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DRAFT ACTION PLAN ON HEALTH AND RESILIENCE IN THE AMERICAS

(Version reviewed by the Style Committee)

We, the participating States of the Ninth Summit of the Americas:

RECOGNIZING the commitment of the Heads of State and Government of the Americas at the Ninth Summit of the Americas in Los Angeles, California, in June 2022, to reach consensus on an Action Plan for Health and Resilience in the Americas;

TAKING INTO ACCOUNT the sociocultural, economic, environmental, and structural challenges facing the Americas region;

FURTHER TAKING INTO ACCOUNT the global commitments assumed by the states with respect to health and resilience; and

RECOGNIZING the need to align with and complement the work of other international negotiating processes on health and resilience,

DEDICATE OURSELVES to implement by 2030 the following actions, taking into account national contexts and priorities, in coordination with regional public health agencies, partner governments, civil society, the private sector, and other social actors, and with the support of the Joint Summit Working Group:

Promote Equitable Access to Health Services and Products

1. Redouble efforts to accelerate achievement of the 2030 Agenda for Sustainable Development, including Sustainable Development Goal 3.
2. Expand equitable access to quality, comprehensive, and people- and community-centered health services, and strengthen primary health care to move toward universal health coverage, including access to sexual and reproductive health and reproductive rights, 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 accordance with national legislation and policies and international law. To that end:^{1/2/}

- a. Facilitate the sharing of experiences, lessons learned, and best practices regarding policies, regulations, and standards;
 - b. Strengthen intersectoral coordination in order to address the social, environmental, and economic determinants of health;
 - c. Support the health of persons in the context of human mobility and other historically marginalized or excluded populations, including their access to essential health services, such as mental health, sexual and reproductive health, and maternal health services;
 - d. Address inequalities and inequities and promote 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; and
 - e. Strengthen institutional structures, including building capacities for the regulation and evaluation of health systems and medical countermeasures and the promotion of regulatory harmonization and convergence, and facilitate the provision of safe, effective, and high-quality health services and medicines, with due attention to building health security and other capacities necessary to perform essential public health functions, including during health emergencies.
3. Work to close the gaps in basic capacities, including those of the International Health Regulations (2005) (IHR) among and within the countries of the region, in particular considering impacts on access to health-related products and services, especially for marginalized populations and communities in vulnerable situations, and the unique challenges of less developed and landlocked countries, as well as small island and low-lying coastal developing states in the Caribbean and Central America.

Invest in Health Systems

4. Increase the retention and the availability of well-trained and qualified health workers and build future leadership in public health governance and management, mindful that women make up the majority of the health workforce in the region:
 - a. Strengthen educational programs in areas of study supporting the fields of medicine, public health, nutrition, epidemiology, and biomedical science research;

1. The Governments of Canada, Mexico, Costa Rica, Argentina, Chile, Peru, and Colombia support the phrase “women and girls in all their diversity” and consider that references in this document to “all ...

2. Guatemala reaffirms its commitment to legitimately agreed and ratified international human rights treaties in accordance with its domestic law. The Political Constitution of the...

- b. Increase the number of health professionals in high-need specialties, including primary care;
 - c. Strengthen recruitment and skills development of all professionals engaged in the field of health;
 - d. Strengthen continuing professional education and training;
 - e. Incentivize health professionals to work in underserved, rural, and hard to access locations;
 - f. Promote a comprehensive approach that takes into account biological, social, psychological, and environmental factors to meet the health needs of our populations in a gender- and culturally-sensitive manner;
 - g. Encourage private sector engagement in supporting the development of health personnel and stability in the health sector profession; and
 - h. Support retention of health personnel within developing countries, especially in less developed countries and small island and low-lying coastal developing states of the Caribbean and Central America.
5. Strengthen epidemiological surveillance systems to detect and respond to events of international and national public health importance, as well as unusual events according to the IHR, disease outbreaks, and other factors that drive and/or exacerbate chronic, non-communicable, and infectious diseases, including with disaggregated data, as well as to monitor and guide policies and interventions for said diseases, in fulfillment of the commitments established pursuant to the IHR.
6. Strengthen the network of national and subnational reference laboratories by applying quality principles, implementing appropriate laboratory diagnostics for priority pathogens, and building strong collaborative networks with relevant sectors, at every level of the health system.
7. Increase efforts to jointly strengthen surveillance systems, care in health services, and laboratory diagnostic capacity, for example, through coverage in border cities between countries.
8. Examine and develop national budgeting mechanisms that are sustainable over time, in addition to innovative financing tools to strengthen health systems and to:
- a. Improve efficiency, effectiveness, transparency, sustainability, and equity in financing and budgeting for health systems;
 - b. Increase and improve sustainable public financing for health; and
 - c. Sustainably invest in health emergency and disaster prevention, preparedness, timely response, and recovery, including epidemiological surveillance.

