

REGIONAL MINISTERIAL MEETING ON MASS MIGRATION AND HEALTH

Washington, D.C. | 29 November 2018

MEETING PROCEEDINGS

Highlights, Conclusions & Next steps



PAHO

EXECUTIVE SUMMARY

The Secretariat of the Pan American Health Organization (PAHO) convened Ministers of Health and Health Authorities from 25 countries and territories across the Region of the Americas and representatives from United Nations, UNHCR, and IOM at PAHO Headquarters on 29 November 2018 for a Regional Ministerial Meeting on Mass Migration and Health. (refer to Annex B for the list of participants).

The high-level meeting was aimed at reviewing the regional health panorama within the context of mass migrations; addressing key challenges for improving the countries' health systems and services for migrants and host populations; identifying priority actions to address the health needs of migrants while protecting regional gains in terms of elimination and control of endemic and epidemic-prone diseases, and discussing challenges for resource mobilization and health services financing (refer to Annex A for the agenda of the meeting).

The meeting represented a call for collective action and reaffirmed the Regional solidarity and the commitment of PAHO's Secretariat to support Member States and to work alongside partners in formulating policies, plans, and programs that promote and protect the health of migrants and their host communities. The Director of PAHO, recognized the immense pressure placed on institutions and countries due to the sudden migration of large number of people in a short timeframe and commended the leadership and commitment of all Health Authorities in their efforts to address the arising urgent needs and provide care to both the migrants and their local population.

During the meeting, various country representatives gave presentations on the issue of migrants and the impact on health care in their countries, including The Bahamas, Brazil, Colombia, Ecuador, Guatemala, Peru, and Venezuela. Health authorities from Chile, Mexico, the United States and Panama, among others, also made interventions. Additionally, representatives from the United Nations System – IOM, UNHCR, and UNSG - and WHO EMRO made presentations on their interventions with the migrant and host populations. Short and medium-term actions were discussed on a range of topics, including epidemiological surveillance, preparation and prevention of outbreaks and ensuring access to health systems and services, among others. It was highlighted that the current situation is a test to all countries' resilience, even the most prepared, and that national health systems must adapt to a new long-term scenario. A regional approach is needed to solve the health challenges of mass migration and find common solutions to provide and sustain access to health services for all, without stigmas or discrimination.

The Ministers of Health and the Secretariat of the Pan American Health Organization (PAHO) identified a series of actions that seek to improve the health response to the mass migration that is occurring in the Region. Priority actions that were identified include improving health surveillance and monitoring, improving access to health services and systems for both migrants and the population of host countries, as well as ensuring communication and exchange of information to avoid stigma and discrimination, and adapting policies and programs to promote and protect the health of migrants while continuing to provide for their local population.

PAHO's Secretariat committed to develop, in consultation with Member States, a Regional Action Plan that provides guidance and establishes actions to address the health needs of migrants both at the country level and through bilateral agreements for joint work in border areas and transition zones, as well as through sub-regional mechanisms and initiatives. A PAHO Regional Health and Migration Forum will also be established, including a portal for health authorities in the Region to share information on priority topics, technical guides, best practices on how to address certain health issues, among others. In order to protect and maintain achievements in the Region in terms of disease elimination, access to vaccines and medicines will also be promoted through PAHO's Revolving Fund for vaccines, and the Strategic Fund for Medicines.

KEY ISSUES DISCUSSED IN THE CONTEXT OF MASS MIGRATION AND HEALTH

GENERAL OVERVIEW OF THE CURRENT MIGRATION PHENOMENON IN THE REGION

Migration has always existed and will continue to exist in the Americas. Most countries in the Region have been, at some point in time, territories of origin, transit, destination, and return. However, sudden mass migration that disrupts systems and infrastructures in an abrupt way is a new and expanding reality in the Region that has quickly moved up the priority ladder in national agendas of Member States. The intensification of two concomitant mass migratory phenomena have recently been observed in the Americas: migration from Mesoamerica towards Mexico, the United States and Canada, and the migration from Venezuela to South American and Caribbean neighboring countries. These new migratory flows have placed the issue of migration at the center of the attention of the countries of the Western Hemisphere. Migration northward from countries within the Northern Triangle of Central America (NTCA) continues as a predominant trend. On the other hand, as of 31 October 2018, three million Venezuelans were living outside their country of origin and 2.4 million of them were hosted by countries in Latin America and the Caribbean.¹ Colombia, Peru and Ecuador bear the heaviest burden of migration, with over 1.7 million of Venezuelan migrants (70%) currently being hosted in those three countries. The following key points were raised throughout the different sessions.

