ACTION PLAN ON HEALTH AND RESILIENCE IN THE AMERICAS

(Adopted by the Heads of State and Government on June 9, 2022)

We, the Heads of State and Government of the Americas, looking toward the Tenth Summit of the Americas, commit to reach consensus on an Action Plan for Health and Resilience in the Americas, to be implemented by 2030, with the following actions:

1. Address, with solidarity and equity, the effects of the COVID-19 pandemic, in all its stages, through the aforementioned Action Plan, in accordance with national contexts, needs, and priorities with the aim of assessing and strengthening the capacity and resilience of health systems and health value chains at the national and regional levels, placing individuals at the core of health and resilience policies, the integration of the delivery of health services, including physical and mental health services, accounting for the amplified impact on and unique needs of members of groups that have been historically marginalized, discriminated against, and/or in vulnerable situations, as well as all women and girls, taking into account their diverse conditions and situations, in a manner consistent with national legislation and international law, promoting the implementation of universal health coverage for all, without discrimination, to further the wellbeing of current and future generations.

2. Address the wider economic, social, and environmental dimensions of resilience, including challenges resulting from COVID-19 and constraints to sustainable post-pandemic recovery, including limited fiscal space; unsustainable debt-burdens, where applicable; lack of access to financing; challenges to food and nutrition security; and limited capacity to mitigate and adapt to the challenges of the climate crisis.

3. Strengthen the resilience of our health and education systems, our economies, and our communities, bearing in mind that the Americas share many challenges, made evident or exacerbated by the COVID-19 pandemic, and that we need comprehensive and gender-responsive approaches. Likewise, work together to rebuild our economies and institutions in a resilient, inclusive, and equitable manner and with the full and equitable participation of all women in order to achieve growth. To this end, we note the importance of facilitating investments increasing the availability of critical and accessible infrastructure, strengthening supply chains and public procurement, strengthening international markets, and increasing commercial integration, which lay the foundation for long-term equitable growth and prosperity.

1. The Governments of Argentina, Bolivia, Canada, Chile, Costa Rica, Mexico, and Uruguay support the phrase “women and girls in all their diversity” and consider that references in this document...
2. The Republic of Panama reiterates the importance of promoting national legislation to advance the human rights of all persons who are members of groups that have been historically...
4. Develop an evidence-based Action Plan that takes into account the sociocultural, economic, and structural challenges facing the Americas region and includes, among others, identifying measures for national and international coordination and cooperation, taking into account the global commitments assumed by the states with respect to health and resilience, with a view to:

a. Expanding equitable access to comprehensive people-and-community-centered health services of quality and strengthening primary care to move toward universal access to health services. To that end, promote the sharing of experiences and best practices regarding policies, regulations, and standards; strengthen intersectoral coordination in order to address the social determinants of health; and strengthen institutional structures, including building capacities for the regulation and evaluation of health systems to ensure health services and medicines are safe, effective, and of high quality; with due attention to building capacities to perform essential public health functions and implement the International Health Regulations (2005);

b. Strengthening educational programs in the fields of medicine, public health, nutrition, and biomedical science research, as well as recruitment and skills development of all professionals engaged in the field of health, through continuing education and training, promoting an increase in the number of people working in these specialties, with a comprehensive bio-psycho-social approach to meet the health needs of our populations; as well as retaining health personnel in developing countries, especially in the least developed countries and small-island and low-lying coastal developing states of the Caribbean and Central America;

c. Examining financing mechanisms that guide the involvement of national and international financial institutions and the public and private sectors in strengthening health systems in the management of new financing models aimed at improving efficiency, effectiveness, transparency, sustainability, and equity in financing, increasing and improving public financing, and making progress towards eliminating out-of-pocket expenses, when applicable, as well as pandemic prevention, preparedness, and response, encouraging international financial institutions to grant financing to the developing countries;

d. Strengthening regional and global health security and public health emergency preparedness for the future in keeping with previously established commitments, and increase health research and development funding, promoting 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; improving affordability and access; and responding to regional health needs, as appropriate, particularly during health emergencies;

e. Encouraging regional activities to increase investment and foster industry, including voluntary technology transfer on mutually-agreed terms;

f. Using public procurement to simultaneously promote affordability, sustainability, expertise, and development of existing health budgets in an effective, efficient, and inclusive manner; promoting ethical conduct to prevent corruption in both the public and
the private sectors; and taking into account commitments adopted regionally and sub-regionally;

g. Leveraging digital tools and strengthen cooperation and the exchange of best practices for the development and application of these technologies, including the use of artificial intelligence; and safeguarding privacy in the handling of personal data, in order to facilitate access to actions for promotion of preventive and curative care, including treatment to bolster national and regional capacities;

