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Final Report

XXII Meeting of International Cooperation

Directors for Latin America and the Caribbean

XXXVIII Regular Meeting of the Latin American Council

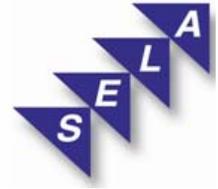
Caracas, Venezuela

19 to 21 October 2011

SP/CL/XXXVIII.O/Di N° 1-12

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Latinoamericano y del Caribe
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Latino-Americano e do Caribe
Système Economique
Latinoaméricain et Caribéen

Final Report XXII Meeting of International Cooperation Directors for Latin America and the Caribbean

Integration, Cooperation and Convergence for Health in Latin America and the Caribbean

*XXII Meeting of International Cooperation Directors for Latin America and the Caribbean
Panama City, Panama
29 and 30 September 2011
SP/XXII-RDCIALC/IF-11*

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RAPPOREUR'S REPORT

1. The "XXII Meeting of International Cooperation Directors for Latin America and the Caribbean: Integration, Cooperation and Convergence for Health in Latin America and the Caribbean," organized by the Permanent Secretariat of the Latin American and Caribbean Economic System (SELA), the Government of Panama, through the Ministry of Economy and Finance (MEF) and the Ministry of Health (MINSa), and Perez-Guerrero Trust Fund (FFPG) of the Group of 77 (G-77), was held on 29-30 September 2011 in Panama City.
2. The main objectives of this regional meeting were as follows: i) Provide an outlook of the policies and initiatives undertaken by the countries of the region in the areas of health and the role played by regional and subregional integration mechanisms to strengthen such cooperation; ii) Systematize and disseminate information on successful cases of health cooperation intra- and inter-regionally; iii) Identify and exchange information on triangulation opportunities for South-South cooperation in the area of health offered by bilateral and multilateral development agencies; iv) Encourage an exchange of opportunities for cooperation among SELA Member States in the area of health; and v) Analyse the progress made in regional and subregional integration and cooperation agencies working in the areas of e-health and telemedicine.
3. Delegations of SELA Member States took part in the event, namely: Argentina, Belize, Bolivia, Brazil, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Haiti, Jamaica, Mexico, Panama, Peru, Suriname, Trinidad and Tobago, Uruguay and Venezuela.
4. Additionally, representatives of the following regional and international organizations took part in the event: Bolivarian Alliance for the Peoples of the Americas - Peoples' Trade Agreement (ALBA-PTA), Japan International Cooperation Agency (JICA), German International Cooperation Agency (GIZ), Inter-American Development Bank (IDB), CAF-Latin American Development Bank, Caribbean Community (CARICOM), United Nations Economic Commission for Latin America and the Caribbean (ECLAC), United Nations International Strategy for Disaster Reduction (ISDR), Perez-Guerrero Trust Fund (PGTF) of the Group of 77, United Nations Children's Fund (UNICEF), Joint United Nations Programme on HIV/AIDS (UNAIDS), Organization of Eastern Caribbean States (OECS), Pan American Health Organization (PAHO), Andean Health Organization - Andean Community Hipólito Unanue Agreement (ORAS-CONHU), United Nations Food and Agriculture Organization (FAO), Ibero-American General Secretariat (SEGIB), Union of South American Nations (UNASUR) - South American Health Council (CSS), World Food Programme (WFP), Central American Integration System (SICA) - Council of Health Ministers of Central America and the Dominican Republic (COMISCA), and the Latin American and Caribbean Economic System (SELA). The full list of participants is attached hereto as Annex VI.
5. The following authorities took the floor during the opening session:
 - a) The Honourable Kenia Zambrano de Jaén, Vice-Minister of Health (a.i.) of the Republic of Panama, delivered the welcome remarks on behalf of Minister of Health, Dr. Franklin Vergara, who was unable to open the meeting for being in Washington, taking part in the 51st Meeting of the Directive Council of the Pan American Health Organization (PAHO), where he was elected president of the Council. Ms. Zambrano thanked the Latin American and Caribbean Economic System (SELA) for its

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involvement and support, as well as the Panamanian Government agencies, particularly the Ministry of Economy and Finance and the Ministry of Health, for making the Regional Meeting possible. She related that over the past few decades, the region has experienced a number of economic, social and demographic changes which have an impact on health. Hence the need to develop regional cooperation mechanisms to identify the most successful experiences and meeting points with the aim of fighting against health obstacles in Latin America and the Caribbean. She also referred to the importance of identifying cooperation opportunities from bilateral and multilateral development agencies and SELA Member States. Lastly, she pointed to the significance of technology developments related to health and their use to people's benefit and well-being.

- b) His Excellency, Ambassador José Rivera Banuet, Permanent Secretary of the Latin American and Caribbean Economic System – after greeting the authorities of the Government of Panama (Ministry of Economy and Finance and Ministry of Health), Uruguayan Minister of Health and the President of the Group of 77 – warmly welcomed participants. Shortly afterwards, Rivera listed the objectives set at the meeting: foster regional cooperation; reinforce Latin American and Caribbean health-related institutions; spur integration and convergence in the field of health; and move forward in the use of ICTs, e-health and telemedicine. He talked about the main challenges faced by the region to achieve the Millennium Development Goals (MDGs), particularly three out of them directly linked to health: reduce child mortality rates; improve maternal health, and combat HIV/AIDS, malaria and other diseases. He elaborated on the importance of these goals. Nearly 150 million people have no regular and timely access to health systems; lack water supply services; show high malnutrition rates. In addition, a large sector of the population is vulnerable to chronic and infectious diseases. In this context, Rivera underscored the need to promote cooperation, integration, convergence and coordination in the field of health, particularly within regional and subregional integration and cooperation schemes. He listed several activities carried out by the Permanent Secretariat of SELA with regard to health since 2008 and the actions which led the Latin American Council to adopt, in 2009, Decision No. 512. Pursuant to this Decision, the Project on “Integration and Convergence for Health in Latin America and the Caribbean (INCOSALC)” was undertaken, which has included several activities that have been carried out with the help of the Pan American Health Organization (PAHO) and the United Nations Economic Commission for Latin America and the Caribbean (ECLAC). Rivera strongly recommended continued efforts to keep and expand public investment in health; delve into South-South cooperation in this regard; strengthen national and subregional institutions in the field of public health and sanitation, and capitalize on science and technology developments, since all these subjects are most important within the area of cooperation. Rivera specially thanked the Honourable Jorge Enrique Venegas, the Uruguayan Minister of Health and Coordinator of the South American Council of Health of the Union of South American Nations (UNASUR), for being present. He also appreciated the attendance of Ambassador Jorge Argüello, the Permanent Representative of the Argentine Republic to the United Nations and President of the Group of 77 and China and voiced his gratitude to the Pérez-Guerrero Trust Fund. For several years, the latter has given a resolute support to this rostrum of Latin American and Caribbean international cooperation directors. He also praised all participants for their effort at attending the Regional Meeting and thanked again the Government of Panama, particularly the Ministry of Economy and Finance and the Ministry of Health, for their support, interest and cooperation in furtherance of this regional meeting. Lastly, he appreciated the offer of the Government of Belize in 2010 to host the “XXIII Meeting of Latin American and Caribbean Cooperation Directors” next year. The

central topic of the upcoming meeting will be “Cooperation for Food Security in Latin America and the Caribbean.” To that aim, the Project on “Strengthening and Promotion of Latin American and Caribbean Cooperation in the Field of Agriculture and Food Security” was submitted for the consideration of the Pérez Guerrero Trust Fund (FFPG), of the Group of 77.

- c) His Excellency, Ambassador Jorge Argüello, Permanent Representative of the Mission of the Argentine Republic to the United Nations and President of the Group of 77 plus China, thanked the Ministry of Economy and Finance and the Ministry of Health of Panama, and the SELA Permanent Secretariat, for hosting such a first-class event. Argüello said that SELA Member States share the view of the Group of 77 and China with regard to South-South Cooperation, its potential and the need to bolster it. He referred to the middle-income status which puts Latin American and Caribbean countries in a disadvantageous position in the international architecture of cooperation for development. According to him, such architecture has been devised for and in the interest of Member States of the Organization for Economic Cooperation and Development (OECD), with paradigms that run counter to the morale of South-South cooperation. He underscored the importance of South-South cooperation based on respect and solidarity, with its own agenda, at odds with any imposition by the North and in a context of scarce help. He mentioned that the initial guidelines for South-South cooperation were set 30 years ago at the United Nations Conference on Technical Cooperation among Developing Countries, held in Buenos Aires. The Action Plan agreed upon became a political tool to make deep changes in the master plan governing aid for development and enhance national and collective capabilities of developing countries to deploy their growth strategies. Argüello noted that South-South cooperation is an effective tool to upgrade potentials and further development by means of mobilization, shared resources and exchange of experiences. He added that regional, subregional and inter-regional mechanisms of the South are pivotal in furtherance of South-South and triangular cooperation. He also stressed the importance of keeping on moving to achieve the Millennium Development Goals and elaborated on the experience of the First High-Level Meeting on Prevention and Control of Non-Transmissible Diseases (19-20 September 2011). The event was organized within the context of the United Nations, upon an initiative of CARICOM. There, several positions were advocated from the standpoint of developing and Latin American and Caribbean countries.
- d) The Honourable Mahesh Khemlani, Vice-Minister of Economy and Finance of the Republic of Panama, started his speech by saying that history has attested to the creation and sustained growth of international organizations. In the light of their actions, they have bequeathed successes and tangible achievements in cooperation among nations. The Latin American and Caribbean Economic System (SELA) and its endeavours at strengthening inter-regional economic and social cooperation show evidence of it. He was pleased to have Panama as the venue of the XXII Meeting of International Cooperation Directors for Latin American and Caribbean, and for the selection of a transcendent subject matter such as integration, cooperation and convergence in health in the region. He referred to the role played by the Ministry of Economy and Finance as an agency of the Panamanian State responsible for economic and social policy making and as a supplier of the funds needed to implement government plans and programs, particularly to ensure people’s wellbeing, where health has a high clout. He voiced great expectations for the outcome of the meeting and the possibility of identifying and systematizing opportunities of bilateral, multilateral, South-South and triangular cooperation, in addition to the potential afforded by regional and subregional integration

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organizations to optimize health in Latin America and the Caribbean. He was pleased to have Panama as the backdrop where sister nations of Latin America and the Caribbean get together with a view to improving coordination mechanisms, reinforcing health care in the region and joining efforts at prevention and treatment of prevailing diseases through the development of new technologies and best practices.

The Honourable Jorge Enrique Venegas, Uruguay's Minister of Health and Coordinator of the South American Council of Health, Union of South American Nations (UNASUR) was also present at the event.

The speeches of the opening session are included in Annexes II, III, IV and V, attached hereto.

A. DEVELOPMENT OF WORKS

6. Antonio Romero, Director of Relations for Integration and Cooperation of the Permanent Secretariat of SELA, took the floor to introduce the agenda and objectives of the meeting. Forthwith, he started the **Introductory Session: Integration, Cooperation and Convergence for Health in Latin America and the Caribbean: Assessment of the activities carried out by SELA**. He delivered the speech: "SELA: Integration, Cooperation and Convergence for Health in Latin America and the Caribbean" (SP/XXII-RDCIALC/Di N° 05). He listed SELA primary objectives, to wit: i) To promote intra-regional cooperation in order to accelerate the economic and social development of its members, and ii) To provide a permanent system of consultation and coordination for the adoption of common positions and strategies on economic and social matters in international bodies and forums as well as before third countries and groups of countries. In this context, he elaborated on the involvement of the Permanent Secretariat in activities related to the social dimension of integration and listed the decisions made by the Latin American Council in 2008: "Regional Programme on the Social Dimension of Integration in Latin America and the Caribbean" (Decision No. 494); "Regional Cooperation Programme on Food Security in Latin America and the Caribbean" (Decision No. 495); "Development and consolidation of the database on public policies for poverty reduction in LAC" (Decision No. 502) and the project on "Integration and Convergence for Health in Latin America and the Caribbean (INCOSALC)" (Decision No. 512). This latter project, established in 2009, is intended to carry out priority activities for integration and convergence in health in the region, along with health cooperation organizations of several subregional integration schemes, and is sponsored by ECLAC and PAHO. Romero listed the objectives of the Project and the activities carried out since 2008 to date. A wide array of regional meetings and seminars on the social dimension of integration, health integration, telemedicine and e-health has taken place. Resulting baseline documents and the input of regional and international organizations and representatives of SELA Member States are available on SELA Web site. Romero referred to Latin American and Caribbean institutions and ongoing regional actions in the field of health. Lastly, he noted that in the opinion of the Permanent Secretariat, these would be the focal points for consensus or basic agreements on the conclusions and recommendations stemming from several meetings at SELA on this matter.

7. **Session I: Integration, Cooperation and Convergence in Health in Latin America and the Caribbean: Experiences and Views of International Organizations Specialized in Health in Latin America and the Caribbean.** The session was moderated by Antonio Romero, Director of Relations for Integration and Cooperation of the Permanent

Secretariat of SELA. Following a brief introduction, he gave the floor to the speakers scheduled for this first working session.