- Managing sudden and large movements of people within a short timeframe has prompted profound questions about the resilience and adaptive capacity of health systems in the Region. While countries were commended by the international agencies for their regional solidarity in providing support for these migrants over the past few years, the increased demand for health services by large movements of people, has put pressure on institutions and health care systems struggling to adequately address the health needs of migrants entering their borders, while addressing those of the local population. Limited financial, human, and infrastructural resources, as well as legislative constraints, were mentioned as the biggest challenges faced by health systems.
- Even though small Caribbean Islands are not receiving migrants in the same amounts as other countries in the Region are, Sint Maarten, Aruba, Curacao expressed concerns as even a small influx of population constitutes a large percentage of their total population and has a great impact on their health system.
- There is a general recognition that the situation is evolving from what was initially seen as an acute emergency to a chronic scenario that will require a switch of paradigm for national health systems and medium- and long-term solutions to be integrated in countries' development plans. Countries are investing heavily in developing capacity through multi-sectoral actions at national and local levels. As countries continue these efforts, mobilization of resources and ensuring their most effective use continue to be priorities.
- Countries are coordinating and adapting their responses at national levels in the development and implementation of legislation, regulations and policies to ensure migrants' right to health, within the limitations of their capacities and available resources.
- Countries recognize migration is a multidimensional reality that cannot be addressed in isolation and requires multi-sectoral collaboration at national and local levels that is combined with multi-country or regional interventions. Capacity building and system strengthening are key components to protect the public health gains in the region, especially for vaccine-preventable diseases.

¹ Inter-agency Coordination Platform for Refugees and Migrants. 2018. Available from: <https://data2.unhcr.org/en/situations/venet>

MAIN HEALTH & MASS MIGRATION CHALLENGES IN THE REGION

As highlighted throughout the discussions, challenges linked to mass migration and health are numerous and complex and include, among others, the need to reinforce information systems, scale-up the capacity of national health networks at all level to adapt to the growing and changing health needs of migrants and address them in an integral and sustainable way in the medium- and long-term.

The following section summarizes the different challenges that were noted throughout the different sessions.

- There is often a disproportionate distribution of illnesses and health issues among migrants due to the vulnerabilities and constraints they face during their migration path. In particular, migrants are at higher risk of experiencing sexual and gender-based violence; developing complications during pregnancy; suffering from dehydration, hypertension and acute malnutrition, especially in children, pregnant women and older persons; contracting sexually transmitted diseases and worsening or developing mental health disorders. In addition, inadequate sanitation and shelter, lack of sufficient water and food, overcrowding in transit centers, and other poor conditions during exhausting journeys may also increase the risk of migrants acquiring communicable diseases (measles, malaria, tuberculosis, rubella, among others), particularly when they pass through countries where they are endemic. Finally, migrant women, children, adolescents, elderly persons, and LGBT persons often face more acute vulnerability situations throughout the migration process, which leads to the need of differentiated interventions to address their specific health needs.
- Brazil, Chile, Colombia, Ecuador, and Panama expressed difficulties to identify the critical health needs of migrants to best adapt their public health interventions due to a lack of information on the health status of migrants. Panama, for instance, highlighted the challenge in border areas to quickly and accurately capture migrant populations that do not want to be found and do not seek health assistance. Increased information about the demographic background and health profile of migrants from their country of origin would be instrumental to inform the type of health services recipient countries must provide, in terms of communicable diseases, chronic diseases, malnutrition, mental health prenatal, delivery and post-natal care, etc. This would also be key to better identifying migrant population with HIV or TB and avoiding interruption of treatment, which could lead to pharmaco-resistance. As such, countries urged PAHO to develop and share population-based health profiles of migrants with national health authorities to guide prevention and care delivery efforts to more efficiently address the specific health needs of migrants.
- Recognizing health as a human right, all countries of the Region are providing essential package of health services to migrant populations. Several countries, such as Brazil, Chile, Costa Rica, Ecuador, Mexico or Panama, have a completely open health system, with no restriction of access based on nationality. Yet, migrants continue to be confronted with increased barriers to accessing health services at various stages throughout their migration process. PAHO has conducted surveys to examine access barriers to health services, which revealed that the main determinants were geographical (distance), economic (financial burden of out-of-pocket expenditures) and socio-cultural, including language barrier, social isolation, and fear of discrimination.
- Un-discriminated access to health services for all was recognized as critical to ensure the adequate protection of both migrant and host population. However, countries indicated that the increase in health care demand often supersedes the capacity of national systems and most countries are facing resource limitation (both human and financial) to support treatment for all. Yet, it was highlighted that the restriction of access to health services to migrants is one of the main risk factors to the health of host communities, and to health systems in general, as the cost of treatment of health issues among migrant and host population is much higher than the cost of preventative health services in sub-population groups.
- Recipient and transit countries have been implementing response actions to address the health needs and risks faced by migrant populations and host communities, including establishment of advanced health posts at border areas and non-official crossing points; provision of shelter, temporary housing and food to vulnerable populations with no means for survival; scaling-up of immunization programs; strengthening of epidemiological surveillance systems;