9. To promote the use of public and pooled procurement mechanisms for medicines, diagnostics, and supplies to further affordability, sustainability, expertise, and development of existing health budgets in an effective, efficient, and inclusive manner, taking into account national legislation and regional and sub-regional commitments.
10. Strengthen measures to promote transparency and accountability in health budgets and related expenditures and promote ethical conduct to prevent corruption in both the public and private sectors.
11. Encourage regional activities to increase investment and foster industry participation while protecting public health interests, including voluntary technology transfer on mutually agreed terms.

Strengthen Emergency Preparedness

12. Strengthen regional and global health security and public health emergency preparedness for the future, in keeping with previously established commitments:
 - a. Respond to regional health threats and needs through a One Health approach, as appropriate, particularly during public health emergencies;
 - b. Strengthen surveillance and laboratory systems to rapidly detect and accurately diagnose and report on the causes of public health issues of concern;
 - c. Strive to increase health and public health research and development enabling mechanisms, including funding;
 - d. Promote regional actions to build and strengthen national and regional development and sustainable production capacities for raw materials, pharmaceuticals, and medicines, including safe and effective vaccines, medical supplies, and other essential health technologies, including integration into regional production chains;
 - e. Consider approaches to facilitate more rapid and equitable access to safe, effective, and high-quality health services, products, and materials in emergencies;
 - f. Take steps to improve affordability and access to critical medicines, vaccines, supplies, and other medical products; and
 - g. Promote and strengthen all capabilities as prescribed under the IHR, especially as regards legal preparedness, including by engaging new partners and continuing to work with current regional and global partners.
13. Strengthen the capacities of health authorities and infrastructure and national epidemiological surveillance and monitoring systems, as appropriate, to prevent, prepare for, detect, and respond to infectious disease outbreaks and events with epidemic and pandemic potential and other public health emergencies:

- a. Fulfill obligations undertaken under the IHR and other relevant international agreements;
- b. Conduct health system situation gap analyses with respect to prevention, detection, response, and recovery in public health threats through the various comparable assessments available and address those gaps through National Action Plans;
- c. Participate in international cooperation and technical assistance coordinated by international organizations, such as the Pan American Health Organization; and
- d. Strengthen collaboration and information sharing across human, animal, and environmental health sectors for a One Health approach to infectious disease outbreaks and events.

Address Non-Communicable Diseases

14. Redouble efforts to accelerate achievement of the 2030 Agenda for Sustainable Development, including target 3.4 – to reduce by one-third premature mortality from non-communicable diseases (NCDs) through promotion and preventive actions on mental health and well-being, as well as early and timely detection of NCDs.
15. Considering the major funding gap in addressing prevention and control of NCDs, scale up commitments to mobilize and allocate adequate, predictable, and sustained resources through domestic, bilateral, regional, and multilateral channels, including international cooperation and official development assistance; and:
 - a. Continue exploring voluntary innovative financing mechanisms and partnerships to effectively prevent, control, and treat NCDs.

Leverage Technology Appropriately

16. Leverage digital tools and strengthen cooperation and the exchange of best practices for the development, equitable distribution, and application of these technologies, including the use of artificial intelligence and robotics technologies:
 - a. Accelerate the cybersecure and sustainable incorporation of digital solutions in health services;
 - b. Safeguard privacy, confidentiality, and security in the collection, sharing, use, and reporting of personal data;
 - c. Facilitate equitable access to technology and digital tools for the promotion of preventive and curative care, including treatment to bolster national, regional, and local capacities; and with an emphasis on standardized and connected solutions;

- d. Enable appropriate access to meaningful and comprehensive healthcare data for individuals, decision makers, and the health workforce to support an individual's health needs; quality health programs and services; research, including to advance healthcare applications of artificial intelligence and other emerging technologies; and the interoperability of healthcare information systems;
- e. Implement scientific, technical, and technological research in health, prioritizing any threat to health; and
- f. Promote the equitable and appropriate use of digital health tools and virtual care to facilitate access to healthcare for marginalized populations, including those with difficulty in accessing health services.

FOOTNOTES

1. ... 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. ... Republic of Guatemala and its domestic system of laws protect human rights while reaffirming the equality of all human beings without any discrimination or distinction whatsoever.

Guatemala dissociates itself from all terms contained in this Plan that are not expressly included in the treaties to which it is a 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 paragraphs 2 and 2.d because the language contained therein is contrary to domestic law and the public policy on protection of life and the family as an institution.

Furthermore, it reserves the right to interpret the term "reproductive rights," 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.