8. Rebecca de los Ríos, Senior Adviser of External Relations, Resource Mobilization and Partnerships of the Pan American Health Organization, made a presentation entitled "International Funding for Cooperation towards Health Development in Latin America and the Caribbean: A Study Findings" (SP/XXII-RDCIALC/Di N° 6-11). She said that international aid in health does not determine the sustainable nature of health policies, but the State political will and national public investment. She stressed that from 1990 to 2010, the International Aid for Development in the field of health has significantly increased, from US\$ 5.6 to 26.8 billion. She said that the study was aimed at learning how international aid for health has grown since the Millennium Summit and about distribution according to the country per capita income; assessing the potential effect of the world crisis on the Official Development Assistance (ODA) on the field of health, and comparing the trends of public expenditure in health with international development assistance before and after the Millennium Summit. She noted that the data used for the study come from the Institute for Health Metrics and Evaluation, University of Washington, and the Development Assistance Committee (DAC) of the United Nations Economic Commission for Latin America and the Caribbean (ECLAC). The assessment found that in 1990-2000, percentage variation of Health Development Assistance in Latin America and the Caribbean was among the highest in the world - a hike of near 225%. A breakdown of this figure showed that from 1990 to 1996, the region recorded an expansive period of aid, from US\$ 400 million to US\$ 1.2 billion. In the meantime, in 1997-2008, the region showed fluctuating stagnation, receiving on average US\$ 1.3 billion in health development assistance. She said that the ODA percentage interest in health in the region in 2009 amounted to 29.11% in the area of sexually transmitted diseases and HIV/AIDS; followed by 18.2% in the area of basic health; 17.5% in the area of reproductive health and family planning, and 11.2% in health policies and management. She acknowledged that the volume of funds for Health Development Assistance has not recovered at the level of 2000, and there is a clear trend that the ODA will continue plummeting. She also highlighted that the aid for governments dropped by 30% after the Millennium Summit and that such Summit apparently made not a significant impact on expenditure in health. Against this backdrop, she underscored the importance of South-South and Triangular Cooperation based on the development of cooperation, knowledge and learning networks, and the relevance of forums for regional and subregional integration as a platform for cooperation among countries.

9. Alejandro de la Torre, a Health Expert of the Inter-American Development Bank (IDB) in Panama, made a presentation entitled "Mesoamerican Health Initiative 2015" (SP/XXII-RDCIALC/Di N° 7-11). He said that inequity in Mesoamerica measures 6 centimetres. Such is the difference in height of two five-year old children, one from the richest quintile and another child from the poorest quintile. He noted that although Mesoamerican countries have many things in common, they also have many differences, particularly between vulnerable groups and indigenous people. He said that in Nicaragua the prevalence of late growth among children younger than five years of age averaged 6.1%. In the poorest areas, it is as high as 20%. This is the case for Honduras, where late growth amounts to 25% in the whole population and 43% in the underprivileged. He conceded that the main problems in the region, in addition to a wide gap between the rich and the poor, translates into poor coverage and quality of interventions, uneven distribution of public expenditure, health policies which not always rely on good practices, and few incentives to better the quality of health services, among others. In this regard, he mentioned that the Mesoamerican Health Initiative is an innovative public-private partnership between the Bill and Melinda Gates Foundation, the Carlos Slim Health Institute, the Government of

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Spain, the IDB and the governments of eight countries in the Mesoamerican region. The objective is backing the efforts of the governments in the subregion to achieve the MDGs. It is scheduled for a five-year period. He listed the leading objectives of the initiative, as follows: focus on the poorest 20% of the population; alignment with regional and national policies; performance measurement and assessment; transparent accountability, and coordination with regional organizations. He said that the main working areas of the initiative include maternal and child health; nutrition; immunization; malaria and dengue. He explained that US\$ 142 million has been budgeted for the initiative and the IDB will be responsible for managing the funds.

10. Ricardo Mena, Head of the Regional Office for Latin America and the Caribbean of the UN International Strategy for Disaster Reduction, made a presentation entitled "ISDR: Safe hospitals in the face of disasters – Reducing the risk, protecting health facilities, saving lives" (SP/XXII-RDCIALC/Di N° 8-11). He related that in the aftermath of the earthquake in Chile, 36 hospitals were damaged and stopped providing services. As for Haiti, not a single hospital would operate. He admitted that most of these hospitals had been funded by the Official Development Assistance. He highlighted the importance of pondering on the risk variable at the very beginning of infrastructure projects in order to secure and make an efficient public investment, particularly in health facilities. Bearing in mind the risk variable and making provision in building is much less expensive than investing in reconstruction of a hospital hit by a disaster. He affirmed that a safe hospital can continue operating and providing essential services when it is most needed, after a disaster, because it has contingency plans in place and health personnel trained to keep the health network working. Mena listed the objectives of the Safe Hospitals Campaign, namely: protecting the lives of patients and health workers by reinforcing the structure of health facilities; ensuring operations of health facilities and services in a state of emergency or following a disaster, and improving the ability of health staff and institutions to reduce the risk, including emergency management. He reasserted that by 2015, all countries are expected to have implemented measures to ensure the operation of health facilities in the event of a disaster and 90% of countries are expected to improve the safety of existent health facilities. He acknowledged that the Safe Hospitals Campaign has made the difference in the region. The subject has been included in the agendas of the Ministries of Health and risk management agencies. He also made reference to "My city is preparing," as part of the Resilient Cities Campaign. It is aimed at widening knowledge and raising awareness on the risk of urban disasters and the role played by local governments. Finally, he said that these campaigns are expected to yield at least one million safe hospitals and schools.

11. Doris Osterlof, Director of the Representation Office for Central America and Haiti of the Ibero-American General Secretariat (SEGIB), delivered a presentation entitled "Ibero-American Programme of Human Milk Banks (IberBLH) – 2010" (SP/ XXII-RDCIALC/Di N° 9-11). She said that this Ibero-American Programme is aimed at exchanging knowledge and technology in the field of breast-feeding, as a strategic component to achieve the Millennium Development Goals, with an emphasis on reduction of child mortality. She reported that the commitment to the Programme was made during the XVII Ibero-American Summit of Heads of State and Government, held in Chile in 2007. She underlined that the background of the initiative is the Brazilian Network of Human Milk Banks. Presently, this Ibero-American Program is composed of 11 Latin American and Caribbean States. She highlighted that the Ibero-American Programme of Human Milk Banks works as a centre for promotion of breast-feeding. It is based on donation of human milk and the notion of human milk as functional food mainly aimed at reducing new-born mortality. She explained that the collected milk is classified to meet the specific needs of the new-born or infant. She recognized the relevant work done by the Brazilian

government. Nowadays, Brazil has 202 human milk banks, followed by Venezuela with eight banks. She specified that there are high possibilities of widening up the project to encompass the countries of the Iberian Peninsula. She underlined that in the aggregate, the Ibero-American Program has received donations from more than 291,800 women, for a total amount of more than 335,359 litres of human milk, benefitting over 306,690 children in the region. Lastly, she acknowledged that while Human Milk Banks are a low-cost initiative with tremendous social benefits, the Program lacks funds to implement new units.

12. Enrique Paz, UNICEF's Regional Health and Nutrition Advisor for Latin America and the Caribbean, made a presentation entitled "Experiences and views of international organizations specialized in health in Latin America and the Caribbean" (SP/XXII-RDCIALC/Di N° 10-11). He noted that in 1990-2008, Latin America and the Caribbean have made great strides with reduction of child mortality, from near 48 deaths to around 25 per 1,000 live births. He remarked that child mortality in 1990-2005 plunged by 2.5%. However, he added that if the Millennium Development Goal Number 4 is to be attained, the annual rate should stand at 6.3%. He talked about high inequality in the region and informed of a distinct size between two children of the same age, one from the richest quintile and another from the poorest quintile, of six centimetres. He mentioned that 53 million people in the region are malnourished; 9 million children under five years old have chronic malnourishment, in addition to 22.3 million pre-school children, 33 million women of childbearing potential and 3.6 million pregnant women with anaemia. He pointed out that malnourishment is among the main challenges faced by the region; that there is the need to deal with and prioritize this subject in order to attain good health and abandon the circle of poverty. He listed as priorities the rights of children and adolescents; maternal and child health; disease control and prevention; analysis of disparities, particularly of gender; immunization, sanitation and water supply programmes; the "Wash your hands" campaign; monitoring and assessment, among others. Likewise, he emphasized that working on the agenda of prevention of HIV/AIDS is an imperative to make it "friendlier" and comprehensible for young people by means of media campaigns. Based on a survey of the World Bank, no progress has been made in prevention among adolescents, with a transmission rate at 50%. Lastly, he underscored the importance of systematizing and disseminating information on successful cases of intra and inter-regional cooperation in health; identifying and exchanging information on triangulation opportunities for the South-South health cooperation offered by bilateral and multilateral development agencies and emboldening SELA Member States to share opportunities for health cooperation.

13. César Antonio Núñez, Director of the United Nations Joint Programme for HIV/AIDS, made a presentation entitled "UNAIDS: Integration, Cooperation and Convergence in Health in Latin America and the Caribbean" (SP/XXII-RDCIALC/Di N° 11-11). He admitted that according to the Gini Index which measures per capita income, Latin America and the Caribbean is the most unequal region in the world with alarming indexes. He mentioned that recurring troubles in the region are precisely linked to inequity, inequality and disparities. Therefore, the attention must be focused there. He related that over the past few years, private investment in HIV/AIDS has notably increased, accounting for 30% of total investment in Latin America. He averred that based on 2009 estimates, 1.6 million people in Latin America and 260,000 people in the Caribbean have HIV/AIDS. He also affirmed that the proportion of women and girls with HIV/AIDS in the Caribbean (53%) is higher than in men. As for the findings of the Joint Program for HIV/AIDS in Latin America and the Caribbean, in 2009, the anti-retroviral treatment covered 50% of infected people; 57% pregnant women had the HIV/AIDS test, and 58% of infected children are under treatment. Despite significant strides in the region, he admitted that big challenges are still to be faced, such as countering the stigma, discrimination and violation of human rights,

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and ensuring treatment for the most vulnerable and affected patients. To that aim, he pointed to the need of steeling a comprehensive sexual education and securing funds to continue developing treatment and prevention programmes. In this regard, he appreciated the salient role of regional and subregional integration mechanisms as they set the conditions for cooperation and agreed, coordinated action among countries. Furthermore, they help create a regional epidemiological approach; they are privileged forums to share experiences and lessons learned, in spirit alike answers, particularly in the context of migration; allow for a higher political clout; offer scale economies favouring the procurement of inputs at reasonable prices, and help strengthen civil society and South-South cooperation, among other advantages. He highlighted as a good regional practice, the HIV Regional Coordinating Mechanism that has been developed along with the Secretariat of the Council of Latin American Health Ministers (COMISCA), Central American Integration System (SICA). It seeks to set a base of standard HIV indicators to have available comparable data among countries and make use of them for analysis and regional strategic decision making with regard to HIV. Finally, he referred to some pending matters that should be addressed, such as steeling leadership and fund sharing; accountability; integration of multi-sectoral answers in the field of HIV/AIDS, among others.

14. Andrés Fernández, an Expert of the Social Development Division of the United Nations Economic Commission for Latin America and the Caribbean (ECLAC), pointed out that ECLAC has been working on health. He made special reference to the "ALIS II" Project as part of cooperation with the European Union. To his mind, the term "convergence" is tied to movement. Therefore, he reasserted the need to pursue agreements for the purposes of synergies and alliances; set goals and seek results. He referred to the prominent role of regional and subregional integration mechanisms which stir convergence, cooperation and integration. He added that nowadays, thinking of implementation of policies without taking into account Information and Communication Technologies (ICTs) is not possible, due to their relevance. In reference to the e-LAC Regional Action Plan 2015, he noted a health component coordinated by Cuba that has helped develop a work team of physicians and information technology experts intended to spur health plans in tele-medicine. He talked about a project implemented by the Inter-American Development Bank for the inclusion of ICTs and the need of country involvement in a world dialogue on broad band to discuss the issues of cost and quality of services and the potential of the cell telephone system for health, among others. He conceded that Latin America and the Caribbean is the most unequal region in the world. Nevertheless, in his opinion, inequalities can be fought and overcome, with the ICTs playing a key role. He appreciated the outstanding role and strategy of the PAHO in e-health, monitoring and assessment. He concluded by saying that the LAC region is filled with initiatives and successful experiences. Only they must be sought, recognized and disseminated. Lastly, he asserted that Panama, for instance, has a tremendous experience in tele-radiology that could be exported.

15. The moderator thanked speakers for their presentations and urged delegates to make comments on them.

16. The representative of Uruguay, Mr. Jorge Enrique Venegas, pinpointed three factors to be borne in mind when speaking of cooperation, particularly cooperation in the field of health. Firstly, there is a large amount of cooperation organizations, integration schemes and agencies; hence, every endeavour at coordination is needed for the purposes of efficiency. Secondly, cooperation is possible in many subjects; therefore, the political will among States needs to be expanded in order to set an agenda of priorities and spot the potential of cooperation in the region. Thirdly, a deep structural crisis in the

system, involving health, should not be disregarded. He admitted that in Uruguay, a great effort is being made to escape unscathed from the world crisis. In the field of health, the strategy deals with closer care of people in extreme poverty. He underscored that health cannot be tackled apart from education, labour and housing. Cooperation among all these spheres is pivotal, and a comprehensive view is required. He expressed hope in making Latin America and the Caribbean “first-class nations,” understood as countries with social equity. He commented that his government pursues high-tech health including ICTs. Lastly, he recognized the good practices of the Brazilian government. Through its plans and policies, it has succeeded in freeing 40 million from poverty.

17. On behalf of Brazil, Mr. Mauro Teixeira de Figueiredo congratulated all the speakers and thanked them for their presentations. Immediately afterwards, he voiced a couple of concerns. Firstly, while much is said about “aid,” the term “Official Development Assistance” does not really mirror what is being done in the region. He is positive that the concept of Horizontal Cooperation or South-South Cooperation is more accurate, where the agenda, rather than being imposed, is being discussed. Furthermore, it is based on common respect and solidarity. Secondly, he observed that the Human Milk Ibero-American Programme has as background an earlier experience in Brazil and emphasized that his government is the main partner to the programme, which is also under the aegis of SEGIB and others.

18. The representative of Belize, Mr. Adalbert Tucker, thanked the Government of Panama and the Permanent Secretariat of SELA for hosting the event. He remembered that on 21 September, Belize celebrated its Independence Day. Sadly, though, on that same day a national hero, the Honourable George C. Price, passed away. He acknowledged that the issue of integration, cooperation and convergence in health is most important and a priority for Belize and all the Eastern Caribbean countries. He thanked speakers for their presentations and for all their valuable information. He strongly recommended States to strive to improve communication and share information, particularly in the field of health cooperation. Lastly, he pointed to the significance of the Safe Hospitals Campaign as a high-priority issue that should not be subject to any deal.