implementation of health promotion and risk communication campaigns, etc. However, countries indicated that they have little visibility on what other countries are doing, which may lead to duplication of efforts and resources, especially along border areas. There is a need to compile and share experience as well as successful tools and strategies implemented by the different countries of the region impacted by this migratory phenomenon, to guide coordinated collective actions to address it.

- To prevent the spread of vaccine-preventable diseases and protect both migrant and host communities, countries stressed the need to increase vaccination coverage. Various countries mentioned that they have incorporated the migrant population in their vaccination campaigns. However, the difference in vaccination schedules among countries and missing documentation of previous vaccinations pose challenges to track vaccinated population as they cross borders, which can lead to double vaccination of the same individuals. Similar issues were raised with regards to the different treatment schemes for HIV/AIDS patients from one country to

the next. Brazil, Canada, and Ecuador, raised the importance of PAHO's leading role in developing and sharing protocols and technical guidelines with recommendations to be adopted by all Member States to streamline health interventions to address the health needs of migrants.

- Due to the circumstances in which migrant populations travel or the conditions they face within destination communities, migrants may become victims of trafficking in persons, or other forms of exploitation and forced labor. These conditions may worsen in transit border areas that coincide with drug-trafficking routes, representing an additional challenge for the host country and adding complexity to the response. In light of the multi-dimensional and multi-sectorial characteristics of the migration phenomenon, which involves external affairs, border control, safety/security forces, civil protection, etc., one of the main challenges is for the health sector to be heard and prioritized by decision-makers in the design of policies, plans, and programs and the assignation of resources related to migration.

INTER-AGENCY COOPERATION

The following points were mentioned throughout the different sessions; in particular, during a session held with Eduardo Stein, United Nations Joint Special Representative for Refugees and Migrants from Venezuela; Jose Samaniego, Regional Coordinator for Refugees and Migrants from Venezuela for the United Nations High Commissioner for Refugees (UNHCR); and Luca Dall'Oglio, Chief of Mission of the International Organization for Migration (IOM).

- Strengthening cooperation among all United Nations agencies, as well as other international organizations working with migrant populations, is paramount to moving forward with a robust, harmonized response that builds upon the strengths of each agency involved. During the Quito process, the health sector was recognized as a key pillar of the response, with a focus on disease control, vaccination, access to health systems, particularly for migrants. PAHO is the UN lead agency for the health response to support national efforts and implement immediate critical actions.
- At the request of the United Nations Secretary-General to support and scale up the operational response provided to Venezuelan migrants and refugees in the Region, IOM and UNHCR jointly established a Regional Inter-Agency Coordination Platform, which is composed of some 40 participants that include United Nations agencies (including PAHO), other international organizations, as well as civil society and faith-based organizations. While each agency continues to lead and implement actions that are in accordance to its own mandates, the objective of the Platform is to identify gaps, complement actions, and avoid duplication of efforts. It was underscored that the Platform will not manage a specific fund; each agency and government will directly manage their resources. Updated information for the platform can be found on their website (R4v.info).
- IOM and UNHCR coordinated efforts to develop a regional Refugee and Migrant Response Plan (RMRP), which provides a strategy and an operational blueprint for organizations and countries involved in responding to the needs of Venezuelans leaving their country of origin and ensuring their integration in host communities. The RMRP is also expected to serve as an Appeal to support resource mobilization efforts to address the acute needs of individuals in mobility situation.

PRIORITY ACTIONS IDENTIFIED

Priority Action Area: Strengthen health surveillance, information management and monitoring

- Develop and share **comprehensive profiles of the health status of migrants** from Venezuela and other countries of origin of important migrant populations to support the adaptive capacity of health systems of destination countries and guide health interventions to address migrants' specific health needs.
- Establish and/or strengthen **Early Warning Alert and Response** to support the identification of health risks and guide prevention and control interventions.
- Strengthen **national and decentralized health surveillance systems**, particularly in border and transit areas to better capture the health status and needs of migrant populations.
- Strengthen **epidemiological surveillance and information management and reporting capacities** of host countries within the framework of the IHR.

