on the governing principles of equity, effectiveness, quality, efficiency, financial sustainability, and community participation has allowed more than 21 reports to be produced. This information is also available and accessible by thematic field in an interactive database.

In HIV/AIDS, PAHO, together with donor agencies and other international organizations, has established and consolidated inter-institutional and intersectoral mechanisms for cooperation in the operation of national HIV/AIDS prevention and control programs. In connection with the United Nations Joint Program on AIDS (UNAIDS), PAHO has prepared a Pan Caribbean and a regional plan for HIV/AIDS control that are being implemented by the countries of the Hemisphere. Priorities include behavioral surveillance, which will help clarify which populations are at risk and why; new methods of prevention and care; and assistance to countries to improve the quality and equity of care for persons living with HIV/AIDS, using PAHO's "building blocks" strategy.

2.2 *Santiago Summit 1998*

Leaders from the 34 countries of the Hemisphere met at the Second Summit of the Americas in Santiago, Chile, on 18-19 April 1998 to discuss the key issues affecting the Region. The agenda included education, democracy, and human rights; economic integration and free trade; and eradication of poverty and discrimination. In the spirit of

¹ Center site: www.americas.health-sector-reform.org

Pan-Americanism, countries pledged to work jointly to further equity by bringing health to the most vulnerable groups. Emphasis was placed on the development and implementation of effective, low-cost health technologies as a means towards poverty eradication. Leaders recognized and committed themselves to use new technologies to improve the health conditions of every family in the Americas, with the technical support of PAHO to achieve greater levels of equity and sustainable development.

PAHO also organized, on the occasion of the Second Summit of the Americas, a round table on the Challenges of Health for the 21st Century, with the participation of Mrs. Hillary Rodham Clinton, then First Lady of the United States, as keynote speaker. This successful initiative served to promote the importance of health issues within the context of political dialogue and sustainable democracy in the Hemisphere.

As responsible coordinator, PAHO was given the mandate to develop and implement the initiative *Health Technologies Linking the Americas*. This initiative is composed of four elements: access to quality drugs and vaccines, strengthening of information and surveillance systems, improvement in access to and quality of water and sanitation infrastructure, and technology assessment. The first and third of these are continuations of the Miami Summit objectives. Enhancing basic access to drugs and vaccines is the continuation to Initiative 17, *Equitable Access to Basic Health Services*. Water and sanitation infrastructure is also related to the Santa Cruz Summit on Sustainable Development, Bolivia, 1996 and to Initiative 23, *Partnership for Pollution Prevention*.

In addition to assuming the responsible coordinator role for *Health Technologies Linking the Americas*, it was agreed at the XV Summit Implementation Review Group that PAHO would play a supporting role or act as a resource in the following topics of the Plan for Action: education, gender, illicit drugs, and hunger and malnutrition.

The record of vaccine introduction in the Americas in recent years has been remarkable, particularly for the newer products, such as *Haemophilus influenzae* type b and the pentavalent vaccine. The use of other vaccines, such as measles-mumps-rubella vaccine (MMR) and hepatitis B vaccine, is finally widespread, and efforts are being made to consistently use yellow fever vaccine. Work is underway in finding the means to introduce other new vaccines against *Streptococcus pneumoniae*, *Neisseria meningitidis* A and C, and rotavirus.

A revolving fund for drug procurement has been established in PAHO to assist countries to improve availability of priority drugs for selected treatments: malaria, tuberculosis, antiretrovirals and leishmaniasis. As part of the Shared Agenda for Health in the Americas (signed by PAHO, WB, and the IDB in June 2000), PAHO in partnership with international financing institutions (IFIs), and other groups across the Hemisphere is

leading a project to create a pharmaceutical clearinghouse for the Americas. The objectives of the pharmaceutical clearinghouse are to gather, organize, and disseminate information on best practices in the Region, help people share experiences and advice across countries, and make information on pharmaceuticals in the Region widely available to research institutions, governmental agencies, and policy-makers. PAHO continues to support the harmonization of drug regulations in the Americas. The Pan American Network, established in November 1999, and working groups on Good Manufacturing Practices, on Bioequivalence, on Good Clinical Practices, and Counterfeit are assessing the situation in each area, and the first two are developing educational workshops to improve the implementation of international standards in the Region. This initiative has the support of national drug regulatory agencies as well as the active participation of the pharmaceutical industry, NGOs, and the educational sector.