19. The representative of the Pan American Health Organization, Ms. Rebecca de los Rios, made reference to the remarks of the Uruguayan representative. She thinks that as for the world economic and financial crisis, Latin America and the Caribbean have not felt quite an impact yet, but it will do it. Consequently, the region should delve into this matter. In her view, cooperation methods need to be reformulated and redefined. She cited, for instance, the Human Milk Banks as a novel cooperation model that should be replicated given its importance, innovation and impact. Finally, with regard to integration mechanisms and schemes, she spotted the need of closer work to make their efforts more efficient and cash in on their potential.

20. The representative of the Inter-American Development Bank, Mr. Alejandro de la Torre, thanked the Minister of Uruguay for his presentation and declared that innovation is needed to refurbish cooperation. He added that the private sector is playing a pivotal role in this new cooperation and more political willingness is required to advance cooperation, integration and convergence, particularly in health. In his view, discussion forums are amenable to that.

21. The Head of the Regional Office for Latin America and the Caribbean, UN International Strategy for Disaster Risk Reduction, Mr. Ricardo Mena, admitted that dialogue between several integration schemes and several sectors is a must for a better cooperation. In his opinion, rather than counting on more funds, the point is making them

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more effective. He took sides with Belize as to the significance for the whole region of the Safe Hospitals Campaign.

22. The representative of the Ibero-American General Secretariat (SEGIB), Ms. Doris Osterlof, said again that the Brazilian Network of Human Milk Banks is the largest in the world, and she recognized Brazil's leadership as pivotal in the success of this Ibero-American Program. She mentioned that political will to improve cooperation is of the essence. This, together with communication, is particularly important within regional and subregional integration schemes. Lastly, she recommended considering the proposal made by the ECLAC representative, that is: enhancing support to Information and Communication Technologies. To her mind, health, security and State seem to transcend political differences in the region.

23. The Regional Health and Nutrition Advisor for Latin America and the Caribbean of the United Nations Children's Fund (UNICEF), Mr. Enrique Paz, underscored the key role played by regional and international organizations in terms of cooperation and ongoing strides at coordination in several subregional integration schemes with regard to health. He took sides with the Brazilian delegate on the issue of horizontal cooperation and also suggested the addition of the terms triangular cooperation and polygon cooperation to encompass alternative forms of cooperation with multiple parties. He acknowledged that the UN agencies are determinant in the present context of the world crisis for being sources of economic and technical cooperation. As a result, he said, partnerships and inter-agency cooperation are a must for joint answers.

24. The representative of the United Nations Joint Programme for HIV/AIDS, Mr. César Núñez, claimed that since the implementation of the Programme, more than five million lives have been saved. He suggested that South-South cooperation should continue being the focal point in the cooperation debate to make headway in Latin America and the Caribbean. He affirmed that now more than ever partnerships are needed for increasing efficiency with fewer resources and in order to attain the necessary complementarity.

25. The representative of the United Nations Economic Commission for Latin America and the Caribbean (ECLAC), Mr. Andrés Fernández, made reference to Minister Venegas' remarks. He stated that it is true that there are many integration organizations, agencies and stockholders that foster cooperation. Add to this other equally important parties, such as Non-Governmental Organizations. He advised cooperation among all parties, including NGOs, as the latter represent an important source of funding and efforts; hence the need for continued efforts at cooperation.

26. The moderator thanked delegates and participants for their comments and remarks during the debate.

27. **SESSION II: Integration, cooperation and convergence in health in Latin America and the Caribbean: Perspective of regional and subregional integration schemes.** This session was moderated by Lizbeth de Benítez, Director of Planning, Ministry of Health (MINSAs) of the Government of Panama. After introducing the subject matter, she gave the floor to the speakers listed in the agenda.

28. Jorge Enrique Venegas, Minister of Public Health of the Eastern Republic of Uruguay and Senior Authority of the South American Health Council, Union of South American Nations (UNASUR), made a presentation entitled "The South American Health Council, Union of South American Nations (UNASUR)" (SP/XXII-RDCIALC/Di N° 12-11). He explained

that the South American Health Council was set up under a Decision of the Heads of State and Government of the Union of South American Nations (UNASUR), during a special meeting held in Brazil, on 16 December 2008. The Council is intended to make room for integration in the field of health; pool the efforts and achievements of other regional integration mechanisms, and buoy up common policies and coordinated activities among UNASUR Member States. He recalled that in 2009, UNASUR Ministers of Health set up the Five-Year Plan for 2010 – 2015 of the South American Health Council. The mission is cementing South America as an integration centre, thus contributing to health for all through the development of universal health systems; universal access to drugs; capacity building, and consolidation of an epidemiological shield. He spoke about the importance of paying attention to high-risk geographical areas and borders, as well as vulnerable and sidelined people; enlarging research and development and working on standardization of rules, instruments and procedures on health. He talked about the Networks of Structural Institutions, South American Health Council, particularly the Network of Health Technical Schools, established in Rio de Janeiro, in November 2009; the Network of National Health Institutes, organized in Lima, in March 2010; the Network of Public Health Schools and Government Health Schools, established in Asunción, in April 2011; the Network of National Cancer Institutes, set up in Rio de Janeiro, in July 2011, and the Network of Offices of International Relations and Cooperation for Health (REDSSUR –ORIS). He mentioned the South American Health Government Institute as an inter-government, public agency created by the Council of UNASUR Heads of State and Government in April 2010. They are entrusted with knowledge management and production; training of leaders and technical advice. These tasks are conducted in a participatory way, both concerning identification of problems and solutions channelling and sharing. Lastly, he informed that UNASUR has made progress with reconciled positions at international forums, as well as linkage and convergence of subregional integration processes.

29. Caroline Chang, Executive Secretary of the Andean Health Organization – Hipólito Unanue Agreement, made a presentation entitled “Strategic Action Lines of the Andean Health Organization” (SP/XXII-RDCIALC/Di N° 13-11). She explained that the Andean Health Organization - Hipólito Unanue Agreement is a subregional inter-governmental organization that emboldens integration in the field of health; it was organized in 1971 and attached to the Andean Integration System in 1998. She informed that the primary objectives of the organization are making use of health for integration; taking joint actions to face common problems; linking and making policies; making room for exchange of experiences and setting strategies for common health problems. She conceded many positive results throughout the 40 years of the organization, namely the endorsement of Andean public policies, such as the Andean Drugs Policy, the Policy on Assessment of Health Technologies and the Andean Policy of Prevention, Care and Rehabilitation of Disabilities. All of them aim at guiding the Ministries of Health on the implementation of policies and strengthening joint strategies in selected subjects in the subregional interest. She advised that the organization has entered into strategic partnerships with several development bilateral agencies, international organizations and United Nations agencies. Similarly, she reported on the endeavours at standardization and completion of the health agenda in Latin America. She referred to the “PAMAFRO Project,” intended to combat malaria in the most vulnerable border zones of Colombia, Ecuador, Peru and Venezuela. In her opinion, the project made quite an impact on the region. It managed to curb the prevalence of malaria by 55% and mortality caused by malaria by 78.5%. Moreover, it reinforced integration on the border; encouraged the political and technical will of the Ministries of Health, as well as citizen’s participation and the involvement of local governments in order to sustain the accomplishments. She also referred to the Andean Health Plan on the Border (PASAFRO), implemented along with the CAF. It is set to help better the quality of life of people who live and/or cross the borders; enliven

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health-related integration on the border; respect ethnic and cultural diversity of peoples, and put health as a bridge for peace. She listed as the main successes participatory planning in decision making in the local health management of the border issue; stronger community involvement in order to solve the priority problems related to health in 40 communities and reinforced health services and community structures to bolster and help increase institutional care of childbirth on the Peruvian border. Finally, she cited the Policy on Drugs and Health Technology Assessment, which boosts and ensures universal access to drugs.

30. Rolando Hernández, Executive Secretary, Council of Health Ministers of Central America and the Dominican Republic, made a presentation entitled "Council of Health Ministers of Central America and the Dominican Republic in the context of Health Integration" (SP/XXII-RDCIALC/Di N° 14-11). He remarked that health is a public good that should be ensured by all States, as they are primarily responsible for it. Notwithstanding, as long as health is not sufficiently accomplished by the individual action of States, it could be attained by the States joint action. He related that the Central American Integration System (SICA) was established on 31 December 1991, upon the execution of the Tegucigalpa Protocol. He noted that SICA is presently composed of eight Member and Associate States, for a total population of 46.7 million. He noted that the Council of Central American Health Ministers, COMISCA, is an organ of the SICA social sub-system. It operates within the legal and institutional framework of the San Salvador Declaration, the Tegucigalpa Protocol and the Central American Social Integration Treaty, TISCA, adopted in several summits. As to priority projects in the context of the Health Plan of Central America and the Dominican Republic, he emphasized on pricing and joint purchase of drugs, where the common good takes precedence over the individual interest to advocate people's right to health and access to good-quality drugs at low prices. He highlighted that the COMISCA Executive Secretariat, along with PAHO, entered into a cooperation agreement on access and analysis of regional information for decision making able to meet national and regional needs. By the same token, he referred to the Regional Central American HIV/AIDS Baseline Laboratory (LRR-VIH/SIDA). It is a dedicated centre set to provide laboratory technologies not available in National Baseline Laboratories. As stated by him, this laboratory counts on a programme that tracks the quality of National Baseline Laboratories. The laboratory helps reinforce Quality Management Systems; ensures compliance with good practices and secures quality and reliability of the results of the tests conducted in the region. Other priority projects in the area of health in the sub-region listed by him encompass the plans to eradicate non-communicable chronic diseases, including cancer; capacity building and a food and nutrition security policy. Lastly, he referred to the Mesoamerican Public Health Project (PMSP) as the principal portion of the social hub of the Mesoamerican Integration and Development Project, the objective of which is perfecting social equity in the region by solving common health-related problems and tightening the ties of regional cooperation.

31. Juliette Sutherland, the Director of the Pan Caribbean Partnership against HIV/AIDS, made a presentation entitled "CARICOM/PANCAP An Outlook of Regional and Subregional Integration Schemes" (SP/XXII-RDCIALC/Di N° 15-11). She affirmed that important initiatives in the field of HIV/AIDS have been implemented in the region, and additional significant cooperation areas have been pinpointed. She recalled the Declaration of Heads of State and Government in a meeting held in Nassau in 2001, whereby it is stated that "health of the region is the wealth of the region." She noted that CARICOM has two cooperation mainstays, to wit: the Caribbean Cooperation in Health and the Pan Caribbean Partnership against HIV/AIDS, with its Regional Strategic Framework 2008 - 2012. She highlighted that the Pan Caribbean Partnership against HIV/AIDS has been acknowledged by the Joint United Nations Programme on HIV/AIDS

(UNAIDS) as a good practice initiative. She avowed significant steps to eliminate polio, measles, rubella and, pretty soon, mother-child transmission of HIV/AIDS. She asserted that CARICOM leadership has been felt not only in the region, but also worldwide, playing a leading role during the High-Level Meeting of the United Nations General Assembly on Non-Communicable Chronic Diseases, held in September in 2011, in New York City. Among the lessons learned, she mentioned the importance of consensus and transparent actions; political will and technical leadership, as well as commitment to the civil society. As an emerging good practice, she praised the Brazilian model against HIV/AIDS. Moreover, she referred to the support from the Organization of Eastern Caribbean States (OECS) for ready access to anti-retroviral treatment. Lastly, she emphasized the importance of the public-private commitment in the region in order to get better and larger funding for health.

32. Amenotheop Zambrano, Standing Coordinator, Bolivarian Alliance for the Peoples of Our America – Peoples' Trade Agreement (ALBA-PTA), made a presentation entitled "ALBA-Health" (SP/XXII-RDCIALC/Di N° 16-11). Within the ALBA framework, he underlined the importance of the Social Council, composed of the ministers of social areas from Member States. He maintained that the Social Council aims at implementing, deepening and following up the implementation of social programs. Its main working areas are, among others, education, health, employment, housing, culture and sports. Duties and responsibilities of the Social Council include setting strategies and making the social policy of ALBA-PTA; setting priorities for programme implementation according to the urgent needs of Member States; assessing the effectiveness of Grand-National social projects in these spheres, and enlivening the enforcement of priority Grand-National projects. He referred to the VII ALBA Summit held in Cochabamba in 2009. There, the Heads of State and Government of ALBA Member States entrusted the Social Council with the task of working on a proposal of integrated actions in Health Surveillance for Prevention, Diagnosis and Timely Control of Emerging Diseases, thus ensuring the "ALBAMED Grand-National Project." He also made reference to the VII Summit held in Havana in 2010. On that occasion, the Heads of State and Government undertook to conduct across ALBA countries a Clinical Genetic Psychological Social Survey of Persons with Disability, bearing in mind the experiences of Bolivia, Cuba, Ecuador, Nicaragua and Venezuela. The purpose is involving the disabled in the productive, economic, social and cultural sectors without any discrimination. He upheld that since 2005 over two million people with sight constraints have undergone surgeries under Mission Miracle. He also reported that the Latin American Children Heart Hospital has conducted more than 3,300 operations on children with heart malformations. Similarly, he talked about the Latin American School of Medicine, aimed at educating community doctors with a high scientific, technical, ethical and humanist level, with a deep social vocation, able to make the difference in the social ambit. Finally, he spoke of the Solidarity with Haiti Programme resulting in five ALBA camps which provide health care to more than 61,800 people.

33. The moderator thanked speakers for their presentation. Forthwith, she urged delegates and participants to discuss them.

34. The representative of Haiti, Ms. Lourdes-Marie Belotte, thanked all speakers for their presentations and asked a question to the representative of the Caribbean Community with regard to the Regional Programme of Health Insurance expected to be implemented in the Caribbean. She also thanked all the countries that supported Haiti in the aftermath of the earthquake, which have given humanitarian aid and backed reconstruction.

