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Final Report of the Regional Consultation Meeting: “Integration and Convergence for Health in Latin America and the Caribbean”

XXXVI Regular Meeting of the Latin American Council

Caracas, Venezuela

27 to 29 October 2010

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Final Report on the Regional Consultation Meeting: “Integration and Convergence for Health in Latin America and the Caribbean”

Regional Consultation Meeting: “Integration and Convergence for Health in Latin America and the Caribbean”

Caracas, Venezuela

22 and 23 July 2010

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RAPPORTEUR'S REPORT

1. The "Regional Consultation Meeting: Integration and Convergence for Health in Latin America and the Caribbean" was held at the headquarters of the Permanent Secretariat of SELA on 22 and 23 July 2010.

2. Participants included delegates of the following Member States: Argentina, Barbados, Belize, Bolivia, Brazil, Colombia, Cuba, Chile, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Dominican Republic, Suriname, Trinidad and Tobago, Uruguay and the Bolivarian Republic of Venezuela; representatives of the following regional and international organizations: Bolivarian Alliance for the Peoples of the Americas – Peoples' Trade Agreement (ALBA-TCP), Economic Commission for Latin America and the Caribbean (ECLAC), Council of Health Ministers of Central America (COMISCA-SICA), Andean Health Agency–Hipólito Unánue Agreement (ORAS-CONHU), Pan American Health Organization – World Health Organization (PAHO/WHO), Union of South American Nations (UNASUR), Andean Development Corporation (CAF), World Rural Housing Association (AMVR), and the Central Bank of Venezuela (BCV); the Permanent Secretary of SELA, Ambassador José Rivera Banuet, and officials of the Permanent Secretariat. The List of Participants is included in Annex N° VI.

3. Speakers during the Opening Ceremony included His Excellency Mohammed Ali Odeen Ishmael, Ambassador of the Cooperative Republic of Guyana and Chairman of the Latin American Council; Andrés Fernández, representative of the Executive Secretariat of the Economic Commission for Latin America and the Caribbean (ECLAC); Jorge Jenkins, Head of Mission of the Pan American Sanitary Office and Representative of the Pan American Health Organization (PAHO) - World Health Organization (WHO) for the Netherlands Antilles, Aruba and the Bolivarian Republic of Venezuela; and Ambassador José Rivera Banuet, Permanent Secretary of SELA, whose speeches are included in Annexes N° II, III, IV and V.

- a. Ambassador Mohammed Ali Odeen Ishmael welcomed participants and congratulated the Permanent Secretariat for the base document. He underscored the importance of the meeting calling it transcendental, because, in his opinion, the health issue has been recognized in recent years as one of the areas in which it is possible and urgent to intensify integration in the region, particularly in less developed countries. In this connection, he said, the use of new technologies can substantially contribute to the convergence of health systems across the region.
- b. Afterwards, Andrés Fernández, on behalf of Alicia Bárcena, Executive Secretary of ECLAC, welcomed this initiative, which is considered to be of special interest in light of the current situation of the region. Fernández expressed his gratitude for the invitation to participate in this meeting, which he described as very important for the process of consultation on the issue of health and its convergence and integration at the regional level. In his speech, he reviewed the effects of the current global economic crisis on the countries of the region and the results of the policies they have implemented to mitigate these effects, highlighting the role played by ECLAC during the crisis in favour of the countries of the region, particularly as regards cooperation and support to integration. Saying that the region has gained strength despite the crisis, Fernández stated that similarly to political commitments, economic and trade commitments could also be adopted amid the current conditions, as they are

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favourable in order to make progress towards more binding commitments in regional and subregional integration schemes.

Finally, he was pleased to evidence in this event that the work agendas of regional organizations strengthen and complement each other.

- c. Jorge Jenkins conveyed the greetings of Mirta Roses, Director of PAHO, saying that this agency has a long history of working in support of subregional integration processes in the area of health, with different levels of participation in the political and technical fields. Jenkins said that PAHO has witnessed the results that can be achieved in public health when policies, programmes and projects are well coordinated in order to address common problems that require political will and joint action by health authorities. In this regard, he considered that integration mechanisms in the area of health are making progress with their agendas, policies and initiatives, and PAHO is supporting them with technical cooperation.

Jenkins stressed that, since 2006, PAHO established a policy of including in its Central Budget items to support the integration of health systems in all subregional integration schemes and promote further exchange of experiences and South-South cooperation in support of such processes. However, the greatest challenge has been to coordinate policies and interventions with other sectors working in other areas of integration that have a strong impact on health problems. Therefore, he stressed, PAHO notes with great expectation the contribution that this SELA initiative could provide to address these issues, facilitate dialogue and promote the necessary mechanisms for inter-sectoral coordination. In this connection, he thinks that this is the added value that the integration and convergence project undertaken by SELA can offer in order to make some headway with health within the context of the integration processes.

- d. Then, Ambassador José Rivera Banuet, Permanent Secretary of SELA, warmly welcomed the delegations of the Member States, the representatives of international and regional organizations and all the participants. Rivera noted that this event, foreseen in the Work Programme for 2010, is the first activity within the project "Integration and Convergence for Health in Latin America and the Caribbean (INCOSALC)" which, according to Decision No. 512, is being conducted in collaboration with ECLAC and PAHO.

Rivera said that the Member States of SELA consider that one of the most important projects of a Regional Programme on the Social Dimension of Integration entails outlining proposals for convergence and integration of Latin America and the Caribbean in the area of health. This objective gains more relevance, he said, if we consider that one in four inhabitants of the region does not enjoy regular and timely access to health systems. Furthermore, expenditures in public health as a percentage of GDP in the region increased from 2.6% in the 1980s to 3.6% on average over the last three years, and nonetheless, it is still below the figure of approximately 9% in developed countries.

He stressed that access to health services is a major challenge for the countries of the region, because there are profound inequalities in access to these services among the countries and within them. He noted that cultural, social, economic, organizational and geographical barriers prevent a large segment of the population from having access to health services.

However, Rivera pointed out that in recent years there have been significant achievements in the area of health in the region, and in order to maintain and deepen them it is necessary to undertake a number of unavoidable actions in the regional context, such as:

- Keep the States' goal of protecting the most vulnerable groups;
- Increase, to the largest possible extent, the levels of public spending on health as the basic tool to improve current conditions;
- Strengthen cross-sector partnerships as an imperative need;
- Work to prevent reductions in Official Development Assistance for health;
- Promote and expand South-South cooperation in the area of health; and
- Promote the subject of health within the framework of the integration and convergence processes of the region.

Rivera said he was convinced that this important meeting will help to focus the priority activities of SELA – along with ECLAC, PAHO/WHO and other regional institutions – on making progress with cooperation in the health sector and maintaining a swift exchange of experiences, while advancing towards the coordination of proposals for actions with a regional scope to optimize the efforts to strengthen health in the region as part of the integration and cooperation processes. To this end, he said, it is necessary to reinforce inter-sectoral dialogue spaces of the integration and cooperation processes, so as to promote policies, measures and actions to improve access for the population – particularly the most vulnerable groups – to essential goods and services for integral health care and protection.

A. DEVELOPMENT OF WORKS

4. The Chairman submitted the draft agenda for the meeting, which was adopted without amendments and is included in Annex No. I. Both the text of the Agenda and the base document prepared by the Permanent Secretariat of SELA, as well as the presentations, are available in SELA's Web site: www.sela.org.

The First Session "Experiences with cooperation in the health sector in Latin America and the Caribbean" was moderated by His Excellency Mohammed Ali Odeen Ishmael, Ambassador of the Cooperative Republic of Guyana and Chairman of the Latin American, and was conducted in two stages.

Presentation of the Permanent Secretariat's base document "Cooperation experiences in the health sector in Latin America and the Caribbean: Critical assessment and proposals for actions with a regional scope", by SELA's Consultant Ariela Ruiz Caro.

After a brief summary of the sections of the study, Ms. Ruiz Caro reviewed the experiences with cooperation in the health sector in Latin America and the Caribbean, making emphasis on the various subregional integration agreements. She highlighted the difficulties to have access to medicines as a central issue to be solved, as well as the unethical practices in prescribing medicines. She said that Free Trade Agreements (FTAs) could turn out to be an additional barrier to access to medicines, adding that, unfortunately, Health Ministers do not have enough power to exert influence on the negotiations of such agreements.

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Ms. Ruiz Caro pointed out that decisions in the health sector are not legally binding, adding that there is lack of systematization, coordination, monitoring and evaluation systems, and measuring tools in integration mechanisms. She said that in view of the large number of instances, the poor accountability culture and the pre-eminence of economic interests over social interests, the conflicting interests of organizations and the poor ability to respond to the growing demand for medicines, it is necessary for the States to take a more active role in the drug industry and the medicine supply system.