Priority Action Area: Improve access to health services for the migrant and host population

- Develop and implement **sensitization trainings and communication packages** for health care workers to ensure the delivery of health care services that are culturally-sensitive and non-discriminatory. This is also relevant for key non-health actors that provide other services.
- Strengthen health systems capacity to respond to the health needs of migrants, including the provision of adequate resources to **enhance continuity and quality of care**.
- **Scale-up prevention and control interventions**, including increased vaccination coverage of immune-preventable diseases, to prevent further economic and health impact in the future due to health needs left unattended.
- Identify **subregional and regional solutions and financing mechanisms** for the mobilization of resources for health within the context of mass migration to support the economic burden of the increased healthcare demand in host countries.
- Further efforts are needed to bridge the short-term, emergency response, including humanitarian aspects, and medium to long-term planning of integrating the health needs of the migrant population, while ensuring the sustainability of actions currently being implemented.

Priority Action Area: Ensure communication, exchange of information, and the fight against xenophobia, stigma, and discrimination

- Facilitate **information sharing** among countries of the Region, especially among neighboring countries where there is active human mobility along the borders, to foster collaborative and targeted health actions.
- Facilitate the **exchange of positive experiences, best practices, policy instruments, successful tools and lessons learned** in promoting and protecting the health of migrants, among countries, agencies, and other relevant actors involved to support transregional learning and the adaptation and replica of successful

interventions in other countries of the region or even outside of the region, for example the Eastern Mediterranean region.

- Scale-up communication efforts at regional and national levels to construct a clear and strong narrative to **increase the visibility, advocacy and prioritization of the health sector** in decision-making processes and political agendas related to the migration phenomenon.

Priority Action Area: Strengthen partnerships, networks, and multi-country frameworks to promote and protect the health of migrants

- Improve **multi-country dialogues and cooperation**, aimed not only at identifying common interests, but also at creating common protocols and treatment schemes, avoiding duplication of efforts, and ensuring a more effective use of resources.
- Establish intercountry partnerships and alliances and reactivate existing ones to strengthen ongoing efforts to **address trans-border health issues** related to migration. Such agreements could also foster multi-sectoral cooperation along borders, with greater participation from sectors such as health and education.
- Develop **binational coordination mechanisms and plans of action** to more effectively address common health challenges linked to this migratory crisis.
- Conduct a **regional needs assessment and prioritization efforts** to facilitate the planning of response interventions and the assignation of resources with a comprehensive regional vision for the short-, medium- and long-term.

Priority Action Area: Adapt policies, programs, and legal frameworks to promote and protect the health of migrants

- Continue advocating for the **inclusion of migrant health in national and local policies and programs**, as well as the development or modification of legal frameworks that ensure the effective promotion, respect, and fulfillment of the human rights of migrants, while upholding their right to health and principles of non-discrimination.

PAHO ACTIONS MOVING FORWARD

As we move forward in consolidating regional and national health outcomes and overcoming obstacles to attain Universal Health and achieve the Sustainable Development Goals, it will be important to improve access to health systems and services for the migrant and host population; strengthen health surveillance and monitoring; establish partnerships, networks and multi-country frameworks for cooperation; promote information-sharing and fight against xenophobia, stigma, and discrimination; and develop policies, programs, and legal frameworks that protect and promote migrant's right to health.

In light of the complexity, magnitude, and fast-evolving nature of the situation in the Region, PAHO has identified the following actions to continue promoting and protecting the health of migrants, recognizing that health issues go beyond delineated borders and that addressing the health needs of the migrant and host population is not only the key for public health safety, but has a positive impact on social integration and economic growth.

- Promote **access to vaccines and medicines** through PAHO's Procurement Funds (the Revolving Fund for Vaccine Procurement and the Regional Revolving Fund for Strategic Public Health Supplies) to improve the surge capacity of immunization programs and healthcare services at first and second levels. Additionally, promote the identification of health system and services financing channels and mechanisms to include the migrant and refugee populations.
- Develop a **Regional Plan of Action on Health and Migrants**, in close consultation with Member States, starting in early 2019.
- Establish a **Regional Forum on Health and Migration** to:
 - promote the exchange of information (including epidemiological information), protocols, communication material & strategies, national plans, and relevant policy instruments among Member States; and,
 - provide Member States with technical guidance on and building capacity for addressing the health needs of the migrant population (including capacities on health surveillance and for health care workers providing services).