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35. The representative of the Caribbean Community, Ms. Juliette Sutherland, underlined that whenever reference is made to CARICOM, Haiti and Suriname are included. As to the query of the Haitian representative, she avowed that CARICOM, together with the IADB, PAHO and CDB, conducted a survey to implement a Regional Programme of Health Insurance. Nevertheless, due to the high economic cost, it has not been enforced so far. She informed that CARICOM has made substantial investments in the Caribbean and recalled that at the time of the earthquake in Brazil, governments, the civil society and NGOs sponsored CARICOM funding. She also referred to the troubles arising in Haiti as a result of a fragmented international aid and recommended international donors working hand in hand with Haitian authorities to prevent any duplication; make aid a more effective and efficient tool, and get into the national development plans set by the Haitian State.

36. The representative of Bolivia, Mr. Jorge Antonio Brito, thanked the hosts of the event for the welcome and congratulated the panel members for their presentations. He suggested that for a sustainable development in the field of health, public expenditure should increase concomitantly with political will. However, he conceded that such increase is sometimes difficult due to lack of funding. In this regard, he said that Horizontal Cooperation and South-South Cooperation play a fundamental role and mentioned that several cooperation projects have been implemented in Bolivia, particularly with the Government of Brazil, to boost the establishment of Human Milk Banks. Finally, he deemed it advisable capitalizing on the experience of foreign countries to learn from them and upgrade cooperation practices.

37. The representative of Ecuador, Mr. Gabriel Ramírez, took the floor wondering how integration and convergence could be attained in the current Latin American and Caribbean context. He praised the new cooperation initiatives, particularly the initiatives born into UNASUR, for being more horizontal and hegemonic. He brought out that in the 1970s cooperation relations used to be more hegemonic. Nevertheless, he admitted that at that time, the region had a strength which is missing nowadays, that is: development models were discussed by then. For this reason, he recommended striving to discuss models of regional development which meet the needs in line with the reality of Latin America and the Caribbean. He advised on the need to build and advance a process of sound integration to prevent what is happening to European integration.

38. The representative of Cuba, Ms. Evelyn Martínez, referred to the remarks of the Uruguayan representative and agreed on the importance of counting on a necessary and requisite political will to catalyse regional integration and convergence, regardless of the individual content and trend, which varies in each case, as shown in the presentation made by the ALBA representative. She suggested a better communication and cooperation among countries and regional and international organizations to back one another and she stressed that regional and subregional schemes need to be revamped in order to better support countries and deepen integration and cooperation.

39. The representative of Guatemala, Ms. Ana María Méndez Chicas, made reference to the presentation made by the PAHO representative and admitted that as a matter of fact international cooperation is changing and that overall development assistance has shrunk. She reported that Guatemala annually invests 4 % of its GDP in health, noting that it is a very low number. She also avowed that the economic and financial crisis and the new rating of middle-income countries have directly influenced the flow of aid and cooperation. The withdrawal of some donors from the region shows evidence of it. In this connection, she put emphasis on the need to get the better efficiency and coordination

possible of international cooperation. Lastly, she pointed to the importance of linkage and convergence of all integration processes.

40. The representative of the Bolivarian Alliance for the Peoples of the Americas, Mr. Amenothep Zambrano, maintained that the ALBA initiative is a successful case of cooperation and convergence, and he appreciated horizontal cooperation in conditions of equality, sovereignty and self-determination. In this regard, he quoted the President of Bolivia, Mr. Evo Morales, as saying: "ALBA is a trade union of anti-imperialist countries." Therefore it has not hegemonic intentions in the region. Moreover, he reiterated that the ALBA forms part of a far-flung, high-flying political project for the peoples' benefit.

41. The representative of Uruguay and UNASUR, Mr. Jorge Enrique Venegas, wondered "Which development project does Latin America and the Caribbean want?" He recalled that South American countries were not born by spontaneous generation, but through historic development. He warned against forgetting about former dictatorships in Latin America. In this regard, he recommended that the longed-for democracy that took a lot of effort should be appreciated. He noted that the dilemma in Latin America should not be placed between market and State, as there is not one single recipe. He remembered that democracy is very important because it includes both the public and private sectors, and that a market logic chiming in with social wellbeing logic is possible. He upheld that democracy needs to be built; to that end, history, instead of immediate processes, should be utilized. He admitted that we are living times of inequity and that, in order to bridge this gap, there is the need to proclaim access to health as a social right over a human right. Lastly, he noted that the bi-polar era ended more than 20 years ago; this means that nowadays we live in a multi-polar world and cooperation should be accordingly, multi-polar.

42. The representative of CARICOM, Ms. Juliette Sutherland, said that all regional integration schemes emerged for historical and political reasons. In this regard, she conferred advantages and strengths on every scheme. She suggested SELA, due to membership of most Latin American and Caribbean States, should thrust coordination and fund-raising. Finally, she disclosed that CARICOM prepares to cooperate and share experiences through the lessons learned throughout its history.

43. The representative of the Council of Central American Ministers of Health, Mr. Rolando Hernández, recalled that the Central American region was born as a whole and at the current time it strives to better its integration processes. He reported on the building of a Central American health system and suggested that such efforts should be kept no matter political changes. He noted that Central American integration has managed to develop several sub-systems, including health with a strategic agenda. Therefore, the approach goes beyond the economic and trade issue. He avowed to substantial endeavours at cooperation conducted in the sub-region, particularly with regard to HIV/AIDS with CARICOM. Similarly, he made reference to the Mesoamerican Health Initiative, managed by the Inter-American Development Bank, and underscored that decision making in Central America is purely horizontal, on an equal footing, without government imposition.

44. The representative of the Andean Health Organization - Hipólito Unanue Agreement, Ms. Carolina Chang, spoke of the valuable input of integration processes to regional and international cooperation and their potential to thrust South-South Cooperation. She said that subregional cooperation projects benefit countries not always favoured by bilateral and multilateral donors, so that they can get access to those cooperation sources through regional and subregional integration schemes. In her view,

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political consensus is easier by means of subregional integration schemes. Such consensus is based on the regional priorities set by senior sectoral authorities and frequently ratified at the ministerial or presidential levels. This allows for strategies towards a subregional policy that goes beyond a country vision and approach.

45. Shortly after, the moderator expressed her gratitude for the remarks made during the debate and closed the first day of the meeting.

46. **SESSION III: Integration, Cooperation and Convergence for health in Latin America and the Caribbean: Successful national experiences.** After briefly presenting the topic, the moderator of the session, Evelyn González, Acting Director of International Technical Cooperation of the Ministry of Economy and Finance of the Republic of Panama, invited the speakers to take the floor.

47. Jorge Enrique Venegas, Ministry of Public Health of the Eastern Republic of Uruguay and Coordinator of the South American Health Council of the Union of South American Nations (UNASUR), made a presentation entitled "Successful Experiences in Integration, Cooperation and Convergence: Uruguay" (SP/XXII-RDCIALC/Di N° 17-11). He pointed out that the government of Uruguay has promoted a re-orientation of its national development strategy since 2005, shifting from a concentrated and exclusive model to an inclusive model, in order to allow the articulation of the productive structure and dynamics with society, through greater participation, integration, and social cohesion. In this context, one of the fundamental tools has been the approval of a deep reform of the health system focused on three great lines: (1) changing the health care model; (2) changing the management model; and (3) changing the financing and cost model. Venegas underscored that Uruguay is totally willing to exchange experiences and cooperate with the countries interested in this matter. As for South-South Technical Cooperation, he highlighted the three fundamental characteristics of the new health cooperation agenda of Uruguay: i) South-South Technical Cooperation provided through the experience of the Health Reform; ii) Inter-institutional cooperation; iii) South-South Cooperation for changing the health care model; and changing the management model of the Health System in Uruguay. Regarding South-South Technical Cooperation provided through the experience of the Health Reform, Venegas mentioned the experiences developed with Ecuador concerning public health management tools, and the programme for the de-privatization of Health with Argentina, Chile and Venezuela for the training in organ donation and transplantation through the National Donation and Transplantation Institution (INDT) of Uruguay. He also explained the cooperation with Mexico for supporting the smoking control programme and with Paraguay for building oxygen plants. As for inter-institutional cooperation the "Canelones Crece Contigo" Project, aimed at the strengthening of food security among the Canary population, with emphasis on reducing nutritional risk in 7,700 families with children under age four and/or pregnant women. Finally, concerning South-South Cooperation for changing the health attention model, and changing the health management system in Uruguay, Venegas highlighted the Trilateral Rural Health Project with the Brazilian Agency for Cooperation (ABC) and the GIZ for the new organization of the system with the provision of network services and a National Health Strategic Plan focused in Primary Health Attention (PHA) and cross-cutting lines of actions such as gender, sexual health, and STDs/HIV. Additionally, he mentioned the strengthening of civil society and of users of the National Integrated Health System in populations of less than 5,000 inhabitants in the borderline departments with Brazil. He also remarked the Programme of Human Milk Banks developed by Brazil, and the cooperation with Venezuela for equipping the University Hospital.

48. Mauro Teixeira de Figueiredo, Head of the Division for Technical Cooperation of the Ministry of Health of Brazil, made the presentation entitled "Good practices in Health International Cooperation, Brazil and UNASUR" (SP/XXII-RDCIALC/Di N° 18-11). He underscored that Brazil has 114 South-South Health Cooperation projects which are currently being negotiated or executed; 68 of them with America, and 44 with Africa. He mentioned that 136 health projects in different priority areas have been executed between 2007 and 2011, including programmes against HIV/AIDS and support programmes for Human Milk Banks, cancer, tuberculosis, public health, women's health, among others. As a successful experience, he underlined the efforts made by the Brazilian Government concerning HIV/AIDS. Among the objectives met, he underscored the stabilization of the prevalence rate of the virus, the universal and gratuitous access to treatment and other supplies, the reduction of the mortality rate in the last 10 years, and the fight against stigmatization. He acknowledged the importance of the South-South Cooperation Programme offering Brazilian antiretroviral drugs to Latin American and African countries. As for the Cooperation Programmes for Human Milk Banks, he emphasized that the Programme has a high reliability and a low cost, and that was acknowledged by the WHO in 2001 as the initiative that most contributed to reducing child mortality. Additionally, he mentioned that 25 projects are now being executed or developed in Latin America, the Caribbean, and Africa.

49. Gloria Beatriz Gaviria Ramos, Head of the Office for International Cooperation and Relations of the Ministry of Social Protection of Colombia made a presentation entitled "Colombia and Health Cooperation" (SP/XXII-RDCIALC/Di N° 19-11). After referring to the territorial and population structure of Colombia, she explained the structure of the national health system and how the health care coverage has been improving by going from 47% in 2003 to 96% in 2010. She pointed out the main challenges of the systems as being: upgrading and unifying the benefit plans; achieving an active flow of resources with no intermediaries; consolidating a result-oriented health system and reducing regional inequalities; developing efficient and transparent information systems; strengthening inspection, surveillance and control; implementing plans for the strengthening of the public health network and strengthening promotion and prevention strategies; developing the strategy for Primary Health Attention; and strengthening the policies on mental health. Afterwards, she explained the structure of the Ministry of Social Protection of Colombia and the results of the cooperation aid received during the 2002-2010 period. She also referred to the 2010-2014 Development Plan, border development, and the initiatives carried out through the Rural Telemedicine Network in the basin of the Putumayo River along the border zone with Peru. She also commented on the activities conducted by the Ministry of Social Protection and the Ministry of Information Technologies and Telecommunications within the framework of the National ICT Plan, which prepared the document entitled "2010-2014 National E-Health Plan", with the purpose of guiding the different actors of the health system in the development of their action plans and projects.

50. Gabriel Ramírez, Technical Cooperator of the Ministry of Health of Ecuador, made a presentation entitled "Ecuador and health cooperation" (SP/XXII-RDCIALC/Di N° 20-11), which comprised the main socio-economic indicators of the country, the constitutional norms, and the competence regime for the management of international cooperation, as well as the priority level given to the Latin American and Caribbean integration within the constitutional norms of Ecuador. On the other hand, he mentioned the different advances being made in the health sector in the different sub-regional integration and cooperation schemes, particularly, those made in specialized health institutions. Ramírez detailed the structure and procedures for international cooperation in Ecuador, its internal organization and coordination, as well as the results of the cooperation received, the

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participation in South-South Cooperation, and the systematization of the information concerning cooperation, especially in the health sector with the increase in cooperation offers and requests.

51. María Rosibel Vargas Gamboa, Head of the Unit of International Affairs in the area of Health of the Ministry of Health of Costa Rica, made a presentation entitled "International Cooperation in Health. Main Achievements and Challenges" (SP/XXII-RDCIALC/Di N° 21-11), in which he mentioned the main socio-economic and health indicators, as well as the inequalities existing between the different zones and cantons of the country. Immediately after, she analyzed the trends in non-refundable technical and financial cooperation (1990-2008) in Costa Rica, the main bi-lateral and multi-lateral cooperating factors, as well as the sectoral distribution of cooperation, accurately detailing the cooperation received in the health sector. She also presented some of the successful experiences in South-South Cooperation that have been transferred to countries such as Mexico and Guatemala. Finally, she pointed out the limitations in the international cooperation in health in Costa Rica, which exhibits a positive health indicators, and, since 1996, it is no longer considered a priority country for receiving international cooperation. This has caused cooperation to decrease in over 18%, which is detrimental, since there is both a regional and local gap, among the regions of the country, where the national indicators are not reflected. Therefore, this focus shift in the cooperating factors does not allow supporting the sustainability of the achievements reached, especially in the health sector. Finally, she mentioned the challenges for Costa Rica concerning international cooperation, such as finding new mechanisms to enable the generation of higher cooperation levels, positioning inequalities and disparities among the cooperating factors, proposing the incorporation of new criteria in the resource allocation of international cooperation, maintaining and increasing the achievements reached in the health sector, finding strategic partners to develop triangulation projects, and strengthening the transfer of good public health practices.