Referring to the proposals and suggestions in the study, Ms. Ruiz Caro considered that, among the first measures, it is necessary to outline coherent policies on generic drugs, regional strategies to contain costs, to take advantage of the regional systems for joint purchase of medicines, and to harmonize standards and drug distribution mechanisms, both domestically and regionally. It is also necessary, she stressed, to make efforts to increase consultations among integration schemes and to move ahead towards a consensus-based position in international forums. She pointed out that the issue of intellectual property is crucial for the health sector, saying it is necessary to put limits to existing flexibilities and to strengthen the bargaining power of the region in that area. Finally, she considered that a more active participation of civil society in the health sector is required and that integration is a powerful tool to improve access for the neediest sectors of the population to efficient health systems, which turn out to be very expensive at present. To this end, it is essential to create a pharmaceutical industry, improve understanding of successful experiences, coordinate the use of human resources and develop a communication strategy as regards the issue of health in order to boost society's participation.

"Perspectives of various regional and subregional organizations"

Participants in this section included Rolando Edgardo Hernández Argueta, Executive Secretary of the Council of Central American Health Ministers (COMISCA); Oscar Feo Istúriz, Executive Secretary of the Andean Health Agency – Hipólito Unanue Agreement (ORAS/CONHU); Amenotheop Zambrano, General Coordinator of the Bolivarian Alliance for the Peoples of the Americas – Peoples' Trade Agreement (ALBA-TCP) and Representative of the ALBA-Salud Project, who spoke about that project; Luis Romo Arellano, Chief Specialist in International Relations of the Health Ministry of the Republic of Ecuador, representing the Union of South American Nations (UNASUR), who delivered the presentation "UNASUR Salud, Five-year Plan 2010-2015"; and Rebecca de los Rios, Senior Adviser of External Relations, Resource Mobilization and Partnerships of the Pan American Health Organization (PAHO), who dealt with the issue of "regional integration and the role of health".

5. The Chairman thanked Ms. Ruiz Caro and the representatives of regional and subregional organizations for their presentations. Then, he invited the delegates from the Member States of SELA to express their opinions as regards the base document submitted by the Permanent Secretariat and the presentations.

6. The delegation of Cuba thanked the Permanent Secretariat for convening this meeting and for the document, saying it will be very useful for future work in this area. The delegate said that it is necessary to achieve integration and union in order to improve living standards of peoples in the region, adding that it is not enough just to share successful experiences as regards joint purchases of medicines, but it is also necessary to strengthen productive capacity. In this connection, the delegate mentioned some examples of medicine and vaccine production, saying that joint production should be

regulated. The delegate said that Cuba produces 80% of its basic legally regulated medicines.

The delegate said that countries should work together in the area of human resources and exchange experiences in order to make progress with human resource training, stressing that certification of professional degrees is a key element to move forward in that direction. Finally, the delegate said that it is necessary to make emphasis on those programmes in the area of health that have had positive results so as to contribute to the integration process, adding that the issue should be included in presidential agendas.

7. The delegation of Guyana thanked the delegation of Cuba for its cooperation in the area of health, particularly as regards human resource training, which has had significant benefits for the Guyanese people.

8. The delegation of Uruguay said that increasing the percentage of GDP devoted to health spending could turn out to be a simplistic vision and cited the example of its own country, where the increased percentage of GDP allocated for health programmes has not resulted in better services. In this connection, the delegation explained that Uruguay devotes 8% of GDP and makes strong investments in public health; it has changed funding mechanisms and controls resource management. In general, the delegation said, health care has improved by developing a new integrated system and adopting a public and private primary health care model. The delegation pointed out that many of the regulations adopted in the past were based on international standards but proved to be difficult to implement in many cases, and that the Uruguayan experience suggests that harmonization means much more than defining common standards. The path towards integration, it said, starts by making clear what the differences among countries are, and it is essential to talk about the asymmetries that might become obstacles to achieve such integration.

Lastly, the delegation of Uruguay endorsed the opinions of the Cuban delegation on the subject of medicines and the framework for human resource training.

9. The delegation of Paraguay thanked and congratulated the Permanent Secretariat for its work and recommended to make adjustments to the base document to include the contributions of the speakers. The delegation stressed that the development of health systems is not independent from the development of other sectors. Therefore, epistemological questions arise. Saying that it is not possible to understand health care systems without understanding what happens in other sectors, the delegation wondered: To what extent has health integration been developed as part of the integration process? And to what extent have integration processes contributed to reducing poverty and improving employment and health? The delegation stressed that better hospitals and access to medicines can actually improve living standards of people in the region. However, it said, it is not possible to improve access to health or health status among the population without improving education and reducing poverty, among other factors.

The delegation of Paraguay also said that the base document should analyze specific issues from the perspective of integration, for instance, cross-border integration. The delegation stressed that some issues must necessarily be dealt with from the angle of regional integration. It said it is necessary to analyze to what extent integration has brought about benefits in this regard. It said that emphasis has been on the weaknesses of the integration process but not on the achievements; therefore, it is important to examine such achievements at the subregional level.

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Finally, referring to the savings obtained from the joint purchase of medicines, the delegation pointed out that this is not a success in itself but a link in the chain towards the production of medicines. On the issue of indicators, the delegation said that health indicators should be used to measure development, which would allow for a better and very useful integration between health and economy.

10. The delegation of Suriname congratulated and expressed recognition to SELA, thanking for the invitation. The delegation said that Suriname is very interested in integration, particularly in the area of health. Stressing that the country faces difficulties regarding the purchase of medicines, the delegation wondered: What can we do to improve the production of medicines? Finally, the delegation said that Suriname is working on a general system of insurance for everyone.

11. The delegation of Venezuela welcomed the delegates and also expressed recognition to SELA for its work as part of the process that began in 2007 to take due consideration of the social dimension of integration, saying that this meeting is the result of such efforts. The delegation said that Venezuela hopes to conduct a study to harmonize the achievements made within the framework of CARICOM with those of South America, taking into account the progress made under the Amazon Treaty, so as to make strides towards public production of medicines at the regional level. The delegation deemed it necessary to analyze weaknesses and strengths in order to move ahead with integration, and in this connection, it should be borne in mind that social determinants form part of access to health.

12. Dr. Ariela Ruiz Caro, SELA's Consultant, welcomed the comments on the document prepared by the Permanent Secretariat, which will be enriched and adjusted with the observations and contributions stemming from the presentations and discussions held during the meeting. She referred to the comments made by the delegate of Paraguay, saying that the document does reflect achievements at the regional level. She stressed that the decisions made at the meetings of health authorities are not legally binding, although the issue has certain economic, political and social relations. However, accepting some guidelines in free trade agreements does have implications for the health sector. She explained that the issue of prices is fundamental and acknowledged that, indeed, the study involuntarily overlooks the efforts of the Amazon Basin countries in the area of health – an omission that will be corrected.

13. The representative of PAHO/WHO praised the notable efforts of Caribbean countries to reduce paperwork in the health sector. As for public production of medicines, the representative deemed it necessary to evaluate the capacities of the region and build on good examples from various countries. Particularly, he said that Suriname faces a complex challenge in view of its current situation, adding that it would be advisable for its authorities to aggressively use trade facilities by adopting a law that attaches priority to health, and enforce it on a permanent basis. In this connection, he mentioned two studies conducted by PAHO that may be useful, as well as other publications.

14. The delegation of Paraguay thanked for the comments of Ms. Ruiz and raised again the issue of binding decisions. The delegate said that, in his opinion, decisions are binding insofar as they allow for outlining public policies. In this regard, the delegate considered it necessary to take into account the context where resolutions are taken, which must be submitted to Congresses; and in the first place, the results expected from such decisions must be well defined. It is necessary to bear in mind, he said, that the economic sphere lays a magic bridge towards the social sphere.

15. Dr. Ruiz Caro referred to the issue of binding decisions, saying that, as a matter of fact, there are certain areas of the economy where such decisions can be taken, but in the health sector decisions cannot be of that nature, because the social dimension does not have the same weight as the economic field. She added that social issues remain at a declaratory level and in this connection progress should be made, as stated in the document.

16. The delegation of Brazil pointed out that in the case of MERCOSUR, all resolutions adopted by party States go through a process of internalization and after that they become binding. The delegation said that perhaps the study referred to statements that are usually made but do not become decisions. The ensuing confusion, the delegate said, is the result of the relation between MERCOSUR's legislations and the statements made by the ministers, because they sometimes get together and make statements which are not binding but important.

17. The delegation of Uruguay recalled that there are instances in regional and subregional agreements for the inclusion of norms and standards; however there are also difficulties to outline and apply them in all of South America, and it will not be easy to do, because there is great diversity of situations and conditions. With regard to binding decisions, the delegation considered that some declarative aspects later on can be turned into something more concrete.

18. The delegation of Venezuela agreed with the views of the delegations of Brazil and Uruguay on binding decisions. In this regard, the delegation proposed to review this concept in the document because there are indeed some decisions that do affect State policies and this aspect should be recognized.

19. Dr. Ruiz Caro agreed on reviewing this concept in the document; however, she stressed that MERCOSUR is the only integration scheme that has harmonized rules which are internalized by its member countries later on.