In health information and surveillance systems, PAHO produced publications on the ethical and legal aspects of cyberspace, telemedicine information technology in support of evidence-based decision-making, mobile technologies, and nursing information systems. In development and research projects, PAHO worked on strategies for technical cooperation in information systems, legal and regulatory issues in health databases, and information technology development indicators. PAHO also provided support to national initiatives in Argentina, Brazil, Cuba, Guatemala, and Puerto Rico. The Institute for Johns Hopkins Nursing was established as a PAHO/WHO Collaborating Center for Nursing Information Systems. PAHO has developed partnerships with the private sector (IBM Corporation) and has continued to collaborate with the IFIs, universities, and other international organizations in the area of information systems.

In the last decade, water supply coverage rose slightly, by about 2% in both urban and rural areas. Sanitation coverage increased by 8% in urban areas and 13% in rural areas. In water and sanitation infrastructure, 549 million inhabitants of the Americas in urban areas now have access to drinking water, and in rural areas coverage has increased to 164 million people. Coverage of sanitation services has increased to 538 million urban inhabitants and to 148 million inhabitants in rural areas. PAHO has initiated a project through the Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS) to improve the quality of laboratory data on water quality. This project is developed in partnership with the Standards Council of Canada and the Canadian Association for Environmental Analytical Laboratories through a laboratory accreditation process that applies international standards.

Alone or with other partners, PAHO is serving as facilitator (at both subregional and national levels) by cooperating with countries in establishing suitable policies and mechanisms for promoting health technology assessment, including identifying relevant groups and national institutions in this field. PAHO is also supporting situation analysis

and the identification of needs; facilitating coordination with international agencies, groups, and networks; organizing workshops and seminars on health technology methodology and priority-setting; establishing and reinforcing mechanisms for result dissemination and experience-sharing; and supporting the recommendations of assessment reports by fostering the health sector authorities' regulatory capacities.

3. Quebec Summit 2001

The most significant outcome of the Third Summit of the Americas which took place in Quebec City, Canada, on 20-22 April 2001, is the Declaration which includes a clause calling for the consolidation of democracy, the negotiations towards the FTAA, and the leaders' concerns for the need for balanced development, with special attention to reducing poverty and inequity. These concerns were shared by civil society organizations. Canada, as host, organized a Civil Society Forum with participation of governmental leaders and representative groups of civil society. These groups emphasized the need to establish mechanisms for implementation, the lack of resources, the lack of a credible, transparent process, the need to establish targets and deadlines, the need to allocate more resources for Summits of the Americas (SOA) follow-up, and the need for more meaningful participation. This exchange was positive, and it is clear that civil society will remain vigilant on these issues and will be a critical force to ensure that the necessary checks and balances are present in the integration process, ensuring the protection of the weak within countries and solidarity among countries.

The democratic clause in the Declaration requires respect for, and the maintenance of, democratic institutions as an essential condition for participation in the Summit process, including the FTAA. Leaders agreed that democratic values and principles are fundamental to the continued development of all aspects of hemispheric integration. For the first time ever in the Americas, this clause provides for consultation among leaders in the event of disruption of democracy in any country. Leaders also requested the Governors of the IDB to take this democratic clause into consideration in the activities of the Bank.