52. Néstor Sosa, General Director of the Gorgas Commemorative Institute for Health Studies of Panama made a presentation entitled "Successful Experience in Health Research: Gorgas Commemorative Institute" (SP/XXII-RDCIALC/Di N° 22-11). He mentioned that the Institute, created in 1928, was restructured and reorganized in 2003, through Law 78, which defines it as a public entity of social interest, with legal personality, financial and technical autonomy in its internal regime, subject to the directions of the Executive Organ through the Ministry of Health. The main objective of the Institute is to direct and foster the national research system in health, and to provide reference services in public health, at both national and international levels. He explained that the research lines of the Institute comprise tropical diseases, bacterial and viral diseases, non-transmissible diseases, climate change, innovation and technology, among others. He underscored that the Institute has developed agreements with different universities in Latin America, the United States, and Asia; with the PAHO/WHO; with Venezuela on the research about scorpions, and with Uruguay on viral infections. As for South-South Cooperation, he assured that the Institute has developed a Central American laboratory for HIV and sexually transmitted diseases, as well as a diagnostics centre for measles, and rubella. He affirmed that 75% of the financing for the Gorgas Institute comes from the national budget, and 25% comes from external subsidies, acknowledging the important work and great commitment of the government of Panama which has supported and financed the Institute since it was created. He acknowledged that the institutional budget has been increased by 100%, going from US\$ 3.5 million in 2005 to US\$ 7.7 in 2011. He highlighted that in 2009, after the AH1N1 virus, the Gorgas Institute, together with the Ministry of Health, was able to early detect the virus stock. Finally, he mentioned a study made in 2007 evaluating the ten most diagnosed diseases among the population above

the age of 18 in the country, in which high blood pressure resulted with the highest prevalence with 22%, followed by overweight or obesity with 9.8%, hypercholesterolemia with 8.7% and respiratory diseases with a prevalence of 6%. Finally, he acknowledged the important labour of all the administrative personnel and the human talent, including researchers and technicians, who make the work of the Gorgas Commemorative Institute possible.

53. Evelyn Martínez Cruz, from the Direction of International Relations of the Ministry of Public Health of Cuba, made a presentation entitled "Cuban Experience in Health Cooperation" (SP/XXII-RDCIALC/Di N° 23-11), referring to the beginnings of the Cuban medical aid, which goes back to 1960 with the sending of a brigade to Chile to tend the victims of the earthquake, and then, with the sending of brigades to Algeria in 1963. She mentioned that, in 50 years, Cuba has offered medical assistance to around 108 countries and has made more than 134,849 collaboration works. In 2011, Cuba has made 39,148 collaboration works in 66 countries. The modalities of cooperation vary from integral health programmes, human resource training, and Cuban medical services, to specific programmes such as Operation Miracle, the Henry Reeve Contingent of doctors, and the Special Programme with Venezuela. She also mentioned the cooperation of Cuba is extended to the ALBA, through the activities carried out by the Social Council of ALBA, which are mostly addressed to the disabled, and the study of this issue, for its impact on the Millennium Development Goals, since it is estimated that every year the number of people with moderate or severe disabilities in the world grows by 10 million, and, by 2025, more than 600 million people will have some sort of disability. The study is being conducted in several countries of the ALBA, and, up to now, the number of disabled people has been established at around 1.2 million. Finally, she mentioned the triangular cooperation executed by Cuba, the South-South cooperation actions, and the perspectives of the Cuban cooperation in health.

54. Upon concluding this set of presentations, the moderator opened the debate and gave the floor to the participants.

55. The Mexican delegate acknowledged the effort of SELA in its interest for developing integration and cooperation actions among the Latin American and Caribbean countries in the battle against poverty and social exclusion, as well as initiatives for incorporating aspects concerning public health as one of the essential strategic areas for fostering social development, in collaboration with other social organizations working to foster health in the region. In that sense, the Secretariat of Health of Health was pleased with the incorporation of the "integration, cooperation and convergence for health in Latin America and the Caribbean" in the XXII Meeting International Cooperation Director for Latin America and the Caribbean", since that forum enables to consolidate the regional and sub-regional efforts for improving access to health in our populations. For that reason, he pointed out that it is pertinent to maintain and foster the agreements and recommendations established in the "Regional Consultation Meeting: Integration and Convergence for Health in Latin America and the Caribbean", held at the headquarters of SELA in Caracas, in July 2010, where the parameters of action for this matter were established and the need for generating synergies between the different regional and sub-regional cooperation mechanisms was expressed, in order to avoid duplicity and dispersion of the regional efforts for the fostering of these actions in the health sector. He mentioned that is required to provide timely follow-up to the established works in order to progress and comply with the health regional agreements subscribed. Mexico has expressed its total commitment to foster collaboration actions and to make the most of the existing cooperation frameworks within the different integration processes in the region, with the purpose of finding concrete and coordinated proposals for the benefit of

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the region. For that reason, he pointed out that the Secretariat of Health of Mexico urges the region to work jointly and with the institutional support and guidance of the Pan American Health Organization (PAHO), the Organization of American States (OAS) the Economic Commission for Latin America and the Caribbean (ECLAC) and other regional and sub-regional mechanisms, and international organizations, in order to articulate the strategies seeking to improve the health sector enabling to reach the social development objectives and goals. This will allow the concretion of cooperation efforts for developing more efficient actions aimed at improving the health systems while understanding the different contexts and challenges affecting each country, in order to work on specific needs that positively transcend in the region. He also mentioned that Mexico is making national efforts with the strong purpose of progressing towards schemes of strategic cooperation, such as the concept mapping on intellectual property and public health that is being developed in collaboration with the PAHO to link the works in the public sector with the academic world, a project including the participation of several authorities of the Secretariat of Health, which is closely linked to the research and development activities for the access to medicines. Additionally, he mentioned that Mexico, with a strong commitment to the multilateral and regional cooperation mechanisms to which it belongs, considers that the aspects seeking to improve the access of the population to sanitary attention is of great importance. In that sense, one of the most important projects of the Presidency of the Republic in the field of health is the integration of the health system, which comprises universal coverage so that all Mexican citizens are granted access to health services regardless of their employment status. In that same sense, and as part of the activities to consolidate the integration and cooperation actions against poverty and social exclusion in the strategic area of health, the use of information and communication technologies has been considered, particularly, the use of Telesalud. Therefore, the Secretariat of Health, through the 2007-2012 Action Programme in Telesalud, aims at strengthening the access to health care services, as well as the provision of such services, by developing and integrating a national system of Telesalud which promotes quality and effectiveness in health care attentions. He also acknowledged the work of the Ibero-American Network of Human Milk Banks. Even though Mexico is not part of such network, the country works closely in tandem with Brazil; therefore, the willingness of Mexico to joint this effort. He ratified that Mexico is completely willing to work closely, both regionally and sub-regionally, with the purpose of achieving integration, cooperation, and convergence in health to grant an equitable and quality access to all the peoples of America. For that reason, he found this Forum an opportunity for international cooperation to be translated into effective actions.

56. The delegate of the Pan American Health Organization thanked the speakers for the presentations made during the sessions. She also thanked the delegate of Mexico for providing an important overview of the regional and sub-regional integration efforts that have been developed in the different countries of the region. She recalled that the study presented by the PAHO is based on the identification of the sources of financial aid. She underscored that the acknowledgment of the technical cooperation flows in the region is essential for identifying cooperation agreements, and, in that sense, she acknowledged the efforts made by SELA in the organization of the "Regional Workshop on Funds and Instruments for Financing South-South Cooperation Projects in Latin America and the Caribbean" (Mexico City, 28 and 29 July 2011), and she highlighted the importance of this kind of activities. Similarly, she acknowledged the efforts of the Ibero-American Programme for the Strengthening of South-South Cooperation; nevertheless, she assured there is still much to be done in the region. She ratified that the role of the international institutions is fundamental for the systematization of all the existing information on cooperation, and she insisted on the willingness of the PAHO to cooperate in different activities concerning this matter.

57. The delegate of UNICEF congratulated all the speakers for such interesting presentations and admitted that there is still an enormous challenge to systematize all the available information on cooperation. In this sense, he requested SELA to illustrate or identify in its final report the great disparities of the region to better adjust the allocation of resources. He underscored the need to learn from the regional experiences and processes in order to systematize and progress in cooperation, and also to later replicate the experiences in other regions, such as Asia or Africa.

58. The delegate of Panama thanked all the speakers for their presentations and again extended a warm welcome to Panama. She assured that the government of Panama is proud to be the host of this regional meeting, and she insisted on the importance of such events in providing a much wider scope on the cooperation for health, an area showing inequalities in access among the different countries. She underscored the importance of knowing how to identify the areas in which every country can participate and cooperate, by presenting their offers and requests to guarantee that the programmes to be implemented are not imposed, but based on the strengths and limitations of every government, hence developing much more effective initiatives.

59. The representative of CARICOM thanked all the speakers for their presentations, and particularly referred to the presentation made by the delegate of Ecuador, congratulating him for the excellent explanation he offered on technical cooperation, its functioning, results, and organization in Ecuador. Similarly, she commented on the presentation made by the delegate of Brazil, to whom she posed questions about the possibilities of strengthening the ties between the South American Health Network of UNASUR (REDESSUL-ORIS) and the Caribbean Community.

60. The representative of Brazil underscored that in some of the reports prepared by multilateral institutions, the successful experiences of Latin America and the Caribbean are not included, or they are insufficiently explained. Since there are many successful cooperation experiences in the region these reports should include, a greater articulation is required in order to promote the enriching experiences existing in Latin America and the Caribbean. Additionally, he acknowledged the importance of the South-South Cooperation and Triangular Cooperation, mentioning that in several cases the latter has been reached with the participation of three Southern States, which represents a significant change in the traditional practice. He pointed out that, since 2009, several efforts have been made in Brazil to identify and systematize all the cooperation efforts. He mentioned that the Brazilian Agency for Cooperation (ABC) has tried to collect the existing information concerning investments in cooperation. He acknowledged that monitoring the cooperation projects and programmes is extremely relevant, since monitoring and assessment are not common practices in the region yet. Finally, answering the question of the delegate of CARICOM, he mentioned that although REDESSUL-ORIS was created as an inherently South American concept, now the challenge is to approach other integration schemes, and to share the need identification processes, and in that way achieving the articulation with all schemes. He announced that the Government of Brazil is holding the "South American Forum for the International Cooperation in Health", organized by REDESSUL-ORIS, in Rio de Janeiro, from 23-25 November, and he invited all the participants to attend that important event. Finally, he urged SELA and the institutions attending this meeting to continue working for the articulation of Latin America and the Caribbean.

61. The representative of Colombia mentioned that issue of health cooperation does not have any boundaries. She acknowledged that this kind of forums enables sharing

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experiences, and facilitates exchanging cooperation offers and requests. She also pointed out that in some cases the internal processes of the public administration can cause important cooperation initiatives to be delayed. For that reason, it is necessary to work in dynamizing and improving the cooperation management within public entities.

62. The representative of Costa Rica thanked the organizers of the event for providing this space for participation, and she suggested that the recommendations derived from this meeting were elevated to ministerial rank in all the participant States. She ratified the importance of monitoring and assessing the projects and programmes that are implemented, and she called for the concretion of the recommendations derived from this forum.

63. The representative of Panama thanked the organizers of the event for the opportunity provided to present the good practices of the Gorgas Commemorative Institute for Health Studies, and he ratified the willingness of the Government of Panama and, especially, of the Institute, to continue fostering cooperation.

64. The representative of Cuba also thanked the Government of Panama and the Permanent Secretariat of SELA for organizing the event, and congratulated Brazil for organizing the "REDESSUL-ORIS South American Forum for the International Cooperation in Health", to be held from 21 to 23 November in Brazil. She also expressed that she hopes this initiative from UNASUR is integrated with other networks and experiences of the region.

65. The representative of Ecuador acknowledged the importance of having an agenda for the cooperation in health, avoiding duplicity and dispersion of efforts and resources. He underlined the importance of continuing with the efforts for identifying the strengths and weaknesses of States and regional and international institutions, in order to gather the offers and requests of the region, which will enable international cooperation, as well as South-South Cooperation, and Triangular cooperation to become more dynamic.

66. The moderator thanked all the delegates and participants for the concepts transmitted and the presentations made during the debate.

67. Session IV: Exchange of information on the needs for cooperation in the area of health among the representatives of the Member States of SELA.

68. Session V: Progress in e-Health and Telemedicine cooperation in Latin America and the Caribbean. This session was moderated by Saadia Sánchez Vegas, Director of the Information and Knowledge Network of the Latin American and Caribbean Economic System (SELA), who gave the floor to the participants after making a presentation of the topic.

69. Eric Chong, Radiologist at the Children's Hospital of the Republic of Panama, made a presentation entitled "Telemedicine in Border Areas in the Andean Countries" (SP/XXII-RDCIALC/Di N° 24-11). He underscored that in Panama, a country with a population of nearly 3 million people, Telemedicine was created out of the growing necessity of providing solutions for the problems in health care coverage. He assured that since 1999 several programmes for Telemedicine have been developed, among them he highlighted the programme "Telemedicine based on the Web", the "South-South Cooperation Project in Telemedicine", the "Prison Telemedicine Project", the "Rural Telemedicine Project", and the "Teleradiology Project". He affirmed that telecommunication networks, and specifically Internet access, are the pillars of Telemedicine, since they allow the distribution of diagnostic images and the comparative

assessment of medical tests. He acknowledged that the main goals of Telemedicine are translated in providing health care services of higher quality, improving specialized health care services in areas with no coverage, reducing patient waiting time, minimizing the social impact for the patient in terms of the cost and translation required to access proper medical attention, as well as improving medical equipment and technology, ameliorating the quality of working conditions, and cutting healthcare costs. He mentioned more than 22 hospitals nationwide where Telemedicine projects have been implemented, and he assured that Panama has gained a rich experience in Teleradiology through the Radiology Information System (RIS), which is oriented to the optimization of the work flow of the department of radiology.