h. Strengthening the capacities of health authorities and infrastructure and national epidemiological surveillance systems, as appropriate, to prevent, prepare for, detect, and respond to infectious disease outbreaks and events with epidemic characteristics, through the fulfillment of the commitments under the International Health Regulations and other international instruments, and through international cooperation and technical assistance from international organizations such as the Pan American Health Organization;

i. Redoubling 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 prevention and treatment and promote mental health and wellbeing by 2030 – noting with concern that the leading cause of premature mortality in the Region of the Americas is NCDs, which disproportionately affect countries in the region, including small-island and low-lying coastal developing states in the Caribbean sub-region, accounting for the highest probability of death between the ages of 30 and 70 from any of the four major NCDs;

j. Scaling 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 continue exploring voluntary innovative financing mechanisms and partnerships to effectively prevent, control, and treat NCDs, taking into account the major funding gap in addressing prevention and control of NCDs, and its impact on health and resilience in the Americas;

k. Working to close the gaps in basic capacities among and within the countries of the region, considering in particular, impacts on access to health-related products, and the unique challenges of less developed countries especially land-locked and small-island and low-lying coastal developing states in the Caribbean and Central America.

5. Emphasize, without exclusions, the mainstreaming of human rights, equity, equality, and the interconnection of multiple and compounding forms of discrimination, exclusion, and inequality, and the social determinants of health, 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, taking into account their diverse conditions and situations, in a manner consistent with national legislation and international law, in all aspects of the Action Plan.

6. Place persons and communities at the center of the Action Plan, addressing inequalities and inequities, promoting gender equality, to ensure universal access to sexual and reproductive health and reproductive rights, 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.

7. The responsible authorities commit to evaluate gaps and develop an evidence-based action plan, rooted, *inter alia*, in a One Health approach to prevent, rapidly detect, and respond to infectious disease outbreaks, especially those resulting from threats to health between human beings, animals, plants and the environment and vector-borne transmission, and recognizing the threat posed by antimicrobial resistance (AMR) to human, animal, plant and environmental health, food safety, and global food security, encourage the integration of measures to improve awareness and understanding of AMR through communication, education, and training and to strengthen the evidence and knowledge base through surveillance and research.

8. The responsible authorities commit to develop an Action Plan in consultation with diverse stakeholders, including civil society and other social actors and the private sector, as appropriate.

9. The responsible authorities develop and implement the Action Plan with the support of the Pan American Health Organization, the Inter-American Development Bank, the Organization of American States, and other members of the Joint Summit Working Group, as appropriate and consistent with other regional initiatives underway.

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FOOTNOTES

1. …to “all women and girls, taking into account their various conditions and situations” fall short of the language that leaders should support at a Summit of the Americas which must aim for inclusiveness. “Women and girls in all their diversity” acknowledges the fact that women and girls are not a homogeneous group and embraces their different identities, including, for example, as part of the indigenous Afro-descendant, lesbian, gay, bisexual, transgender, queer and of two spirits (LGBTIQ2), as well as other dimensions and communities. Likewise, it recognizes the need to adopt an intersectional and multidimensional approach to meaningfully respond to the needs of women and girls of different backgrounds, respecting and valuing the full diversity of their identities and realities. This approach underlines the interconnectedness of multiple forms of discrimination, exclusions and inequalities that impede their empowerment and the full enjoyment of their rights. Diversity as a concept has been recognized in numerous international and regional texts, including the Beijing Declaration and Platform for Action and the 2001 Quebec Summit of the Americas Plan of Action.

2. …marginalized, discriminated against and/or are in vulnerable situations, especially women in all their diversity – forums for multilateral dialogue being ideal vehicles for this purpose.

3. …Guatemala and its internal legal system protects human rights while reaffirming the equality of all human beings, without discrimination or distinction whatsoever.

Guatemala dissociates itself from all terms contained in this Commitment that are not expressly included in the treaties to which it is party. Any interpretation of the language contained in the document shall be made in accordance with the provisions of the Vienna Convention on the Rights of Treaties.

Specifically, Guatemala dissociates itself from paragraph 6 and the language contained therein because they are contrary to domestic law and the recently-adopted public policy on protection of family life and the family as an institution. Furthermore, it reserves the right to interpret the term "reproductive rights" and "reproductive and sexual health services," which, for the State of Guatemala, do not include abortion.

There is no international consensus on the interpretation of reproductive rights, and Guatemala does have domestic laws that cover only sexual and reproductive health policies but not reproductive rights, which could be interpreted as a right to abortion or abortion practices, which is contrary to the country’s domestic law.