The reaffirmation by leaders of their commitment to conclude the FTAA by 2005 (with Venezuela reserving its position on the date) was another major outcome of the Summit. The decision to release the preliminary draft of the FTAA demonstrating collective commitment to transparency and increasing communication with civil society was made at the trade ministerial meeting in Buenos Aires on 7-8 April 2001. At the Summit, the FTAA was placed within the context of a broader commitment to prosperity and to the reduction of inequality and poverty. There was recognition of the value of ongoing work on corporate social responsibility in the Plan of Action. In addition, the Plan of Action includes substantial sections on environment, labor, and natural disaster management. This commitment to increased prosperity was complemented by a strong

expression of will by the United States to obtain fast-track authority from Congress by the end of 2001, which is seen as necessary for the successful completion of the FTAA according to schedule.

During the preparatory process, the participants attempted to ensure the necessary institutional support to implement the Summit Plan of Action, notably financial resources from the multilateral development banks. Effective implementation is critical to the continued credibility of the Summit process, and a lack of resources in the past was a clear obstacle to efforts to promote hemispheric cooperation. The Plan of Action itself includes a detailed section on implementation and follow-up that will create a new, stronger management structure, together with the Summit Implementation Review Group (SIRG) mechanism already in existence. This will include the establishment of an executive council with adequate subregional representation, and will provide a solid framework for greater engagement by international, regional, and subregional organizations in the implementation of existing mandates, and the development of new initiatives for future Summits.

Among the most significant results of the Quebec Summit were the commitments undertaken by the Presidents of the IDB and the World Bank to make resources available to support the Summit process. The call to the five agencies that are full summit participants (ECLAC, IDB, OAS, PAHO, and World Bank) to continue supporting the Summit process and to increase coordination was also important.

The documents signed in Quebec by the Presidents and Heads of Government included a Declaration and a Plan of Action.

3.1 *Declaration*

The Declaration is a 32-point document in which leaders renew their commitment to hemispheric integration and national and collective responsibility for improving the economic well-being and security of the peoples of the Americas. Of interest to PAHO are references to the global drug problem and violence, and commitments to protecting the environment and improving labor conditions for all, including migrants, as well as to implementing policies that will improve the management of natural disasters. Commitment is also made to attempt to reach international development goals, such as reducing the number of people who live in extreme poverty by 50% by the year 2015. Further commitments are made to protecting the rights of indigenous peoples and the disabled, eradication of racial discrimination, and promoting gender equality.

One paragraph deals entirely with HIV/AIDS:

“We acknowledge that another major threat to the security of our people is HIV/AIDS. We are united in our resolve to adopt multi-sectoral strategies and to develop our cooperation to combat this disease and its consequences.”
(Paragraph 4, Page 2, Declaration).

Another paragraph deals exclusively with health:

“We emphasize that good health and equal access to medical attention, health services, and affordable medicine are critical to human development and the achievement of our political, economic and social objectives.”
(Paragraph 8, Page 4, Declaration).

Finally, a paragraph refers to the support received from the inter-American and international agencies:

“We value the active support of the Organization of American States and its specialized organs, particularly the Pan American Health Organization, the Inter-American Institute for Cooperation on Agriculture and the Inter-American Children's Institute, as well as the Inter-American Development Bank, the Economic Commission for Latin America and the Caribbean, and the World Bank. We call upon these institutions and other regional and international organizations to establish greater coordination for support to the implementation and follow-up to the Plan of Action of this Summit.”
(Paragraph 5, Page 5, Declaration).

3.2 *Plan of Action*

There are various references to health made throughout the text of the Plan of Action, thus underlining the concept of health being a crosscutting theme. Most references to health are found in the section of realizing human potential. This includes a series of initiatives in the social arena to ensure a balanced Plan of Action. Many aspects in this chapter are related to the work of PAHO, such as education, gender, indigenous peoples, protection of rights of children, etc. Chapter 14 of the Plan of Action, entitled Health (Annex), is the result of a long process of negotiations led by PAHO working with the countries, and includes commitments in the areas of health sector reform, communicable and noncommunicable diseases, and connectivity. HIV/AIDS was the

most prominent issue, both in terms of the discussion of the language of the Plan of Action and in the speeches of the leaders during the Summit itself.