70. Ricardo Cañizares Fuentes, Deputy Secretary of the Hipólito Unanue Agreement, made a presentation entitled "Telemedicine in Border Areas in the Andean Countries" (SP/XXII-RDCIALC/Di N° 25-11), in which he presented the general criteria guiding the policies on Telemedicine and TeleHealth that make it possible to guarantee the principles of equity, quality, and efficiency of the system in the public health network, and represent a useful tool for reducing disparities and improving access to health care services. He explained the functioning of the telemedicine system and the principles of universal access and coverage, equity, efficiency and quality, which represent the cornerstone of the system. Immediately, he presented some of the experiences in telemedicine in the Andean region, such as the pilot project for voice and data communications networks in the border area between Peru and Ecuador, and the rural telemedicine network in the basin of the Putumayo River, detailing the objectives of these projects, their functioning, results and lessons learned, and listing some advantages and disadvantages of telemedicine. Among the advantages he underscored that the use of telemedicine is becoming more common, not only for transmitting data and images, but for controlling and monitoring contagious diseases, which enables to avoid trips to the hospital, reduce the costs for the patients and the service providers, improve access to specialized treatment in isolated areas where health care assistance is difficult, reduce waiting lists to access services (i.e. radiology, medical images analysis, etc.), optimize the availability of specialized professionals in rural areas or at national level, as well as to provide continuous updates for the professionals working in rural areas, the use of technology for academic purposes, among others. Finally, to conclude his presentation, he pointed that telemedicine and telehealth represent an important strategy for the Andean integration in Health, and they are also a tool for ensuring equity in the access to specialized and quality health care services, in which universities play a fundamental role.

71. Gloria Maduro, Chief Executive of CAF-Development Bank of Latin America, made a presentation entitled "Investing to Improve the Quality of Life" (SP/ XXII-RDCIALC/Di N° 26-11). She assured that CAF, committed to poverty and inequality reduction in the region, has incorporated social development through different lines of action. She underscored that social sustainability has become one of its fields of action, by fostering the development of initiatives contributing to improving the quality of life of at-risk population. She mentioned the "Social Action through ICTs Programme" as one of the initiatives. Such programme includes three aspects, ICTs for Education, ICTs for economic inclusion and ICTs for health. She assured that the CAF fosters health, through infrastructure hospital works, and supports national innovation and health plans with social inclusion through telemedicine. She underscored the importance of telemedicine, since it surpasses geographical barriers, connecting one or two medical doctors and a patient, and increasing the amount information shared. She highlighted that, thanks to this initiative, in Ecuador, more than 15,000 women working in agriculture have been instructed in preventive medicine to increase their productivity, whereas, in Venezuela, around 2,000 people from distant indigenous communities have been assisted. Among

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the benefits of telemedicine, she underscored the access of specialized medical practitioners to a bigger number of patients, reduction of hospital overcrowding, reduction in waiting time and transportation costs for patients, attention to patients coming from unassisted geographical areas, faster diagnosis, and improvement of the quality of health care services, etc. Finally, she acknowledged that telemedicine optimizes and broadens medical attention, offers patients the possibility of treating their cases from their places of origin, decreasing the need to stay in urban centres in search of specialized health care, and grants access to a second opinion from specialized medical practitioners accredited to the most important health care centres in the country and abroad.

72. Andrés Fernández, Expert from the Social Development Division of the Economic Commission for Latin America and the Caribbean (ECLAC), made a presentation entitled "Advances in the cooperation for e-Health and Telemedicine in Latin America and the Caribbean" (SP/XXII-RDCIALC/Di N° 27-11). As an introduction, he mentioned that there are four elements to be considered concerning this matter: i) the growing call made by the health authorities of Latin America and the Caribbean for incorporating ICT in that sector; ii) the important institutional advances made through the development of national funded plans for that field of action; iii) the different denominations used in the international cooperation agendas to refer to electronic health (information society/social inclusion/ electronic government); and iv) the key role of the leadership of national health authorities. Additionally, he pointed out that there are at least 8 dimensions in which ICTs in health have a high potentiality and impact on the society and the economy, which are associated with: accessibility, effectiveness, quality, security, knowledge generation, economic impact, and cooperation and integration. Each of these dimensions is related with different fields of application: prevention, diagnosis, treatment, monitoring, health education, services management, and electronic commerce in the health sector. He mentioned that in the ICT projects in health cooperation there are at least three constants as concrete achievements of these initiatives: they foster access to health with equality and social inclusion; they enable the integration of epidemiological surveillance systems; and they promote human resources training. Furthermore, he detailed three relevant initiatives that are being carried out in the region: the initiative of the PAHO through its regional strategy and action plan; the initiative of Brazil-IDB to generate regional protocols for public policies in telehealth; and the contributions of the ECLAC through @LIS2.

73. Saadia Sánchez Vegas, Director of the Information and Knowledge Network of the Latin American and Caribbean Economic System (SELA), made a presentation entitled "SELA: e-Health and Telemedicine" (SP/XXII-RDCIALC/Di N° 28-11), in which the general objective and the specific objectives of the Project "Integration and Convergence for Health in Latin America and the Caribbean" (INCOSALC) were presented in detail. The project was adopted through Decision No. 512 of the Latin American Council of SELA in its Ordinary Meeting in 2009. The specific objectives of this Project are aimed at contributing to regional dialogue, beginning with the exchange of experiences and good practices related to the use of ICTs in the rendering of health care services, with a particular emphasis on innovation, new tools, interoperability, harmonization, and standards, within the framework of the regional integration processes in Latin America and the Caribbean. Additionally, she listed all the activities carried out in the context of that Project, as well as the documents and contributions made by the regional and international institutions, and the delegates of the Member States of SELA, which are available on the website of SELA. Furthermore, she presented the main conclusions and recommendations derived from the different meetings organized by the Permanent Secretariat of SELA on the matter.

74. The moderator thanked the speakers for their presentations and immediately after she gave the floor to the participants.

75. The delegate of Mexico noted that his country is making a systematic effort towards the development and execution of projects on telemedicine, based on the importance of ICTs and the impact of such technologies on health and on the provision of health care services.

76. The moderator thanked the delegate of Mexico for his presentation, and gave the floor to Antonio Romero, Director of Relations for Integration and Cooperation of SELA, who thanked the speakers for their presentations, and the delegations for participating in the debates. Then, he informed that all the presentations, documents, and contributions, concerning both the Member States and the regional and international institutions, are available on the website of SELA, and he proceeded to read the draft document for the conclusions and recommendations, prepared by the Permanent Secretariat, in collaboration with the Government of Panama. The document intends to reflect the main non-binding agreements and consensus reached during the deliberations. Moreover, he informed that this approved document on conclusions and recommendations will be sent to all the participants, once the meeting is finished, and that they will have a 10-day period to send to the Permanent Secretariat any additional information or modification to be included in the text, before it is definitely published in the final report of the meeting, which will also be sent to every participant.

77. The representative of Belize, Ambassador Adalbert Tucker, took the floor and thanked the Government of Panama, the Permanent Secretariat of SELA, and the Presidency of the Group of 77 for the invitation, and he ratified the proposal of the Government of Belize for hosting the "XXIII Meeting of International Cooperation Directors for Latin America and the Caribbean", whose central topic will be "Cooperation for Agriculture and Food Sovereignty in Latin America and the Caribbean". That regional meeting is expected to be held between June and September 2012, with the support of different institutions specialized on this matter, such as the Food and Agriculture Organization of the United Nations (FAO), the World Food Programme (WFP), the Inter-American Institute for Cooperation on Agriculture (IICA), and the International Fund for Agricultural Development (IFAD), among others, and the participation of the regional and sub-regional specialized authorities in agriculture, and food and nutrition security.

78. The agenda and the informative and support documents presented by the Permanent Secretariat, together with the presentations made by the representatives from regional and international institutions and the Member States, are available on SELA's Web site (<http://www.sela.org>).

79. Based on the presentations and debates carried out in the framework of this Regional Meeting, the delegations of the Member States of SELA and the international, regional, and subregional institutions adopted the following conclusions and recommendations:

B. CONCLUSIONS AND RECOMMENDATIONS

1. The "XXII Meeting of International Cooperation Directors for Latin America and the Caribbean: Integration, Cooperation and Convergence for Health in Latin America and the Caribbean," organized by the Permanent Secretariat of the Latin American and Caribbean Economic System (SELA), the Government of Panama, through the Ministry of Economy and Finance (MEF) and the Ministry of Health (MINSa), and the Perez Guerrero Trust Fund (PGTF) of the Group of 77 (G-77), was held on 29 and 30 September 2011 in Panama City.

2. Participants took note of the various informative documents prepared by the Permanent Secretariat of SELA about the social dimension of integration and the base documents and reports of meetings on integration, cooperation and convergence in the areas of health, e-health and telemedicine, as well as other support documents and contributions made during the Regional Meeting by Member States and regional, subregional and international organizations.

3. In addition, participants recognized and appreciated the presentations made by representatives of subregional, regional and international organizations, institutions specializing in health in regional and subregional integration and cooperation schemes, bodies of the United Nations system, and representatives of international cooperation agencies and offices and health ministries of Member States of SELA. These presentations highlighted the progress and experiences being reported in the region in the areas of health, e-Health and telemedicine.

4. During the exchange of views and discussions on integration, cooperation and convergence for health in Latin America and the Caribbean, participants highlighted the following aspects:

- a) Access to health services must be primarily understood as a fundamental human right. Therefore, health development and policies represent a priority for the governments in the region due to particularly their direct impact on the well-being of the most vulnerable sectors of society. Therefore, all possible measures must be taken to prevent the current global financial and economic crisis from leading to setbacks in the achievements made by the region, considering the limitations it confronts – in some cases – to comply with the Millennium Development Goals in the area of health.
- b) The agencies, programmes and funds of the United Nations system, as well as other multilateral and international organizations, are developing important initiatives in Latin America and the Caribbean in the area of health, which should be more effectively disclosed and spread, particularly among national health authorities, and regional and subregional integration and cooperation organizations.
- c) However, it is necessary to continue promoting South-South Cooperation and Triangular Cooperation actions in the areas of health, e-Health and telemedicine, among other priority issues within this sector. As part of such actions, a boost should be given to health projects and centres of excellence in the region and to exercises as regards offers and requests for cooperation that could be developed among Latin American and Caribbean countries, with the support of specialized institutions in regional and subregional cooperation and integration schemes.

- d) In this connection, it is necessary to reiterate the special features of South-South Cooperation and Triangular Cooperation projects being implemented in Latin America and the Caribbean, and the basic principles of solidarity, complementarity, equality, non-conditionality and respect for sovereignty, which differ from those of the traditional Official Development Assistance.
- e) Participants recognized that it is important for international organizations and cooperation agencies to incorporate into their practices the notion of horizontal cooperation, understood as an attitude of deep respect for the countries' national priorities and strategic plans, according to which the cooperation agenda and all of its stages should be defined on the basis of mutual agreement between cooperating and recipient countries.
- f) It is imperative to continue strengthening the regional and subregional entities specializing in health that have been created within the framework of regional and subregional integration and cooperation schemes in Latin America and the Caribbean, as well as national authorities and institutions responsible for the design and implementation of health policies.
- g) The region has strong integration and cooperation institutions with technical and financial bodies, as well as national projects and centres of excellence, which would be able to promote more effectively and efficiently South-South Cooperation and Triangular Cooperation for the development of health in our countries, based on a strong commitment and political will by regional governments and institutions.
- h) Therefore, it is necessary to continue with coordination actions among all subregional, regional and international stakeholders carrying out cooperation activities in the area of health, in order to avoid duplication of efforts, lack of schedule coordination, as well as waste of time and resources.
- i) Regardless of the importance of international cooperation as a complement to national policies and programmes for developing the health sector, it is imperative for each country to strive in order to increase public investment in health and make it more efficient. In addition, public investment should include the risk variable and take in the current indexes and indicators to protect the health infrastructure, so that it can continue operations in critical moments of an emergency or disaster.
- j) Participants reiterated the importance and validity of the Millennium Development Goals, especially those related to reducing child mortality, improving maternal health, and fighting HIV/AIDS, malaria and other diseases. They also acknowledged the various initiatives undertaken in the region in the area of South-South Cooperation (Horizontal Cooperation) by the national focal points for cooperation, regional and subregional groups, and institutions specializing in the area of health. Among such initiatives, special recognition was made of the Ibero-American Programme "Support to Human Milk Banks".
- k) Participants recognized that Latin America and the Caribbean is an extremely rich region in terms of experiences as regards cooperation, and that it is necessary to have more spaces to disseminate information about those experiences, which

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can be very useful for other regions. Such is the case of Brazil's experiences with human milk banks, HIV/AIDS, sickle cell disease, and health systems.

- l) Emphasis was made on the role of regional and subregional integration mechanisms in following up on commitments made as regards HIV/AIDS and the need to intensify cooperation efforts as well as multisectoral responses and approaches to make progress in the fight against HIV/AIDS.
- m) The current global financial and economic crisis is affecting the availability of resources and budgets for cooperation programmes. This should lead to rethinking ways to make cooperation more innovative, dynamic and participatory, by incorporating other cooperation actors – local governments, private sector and civil society organizations, among others – and to improve coordination and communication among regional and international organizations in order to make a more efficient use of scarce resources.
- n) In view of the economic and financial crisis that has affected aid flows, the delegates reiterated the need to propose innovative mechanisms and strategies based on the principles of sustainability and institutionality, as well as an assessment of results for continuing cooperation.
- o) Participants recognized that there are great inequalities in Latin America and the Caribbean which are not reflected in the national indicators showing that most nations in the region are middle-income countries. In this connection, the countries should coordinate their efforts to have a greater impact in defining criteria to allocate resources for international cooperation.
- p) Participants underscored that even though many countries in the region have made significant progress as regards health and poverty reduction, there are still many challenges ahead. For this reason, participants reiterated that it is important not to decrease cooperation but to maintain it, especially towards those countries that have made significant efforts to comply with the Millennium Development Goals.
- q) Participants recognized the importance for international cooperation to allocate a substantial part of resources to the transfer of successful experiences among countries, so that both the transferring and the recipient countries can benefit from such exchange – thereby enhancing cooperation opportunities for middle-income countries, while strengthening institutions in relatively lower-income countries.
- r) The presentations made by the focal points in charge of international cooperation and the health ministries of the Member States of SELA highlighted the achievements and the diversity of initiatives for South-South and triangular cooperation being developed in the region, as well as the need to systematize, organize and spread information about successful experiences and best practices.
- s) A recommendation was made to develop the various applications of Information and Communication Technologies (ICTs) in the area of health, particularly e-Health and telemedicine, and make some headway as regards interconnectivity.

