



SOCIAL ACTORS' PARTICIPATION IN THE ACTIVITIES  
OF THE SUMMIT OF THE AMERICAS PROCESS  
June 6 - 8, 2022  
Sheraton Grand Los Angeles  
Los Angeles, USA

OEA/Ser.E  
ASCA/Foro-47/22  
5 Julio 2022  
Original: English

**REPORT ON RECOMMENDATIONS OF THE HEALTH AND RESILIENCE  
WORKING GROUP OF THE IX SUMMIT OF THE AMERICAS<sup>1</sup>**

- 
1. The recommendations contained in this document were formulated by the members of the thematic working groups of the following subregions: i) Canada, the Caribbean, and the United States, ii) Mesoamerica and iii) South America



**Health and Resilience Working Group of the IX Summit of the Americas**

We, the Heads of State and Government of the Americas, commit to:

1. Achieving, by the Tenth Summit of the Americas, consensus on a Plan of Action on Health and Resilience in the Americas, beginning in the current year 2022 and ending in 2030.
2. Addressing the effects of the COVID-19 pandemic, fostering investments in scientific studies to identify and document COVID-19 with the secondary complications caused by the virus and application of the vaccine through this Action Plan, in order to assess and strengthen the capacity and resilience of health, telehealth, and telemedicine systems and health value chains at the national and regional levels, ensuring that health policies focus on the individual and resilience, including physical and mental health and taking into account the disproportionate impact of the pandemic on – and the unique needs of – those in vulnerable circumstances and marginalized groups in the member states, that include:
  - Women
  - Children
  - Adolescents
  - Older adults
  - Persons with disabilities
  - The LGTBI Community
  - Indigenous and Afro-descendant populations
  - Faith-based communities
  - Migrants
  - and other groups in vulnerable circumstances.
3. Including new strategies to guarantee a universal health system and eradicate the growing divide impacting the unemployed, people with little education and training, and other groups with economic and social difficulties without income of their own, affected by COVID-19 and future pandemics or endemic diseases.
4. Encouraging countries to implement international leadership programs in sexual reproductive health and family planning, with the support of the Pan American Health Organization (PAHO) and the World Health Organization (WHO), by adopting international standards of human rights in health, such as:
  - a. Protocols for the care of women, children, adolescents, and the elderly, people with disabilities, the LGTBI community (*based on the American Declaration of the Rights and Duties of Man, the American Convention on Human Rights, and other inter-American instruments of protection containing principles and rights relevant to LGTBI people*), indigenous and Afro-descendant communities, faith-based communities, and migrants, especially pregnant women and the children conceived as a result of violence and sexual