The new Plan of Action is a clear success, for it represents the recognition that health is important to the leaders of the Americas. In addition to the various priority health areas mentioned above, direct reference is made to areas such as mental health, the virtual health library, and the prevention of tobacco-related diseases. There is a certain amount of overlap between the current mandates and the ones flowing from the other two Summits, and PAHO will continue to work and report on all past and present mandates in order to preserve continuity. Although there was discussion during the preparatory process about targets and indicators for purposes of evaluation, the Plan of Action could not include that level of detail. This gives PAHO an opportunity to support countries in the definition of specific targets and ways to measure progress and report on achievements in the future.

The inter-American agencies and the World Bank were called on to continue supporting the SOA implementation and to increase their coordination. The real test will be whether the governments will be able to implement the agreements reached in Quebec and whether the financial institutions will provide the necessary resources for effective implementation in order to ensure the credibility of the summit process. Regarding follow-up, in addition to the current SIRG, the new Executive Council, consisting of past and present Summit hosts and other subregional representation, will replace the current system and provide increased managerial oversight.

4. Conclusion

PAHO was one of the five organizations with full participation during the Quebec Summit, together with ECLAC, IDB, OAS, and World Bank. The Inter-American Institute for Cooperation on Agriculture (IICA) has now joined this group of organizations. The head of each organization had an opportunity to address the 34 heads of state.

Dr. Alleyne informed the audience that PAHO was an early example of integration, since it was created by the countries of the Hemisphere in 1902. He also addressed the importance of the continuum between Summits: Miami-Santiago and Santiago-Quebec. He added that PAHO had followed the mandates of the SOAs and had mobilized some \$50 million in grants from the international community for implementation of those mandates. He gave examples of the positive results of countries working together, such as polio eradication, measles elimination, and the fact that there was little goiter or vitamin A deficiency in the Americas. He referred to the health sector reform process which was addressing issues of access, quality, and equity in the countries

of the Hemisphere, and he informed the leaders that PAHO was fighting against Chagas, TB, and AIDS. Dr. Alleyne expressed concern about the 20 million people suffering from mental health disorders in the Region. He ended his presentation stressing Pan-Americanism, the Shared Agenda with IDB and the World Bank, and the use of connectivity and the Virtual Health Library to reduce the knowledge divide. For PAHO, the Summit process continues to offer tremendous opportunities to enhance hemispheric health objectives within the context of global political agendas.

The Summit continues to be a useful vehicle for resource mobilization. In addition to the \$50 million in grants that have been mobilized from the international community in follow-up to Miami and Santiago, the Minister of CIDA announced that Canada would make a contribution of about CAN\$20 million to PAHO for Summit follow-up to combat disease in the Americas.

The clear mandates that have come out of the different Summits have facilitated the joint work of countries and institutions like PAHO, which has responded to specific priorities with technical cooperation and resource mobilization efforts. These mandates have not represented additional initiatives and responsibilities for PAHO since they are at the core of the work emanating from PAHO's Governing Bodies.

The next Summit of the Americas, which is to take place in Argentina to coincide with the finalization of the FTAA in 2005, offers further opportunities to move the health agenda forward. In the meantime, and in addition to its continued work with the governments of the Hemisphere, one of PAHO's new challenges will be to involve in this process civil society groups that have an interest in public health issues. PAHO already collaborates with NGOs and relies on their expertise in many areas. Involving these civil society representatives will increase PAHO's credibility, provide allies for health at the hemispheric and country level, and increase cooperation among all key players.