- t) The countries of the region have implemented a broad variety of telehealth projects. Some of those projects have become models of best practices. However, many of them operate only while receiving funding – often from private sources – which makes it absolutely necessary to design and implement public policies to guarantee the validity of such projects and to take advantage of the potentials in Latin American and Caribbean countries.
- u) The delegate of Brazil, in his capacity as representative of the Network of Offices of International Relations and Cooperation for Health (REDSSUR-ORIS), extended a kind invitation to all the participants to attend the “First South American Forum on International Cooperation for Health”, to be held in Rio de Janeiro, Brazil, from 23 to 25 November 2011.
- v) Participants underscored the importance of informing about the agreements and consensuses reached to the Secretariats of the main forums on health operating in the region, so that they may consider the possibility submit them for consideration of health authorities and the international community, as inputs to contribute to the debates on international cooperation for this sector.

RECOMMENDATIONS

1. Participants recognized the need to continue working to reduce inequalities in the area of health in Latin America and the Caribbean, through coordinated action by various economic and social sectors and with the support of the regional integration and cooperation organizations, by strengthening spaces for inter-sectoral and inter-agency dialogue to promote policies, measures and actions aimed at improving access to essential health care goods and services for the most vulnerable sectors of the population.
2. Emphasis was made on the importance of providing further support and collaboration to regional and subregional integration and cooperation organizations, and to the institutions created within the context of mechanisms for health, while continuing to strengthen actions for their coordination and convergence.
3. Participants recognized that it is advisable to make progress as regards the exchange of offers and requests for Horizontal Cooperation and South-South Cooperation in the area of health, particularly by exchanging and spreading information about directories of national projects and centres of excellence, as well as databases of offers and requests for cooperation. The Permanent Secretariat will support such dissemination process through the information and outreach resources being used for systematization and compilation of opportunities for regional cooperation among its Member States.
4. Expressing their interest, participants made a recommendation for the Permanent Secretariat – in coordination with regional and subregional institutions specialized in health – to continue developing initiatives and conducting regional meetings, in accordance with the provisions of Decision 512 of the Latin American Council establishing the Programme “Integration and Convergence for Health in Latin America and the Caribbean” (INCOSALC).
5. Similarly, participants recommended to promote public policies in the areas of e-health and telemedicine, as an active part of National Health Systems. In this regard, it is necessary to clearly identify funding sources in order to ensure sustainability of those

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projects and services, and to quantify all the costs involved in designing, implementing and supporting e-Health and Telemedicine programmes.

6. Participants expressed their heartfelt gratitude to the authorities of the Government of Belize, which will host the next XXIII Meeting of International Cooperation Directors for Latin America and the Caribbean in 2012, whose central topic will be “Cooperation for agriculture and food security in Latin America and the Caribbean.”

7. The delegations congratulated the Government of Panama – particularly the Ministry of Economy and Finance and the Ministry of Health – for their hospitality and cooperation, as well as the Permanent Secretariat of SELA and the Perez-Guerrero Trust Fund (PGTF) of the Group of 77 (G-77) for organizing this Regional Meeting.

Once the conclusions and recommendations were presented, participants proceeded to the closing session.

C. CLOSING SESSION

In the closing session, speeches were delivered by Dr. Serafín Sánchez, Vice-Minister of Health of the Republic of Panama, Ambassador José Rivera Banuet, Permanent Secretary of the Latin American and Caribbean System (SELA), and Ms. Aida María Arias, General Secretary of the Ministry of Economy and Finance of the Republic of Panama.

Doctor Serafín Sánchez, Vice-Minister of Health of the Republic of Panama, expressed his satisfaction to all the delegates from the different governments and international, regional, and subregional institutions for participating in this event and for creating a space for sharing different successful experiences in health during two days of hard work, such as the exchange of some of the lessons learned from the implementation of different experiences. He mentioned that the expression “In union lies strength”, depicts what the nations grouped in the existing regional institutions experienced by participating in this event, presenting their work, and achievements. He assured that the support received when common interests are integrated and converged is undisputable and that the final goal is to improve the health of the population of our countries. He mentioned that, under this principle, all the experiences presented are useful, provided that there is political will in our countries for finding the best opportunities, emulating them, adapting them or complementing them with the own experiences we have already started internally. He expressed that all these experiences are useful for continuing moving towards our common interests in health, avoiding the duplicity of actions which can be overwhelming, exhausting, inefficient, and ineffective for our population. He acknowledged that the resources available for the countries are scarce and will be even scarcer than the needs. Therefore, it is necessary to plan the actions aimed at improving the health of our people. He pointed out that that battle demands formally articulated mechanisms that can ensure the sustainability of the actions undertaken, and that one of the biggest achievements of this kind of meetings is the fact that they enable us to exchange our activities and experiences. He also underscored that such experiences, and especially their results, should be disclosed more often. Finally, he thanked SELA, for providing the space and the opportunity for celebrating this event, and he expressed his willingness to continue to support this kind of initiatives.

Immediately after, Ambassador José Rivera Banuet, Permanent Secretary of the Latin American Economic System (SELA), took the floor and thanked the Member States of SELA and the regional and international institutions for participating and contributing in this Regional Meeting. Additionally, he ratified his special acknowledgement to the

Government of Panama, and especially to the Ministry of Economy and Finance, and the Ministry of Health, for supporting and contributing to the organization of this regional meeting, which dealt with a transcendental topic such as integration, cooperation, and convergence in health in Latin America and the Caribbean. Rivera specially acknowledged the Group of 77, China, and the Perez-Guerrero Trust Fund (PGTF), as well as the UNDP Special Unit for South-South Cooperation, for the support given to the meetings of international cooperation directors in Latin America and the Caribbean throughout the years.

Then, Rivera thanked the Government of Belize for its kind offer to host the "XXIII Meeting of International Cooperation Directors for Latin America and the Caribbean", to be held around June and September 2012, and whose central topic will be "Cooperation for Agriculture and Food Sovereignty in Latin America and the Caribbean". The meeting is expected to have the valuable support of the G77 Perez-Guerrero Trust Fund (PGTF) and China, as well as other specialized regional and international institutions.

Finally, the General Secretary of the Ministry of Economy and Finance of the Republic of Panama, Aida María Arias, on behalf of the Minister of Economy and Finance of the Republic of Panama, thanked all the sponsors of the event for their efforts in organizing this regional meeting, as well as all the participants for attending this event.

Agenda

**XXII MEETING OF INTERNATIONAL COOPERATION DIRECTORS
FOR LATIN AMERICA AND THE CARIBBEAN**

**“INTEGRATION, COOPERATION AND CONVERGENCE FOR HEALTH
IN LATIN AMERICA AND THE CARIBBEAN”**

29 and 30 September 2011. Panama City, Panama
Address: Marriot Hotel. Calle 52 y Ricardo Arias, Área Bancaria. Panama City, Panama

Objectives: i) Offer an overview of the policies and initiatives being carried out by the countries of the region in the area of health, and the role played by the regional and subregional integration mechanisms in strengthening the aforementioned cooperation; ii) Systematize and disseminate information on successful cooperation cases in the area of health, within the region and at the inter-regional level; iii) Identify and exchange information on triangulation opportunities for South-South Cooperation on health offered by the bilateral and multilateral development agencies; iv) Promote the exchange of cooperation opportunities in the area of health among SELA Member States; and v) review the progress made as regards regional and subregional integration and cooperation in the areas of e-Health and telemedicine.

Thursday, 29 September 2011

Morning

08:00 – 09:00 **Registration**

09:00 – 10:00 **Opening Session**

Speech by Her Excellency Kenia Zambrano de Jaén, Vice-Minister of Health of the Republic of Panama

Speech by His Excellency, Ambassador José Rivera Banuet, Permanent Secretary of the Latin American and Caribbean Economic System (SELA)

Speech by His Excellency, Ambassador Jorge Argüello, Permanent Representative of the Mission of the Argentine Republic to the United Nations and Chairman of the Group of 77

Speech by His Excellency Mahesh Khemlani, Vice-Minister of Finance of the Republic of Panama

10:00 – 10:15 Coffee break

10:15 – 10:45 **Introductory Session: Integration, Cooperation and Convergence for health in Latin America and the Caribbean: Assessment of the activities carried out by SELA**

Antonio Romero, Director of Relations for Integration and Cooperation of the Latin American and Caribbean Economic System (SELA)

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10:45– 12:30

Session I: Integration, Cooperation and Convergence for health in Latin America and the Caribbean: Experiences and views of international health organizations in Latin America and the Caribbean**Moderator:** Dr. Antonio Romero, Director of Relations for Integration and Cooperation of the Latin American and Caribbean Economic System (SELA)

- Pan American Health Organization (PAHO). Rebecca de los Rios, Senior Advisor External Relations, Resource Mobilization and Partnerships
- Inter-American Development Bank (IDB). Alejandro de la Torre, IDB Specialist in Health in Panama
- United Nations International Strategy for Disaster Reduction (ISDR) – Safe Hospitals, Ricardo Mena, Head of the Regional Office for Latin America and the Caribbean
- Ibero-American General Secretariat (SEGIB) – Ibero-American Programme “Support to Human Milk Banks” (IBERBLH), Doris Osterlof, Director, Director of the Representation Office for Central America and Haiti
- United Nations Children’s Fund (UNICEF). Enrique Paz, Regional Health and Nutrition Adviser, Regional Office for the Americas and the Caribbean
- Joint United Nations Programme on HIV/AIDS (UNAIDS). César Antonio Núñez, Regional Director
- Economic Commission for Latin America and the Caribbean (ECLAC). Andrés Fernández, Expert of the Social Development Division

12:30 – 1:00

Debate

1:00 – 2:30

Free time for lunch

Afternoon

2:30

Session II: Integration, Cooperation and Convergence for health in Latin America and the Caribbean: Perspective of regional and subregional integration schemes**Moderator:** Lizbeth de Benítez, representative of the Ministry of Health (MINSAs) of the Government of Panama

- Union of South American Nations (UNASUR): Jorge Enrique Venegas, Minister of Public Health, Highest Authority of the South American Council of Health

- Andean Community (CAN): Caroline Chang, Executive Secretary of the Andean Health Organization – “Hipólito Unanue” Agreement
- Central American Integration System (SICA). Rolando Hernández, Executive Secretary of the Council of Ministers of Health of Central America (COMISCA)
- Caribbean Community (CARICOM): Juliette Bynoe-Sutherland, Director of the Pan Caribbean Partnership against HIV and AIDS
- Bolivarian Alliance for the Peoples of the Americas – People’s Trade Agreement (ALBA-PTA): Amenothepe Zambrano, Permanent Coordinator

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| 4:00 – 4:15 | Coffee break |
| 4:15 – 5:00 | Debate |
| 7:00 | Dinner |

Friday, 30 September 2011

Morning

08:30- 11:00

Session III: Integration, Cooperation and Convergence for health in Latin America and the Caribbean: Successful national experiences

Moderator: Evelyn González, Director a.i. of International Technical Cooperation of the Ministry of Economy and Finance of the Government of Panama

- South American Region:
 - Uruguay: Jorge Enrique Venegas, Minister of Public Health, Ministry of Public Health
 - Brazil: Mauro Teixeira de Figueiredo, Head of Projects of the Ministry of Health
- Andean Region:
 - Colombia: Gloria Beatriz Gaviria Ramos, Head of the Office of International Relations and Cooperation, Ministry of Social Protection
 - Ecuador: Gabriel Ramirez, Technical Cooperator of the Ministry of Health of Ecuador
- Central American Region:
 - Costa Rica: Maria Rosibel Vargas Gamboa, Head of the Unit of International Affairs in the area of Health. Ministry of Health
 - Panama: Néstor Sosa, Director of the Gorgas Memorial Institute for Health Studies

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- Caribbean Region:
 - Cuba: Evelyn Martínez Cruz, Department of International Relations, Ministry of Public Health

11:00 – 11:15 Coffee break

11:15 – 12:00 Debate

12:00 – 01:00 **Session IV: Exchange of information on the needs for cooperation in the area of health among representatives of SELA Member States**

- Open debate

01:00 – 2:30 Free time for lunch

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| Afternoon |
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2:30 – 4:00 Session V: Progress in e-Health and Telemedicine cooperation in Latin America and the Caribbean

Moderator: Saadia Sánchez Vega, Director of the Digital Information and Knowledge Network of the Latin American and Caribbean Economic System (SELA)

- Eric Chong, Radiologist at the Children's Hospital of the Republic of Panama
- Andean Community (CAN). Ricardo Cañizares Fuentes, Deputy Secretary, Andean Health Organization – “Hipólito Unanue” Agreement
- Development Bank of Latin America (CAF). Gloria Maduro, Chief Executive, Panama Office
- Economic Commission for Latin America and the Caribbean (ECLAC). Andrés Fernández, Expert of the Social Development Division
- Latin American and Caribbean Economic System (SELA). Saadia Sánchez Vega, Director of the Digital Information and Knowledge Network

4:00 – 4:15 Coffee break

4:15 – 5:00

Session VI: Follow-up of the conclusions and recommendations of the last meeting of Cooperation Directors. Venue, date and topic for the XXIII Meeting of International Cooperation Directors for Latin America and the Caribbean

Conclusions and Recommendations

5:00

Closing Session

Speech by His Excellency, Serafín Sánchez, Vice-Minister of Health of the Republic of Panama

Speech by His Excellency, Ambassador José Rivera Banuet, Permanent Secretary of the Latin American and Caribbean Economic System (SELA),

Speech by Aida María Arias, General Secretary of the Ministry of Economy and Finance of the Republic of Panama

**Speech by Her Excellency, Mrs. Kenia Zambrano de Jaén,
Vice-Minister of Health (a.i.) of the Republic of Panama,
at the opening session**

Good morning. On behalf of Health Minister Dr. Franklin Vergara, I would like to welcome you to our country. Dr. Vergara is not with us today because he is attending the 51st Session of the Pan-American Health Organization in his capacity as Chairman of the Board.