The second session, "Political spaces in Latin America and the Caribbean to strengthen cooperation in the health sector among the countries of the region", was moderated by His Excellency Mohammed Ali Odeen Ishmael, Ambassador of the Cooperative Republic of Guyana and Chairman of the Latin American Council, and consisted of three stages.

a. Trade policy in LAC countries and possibilities to strengthen cooperation in the health sector in the region

This stage included the presentation "Integration and convergence for health in Latin America and the Caribbean", by Osvaldo Rosales, Director of the Division of International Trade and Integration of ECLAC, who forwarded the text to be handed out to participants because he was unable to attend the meeting.

b. Intellectual property norms and possibilities to strengthen cooperation in the health sector in the region

During this stage, Ms. Andrea Laplane, expert of the Division of Productive and Business Development of DDPE-ECLAC, dealt with the subject "The Latin American pharmaceutical industry in the post-TRIPS scenario. Outlook and challenges".

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c. Public Health, Innovation and Intellectual Property in the Americas

In this stage, Jaume Vidal, Specialist of the Pan American Health Organization (PAHO), made remarks on the issue.

20. The moderator thanked speakers for their presentations and invited the delegations of the Member States to make their comments.

21. The delegation of Paraguay congratulated the Chairman and the Permanent Secretary for including the aforementioned topics in this session. The delegation welcomed the presentations, endorsing the reflections made by the speakers and their recommendations. The delegation said that intellectual property rights are applied to medicines and vaccines, stressing that the framework agreement for transfer of biological materials contains three areas on which no consensus has been reached, namely: the benefits that should be entailed in the transfer of biological material, the granting of patents, and the uniformity of intellectual property standards.

The delegation of Paraguay said that Mexico set an example to the world with its handling of epidemics, and even though it was the country that transferred the first biological material it faced problems in obtaining the vaccine. Afterwards, the delegation said, Mexico requested that vaccines be declared a public patrimony. For this reason, it said, the issue of intellectual property has implications in terms of justice and equity, and the region has an excellent opportunity to uphold a common position, because vaccines are a major issue that concerns everyone.

The delegation said that Brazil has been a leading pioneer in the fight against the international patent regime and that the countries of the region have a great opportunity to develop agendas agreed to by various ministries, since there are mixed stances as regards intellectual property. The delegation considered that intellectual property is not the only incentive mechanism and the State, through its ministries, must regulate the incorporation of innovations. Moreover, it added, there are aspects of intellectual property that require a regional treatment for better results.

With respect to the supply of medicines at the regional level, the delegation thinks that policy guidelines are needed. In this regard, it said that SELA can take advantage of a very important opportunity if it contributes to identify the best sites to produce certain medicines in the region in order to supply the necessary products, by strengthening the mechanisms for international purchases. Similarly, the organization can help with studies for the design and establishment of a Revolving Fund for Vaccines and a Strategic Fund for Medicines in order to obtain better prices on a regional scale. It is important, the delegation said, to defend at upcoming meetings the position in favour of creating such funds and establish regional mechanisms for purchase and supply of medicines.

Finally, the delegation recalled that several important patents will expire over the next two years and that it would be necessary for the region to develop an investment policy in this area.

22. The PAHO representative agreed with declaring vaccines a public good and referred to past experiences with the vaccine against avian influenza and the problems faced by Mexico. The representative considered that the region should take due account of a number of issues under discussion – including the seizure of medicines – and should closely monitor what Brazil and India are doing, which thus far has been only a unilateral

implementation of a European standard. Another important issue that the region must face is the implementation of intellectual property. To this end, he deemed it important for customs officials to be well trained in this area.

On the question of the definition of innovation, which few countries have defined, the representative said the worst aspect of the patent system is the careless granting of patents. He stressed that pharmacological studies are becoming increasingly important and that innovation must imply a therapeutic improvement, so it is necessary to reward only genuine innovation.

Finally, the PAHO representative thanked for the support to the idea of the Revolving Fund for Vaccines and the Strategic Fund for Medicines, pointing out that the strategy for cost reduction entails a very broad range of mechanisms and it is necessary to look at the whole picture.

23. The delegation of Uruguay said that the country does not have the same system as Brazil, where the State participates in the review of patents, but it has created an office where the health sector will be soon participating in promoting national research. In general, the delegation stressed that local innovation makes contributions to national development and intellectual property is used as a tool, since the use of patents brings about benefits by promoting research.

24. The delegation of Guyana referred to the natural resources that are used for the production of medicines as one of the topics that can enrich the document submitted by the Permanent Secretary. The delegation mentioned a case in which foreign companies collected medicinal plants in their country to develop certain types of medicines that entered the market later on. The delegate pointed out that his country has no patent to argue that the rights over those medicines correspond to it, and that there is no supervision in this area. The delegate considered that, in view of this example, it is necessary to take into account that there are foreign researchers who come to the country to conduct research and then claim patents; therefore there should some type of patent on the plants so as to obtain benefits from them. This raises the need to create capacity for research and patenting, appealing to international or regional cooperation.

25. The delegation of Bolivia endorsed the proposals of the Guyanese delegation, saying that in Bolivia there have been countless cases in which biodiversity and traditional knowledge have been used – particularly medicinal plants – which have caused damage mainly to indigenous peoples.

26. The representative of DDPE-ECLAC welcomed the comments on her presentation about the relation between intellectual property and health, and agreed with the view that patents are not the only way to encourage research. She also said that she agreed with protecting natural resources.

27. The representative of PAHO said that, as a matter of fact, biodiversity in developing countries is used by transnational companies in an arbitrary manner and a sort of biopiracy has emerged in the world. There exist, he said, a true exploitation of traditional knowledge to reap economic benefits; therefore, the challenge is twofold: on the one hand, to help indigenous communities to systematize their knowledge and protect them, and on the other hand, to prevent unequal exchanges for their traditional knowledge.

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He stressed, however, that very interesting discussions on this matter are being held at the WIPO and the countries are moving ahead with initiatives against biopiracy. He indicated that the PAHO has already created a department to work in the area of medicinal plants. Finally, he said that when it comes down to innovations one should not be limited to things that do not exist yet; there may be innovations that have not been systematized. In this connection, it would be advisable to develop regional capacities to conduct studies on medicinal plants.

28. The delegation of Panama thanked for the invitation to the meeting and for the base document. The delegation stressed that Panama must seek internal integration in the health sector, because there are many organizations where efforts are diluted, although the ultimate responsibility lies with the State through the Ministry of Health. The delegation commented on the problems with the pharmaceutical industry due to the lack of controls and the weaknesses of regulatory processes, adding that it is important to inform that Panama is working on integration, but it also has internal problems, particularly with indigenous peoples.

The delegation said that an important aspect of the document is its ordering in accordance with clear objectives; for this reason, it is necessary to establish a chain of results in order to make an evaluation. Referring to intellectual property, the delegation wondered: How is it possible to talk about intellectual property when dealing with aspects related to cultural expressions and traditional knowledge? It would be advisable to define levels as regards these issues, but in a segmented manner, it added.

29. The delegation of Guatemala welcomed the timeliness and organization of the event, saying that Central America is in a transition phase due to its integration agreements and at the end of the stage to achieve economic integration, strides will be made in other fields to complete integration. The delegation noted that the integration process attaches priority to health issues, and sectoral meetings are conducted to promote integration in that area, keeping a follow-up and providing information to authorities. Referring to intellectual property, the delegation said that the region is working on a legislation to be enforced at the community level, which is currently stagnant, but instructions have already been given to return to negotiations. In this regard, the delegation welcomed the inclusion of health issues in such deliberations.

The delegation pointed out that the establishment of the Central American customs union not only takes account of trade flows, but also of technical regulations in the area of medicines. In turn, ministries of health participate in the discussions about medicines and foods, within the regulations governing community trade with the ultimate purpose of protecting consumers. Finally, the delegation informed that a few days ago Panama was formally integrated into the negotiations.

30. The Bolivian delegation said that Bolivia has taken on a commitment to achieve integration for change and emancipation of peoples, particularly aboriginal peoples. In this connection, the delegation underscored the importance of bilateral agreements to strengthen bilateral integration. For Bolivia, it said, the cooperation received from Cuba and Venezuela is very important, as it has allowed it to undertake major reforms in the health sector. The delegation said that 1,300 Cuban medical professionals are promoting changes and ensuring that health becomes a right in Bolivia. It also stressed that there are important cooperation relations with Brazil and Chile, which have cooperated in joint actions in border areas.

The delegation said that, in its opinion, the regional integration process is having important results in the health sector. It underscored that the situation of this sector in the continent is critical and precarious, and that the only way to overcome the crisis is through integration for structural change, which requires the design of formulas and mechanisms to operationalize the inclusion of indigenous peoples in the process. In this context, the delegation said, the Bolivian government welcomes and appreciates the conduction of this meeting and commits itself to continue to work in this area, with the conviction that it can be the spark for future projects.

31. The PAHO representative welcomed the information provided by Guatemala as well as the participation of the Ministries of Health in regional negotiations.