- abuse, with a non-discriminatory focus on the human rights of the victims tailored to their particular needs.
- b. Producing a booklet on sexual and reproductive rights of the visually impaired in Braille to make its dissemination easily accessible, and in digital media, for those with hearing disabilities, including accessible language for people lacking technological skills.
  - c. Incorporating age-appropriate sex education material in school curricula, respecting and applying multilateral instruments and treaties to protect human rights, including the American Declaration of the Rights and Duties of Man, the American Convention on Human Rights, and the other Inter-American protection instruments that contain principles and rights relevant to LGTBI persons, emphasizing, in particular, the protection of children's rights and family life in educational programs and public policies.
  - d. In particular, we believe it is appropriate to immediately review any practice that modifies the sexual characteristics of intersex persons without sound medical reasons and without the full informed consent of the intersex person.
5. Promoting sexual and reproductive rights; the American Declaration of the Rights and Duties of Man, the American Convention on Human Rights, and other Inter-American protection instruments that contain principles and rights relevant to LGTBI persons.
  6. Making every effort to develop an Action Plan that includes, inter alia, the identification of national and international cooperation measures to:
    - a. Promote the harmonization and convergence of the standards governing the health systems of the Americas by establishing national plans and public budgets.
    - b. Creating comprehensive auditing, monitoring, and follow-up mechanisms that help ensure proper compliance with the action plans, in order to provide effective, efficient, and inclusive health services with quality and warmth for our populations, especially those in vulnerable situations and those that have been historically marginalized.
    - c. Strengthening education and training of professionals in the field of medicine, comprehensive public health, and biomedical scientific research by establishing a selection system in accordance with the needs of each region to meet the needs of vulnerable groups such as women, children, adolescents, older adults, people with disabilities, the LGTBI community, indigenous and Afro-descendant communities, faith-based communities, migrants, and other vulnerable groups; and based on each professional's merits.
    - d. Adopting comprehensive policies within the plan of action for inclusion in health, education, and employment for people with disabilities, especially children and adolescents (with Down syndrome, autism, difficulty seeing, hearing, and speaking) based on the Inter-American Convention for the Elimination of all Forms of Discrimination against Persons with Disabilities.
    - e. Urging member states to strengthen mental health care services in the prevention of problematic use of psychotropic substances, suicidal behavior, and mental illness, with comprehensive care and social inclusion of individuals through access to, and coverage of community-based mental health care services that include sexual orientation and gender identity.
    - f. Prioritizing food security and drinking water to allow for a post-pandemic and post-natural disaster transition process tailored to the circumstances.
    - g. Creating legal norms to support transparency, monitoring, and follow-up of donated medicines to ensure that they are distributed equitably among citizens without discrimination.

- h. Encouraging auditing of financing mechanisms to encourage the participation of financial institutions in the strengthening of health care systems for pandemic preparedness and response.
- i. Increasing funding for technological research and development in order to expand the capacity of member states to produce medical supplies for regional health resilience and avoid budgetary waste due to their expiration and related forms of corruption.
- j. Encouraging auditing and transparency in the review of current health budgets and promoting ethical behavior to prevent corruption through proper oversight by entities or committees that are autonomous vis-à-vis governments. Promoting the strengthening of citizenship and continue the pursuit of the 2030 Sustainable Development Goals aimed at enhancing transparency and accountability.
- k. Ensuring that member states foster the creation and financing of health budget observatories, in partnership with civil society, so as to guarantee citizen control and accountability.
- l. Making the most of the practice of evidence-based alternative medicine and using digital tools (Telemedicine, Telehealth) to strengthen cooperation and the sharing of best treatments for the development and use of these techniques and technologies, while respecting professional ethics and confidentiality standards.
- m. Facilitating access to treatment and preventive care to strengthen national and regional capacity to prevent, detect, and respond effectively to outbreaks of infectious and contagious diseases, improve the capacity of health personnel, and strengthen the corresponding national surveillance systems by endowing them with a legal framework with regard to health care issues. Model Inter-American Care Act
- n. Incorporating, in a comprehensive manner, the voice of patients and other relevant stakeholders (women, children, adolescents, older adults, people with disabilities, the LGTBI community, indigenous and Afro-descendant communities, faith-based communities, migrants, and other vulnerable groups) in government consultations regarding health measures, regulatory approval, and financing; and taking best practices in the Hemisphere into account, including ancestral knowledge of health-related matters. Taking into consideration the “Inter-American Principles on the Human Rights of All Migrants, Refugees, Stateless Persons, and Victims of Trafficking in Persons,” established in the American Declaration on the Rights of Indigenous Peoples.
- o. Prioritizing non-communicable diseases as they are the drivers of health loss and mortality across the globe, creating universal access to health and the financial sustainability of public health systems as these diseases are responsible for the majority of the costs faced by public health systems,
- p. Avoiding contamination of water and the environment, prioritizing drinking water to allow for a post-pandemic and post-natural disaster transition process tailored to the circumstances.
- q. Adapting a cross-cutting One Health concept in other efforts to improve health outcomes across the region.
- r. Creating the conditions needed to strengthen the capacity to manufacture and market safe, effective, and high-quality medical products in the region and to adopt policies that support sustained multisectoral participation (health, science and technology, industry, and commercial sectors), taking into consideration the provisions of the Nagoya Protocol and ILO Convention 169.
- s. Creating the conditions needed to obtain the raw material for medicines and thus be able to strengthen, process, manufacture, transport, and market these products for our health