The material presented at the meeting is available at: <http://bit.ly/MMMHEALTH>

ANNEXES

ANNEX A

AGENDA OF REGIONAL MINISTERIAL MEETING ON MASS MIGRATION AND HEALTH

Washington, DC – PAHO HQ, Room A

29 November 2018

Time	Topic	Presenters/Moderators
9:00 – 9:30	Welcome and opening remarks	Dr. Carissa Etienne, <i>PAHO Director</i>
9:30 – 10:00	Current Health Panorama and PAHO's response in the context of Mass Migration and Health	Dr. Ciro Ugarte, <i>PAHO Health Emergencies Department Director</i>
10:00 – 10:30	Questions and Answers	
10:30 – 10:45	Coffee Break	
10:45 – 11:45	Presentations of current situation in countries <ul style="list-style-type: none"> • Improving access to health systems and services for migrants • Preventing outbreaks in the context of mass migration 	Moderator: Dr. Jarbas Barbosa da Silva, <i>PAHO Assistant Director</i> Presenters: Bahamas, Brazil, Colombia, Ecuador, Guatemala, Peru, Venezuela
11:45 – 12:30	Open discussion about Countries' needs	
12:30 – 13:30	Lunch Break	
13:30 – 14:20	Resource mobilization and financing health interventions for migrants and host populations	Moderator: Dr. Isabella Danel, <i>PAHO Deputy Director</i> PAHO Secretariat Mr. Eduardo Stein, <i>Joint Special Representative for Venezuela refugees and migrants in the region</i> Mr. Luca Dall'Oglio, <i>IOM Representative, International Organization of Migration</i> Mr. José Samaniego, <i>UNHCR Representative, United Nations High Commissioner for Refugees</i>
14:20 – 14:35	Questions and Answers	
14:35 – 14:45	Final Considerations	Dr. Jarbas Barbosa, <i>PAHO Assistant Director</i>
14:45 – 15:00	Closing Remarks	Dr. Carissa Etienne, <i>PAHO Director</i>

ANNEX B

LIST OF PARTICIPANTS

NAME/NOMBRE	POSITION/POSICIÓN	COUNTRY/PAIS
Teri-Ann Joseph	Senior House Officer, Ministry of Health and the Environment / Oficial Medico de Salud , Ministerio de Salud y del Ambiente	Antigua & Barbuda
Adolfo Rubinstein	Secretary of State for Health/Secretario de Gobierno de Salud	Argentina
Analia Lopez	Chief of Cabinet/ Jefe de Gabinete	
Fernando Oris de Roa	Chief of Mission, Embassy of Argentina in the United States of America/ Jefe de Misión, Embajada de Argentina en Estados Unidos de América	
Gerardo Abel Diaz Bartolome	Chief of Chancellery, Embassy of Argentina in the United States of America/ Jefe de Cancillería, Embajada de Argentina en Estados Unidos de América	
Cynthia Hotton	Minister, Alternate Representative, Permanent Mission of Argentina to the OAS/Ministro, Representante Alterno, Misión Permanente de Argentina ante la OEA	
Marcos Cristobal Stancanelli	Chief of the Political Section at the Embassy of Argentina in the United States of America/ Jefe de la Sección Política de la Embajada de Argentina en Estados Unidos de América	
Eugenia Gimenez	Second Secretary, Political Section at the Embassy of Argentina in the United States of America/ Segunda Secretaria de la Sección Política de la Embajada de Argentina en Estados Unidos de América	
Joselin Croes	Minister Plenipotentiary of Aruba in the United States/ Ministro Plenipotenciario de Aruba en los Estados Unidos de América	Aruba
Duane Sands	Minister of Health/ Ministro de Salud	The Bahamas
Noel Anderson Lynch	Ambassador, Permanent Representative, Permanent Mission of Barbados to the OAS/ Embajador, Representante Permanente, Misión Permanente de Barbados ante la OEA.	Barbados
Pablo S Marin	Minister of Health / Ministro de Salud	Belize
Laura Andrea Frampton	Minister Counselor, Alternate Representative, Permanent Mission of Belize to the OAS/ Ministra Consejera, Representante Alterna, Misión Permanente de Belice ante la OEA	
Gilberto Occhi	Minister of Health / Ministro de Salud	Brazil
Marco Fireman	Vice Minister of Health / Vice Ministro de Salud	
Vania Canuto	Public Policies and Government Management Specialist/ Especialista en Políticas Públicas y Gestión Gubernamental	