32. The delegation of Paraguay endorsed the reflections of the delegate of Bolivia, noting that integration of institutions and individuals has been promoted, resulting in a network that is working to improve the situation of the health sector in the region. Such a network should be valued and enhanced.

The delegation deemed it appropriate for the study of the Permanent Secretariat to include the achievements made through MERCOSUR's Structural Funds, which are leading to a progressive reduction of asymmetries within that integration group. In this context, the delegation said, Paraguay has opened a bid round to international companies to improve potable water supply in rural and indigenous communities. The delegation said that most structural funds are being channelled into sectors other than health, but improving social determinants indirectly benefit the health sector. Therefore, the delegation said, it is important to make emphasis on actual and potential benefits from allocating such funds for specific sectors. Finally, the delegation said it hoped its comments would be included in the base document.

33. The delegation of Venezuela considered that achievements in the health sector in the region are evident, particularly within the framework of UNASUR. In this connection, the delegation described the achievements since the Cochabamba Summit adopted the South American Health Integration Agenda in a document entitled "*La Ruta Suramericana de la Salud*", stressing that the South American Health Council has just concluded its ninth meeting in Santiago, and that the space it offers allows for reaching agreements and making strides in this area.

34. The delegation of Cuba considered that the guidelines and comments made by participants were important to enrich the base document. However, it said, there is a fundamental element to reinforce integration instruments: strengthening national work capacities so as to help overcome the lack of human resources. Finally, the delegation deemed it necessary to avoid duplication of efforts and strengthen South-South cooperation, while respecting sovereignty and environmental sustainability.

35. The moderator thanked participants in the debate for their important remarks and contributions for the future treatment of the issue of health and the possibilities for integration and convergence at the regional level. In this regard, the moderator underscored the progress achieved through bilateral and multilateral agreements recently signed in the region on this subject. On behalf of the Bolivian Government, the moderator said that the *ALBA Salud* programme represents a new effort that can serve as guidance for other undertakings and provided figures on the achievements made by the Alliance, making special emphasis on the achievements as regards access to medicines and the funds provided by the Bank of ALBA, which are not reimbursable.

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The third session, “Political spaces in Latin America and the Caribbean to strengthen cooperation in the health sector among the countries of the region”, was moderated by His Excellency Jorge Alvarado Rivas, Ambassador of the Plurinational Republic of Bolivia and Second Vice-Chairman of the Latin American Council.

This session focused on the issue of “E-Health and ICTs as central elements of cooperation for health in Latin America and the Caribbean”, which was thoroughly dealt with by Andrés Fernández, official in charge of e-health in the ECLAC cooperation project.

In his presentation, Fernández said that at present the use of information and communication technologies (ICTs) is spreading in all spheres of public and private sectors in the region’s countries. However, he said, in the public health sector, such process has been slow, particularly if compared with the education and government sectors, since the design of public policies on ICTs has taken several years now in half of the countries of the region. He added that among those countries which are already in the stage of implementing ICTs, with very few exceptions, health is not included in the top priority areas.

In this connection, Fernández considered that access to timely and high-quality health care services is a responsibility of the State, and ICTs are a powerful tool to reduce gaps in access and quality. Children mortality, he said, is an indicator that illustrates such gaps.

Fernández noted that there are three common objectives in cooperation experiences in the area of health, and ICTs are important tools to achieve them, namely:

- i. Promote access to health within a framework of equity and social inclusion.
- ii. Integrate epidemic surveillance systems.
- iii. Train human resources.

After a comprehensive presentation on specific cases of results from the application of ICTs in various health sectors in different countries, supported by practical examples and statistics, Fernández made the following recommendations:

- i. Explicitly incorporate ICTs into existing technology-related commissions (sanitary, health) and into the various integration agencies.
- ii. Promote a regional digital agenda in health and cooperation for both the transfer of experiences and the acquisition of technology.
- iii. In view of the multiplicity of projects with serious risks for integration within and among countries, it is fundamental for future developments to stress the relevance of interoperability. Moreover, this represents an opportunity to make strides in the development of regional standards. An example of this is the case of electronic medical records.

36. The moderator thanked Fernández for his presentation and invited participants to hold a debate on the subject.

37. Dr. Saadia Sánchez Vega, Director of the Information and Knowledge Network of the Permanent Secretariat of SELA, made a presentation about the mandates in this area and the activities undertaken so far by the organization. She referred to the seminar organized by the Permanent Secretariat on the issue of information technologies, pointing out that the report on the seminar is available on SELA’s Web site. She said that the Permanent Secretariat intends to continue cooperating with Member States and regional

and subregional organizations in these processes, and stressed that ICTs are tools that transcend time and space, allowing for reaching excluded sectors of the population and reducing asymmetries in access to information technologies and knowledge.

38. The delegation of Venezuela reported that two of the components to be incorporated into the Simón Bolívar Satellite are telehealth and telemedicine. The delegate said that 21 pilot centres are being built – the first one of them in Amazonas State – and the satellite will be operated not only nationally but also by other countries through the ALBA-TCP agreement. In this connection, he said, consultative meetings and bilateral activities are being conducted. In multilateral meetings during the Space Conference of the region, Venezuela made available this technology and the first project is in ALBA already.

39. The delegation of Belize underscored the support received from Venezuela in the area of health. The delegate said that the adoption of ICTs has been slow, but it is possible to learn from the mistakes of others. In this connection, the delegate stated that Belize faces difficulties in using proprietary software and that in view of the penetration in markets such as that of Belize, there are huge opportunities to increase access to those technologies, particularly, as regards options for continuing training of health professionals. In this connection, the delegate informed that Belize has used a central information system on patients for management of inventories and supplies. Finally, the delegate thanked ECLAC for the presentation and Venezuela for its offer to use the Simón Bolívar Satellite, and offered Belize's achievements to cooperate with other countries.

40. The delegation of Cuba thanked ECLAC for its very illustrative presentation and said that, in addition to the desire to implement these technologies, it is necessary to count on the political will. In this connection, the delegate acknowledged Venezuela's political will, saying that using these technologies requires significant financial resources. Referring to the use of ICTs in Cuba, the delegate said that great importance has been attached to the use of telemedicine in cardiology, particularly at the level of pre-graduate studies. The delegate noted that the Ministry of Public Health is training its own human resources, and at post-graduate level ICTs are being used through the Virtual University of Health jointly with PAHO/WHO with good results, particularly in monitoring epidemics. However, the delegate stressed that there are limitations to this and wondered: How ICTs can be used in countries with limited connectivity?

41. The delegation of Paraguay welcomed the inclusion of this strategic issue in the meeting and congratulated ECLAC for its presentation. The delegation considered that the region has a great strategic opportunity in investment, because it shares common challenges in the area of health information, adding that it is necessary to conceive the issue in three complementary dimensions: organization, information culture and technology.

As for the organization, the delegation said that Paraguay uses Epi Info for epidemiological control and research, but it would like to apply other software packages, which entails costs that are not always sustainable. The delegate reported on progresses in the development of information systems in the three areas mentioned above.

The delegate said that ICTs are important for transparency, adding that Paraguay has launched a plan to modernize the health ministry and other State agencies. Currently, he said, medicines are purchased through electronic means and there is a specific system

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where suppliers can enter, which will facilitate public access to valuable information, although people has to be trained to use these resources.

The second aspect, he said, is communications and how technologies allow for linking the officials in charge of departments through mechanisms such as Skype. The delegate commented on how innovations have served to launch a plan to control vectors and maintain community surveillance through cell phones. He said that the country is examining a mechanism so that mammograms and x-rays performed in all the provinces of the country can be read in medical centres in Asunción. However, he said, this issue has not been attached due priority, and a lot of investment has not been devoted to the application of ICTs. Finally, he underscored the importance of the South American Institute of Governments in Health, with headquarters in Brazil.

42. The delegation of Panama congratulated the speaker, saying that the issue of ICTs must include several dimensions and that regulations are important in order to create telemedicine programmes and their corresponding standards. The delegate said that a teleradiology project in Panama was conducted virtually by one single doctor with the help of ICTs. At present, Panama is making emphasis on telemedicine and a virtual hospital, because by holding inter-consultations doctors can solve problems, so the flagship project is the virtual hospital.

The delegate said that Panama faces difficulties in acquiring technologies and needs support from other countries that have had more successful experiences in this area. This means that it is necessary for countries with certain technologies to put them at the service of less developed countries or with less economic resources. The delegate also considered that the issue of medical records should also be taken into account and that confidentiality is important in this connection.

43. The delegation of Ecuador considered the presentation to be very enlightening, and said that Ecuador intends to adopt a multisectoral strategic plan which will include the ministries of telecommunications and electricity and all the sectors handling information, so as to coordinate them with the health and education sectors. The delegate informed that the first meeting concerning this plan was held last week, with the purpose of coordinating hospitals and medical centres and subcentres at all levels, and spreading the use of technologies among staffers and users. The delegate said that the idea is to encourage the participation of the population at all centres in order to achieve social inclusion and equity in the health sector. Finally, the delegate welcomed Venezuela's offer as regards the Simón Bolívar Satellite.