- systems, with a view to maintaining transparency in the manufacture and sale of safe medical products. Respecting offshore processing rights (Respetando la fabricación al derecho de la maquila). Regarding indigenous and Afro-descendant populations
- t. Strengthening organizations working for health and human rights through financial and technical support, inter alia for developing an action plan that contains an equity perspective on resilience and the economic, social, and cultural needs of our communities, in order to prepare for and respond to current and future emergencies, paying special attention to the needs and difficulties faced by populations in discriminatory conditions, so that they maximize both individual and collective self-sufficiency and self-determination.
  7. Ensuring that the ministers and responsible authorities of the member states develop and implement the plan of action with comprehensive input (by the private sector, civil society, and social actors), establishing a follow-up mechanism through annual forums of health stakeholders, with the support of the Organization of American States (OAS), the Pan American Health Organization (PAHO), the Inter-American Development Bank (IDB), and other members of the Joint Summit Working Group and Autonomous Oversight Bodies, as necessary.
  8. Ensuring in health emergencies that the member states guarantee attention to: contraceptive requirements, infectious and contagious diseases (with the highest morbidity and mortality rates, such as HIV and tuberculosis), and hormonal treatments that include transgender persons as well as patients requiring treatment for terminal illnesses, and that people living with HIV can have their antiretrovirals in time to have quality supplies for special tests.
  9. Ensuring that member states play an active role in the establishment of protective structures, within the provision of health care services, that guarantee the inclusion of the systems developed by indigenous and Afro-descendant populations, recognizing their ancestral knowledge, and promote investment in scientific studies to identify and document COVID-19 and its complications.
  10. Strengthening transparency practices in comprehensive health budgets in the member states of the Americas, including anti-corruption practices.
  11. Encouraging member states to promote non-discrimination in urban and rural health care to safeguard the most precious legal asset of human beings, which is life; updating international legal norms on violence in all its manifestations, and providing mechanisms for essential services, including first aid and the creation of shelters for women survivors of domestic violence.

**In conclusion:**

In addition to the proposals related to the commitment to enhance health care, we believe that this Summit of the Americas affords a unique opportunity to hold comprehensive annual forums, work together in consensus, and guarantee the functioning of mechanisms for monitoring and following up on health-related commitments and the implementation of plans of action.

The health crisis triggered by the COVID-19 pandemic demonstrated the scant ability of the health systems of the member states to deal with the negative impacts and ensure appropriate use of resources. Given the havoc wrought by the COVID-19 pandemic, we recommend:

That there be multi-stakeholder regional forums as of September 2022 to promote policies and achieve resilient, inclusive, sustainable, and equitable health ecosystems and economies and that by 2030 the following goals be achieved:

- a. That access to the health system is guaranteed in all (rural and urban) population areas of the member states.
- b. That health workers are guaranteed labor rights in accordance with ILO standards and international pandemic or endemic protocols to protect their life and thus reach their full potential.
- c. Promoting access to financing for member states with transparency, audit, and anti-corruption mechanisms to strengthen public health systems.
- d. Applying international standards to prepare the Hemisphere for future health threats and other related issues; in addition to guaranteeing a multisectoral mechanism for follow-up.
- e. Encouraging member states to create internal and external cooperation policies to develop resilient health care systems.
- f. Health commitments must be imbued with a comprehensive vision that covers the health needs of population groups without discrimination (women, children, adolescents, older adults, people with disabilities, the LGTBI community, indigenous and Afro-descendant communities, faith-based communities, migrants, and other vulnerable groups).
- g. Transform health economies and make them the engine of recovery and economic growth in the region and place people and their communities at the center of health (including physical and psycho-social) care policies.