Fernando Simas Magalhaes	Ambassador, Permanent Representative, Permanent Mission of Brazil to the OAS/ Embajador, Representante Permanente, Misión Permanente de Brazil ante la OEA	
Osnei Okumoto	Secretary of Health Surveillance/ Secretario de Vigilancia Sanitaria	
Carlos Cuenca	Councilor, Alternate Representative, Permanent Mission of Brazil to the OAS/ Consejero, Representante Alterno, Misión Permanente de Brazil ante la OEA	
Fabio Cereda	Chief of International Health Advisory/ Jefe de Asesoría de Salud Internacional	
Maria Clara de Paula Tusco	Second Secretary, Alternate Representative, Permanent Mission of Brazil to the OAS/ Segunda Secretaria, Representante Alterna, Misión Permanente de Brazil ante la OEA	
Nicolas Palanque	Director of Multilateral Relations, Office of International Affairs for the Health Portfolio / Director de Relaciones Multilaterales, Oficina de Asuntos Internacionales para el Portafolio de Salud	Canada
Charlotte McDowell	Senior Development Officer at Permanent Mission of Canada to the OAS/ Oficial Superior de Desarrollo, Misión Permanente de Canada ante la OEA	
Cheryl Urban	Director General, South America and Inter-American Relations at Global Affairs Canada / Director General, Relaciones Interamericanas y América del Sur, Asuntos Globales Canada	
Paula Daza	Vice Minister of Health/ Vice Ministro de Salud	Chile
Elvira Tagle	Cabinet Advisor of the Deputy Secretary/ Asesora del Gabinete de la Subsecretaría	
Felipe Aravena	Second Secretary, Alternate Representative, Permanent Mission of Chile to the OAS/ Segunda Secretaria, Representante Alterna, Misión Permanente de Chile ante la OEA	
Juan Pablo Uribe Restrepo	Minister of Health/ Ministro de Salud	Colombia
Camilo Arenas	Private Secretary to the Minister of Health / Secretario Privado del Ministro de Salud	
Alejandro Ordoñez	Ambassador, Permanent Representative, Permanent Mission of Colombia to the OAS / Embajador, Representante Permanente, Misión Permanente de Colombia ante la OEA	
Adriana Maldonado	Minister-counsellor, Permanent Mission of Colombia to the OAS / Ministro - Consejero, Misión Permanente de Colombia ante la OEA	
Linyi Maricel Baidal Sequeira	Minister-counsellor, Permanent Mission of Costa Rica to the OAS / Ministro - Consejero, Misión Permanente de Costa Rica ante la OEA	Costa Rica
Zita Jesus -Leito	Minister of Traffic, Transport and Urban Planning; Minister of Health, Nature, and Environment a.i./ Ministro de Tráfico, Transporte y Urbanismo; Ministro interino de Salud, Naturaleza y Medio Ambiente	Curaçao
Xavier C. Prens	Minister Plenipotentiary of Curacao/ Ministro Plenipotenciario de Curacao	
Rafael Sánchez	Minister of Public Health / Ministro de Salud Pública	Dominican Republic

María Verónica Espinosa	Minister of Public Health / Ministro de Salud Pública	Ecuador
Francisco Carrión Mena	Ecuador's Ambassador to the United States/ Embajador de Ecuador en los Estados Unidos	
Carlos Alberto Jativa Naranjo	Ambassador, Permanent Representative, Permanent Mission of Ecuador to the OAS/ Embajador, Representante Permanente, Misión Permanente de Ecuador ante la OEA	
Daniel de la Torre	Advisor of the Minister Office /Asesor Despacho Ministerial	
Julio Oscar Robles Ticas	Vice Minister of Public Health / Vice Ministro de Salud Pública	El Salvador
Wendy Acevedo	Counselor, Alternate Representative, Permanent Mission of El Salvador to the OAS/ Consejera, Representante Alternativa, Misión Permanente de El Salvador ante la OEA	
Dinora Escalante	Counselor, Alternate Representative, Permanent Mission of El Salvador to the OAS/ Consejera, Representante Alternativa, Misión Permanente de El Salvador ante la OEA	
Anne de la Blache	Ambassador, Permanent Observer of France to the OAS/ Embajador, Observador Permanente de Francia ante la OEA	France
Ondine Tavernier	Political Advisor, Permanent Mission of France to the OAS/ Asesor Político, Misión Permanente de Francia ante la OEA	
Mikael Garnier-Lavalley	Counselor for Health, Social Welfare and Sports, Embassy of France/ Consejero de Salud, Bienestar Social y Deportes, Embajada de Francia	
Nicholas Steele	Minister of Public Health / Ministro de Salud Pública	Grenada
Carlos Enrique Soto Menegazzo	Minister of Public Health / Ministro de Salud Pública	Guatemala
Rita Claverie de Sciolti	Ambassador, Permanent Representative of Guatemala to the OAS/ Embajador, Representante Permanente, Misión Permanente de Guatemala ante la OEA	
Mauricio Bernard	Third Secretary, Alternate Representative / Tercer Secretario, Representante Alternativo	
María Tatiana Lucero-Barahona	Counselor, Alternate Representative / Consejero, Representante Alternativo	
Volda Lawrence	Minister of Public Health / Ministra de salud Pública	Guyana
Riyad Insanally	Ambassador, Permanent Representative. Permanent Mission of Guyana to the OAS / Embajador, Representante Permanente, Misión Permanente de Guyana ante la OEA	
Jason Darcy Fields	First Secretary, Alternate Representative, Permanent Mission of Guyana to the OAS / Primer Secretario, Representante Alternativo, Misión Permanente de Guyana ante la OEA	
Gaspard Fritzes	Minister-Counselor, Alternate Representative. Permanent Mission of Haiti to the OAS / Ministro Consejero, Representante Alternativo. Misión Permanente de Haití ante la OEA	Haiti
Roberto Cosenza	Vice Minister of Health/ Viceministro de Salud	Honduras
Luis Cordero	OAS, Ambassador, Alternate Representative. Permanent Mission of Honduras to the OAS / Embajador, Representante Alternativo. Misión Permanente de Honduras ante la OEA	