44. The delegation of Guyana thanked for ECLAC's presentation and the subsequent comments. The delegate said that, in his opinion, within a generation there can be many problems in the health systems due to the demographic changes, and we must be prepared to face these challenges and confront diseases affecting large segments of the population.

45. The moderator welcomed the presentation delivered by the representative of ECLAC and the remarks and recommendations made by participants. In this connection, he requested the Permanent Secretariat to submit its draft Conclusions and Recommendations.

B. CONCLUSIONS AND RECOMMENDATIONS

1. Participants in the Regional Consultation Meeting on Integration and Convergence for Health in Latin America and the Caribbean took note with interest of the document drafted by the Permanent Secretariat of the Latin American and Caribbean Economic System (SELA), titled "Cooperation experiences in the health sector in Latin America and the Caribbean: Critical assessment and proposals for actions with a regional scope" (SP/RRC-ICSALC/DT No. 2-10). The document contained an analysis and proposals on the subject of this meeting that supported the discussions held among representatives of the Member States of SELA.
2. The delegates emphasized the importance of the analyses and comments – and the resulting debates – made by the representatives of the Executive Secretariat of the Andean Health Agency - Hipólito Unanue Agreement (ORAS/CONHU), the Executive Secretariat of the Council of Ministers of Health of Central America (COMISCA-SICA), the Executive Secretariat of the Bolivarian Alliance for the Peoples of the Americas - People's Trade Agreement (ALBA-TCP), the Pro-Tempore Presidency of UNASUR, and the Pan American Health Organization (PAHO).
3. Representatives of the Member States of SELA also took note with interest of the presentations delivered by specialists of the Economic Commission for Latin America and the Caribbean (ECLAC) on intellectual property rules, e-Health and Information and Communication Technologies as central elements in the cooperation for health in LAC. Delegates also welcomed the speech by PAHO on public health, innovation and intellectual property in the Americas.
4. The Chairman of the meeting, gathering the feeling of delegates from several Caribbean countries, regretted the absence of representatives of the General Secretariat of CARICOM, despite the efforts made by the Permanent Secretariat of SELA to ensure their presence at this important regional consultation meeting.
5. During the meeting, participants dealt with various perspectives from national actors and multilateral, regional and subregional institutions, as well as proposals for action to strengthen cooperation and integration in the area of health in Latin America and the Caribbean.
6. The relevant points of discussion raised by the representatives of the Member States of SELA were as follows:
 - a) Access to health must be understood primarily as a fundamental human right.
 - b) Access to medicines to meet the needs of the broadest sectors of the population has to be linked both to the negotiation and joint purchase of medical inputs and medicines, and to the development of national and regional capacities to produce medicines and supplies for health and to transfer medical technologies. In this connection, emphasis was made on the achievements of Argentina, Brazil and Cuba, including the experiences as regards joint production of medicines by Brazil and Cuba with the purpose of meeting the needs of other developing countries.
 - c) The issue of human resources for the health sector – their training, professional development and availability – is crucial. According to some organizations and countries, there is evidence of a strategy by industrialized nations to attract and

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recruit the technical and professional health staff trained largely by the public sector in our region.

- d) In this regard, it is necessary to exchange experiences among the countries of the region, in order to make progress with the proposals about the approval and recognition of qualifications of health professionals in Latin America and the Caribbean.
- e) In addition, participants underscored the need for analysis and preparation of proposals for cooperation and integration in health to consider the countries' economic and social determinants.
- f) Social participation is important – as human beings are the main actors of development and integration – in the implementation of cooperation strategies and programmes in the area of health in LAC. In this connection, participants stressed the increasing relevance of interculturality in many subregional and regional integration and cooperation schemes in the health sector.
- g) Furthermore, some delegates underscored that one of the key objectives of health programmes within the framework of regional integration processes should necessarily be the creation and development of universal and comprehensive health systems.
- h) Among the initiatives on integration and cooperation for health in LAC are the efforts made towards the identification of indicators and specific programmes to ensure health equity.
- i) International cooperation projects and Official Development Assistance flows received by our nations should be in line with the development priorities identified by the countries and the region, and thus favour the health sector.
- j) One of the most important challenges to make steady strides in terms of integration and convergence for health is the creation of single epidemiological surveillance and information systems, as well as spaces for exchanges to promote the harmonization of legal rules and procedures in the area of health. This requires a permanent effort to coordinate spaces for consensus among different sectors that have a direct impact on the achievement of goals in the area of health. These are key areas in which SELA's INCOSALC project (with the support of ECLAC, PAHO and other specialized regional and subregional bodies) could make significant contributions to integration and convergence for health in our region.
- k) The process of harmonization of legal rules for the area of health should be understood not only as the definition of standards to be enforced, but also of the procedures to implement the common rules that are adopted, including the training of human resources. In this connection, it should be noted that in view of the asymmetries existing among our countries, the process of harmonization of health standards and rules must start by recognizing the different situations faced by each country.

7. Similarly, participants in the debates underscored the following issues:

- a) Health systems should not be considered to be isolated from other systems that are vital parts of any society; and integration in the area of health should be conceived as being directly linked to the dynamics of the integration process in other areas.
- b) At present, the improvement of health standards in our countries depends heavily on its social determinants, which include, among others: i) poverty; ii) lack of access to quality drinking water; iii) lack of guarantees as regards food security for all people; and iv) the persisting low levels of education and access to it for all social sectors.

- c) It is important to work at the regional level in the adoption and improvement of health indicators as development indicators. At the same time, it is necessary to evaluate the relevance of certain indicators that are commonly used to define the status of health sectors in each country.
 - d) Several delegates pointed out that regional coordination efforts such as those undertaken by SELA, with the support of ECLAC, PAHO and other institutions specializing in health in our region, should support the production, within the region, of those medicines and supplies that the region needs, while guaranteeing access to cheaper medicines and health supplies for everyone, and implementing strategies with a regional scope to ensure the training of health professionals.
 - e) Some countries recognize differentiated capabilities among our nations as regards the implementation of intellectual property rules, which has a direct impact on the capacity for innovation and development in Latin America and the Caribbean.
 - f) For the health sector, the issue of intellectual property rights has important implications in terms of justice and equity; and as a region, Latin America and the Caribbean should continue to work towards the establishment of a common position on the matter.
 - g) It is necessary to better define the concept of innovation, and at the same time, to reward genuine innovations. Some countries pointed out that the use of patents and intellectual property rights – taking advantage of the flexibilities offered by the TRIPS Agreements – must be understood as another one of the tools available to support research and innovation.
 - h) The implementation and use of the advantages of information and communications technologies – and in general everything related to "e-health" as a tool – are crucial elements for making progress towards integration and convergence for health in Latin America and the Caribbean. In general, many LAC countries are lagging behind in terms of the implementation and development of ICT strategies as part of their public health policies, in spite of the potential benefits of ICTs for the health of the people. In this connection, it is advisable to promote a regional digital agenda for the health sector, including interoperability and cooperation among our countries for the exchange of experiences and the acquisition of new technologies. For this reason, this is another area for joint work between SELA and ECLAC within the framework of the INCOSALC project.
8. The delegates of the Member States of SELA reiterated the existing regional consensus on the need to continue efforts to promote cooperation and coordination among the various organizations in our region with specific mandates on health as a central element for promoting integration in Latin America and Caribbean.

RECOMMENDATIONS

1. The Permanent Secretariat of SELA will provide the collaboration requested by its Member States and by the specialized regional and subregional organizations in order to progressively move towards integration and convergence for health in LAC.
2. The Permanent Secretariat of SELA will include in its base document "Cooperation experiences in the health sector in Latin America and the Caribbean: Critical assessment and proposals for actions with a regional scope" some of the views expressed during the debates that took place at this meeting. Particularly, the Permanent Secretariat will take note of the following aspects: i) in view of the

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differences existing among our countries as regards the situations faced and the political commitments at the highest level to prioritize development of the health sector, the conclusion regarding the non-binding nature of the commitments assumed both by the Heads of State and Government and the Ministers of Health in LAC should not be generalized; ii) the document should emphasize and delve deeper into the achievements of the various subregional and bilateral programmes and experiences in the area of integration and cooperation for health; and iii) the document should also include the health-related commitments taken on by the member countries of the Amazon Cooperation Treaty Organization (ACTO).

3. The issue of the supply of medicines and vaccines in the region is very important for the integration and convergence of the health sector in Latin America and the Caribbean. In this regard, SELA will support its Member States in the dissemination and exchange of information about the subregional experiences in joint purchases, thus contributing to strengthen this mechanism.
4. The Permanent Secretariat of SELA should draft a proposal for a Programme of Concrete Activities to be conducted during 2011 within the framework of the project "Integration and Convergence for Health in Latin America and the Caribbean", as approved through Decision No. 512 of the Latin American Council.
5. Participants thanked the Permanent Secretariat of SELA for its work, which contributed to conduct this important meeting, and underscored the advisability of continuing with similar analyses and coordination efforts so as to allow for a smooth exchange of experiences among the region's nations on the need for integration and convergence for health in Latin America and the Caribbean.