5. Action by the Directing Council

The Directing Council is requested to note the report

Annex

Plan of Action, Item #14, Health, of the Quebec Summit of the Americas

14. HEALTH

Recognizing - further to the commitments made at the Miami and Santiago Summits and in accordance with agreed-upon international development goals in the areas of maternal, infant, child and reproductive health - that good physical and mental health is essential for a productive and fulfilling life, and that equitable access to quality health services is a critical element in the development of democratic societies, and for the stability and prosperity of nations; that the enjoyment of the highest standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition, as set forth in the *Constitution of the World Health Organization*; that gender equality and concern for indigenous peoples, children, the elderly and under-served groups must be of paramount concern in the development of health policy; that health outcomes are affected by physical, social, economic and political factors and that the technical cooperation of the Pan American Health Organization (PAHO) and other relevant international organizations should continue to support health actions in the Hemisphere, in a manner consistent with the *Shared Agenda for Health in the Americas* signed by PAHO, the IDB, and the World Bank:

Health Sector Reform

Reaffirm their commitment to an equity-oriented health sector reform process, emphasizing their concerns for essential public health functions, quality of care, equal access to health services and health coverage, especially in the fields of disease prevention and health promotion, and improving the use of resources and administration of health services; promote the continued use of scientifically validated, agreed-upon, common indicators for assessing effectiveness, equity and efficiency of health systems;

Strengthen and promote development of domestic standards of practice, accreditation and licensing procedures, codes of ethics, and education and training programs for health personnel; improve the mix of health personnel in the provision of health services to better respond to national health priorities;

Intensify efforts and share and promote best practices to:

- _ reduce maternal and infant morbidity and mortality;
- _ provide quality reproductive health care and services for women, men and adolescents;
and
- _ carry out commitments made at the Cairo International Conference on Population and Development and its five-year follow-up in New York;

Develop processes to evaluate the efficacy of alternative health practices and medicinal products to ensure public safety and share this experience and knowledge with other countries in the Americas;

Communicable Diseases

Commit, at the highest level, to combat HIV/AIDS and its consequences, recognizing that this disease is a major threat to the security of our people; in particular seek to increase resources for prevention, education and access to care and treatment as well as research; adopt a multi-sectoral and gender sensitive approach to education, to prevention and to controlling the spread of HIV/AIDS and Sexually Transmitted Diseases (STDs) by developing participatory programs especially with high risk populations, and by fostering partnerships with civil society including the mass media, the business sector and voluntary organizations; promote the use of ongoing horizontal mechanisms of cooperation to secure the safety of blood; increase national access to treatment of HIV/AIDS-related illnesses through measures striving to ensure the provision and affordability of drugs, including reliable distribution and delivery systems and appropriate financing mechanisms consistent with national laws and international agreements acceded to; continue dialogue with the pharmaceutical industry and the private sector in general to encourage the availability of affordable antiretrovirals and other drugs for HIV/AIDS treatment, and promote strategies to facilitate the sharing of drug pricing information including, where appropriate, that available in national data banks; promote and protect the human rights of all persons living with HIV/AIDS, without gender or age discrimination; utilize the June 2001 UN General Assembly Special Session on AIDS as a platform to generate support for hemispheric and national HIV/AIDS programs;

Enhance programs at the hemispheric, national and local levels to prevent, control and treat communicable diseases such as tuberculosis, dengue, malaria and Chagas;

Promote healthy childhood development through: prenatal care, expanded immunization programs, control of respiratory and diarrheal diseases by conducting programs such as the Integrated Management of Childhood Illnesses, health education, physical fitness, access to safe and nutritious foods, and the promotion of breast-feeding;

Non-Communicable Diseases

Implement community-based health care, prevention and promotion programs to reduce health risks and non-communicable diseases such as cardiovascular disease and including hypertension, cancer, diabetes, mental illness as well as the impact of violence and accidents on health;

Participate actively in the negotiation of a proposed Framework Convention on Tobacco Control; develop and adopt policies and programs to reduce the consumption of tobacco products, especially as it affects children; share best practices and lessons learned in the development of programs designed to raise public awareness, particularly for adolescents, about the health risks associated with tobacco, alcohol and drugs;

Connectivity

Provide sound, scientific and technical information to health workers and the public, utilizing innovations such as the Virtual Health Library of the Americas; encourage the use of tele-health as a means to connect remote populations and to provide health services and information to under-served groups, as a complement to the provision of existing health care services.