Maria Fernanda Pineda	First Secretary, Alternate Representative, Permanent Mission of Honduras to the OAS / Primera Secretaria, Representante Alterna, Misión Permanente de Honduras ante la OEA	
Jorge Lomonaco	Ambassador, Permanent Representative, Permanent Mission of Mexico to the OAS / Embajador, Representante Permanente, Misión Permanente de México ante la OEA	Mexico
Maite Narvaez Abad	Third Secretary, Alternate Representative, Permanent Mission of Mexico to the OAS / Tercer Secretario, Representante Alterno, Misión Permanente de México ante la OEA	
Sonia Castro	Minister of Public Health / Ministra de salud Pública	Nicaragua
Martha Reyes	Director General of Health Surveillance / Directora General de Vigilancia para la Salud	
Julieta Blandon	First Secretary, Alternate Representative, Permanent Mission of Nicaragua to the OAS/ Primera Secretaria, Representante Alterna, Misión Permanente de Nicaragua ante la OEA	
Eric Ulloa	Vice Minister of Health/ Viceministro de Salud	Panama
Demetrio Fong Vigil	Attache, Permanent Mission of Panama to the OAS/ Agregado, Misión Permanente de Panamá ante la OEA	
Julio J Rolon	Vice Minister of Health/ Viceministro de Salud	Paraguay
Luis D Alvarez	General Coordinator Vice Minister of Health/ Coordinador General Viceministro de Salud	
Eliza Ruiz Diaz	Ambassador, Permanent Representative, Permanent Mission of Paraguay to the OAS/ Embajadora, Representante Permanente, Misión Permanente de Paraguay ante la OEA	
Ricardo Chávez	Attache, Permanent Mission of Paraguay to the OAS/ Agregado, Misión Permanente de Paraguay ante la OEA	
Danilo Fernández	Principal Advisor, Office of the Minister of Health/ Asesor Principal, Oficina del Ministro de Salud	Peru
Ana Rosa Valdivieso	Ambassador, Permanent Representative, Permanent Mission of Peru to the OAS/ Embajador, Representante Permanente, Misión Permanente de Perú ante la OEA	
Jose Marcos Rodriguez	Alternate Representative, Permanent Mission of Peru to the OAS / Representante Alterno, Misión Permanente de Perú ante la OEA	
Hugo Palma	First Secretary, Embassy of Portugal in Washington DC/ Primer secretario, Embajada de Portugal en Washington DC.	Portugal
Cuthbert Knights	Permanent Secretary, Ministry of Health / Secretario Permanente, Ministerio de Salud	Saint Vincent & the Grenadines
Leona Marlin	Prime Minister/ Primera Ministra	Sint Maarten
Mr. D. Cristóbal Valdés	Ambassador, Permanent Observer to the Organization of American States / Embajador, Observador Permanente en la Organización de Estados Americanos	Spain
Concepción Figuerola	Alternate Observer, Permanent mission of Spain to the Organization of American States / Observadora Alterna, Misión Permanente de España ante la OEA	
Almudena Jordana de Pozas	Fellow, Permanent mission of Spain to the Organization of American States / Miembro, Misión Permanente de España ante la OEA	