C. CLOSING SESSION

1. His Excellency Mohammed Ali Odeen Ishmael, Ambassador of the Cooperative Republic of Guyana and Chairman of the Latin American Council, congratulated participants for the results of the meeting, particularly, the delegations of the Member States, the regional and international organizations, and the speakers, for their important contributions. He also welcomed the participation of their Excellencies Ambassadors of El Salvador and Mexico in SELA's activities. Finally, he thanked the Permanent Secretary of SELA and his team for their work to successfully conduct the meeting.

2. The Permanent Secretary of SELA, Ambassador José Rivera Banuet, underscored the important results of the meeting and said that the base document prepared by the Permanent Secretariat will be enriched in accordance with the requests and comments made by the delegations. Rivera thanked the representatives of the Member States and the organizations that participated in the discussions for their important contributions, which will be taken into account for future activities within the context of the project "Integration and Convergence for Health in Latin America and the Caribbean". Finally, he thanked the Chairman and moderators of the meeting, as well as the team of the Permanent Secretariat.

A N N E X I

Agenda

I. BACKGROUND

The fight against poverty and social exclusion is at the very basis of the political agendas of all the Member States of SELA. For this reason, it is necessary to make efforts to materialize cooperation and integration actions among our countries in this area. In this regard, over the last few years, the Permanent Secretariat of SELA – upon a decision of its Member States – has included various actions related to the social dimension of integration and development in its activities.

One of the activities conducted by SELA as regards this issue was the Regional Meeting on the Social Dimension of Integration in Latin America and the Caribbean (LAC), held on 6 and 7 August 2007. Participants in that meeting included representatives of the Member States as well as delegates of various subregional, regional and multilateral organizations working with the issue of social development.

In the conclusions of that Regional Meeting, the delegates recognized that it is necessary to structure mechanisms at the regional level that allow for identifying the most successful experiences and to find possible common ground to contribute to making strides in the fight against poverty in LAC, while strengthening integration and cooperation efforts as regards this extremely sensitive issue for society in Latin America and the Caribbean from the political standpoint.

Within the framework of this first Regional Meeting, the Member States reached a decision by consensus on a series of conclusions and recommendations (See SP/RR-DSIALC/IF-07), and proposed to hold a Regional Seminar with the participation of relevant social actors, and a Second Regional Meeting on the Social Dimension of Integration in Latin America and the Caribbean. These two events should focus on four specific areas: education, health, employment and housing.

Consequently, the Regional Seminar for Consultation on the Social Dimension of Integration in Latin America and the Caribbean took place on 16 and 17 July 2008, and the II Regional Meeting on the Social Dimension of Integration in Latin America and the Caribbean was held on 18 July. These two events focused on the four thematic areas mentioned above: education, health, employment and housing; they were attended by representatives of various social organizations, as well as delegates of the Member States and all the subregional and regional integration groupings.

One of the challenges identified in the second regional meeting was the need to coordinate the social dimension with the other areas of domestic economic policy and the external relations policy of the various nations, which also includes all the issues related to the integration process. This implies to implement joint, sustained medium- and long-term actions among the countries, the subregional and regional integration and cooperation organizations, and international institutions with specific mandates related to the social dimension of development, with a view to attaining convergence and integration of projects with a regional scope in key areas or sectors for social development.

During the XXXV Regular Meeting of the Latin American Council of SELA (Caracas, 27 - 29 October 2008), the Member States approved Decision No. 512 "Integration and Convergence for Health in Latin America and the Caribbean", urging the Permanent Secretariat – in collaboration with the UN Economic Commission for Latin America and the Caribbean (ECLAC) and the Pan American Health Organization (PAHO) – to start

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conducting top-priority activities in order to contribute to integration and convergence in the health sector in Latin America and the Caribbean, in coordination with the bodies of the various subregional integration groupings in LAC cooperating in the area of health.

II. OBJECTIVES

The objectives of this first regional consultation meeting are as follows:

1. To conduct an assessment of the progress and the limitations of the commitments taken on by the Latin American and Caribbean countries within the context of the regional integration processes related to the health sector.
2. To hold debates among the representatives of the Member States of SELA and the relevant regional and subregional forums working in this area, as regards the experiences gained, best practices and expectations concerning integration and convergence for health in LAC.
3. To discuss some general ideas on the political spaces existing in the countries of the region – in the areas of trade policies, intellectual property norms, use of e-Health and Information and Communication Technologies – in order to strengthen cooperation and integration in LAC.
4. To draft some thematic proposals for SELA's activities during the period 2010-2011, in cooperation with ECLAC, PAHO and other relevant regional and subregional institutions, based on Decision No. 512 of the Latin American Council.

III. AGENDA

Thursday, 22 July 2010

Morning

8:30 am. – 9: 00 am.	Registration and accreditation
9:00 am. – 9: 30 am.	Opening ceremony
	<ul style="list-style-type: none"> • Speech by His Excellency Mohammed Ali Odeen Ishmael, Ambassador of the Cooperative Republic of Guyana and Chairman of the Latin American Council
	<ul style="list-style-type: none"> • Speech by Andrés Fernández, representative of the Executive Secretariat of the Economic Commission for Latin America and the Caribbean (ECLAC)
	<ul style="list-style-type: none"> • Speech by Jorge Jenkins, Representative of the Pan American Health Organization (PAHO) – World Health Organization (WHO) in the Bolivarian Republic of Venezuela
	<ul style="list-style-type: none"> • Speech by Ambassador José Rivera Banuet, Permanent Secretary of SELA
<u>First Session:</u>	<p>"Experiences with cooperation in the health sector in Latin America and the Caribbean"</p> <p>Presiding: His Excellency Mohammed Ali Odeen Ishmael, Ambassador of the Cooperative Republic of Guyana and Chairman of the Latin American Council</p>
9:30 am. – 10:00 am.	Presentation of the document "Cooperation experiences in the health sector in Latin America and the Caribbean: Critical assessment and proposals for actions with a regional scope", by SELA's Consultant Ariela Ruiz Caro
10:00 am. – 10:20 am.	Coffee break
10:20 am. – 11:30 am.	Perspectives of various regional and subregional organizations (I)
	<ul style="list-style-type: none"> • Rolando Edgardo Hernández Argueta, Executive Secretary of the Council of Central American Health Ministers (COMISCA) • Oscar Feo Istúriz, Executive Secretary of the Andean Health Agency – Hipólito Unanue Agreement (ORAS/CONHU) • Amenotheop Zambrano, General Coordinator of ALBA and Representative of the ALBA-Salud Project

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11:30 am. – 1:00 pm.	<p>Perspectives of various regional and subregional organizations (II)</p> <ul style="list-style-type: none"> • Luis Romo Arellano, Chief Specialist in International Relations of the Health Ministry of the Republic of Ecuador representing UNASUR • Rebecca de los Rios, Senior Adviser, External Relations, Resource Mobilization and Partnership. Pan American Health Organization (PAHO)
1:00 pm. – 1:30 pm.	Debate among the representatives of the Member States of SELA
1:30 pm. – 3:00 pm.	Free time for lunch
<u>Afternoon</u>	
<u>Second Session:</u>	<p>“Political spaces in Latin America and the Caribbean to strengthen cooperation in the health sector among the countries of the region”</p> <p>Presiding: His Excellency Mohammed Ali Odeen Ishmael, Ambassador of the Cooperative Republic of Guyana and Chairman of the Latin American Council</p>
3:00 pm. – 4:00 pm.	a) Trade policy in LAC countries and possibilities to strengthen cooperation in the health sector in the region
3:00 pm. – 3:30 pm.	<ul style="list-style-type: none"> • Presentation by Osvaldo Rosales, Director of the Division of International Trade and Integration of ECLAC
3:30 pm. – 4:00 pm.	Debate among the representatives of the Member States of SELA
4:00 pm. – 4.15 pm.	Coffee break
4:15 pm. – 5:15 pm.	b) Intellectual property norms and possibilities to strengthen cooperation in the health sector in the region
4:15 pm. – 4:45 pm.	<ul style="list-style-type: none"> • Presentation by Andrea Laplane, Expert of the Division of Productive and Business Development of ECLAC
4:45 pm. – 5:15 pm.	Debate among the representatives of the Member States of SELA

5:15 pm. – 6:15 pm.	c) Public Health, Innovation and Intellectual Property in the Americas
5:15 pm. – 5:45 pm.	<ul style="list-style-type: none"> • Presentation by Jaume Vidal, Specialist of the Pan American Health Organization (PAHO)
5:45 pm. – 6:15 pm.	Debate among the representatives of the Member States of SELA

Friday, 23 July 2010

Morning

<u>Third Session:</u>	<p>"Political spaces in Latin America and the Caribbean to strengthen cooperation in the health sector among the countries of the region" (Continuation)</p> <p>Presiding: His Excellency Jorge Alvarado Rivas, Ambassador of the Plurinational Republic of Bolivia, Second Vice-Chairman of the Latin American Council</p>
9:30 am. – 10:30 am.	d) "E-Health and ICTs as central elements of cooperation for health in Latin America and the Caribbean"
9:30 am. – 10:00 am.	<ul style="list-style-type: none"> • Presentation by Dr. Andrés Fernández, official in charge of e-health in the ECLAC cooperation project
10:00 am. – 10:30 am.	Debate among the representatives of the Member States of SELA
10:30 am. – 11:00 am.	Coffee break
11:00 am. – 12:00 m.	Approval of Conclusions and Recommendations
12:00 m. – 12:30 pm.	Closing ceremony
	<ul style="list-style-type: none"> • Speech by His Excellency Mohammed Ali Odeen Ishmael, Ambassador of the Cooperative Republic of Guyana and Chairman of the Latin American Council
	<ul style="list-style-type: none"> • Speech by Ambassador José Rivera Banuet, Permanent Secretary of SELA

A N N E X I I

**Speech by His Excellency Mohammed Ali Odeen Ishmael
Ambassador of the Cooperative Republic of Guyana
and Chairman of the Latin American Council of SELA,
during the opening ceremony**

Permanent Secretary of SELA, Ambassador José Rivera Banuet,

Ambassadors,

Members of Delegations,

Distinguished Guests,

Ladies and Gentlemen:

This regional consultation on "Integration and Convergence for Health in Latin America and the Caribbean" is held in the context of the ongoing fight against poverty and social exclusion, which forms the very basis of the political agendas of all the Member States of SELA.

The main objective of this meeting is to assess the progress and the limitations of the commitments taken on by the Latin American and Caribbean countries within the context of the regional integration processes related to the health sector. At the same time, it is expected that representatives of the Member States and the relevant regional and subregional forums working in this area, will share information regarding the experiences gained, best practices and expectations concerning integration and convergence for health in Latin America and the Caribbean.

As we notice today, the advances in new technologies are bringing about changes in the way countries address health development, and also in the solutions being applied to solve health problems and to provide better access to improved health services and medicines for their citizens.

In dealing with these issues, governments in Latin America and the Caribbean (LAC) have assigned to integration organisations an increasingly important role in developing cooperation programmes aimed at guaranteeing better health for the entire population.

However, the efforts to improve the population's access to health through various programmes supported by regional integration organisations have not achieved the expected results as yet. But there have been important successes. Among these are the numerous initiatives such as the joint negotiations on prices and purchases of medicines and medical supplies conducted by the sub-regional Ministries of Health with international laboratories. In this respect, the Caribbean region has also had some experiences with joint purchases of medicines. Actually, CARICOM countries were the first grouping to develop a regional approach for the purchase of anti-retroviral drugs to combat HIV/AIDS, a process initiated more than eight years ago.

The main framework document to be presented later today will surely express a more detailed perspective of these ideas and factual information, and will portray a clear picture of the roles of the sub-regional integration organisation in tackling health issues in Latin America and the Caribbean.

I want to use the Chairman's prerogative to mention briefly a specific development regarding health issues in my own country, Guyana. Just recently, a new Country Cooperation Strategy for the health sector in Guyana has been developed by the Pan American Health Organisation (PAHO) for the next five years, during which significant emphasis will be placed on social issues that affect the health sector, mental health and non-communicable diseases.

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The five strategic priorities of the new strategy include strengthening health systems governance, organisation and management based on primary health care approach, and addressing the social and environmental determinants for improved health outcomes. The reduction of the burden caused by diseases will also be addressed along with the enhancement of family and community health, leadership and management.

The strategy takes into account the fact that the vast majority of Guyana's indigenous population live in the hard to reach hinterland areas, and as such, it seeks to tackle issues of equity and social inclusion.

This strategy provides Guyana with important support in an energetic campaign to eliminate tobacco as a substance use in Guyana and to prevent misuse of alcohol. Another area in the social determinants falling under the strategy is the behavioural patterns of people in the areas of reproductive and sexual health, and PAHO will work closely with Guyana in this area as part of its general cooperation with the Ministry of Health.

Further, the strategy will see more cooperation in the field of mental health which will see this issue being accelerated, and will focus on building human capacity for neuro-psychiatric illnesses. Already Guyana has begun working on developing curricula for nurses and doctors to deal with this aspect. A new cadre of specialist doctors with new competencies will also enter the health sector to diagnose and treat neuro-psychiatric illnesses. It is expected that between September and January the new training programmes will begin.

The issue of chronic non-communicable diseases, in terms of disease burden and in terms of mortality, represents the most significant health problems that the country faces. Chronic non-communicable diseases also present a serious obstacle to poverty reduction. This factor will also be dealt with by the health strategy, while a significant focus will be placed on prevention.

I am sure that in the course of this forum, we will hear of similar progressive actions in various member states. At the same time, through the presence of representatives from various regional bodies, and especially the PAHO, we will be able to draw from their experiences in identifying problems and proposing solutions.

It is my pleasure to welcome all of you to this regional consultation.

Thank you very much.

A N N E X I I I

**Speech by the Representative
of the Executive Secretariat of ECLAC,
Andrés Fernández, Social Development Division**

His Excellency Mohammed Ali Odeen, Ambassador of the Cooperative Republic of Guyana and Chairman of the Latin American Council,

Dr. Jorge Jenkins, Representative of the PAHO in the Bolivarian Republic of Venezuela,

Ambassador José Rivera Banuet, Permanent Secretary of SELA,

Distinguished delegates of the Member States of SELA,

Representatives of regional agencies,

Ladies and gentlemen:

On behalf of Alicia Bárcena, Executive Secretary of ECLAC, who was unable to attend this Regional Meeting since it coincided with the launching of the Economic Survey of Latin America and the Caribbean 2009-2010, I am very pleased to welcome the authorities of SELA, PAHO and the various integration and cooperation agencies attending this event. At the same time, Ms. Bárcena asked me to convey her most sincere congratulations for this initiative, which she considered of particular interest amid the current regional situation.

As a matter of fact, in gradually overcoming the worst crisis in 80 years in the world economy, Latin America and the Caribbean has faced it with special resilience. The countries of the region, in general, took advantage of an exceptional period of prosperity in the international economy and finances to consolidate their public accounts and reduce their debts, while improving their short-term cost profile and increasing their international reserves.

This created a larger space for the implementation of public policies to address the crisis with an unprecedented countercyclical management. Thus, monetary, financial, fiscal, commercial and labour policies helped to cushion the impact of the crisis. While the region's GDP shrank 1.9% in 2009, such a decline was less severe than those experienced in other regions of the world, and its recovery has been faster than expected.

ECLAC estimates that by 2010, the region will grow 5.2%, albeit with distinct geographical differences: South America will grow by 6%, Central America by 3.1% and the Caribbean by 0.9%. By the year 2011, the international environment will be less favourable, there will be a slower growth in industrialized economies, uncertainties and adjustments in European economies, as well as increased volatility in international economies.

We are living unprecedented times: the most serious global economic crisis in decades started in the central economies and on this occasion the region resisted in a remarkable way. The after-effects of the financial crisis will persist for several years in industrialized economies, creating vulnerability in terms of their sovereign debt, with unparalleled levels of public debt compared to GDP. During the same period, the emerging economies are strengthening their presence in the global economy and international trade. Moreover, they are accumulating international reserves, reducing their public debt levels and providing savings to industrialized nations so that they can offset their deficits.

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It is clear that these are new times. The emergence of the BRIC group and the G-20 is an expression of this re-arrangement of forces in the global economy and the urgent need to reform the international financial system. It is within this context of weakness in the central economies, where growing South-South trade gains weight – an example of which is the increase in trade links between China and our region.

Within this context of greater relative strength in our region vis-à-vis the crisis, we are holding a dialogue on regional cooperation for health. The foregoing introduction may serve to figure out the timeliness and validity of this subject. This time, the political commitments could have a proper counterpart in the economic and commercial conditions, as they are favourable to make progress towards more binding commitments in our regional and subregional integration schemes.

Regional integration is linked to ECLAC since its very inception. For this reason, the government of Mexico requested us to make a contribution to the recent Summit of Latin American and Caribbean Unity, held in Cancun in February, and we did so with a document that examined the “Spaces for Regional Convergence and Cooperation”.

The paper analyzes eight areas, four of them focused on intra-regional cooperation (investment in infrastructure, support to trade, reduction of asymmetries and strengthening of social integration) and the other four centred on cooperation to face global challenges (innovation and competitiveness, joint rapprochement to Asia-Pacific, reform of the international financial system, and climate change). Specific proposals were made as regards each one of those issues.

So, we are very glad to participate in this Regional Meeting, evidencing how our working agendas strengthen and complement each other. On behalf of our Executive Secretary, I wish all of you two days of interesting reflections, confident that they will contribute to improve the regional agenda for partnership and cooperation.

Thank you very much.