Irene Asiaín	Fellow, Permanent mission of Spain to the Organization of American States/ Miembro, Misión Permanente de España ante la OEA	
Robert Mohamed	Incoming Deputy Director of Health/ Subdirector Entrante de Salud	Suriname
Terrence Dayalsingh	Minister of Health / Ministro de Salud	Trinidad and Tobago
Jorge Basso	Minister of Health / Ministro de Salud	
Hugo Cayrus Maurin	Ambassador, Permanent Representative, Permanent Mission of Uruguay to the OAS/ Embajador, Representante Permanente, Misión Permanente de Uruguay ante la OEA	Uruguay
Alicia Arbelbide	Minister Counselor, Alternate Representative, Permanent Mission of Uruguay to the OAS/ Ministro Consejero, Representante Alterno, Misión Permanente de Uruguay ante la OEA	
Alex M. Azar	Secretary, US Department of Health and Human Services (HHS)/ Secretario, Departamento de Salud y Servicios Humanos de EE.UU.	
Olga Cabello	Environment, Science, Technology, and Health Advisor for the Western Hemisphere, US Department of State/ Asesora de Medio Ambiente, Ciencia, Tecnología y Salud para el Hemisferio Occidental	
Garrett Grigsby	Director, Office of Global Affairs (OGA), HHS Office of the Secretary/ Director, Oficina de Asuntos Globales, Oficina del Secretario de HHS	
Colin McIlff	Deputy Director, Office of Global Affairs, U.S. Department of Health and Human Services / subdirector, Oficina de Asuntos Globales, Departamento de Salud y Servicios Humanos de EE.UU.	
Maya Levine	Senior Global Health Officer, Multilateral Relations at U.S. Department of Health and Human Services/ Oficial Principal de Salud Global, Relaciones Multilaterales, Departamento de Salud y Servicios Humanos de EE.UU.	USA
Nelson Arboleda	CDC Country Director, Dominican Republic / Director de CDC país, República Dominicana	
Susan Reef	Medical Officer, Measles Team Lead, CDC/ Oficial Médico, Líder Equipo Sarampión	
Kevin Edward Moley	Assistant Secretary, Bureau of International Organization Affairs, US Department of State/ Subsecretario, Oficina de Asuntos de Organizaciones Internacionales, Departamento de Estado de EE.UU.	
Rachel Owen	Health Advisor/ Asesora de Salud	
Jennifer Slotnick	Team Leader in USAID's Bureau for Latin America and the Caribbean/ Líder de Equipo en la Oficina para América Latina y el Caribe	
Chris Smith	HHS Photographer (for MOU signing)/ Fotógrafo HHS (para firma del MDE)	
Michael Nolan	Agent, Department of State/ Agente, Departamento de Estado	
Carlos Alvarado	Minister of People's Power for Health/ Ministro del Poder Popular para la Salud	
John Guerra	Advisor, Alternate Representative, Permanent Mission of Venezuela to the OAS/ Asesor, Representante Alterno, Misión Permanente de Venezuela ante la OEA	Venezuela
Asbina Marin	First Secretary, Alternate Representative, Permanent Mission of Venezuela to the OAS/ Primera Secretaria, Misión Permanente de Venezuela ante la OEA	

Multi-lateral Organizations		
NAME / NOMBRE	POSITION / POSICIÓN	ORGANIZATION / ORGANIZACIÓN
Betilde Muñoz-Pogossian	Director of Social Inclusion / Directora de Inclusión Social	Organization of American States
Eduardo Stein	United Nations Joint Special Representative for Refugees and Migrants from Venezuela/ Representante Especial de Naciones Unidas para los refugiados y migrantes de Venezuela	UNHCR-IOM
Luca Dall'Oglio	Chief of Mission, International Organization of Migration/ Jefe de Misión de la Organización Internacional de Migración, Washington, D.C.	IOM
Jose Samaniego	Regional Coordinator for Refugees and Migrants from Venezuela, United Nations High Commissioner for Refugees/ Coordinador Regional para Refugiados y Migrantes de Venezuela, Alto Comisionado de las Naciones Unidas para los Refugiados	UNHCR
Michel Thieren	Regional Emergency Director, Health Emergency Programme/ Director Regional de Emergencias, Programa de Emergencias en Salud	WHO/EMRO

PAHO Head Table Participants		
Carissa Etienne	Director / Directora	PAHO
Isabella Danel	Deputy Director / Directora Adjunta	PAHO
Jarbas Barbosa da Silva	Assistant Director / Subdirector	PAHO
Ciro Ugarte	Department Director, Health Emergencies (PHE)	PAHO
James Fitzgerald	Department Director, Health Systems and Services (HSS)	PAHO



PAHO