A N N E X I V

Speech by Jorge Jenkins, Representative of the Pan American Health Organization (PAHO) – World Health Organization (WHO) for the Netherlands Antilles, Aruba and Venezuela, during the opening ceremony

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Distinguished Permanent Secretary of SELA, Ambassador José Rivera Banuet,

Dr. Andrés Fernández, Representative of the Executive Secretariat of ECLAC,

Distinguished Ambassadors and Representatives to the Latin American Council of SELA,

Dear and distinguished representatives of integration organizations of the region and countries,

Ladies and gentlemen:

I have the honour to convey the compliments of our Director, Dr. Mirta Roses, who appreciates and is very pleased to have received the kind invitation for our organization to participate in this event and make its contribution to this process of consultation on the issues of integration and convergence in health.

PAHO has a long history working in support of the integration processes in the area of health at different levels of participation in the political and technical arenas. The organization has witnessed the results that can be achieved in public health when policies, programmes and projects are well coordinated in order to address common problems that require political will and joint action by health authorities. When speaking of these joint efforts, we always remember the role played by PAHO in the Central American dialogue process, when it launched the initiative "Health, a Bridge for Peace" in the late 1980s with very positive results. But countries advance in time and health problems get more complicated.

The joint actions of health authorities are no longer enough to address the problems and the effects on people's health derived from the globalization processes at all levels, the opening-up of markets, the climate change, food and nutritional insecurity, natural disasters, and the emergence and rapid spread of new diseases – such as the H1N1 virus, which gave rise the first pandemic of the 21st century, with the first case of influenza being registered in our region, as you may recall – all of this within a context characterized by persistently high levels of poverty and inequality.

Integration mechanisms in the health sector are making progress with their agendas, policies and initiatives, and PAHO is supporting them with technical cooperation. Since 2006, PAHO established a policy of including subregional items in its Central Budget to support the integration of health systems in Central America, the Andean region, MERCOSUR and CARICOM. In addition, it has promoted further exchange of experiences and South-South cooperation in support of such integration processes. However, the greatest challenge has been to coordinate policies and interventions with other sectors working in other areas of integration that have a strong impact on health problems. For instance, we cannot make progress as regards access to medicines if there is no progress in solving processes whose solution is beyond the health sector. We cannot make progress in improving food and nutrition conditions while combating health problems due to chronic malnutrition and obesity, since the latter is a growing problem in the region combined with chronic non-transmissible diseases, if there is no progress in solving other processes that are also outside the scope of the health sector. We cannot make strides in controlling health risks associated with environmental degradation, with investment

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projects involving mobilization of people and ecological changes, if no progress is made towards a better coordination of inter-sectoral work. These are just a few examples of what we believe are the greatest challenges faced by integration if we really want the benefits from these processes to result in greater health and welfare for the peoples of our region.

We note with great expectation the contribution that this SELA initiative could provide to address all these issues, facilitate dialogue and promote the necessary mechanisms for inter-sectoral coordination. In our opinion, this is the added value that the integration and convergence project undertaken by SELA can offer in order to make some headway with health within the context of the integration processes.

Thank you very much.

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**Speech by Ambassador José Rivera Banuet,
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Honourable Doctors Rolando Hernández and Oscar Feo, Executives Secretaries of the Central American Council of Health Ministers and the Andean Health Agency, respectively,

Representatives of the General Coordination of ALBA-TCP and the Pro-Tempore Presidency of UNASUR,

Ladies and gentlemen:

I am very pleased to welcome you to this Regional Consultation Meeting on Integration and Convergence for Health in Latin America and the Caribbean.

This event, foreseen in the Work Programme for 2010 agreed to by the latest Latin American Council, is the first activity within the project "Integration and Convergence for Health in Latin America and the Caribbean (INCOSALC)" which, according to Decision No. 512, was approved by our Member States and is being conducted in collaboration with ECLAC and PAHO.

This activity takes place in a complex international context affecting our region, particularly in terms of social development issues.

As widely known, the world economy is still recovering from the deepest crisis it has experienced over the past 80 years.

When we began to see some signs that the U.S. was overcoming the recession phase, the fragility of some indicators on consumption and the real estate sector in that country, and the serious fiscal and financial problems faced by European countries, show the persistence of the factors that are causing the reduction in global aggregate demand and the limited confidence of consumers and investors worldwide.

Such a context has had adverse implications for the progress that the countries of our region had been experiencing as regards compliance with the Millennium Development Goals (MDGs), which is particularly relevant if we bear in mind that the year 2015 was set as the deadline to review all the commitments assumed in this connection.

The work undertaken by SELA with the conduction of this meeting within the framework of the INCOSALC project – together with ECLAC, PAHO and other agencies specializing in cooperation for health in our region – are intimately related to those commitments.

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The 27 Member States of SELA consider that one of the most important projects of a Regional Programme on the Social Dimension of Integration entails outlining proposals for convergence and integration of Latin America and the Caribbean in the area of health.

This objective gains more relevance if we consider that one in four inhabitants of the region does not enjoy regular and timely access to health systems.

Furthermore, expenditures in public health as a percentage of GDP in the region increased from 2.6% in the 1980s to 3.6% on average over the last three years, and nonetheless, it is still below the figure of approximately 9% in developed countries.

Access to health services is a major challenge for the countries of Latin America and the Caribbean.

There are profound inequalities in access to these services among the countries and within them. Cultural, social, economic, organizational and geographical barriers prevent a large segment of the population from having access to health services.

It is necessary to undertake a number of unavoidable actions in order to maintain and deepen achievements in the area of health in the regional context:

- Keep the States' goal of protecting the most vulnerable groups.
- Increase, to the largest possible extent, the levels of public spending on health as the basic tool to improve current conditions.
- Strengthen cross-sector partnerships as an imperative need.
- Work to prevent reductions in Official Development Assistance for health.
- Promote and expand South-South cooperation in the area of health.
- Promote the subject of health within the framework of the integration and convergence processes in Latin America and the Caribbean.

I would like to take this opportunity to underscore that the Permanent Secretariat of SELA has attached priority to coordination activities at the regional level on key aspects related to the social dimension of integration in Latin America and Caribbean.

In this context, there have been several regional meetings within the framework of SELA which have emphasized the following aspects:

1. The social deficits, along with issues related to climate change and energy, offer the greatest possibilities for outlining joint policies in the region, which implies not only maintaining a permanent exchange of experiences and best practices, but also moving ahead towards the establishment of common goals with a regional scope.

2. The social dimension – which has been attached priority in recent years in the activities conducted by the integration processes coexisting in our region with certain achievements – still remains at the declarative level; and for this reason, it is necessary to make further progress towards the compliance with the commitments taken on in this area.

3. Particularly, due to their transcendence and the depth of their contents, health and education are social issues that deserve well-coordinated attention from subregional integration organizations.

4. In this connection, it would be advisable not only to reflect on the achievements obtained as regards the social dimension of integration and development in traditional or historical integration processes in our region – such as SICA, CARICOM, CAN and MERCOSUR – but also in the newest ones, such as the Mesoamerica Integration and Development Project and the Bolivarian Alliance for the Peoples of the Americas (ALBA), which stand out thanks to their criteria favouring integrity and the priority they attach to the principles of solidarity and consideration of economic and social asymmetries among their members.

5. Similarly, it was noted that it is essential for integration organizations and countries to pay special attention to the implications of the trade negotiations in which they are participating, or the trade policy decisions; the regulations on government procurement; foreign investment, intellectual property regimes, and the policies aimed at taking advantage of the benefits derived from information and communication technologies (ICTs), in terms of their capacity to comply with their commitments in the area of social development. In this regard, it is necessary to have a coherent analysis of such disciplines and to make proposals for action to ensure their consistency with the commitments assumed in the area of health.

6. Finally, these SELA meetings emphasized that it is imperative to continue to encourage the participation of organizations and social stakeholders in the process to outline, develop and evaluate social policies and programmes in integration groups, in order to promote social inclusion and strengthen confidence in institutions.

As noted by our Member States, SELA has an important role to play in contributing to the effective compliance with existing commitments regarding the social dimension of integration and with the recommendations outlined above.

I am sure that the debates during this important meeting starting today will help us to focus the priority activities of SELA – along with ECLAC, PAHO/WHO and other regional institutions – to make progress with cooperation in the health sector and to maintain a swift exchange of experiences, while advancing towards the coordination of proposals for actions with a regional scope in order to optimize the efforts to strengthen health in Latin America and the Caribbean as part of the integration and cooperation processes.

It is essential to contribute to reducing inequalities in health in Latin America and the Caribbean, working on its determining factors, through coordinated actions by different economic and social sectors within the framework of the regional integration and cooperation processes.

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To this end, it is necessary to reinforce inter-sectoral dialogue spaces of the integration and cooperation processes in LAC, so as to promote policies, measures and actions to improve access for the population – particularly the most vulnerable groups – to essential goods and services for integral health care and protection.

In welcoming you again, I hope that this event will successfully fulfil its objectives.

Thank you very much.

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