I am pleased to address this opening session. Representatives of the diplomatic corps accredited in our country, domestic authorities, representatives of international cooperation agencies, and the International Cooperation Directors for Latin America and the Caribbean are taking part in this XXII Meeting of International Cooperation Directors, focusing on "Integration, Cooperation, and Convergence in Health in Latin America and the Caribbean."

We do appreciate the efforts and support of the Permanent Secretariat of the Latin American and Caribbean Economic System (SELA) and the Government of Panama, particularly the Ministry of Economy and Finance and the Ministry of Health, for making this meeting possible.

We are aware that during the last decade a series of economic, social, and demographic changes have hit people's health in our region. Therefore, we need to establish regional cooperation mechanisms to identify the most successful experiences and likely common points. In this way, we can provide guidelines and support to fight against factors affecting the health sector in Latin America and the Caribbean.

We are to provide an overview of the health initiatives undertaken in our countries by sharing information on the most successful experiences in approaching health problems.

Most importantly, we should find the keys to such successful experiences, for implementation by our countries.

Further, we need to identify cooperation opportunities in bilateral and multilateral development agencies, as well as cooperation opportunities among SELA Member States. In this way, we will gradually close the gaps still existing among and within our countries.

Technological breakthroughs have become a promising tool for cashing in on the coincidences among the countries of the region. This will be one of the topics of greatest interest at this meeting.

This meeting is to identify cooperation opportunities in the most important institutional areas. In this way, our countries will be able to strengthen their social, technological, and economic ties, with a view to developing policies to foster cooperation in international relations in the field of health.

I hope that your stay in our country is both pleasant and very fruitful regarding the issues that we will discuss. Thank you very much.

A N N E X I I I

**Speech by His Excellency, Ambassador José Rivera Banuet,
Permanent Secretary of the Latin American and Caribbean
Economic System (SELA), at the opening session**

Her Excellency Kenia Zambrano de Jaén, acting Vice-Minister of Health of the Republic of Panama;

Mr. Mahesh Khemlani, Vice-Minister of Finance, Ministry of Economy and Finance of the Republic of Panama;

Mr. Jorge Enrique Venegas, Minister of Health of Uruguay and Coordinator of the South American Health Council, Union of South American Nations (UNASUR);

Ambassador Jorge Argüello, Permanent Representative, Permanent Mission of Argentina to the United Nations and Chairman of the Group of 77 and China;

Representatives of Regional and International Organizations;

Ladies and gentlemen:

It is a deep satisfaction for the Permanent Secretariat of the Latin American and Caribbean Economic System (SELA) to welcome you to this "XXII Meeting of International Cooperation Directors for Latin America and the Caribbean," whose central topic is "Integration, Cooperation and Convergence in Health in Latin America and the Caribbean."

This Regional Meeting was co-sponsored by the Government of Panama, particularly the Ministry of Economy and Finance and the Ministry of Health, as well as the Perez-Guerrero Trust Fund (PGTF) of the Group of 77 (G-77). We are very grateful for your support.

During these two days of work and discussions, we will have the opportunity to discuss five key objectives that we have identified as priorities in this meeting:

- i) To provide an overview of the health policies and initiatives in the countries of the region and the role of regional and subregional integration mechanisms in the area of cooperation;
- ii) To systematize and disseminate information on successful cases of health cooperation in the region;
- iii) To exchange information on the opportunities for triangulation in South-South health cooperation provided by bilateral and multilateral development agencies;
- iv) To promote opportunities for health cooperation among the Member States of SELA; and
- v) To review progress in the regional and subregional integration and cooperation bodies regarding e-Health and telemedicine.

In the health sector agenda, there are pending issues that should be prioritized and addressed promptly. Internationally, various forums and summits have recognized this situation and have reached consensus in this area, particularly the Millennium Development Goals (MDG), adopted in 2000.

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In 2000, within the framework of the United Nations Millennium Summit, 192 countries agreed on eight human development priorities and set 2015 as the deadline to achieve these specific and measurable agreements. These goals are:

- i) Eradicate extreme poverty and hunger;
- ii) Achieve universal primary education;
- iii) Promote gender equality and empower women;
- iv) Reduce child mortality;
- v) Improve maternal health;
- vi) Combat HIV/AIDS, malaria and other diseases;
- vii) Ensure environmental sustainability; and
- viii) Promote a global partnership for development.

As you can see, three of the eight Millennium Development Goals are directly related to health:

- Reduce child mortality: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate;
- Improve maternal health: a) Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio; and b) Achieve universal access to reproductive health.
- To fight HIV/AIDS, malaria and other diseases: a) Have halted, by 2015, and begun to reverse the spread of HIV/AIDS; b) Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it; and c) Have halted, by 2015, and begun to reverse the incidence of malaria and other major diseases.

These goals are top priority and most urgent in the region, as approximately 25% of the Latin America and Caribbean population, i.e. some 150 million people, has no regular and timely access to health care.

Additionally, the region's population is aging, and older adults require new services. More than 50 million people in Latin America and the Caribbean are over 60 years old and 30% of them say that their health needs are unmet.

Malnutrition, which is the underlying cause of 50% of deaths of children under five years of age, intensifies the impact of diseases.

Chronic diseases are a major cause of death and disability in the region. They account for more than 60% of all deaths and most of the medical care costs. Regarding diabetes, the estimated cost is U.S. \$ 65 billion -more than 10 times the Official Development Assistance provided to the region.

Furthermore, both people's health problems and the lack of public health services are often exacerbated by environmental degradation and pollution.

The region has also agreed on the need to promote health cooperation and coordination, especially within the regional and sub-regional schemes of integration and cooperation, as these mechanisms can support domestic policies to reduce inequalities in health.

In this connection, in 2009 the Latin American Council adopted Decision No. 512, which launched a project called "Integration and Convergence for Health in Latin America and

the Caribbean (INCOSALC)." INCOSALC has completed various activities in collaboration with the Pan-American Health Organization (PAHO) and the Economic Commission for Latin America and the Caribbean (ECLAC).

SELA has thoroughly assessed the health issue since 2008, particularly within the framework of Regional Meetings and Seminars on the Social Dimension of Integration in Latin America and the Caribbean. All the base papers and final reports related to each of these initiatives are available in the Web site of SELA and the mini-site of this meeting.

With various actors in the region playing an active role, efforts to advance health coordination and cooperation are under way in many areas.

We must be optimistic about the health outlook in the region. Commitment and political will is growing among stakeholders in the region to undertake health as a top priority, most urgent issue.

Last April at SELA headquarters, Dr. Mirta Roses Periago, Director of the Pan-American Health Organization, gave a lecture called "The impact of the crisis on health: New ways of action." She noted that Latin America and the Caribbean have made significant progress in health, as they rank among the best regions in terms of vaccination and have implemented policies to control malaria and tuberculosis.

We are convinced that efforts must continue to maintain and increase public investment in health, deepen South-South cooperation in this sector, strengthen national public health and sanitation institutions, and take advantage of breakthroughs in science and technology. All of these topics are particularly important within the scope of cooperation.

Before concluding, I would like to acknowledge the presence of His Excellency Jorge Enrique Venegas, the Minister of Health of Uruguay and Coordinator of the South American Health Council, the Union of South American Nations (UNASUR), and Ambassador Jorge Argüello, the Permanent Representative of Argentina to the United Nations and Chairman of the Group of 77 and China, and the Perez-Guerrero Trust Fund, an institution that for years has provided crucial support to these meetings of International Cooperation Directors for Latin America and the Caribbean.

Further, I would like to thank all of you for your efforts to attend this Regional Meeting. Again, I want to thank sincerely the Government of Panama, particularly the Ministry of Economy and Finance, and the Ministry of Health, for all their support, interest, and cooperation for holding this regional meeting.

I would like to seize this opportunity to inform you that in 2010 the Government of Belize kindly offered to host the "XXIII Meeting of International Cooperation Directors for Latin America and the Caribbean" to be held in 2012. Belize, together with other Member States, deems it appropriate to address the issue of "Cooperation on Food Security in Latin America and the Caribbean" as the central topic. Therefore, a project called "Strengthening and promoting Latin American and Caribbean cooperation in agriculture and food security" was submitted for consideration by the Perez-Guerrero Trust Fund (PGTF), Group of 77.

The proposed topic is obviously significant, especially because in the last four years we have faced two global food crises. This shows that food security is an unsolved problem and requires urgent attention by the international community. This is therefore a warning for Latin America and the Caribbean countries.

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I hope that these two days of work beginning today will enable us to set up the necessary coordination to further strengthen health integration, cooperation, and convergence in Latin America and the Caribbean, and allow us to continue reinforcing solidarity among our countries.

I wish you every success in this work.

**Speech by His Excellency, Ambassador Jorge Argüello,
Permanent Representative of the Mission of the Argentine Republic
to the United Nations and Chairman of the Group of 77 plus China,
at the opening session**

Her Excellency Vice-Minister of Health of Panama;

His Excellency Vice-Minister of Economy and Finance of the Republic of Panama;

His Excellency Permanent Secretary;

Honourable participants;

Ladies and gentlemen:

I am honoured to address you at this XXII Meeting of International Cooperation Directors for Latin America and the Caribbean.

I would like to thank the Government of Panama, particularly the Ministry of Economy and Finance, and the Ministry of Health, the Permanent Secretariat of SELA, and the Perez-Guerrero Trust Fund, Group of 77, for having organized this important event.

As we all know, almost all of the members of the Latin American and Caribbean Economic System (SELA) are also members of the G-77. All members of SELA share the vision of the Group of 77 and China with regard to South-South Cooperation.

This group comprises middle-income countries, which is unfavourable in the international architecture of development cooperation. Unfortunately for us, the international financial architecture is designed for and in the interest of the member countries of the Organization for Economic Cooperation and Development (OECD), with paradigms antagonistic to the spirit of South-South Cooperation.

My presentation, as Chairman of the Group of 77 and China, intends to reiterate the ideas we share and advocate in other areas and multilateral forums. South-South Cooperation is important in a context of scarce aid to countries like ours. It is a means to achieve the development goals of each of our countries, while meeting the respective national priorities and based on solidarity. This is cooperation with our agenda and without impositions from the North.

As an Argentine, I am proud to say that the initial guidelines of South-South Cooperation were outlined 30 years ago at the United Nations Conference on Technical Cooperation among Developing Countries, held in the capital of my country, Buenos Aires. The meeting outlined an Action Plan that became the political tool to introduce sweeping changes in the criteria guiding the development aid and to put on the agenda the national and collective capacities of developing countries to deploy their growth strategies.

As we all know, South-South Cooperation is an expression of solidarity that has spread rapidly and dynamically because of its effectiveness. It is a vital and important process that serves to meet the challenges of developing countries. It has become the most important contribution to development in recent years.

We believe that South-South cooperation is an effective tool to optimize and promote potential development by mobilizing and sharing resources and experiences in our countries. That is precisely the goal of our meeting today. We think that cooperation is

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essential in the context of globalization, and should be used with determination by developing countries.

The various regional, subregional, and inter-regional mechanisms of the South are playing an important role in promoting South-South Cooperation, including triangular cooperation. Again, this meeting is as an example.

As for health problems, successful completion of health goals as outlined in the Millennium Development Goals depends on the availability of financial resources to build strong health systems, including capacities for research and development of basic sciences, as well infrastructure.

I would like to mention some other examples:

Recently, on 19 and 20 September, the First High Level Meeting on prevention and control of non-transmissible diseases was held at the United Nations General Assembly. This important event stemmed from an initiative of the Caribbean Community (CARICOM), which was submitted to the G-77 plus China. The Group adopted the initiative and boosted negotiations, until the United Nations decided to address the problem of these diseases and their inclusion in the global development agenda.

Non-transmissible diseases, mainly cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes represent a real global epidemic and a major threat to sustainable development. The G-77 and China endorsed the stance of developing countries in negotiations on the Political Declaration adopted at the High Level Meeting, including, for example, the right to full use of flexibilities contained in the Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS), to strengthen public health and ensure universal access of the population to medicines and medical technologies without any restriction on specific diseases.

At the High Level Meeting, the General Assembly recognized the urgent need for further measures at the global, regional, and national levels to prevent and control non-transmissible diseases, in order to contribute to the full realization of people's right to the highest possible standard of physical and mental health. The General Assembly also recognized the fundamental importance of strengthening health systems, including health infrastructure, human resources for health, social protection systems, especially in developing countries, to meet effectively and equitably the health needs of people with non-transmissible diseases.

Another issue that the Group of 77 and China is addressing is aging population. Obviously, this issue has an impact on demand and supply of health care services. Aging is at once a universal and personal experience. Men and women 60 years of age or older are the ones that make up the largest population group in the world. The proportion of older people is growing even faster in developing countries due to the extension of the "life expectancy."

Since the elderly people live longer, their healthcare needs become more complex. Therefore, this involves greater dependence. These needs involve costs that older people cannot always afford adequately. For example, when fees are charged for access to health services, older people without fixed incomes are unable to access these services. In this context, many may fall into a vicious circle where poverty breeds ill health and poor health leads to more poverty. Obviously, this has consequences for health services and the social sector, including increased pressure on both human and financial resources.

Obviously, International cooperation is necessary to overcome this situation. Consequently, since North-South cooperation continues to decrease, the role of South-South and Triangular Cooperation becomes evident and necessary. Therefore, again, a strong partnership among developing countries, with the support of developed countries, will help implement South-South initiatives favouring health in developing countries. Thus, at every meeting we attend, we call for development partners to translate the new dynamism of the South into a force driving the Millennium Development Goals.

Finally, we must continue working from our positions, as we have been doing until now, to put the health sector on the agenda of national policies and national budgets, despite the negative impact of the financial and economic crisis. Such crisis did not ignite at developing countries. It emerged at the heart of the financial world and is hitting all of us.

Before concluding, let me emphasize that one of the biggest concerns we have in the Group of 77 and China is the empirical fact that our development partners are not willing to take on new commitments for development. Even though we have tried, they are reluctant to reaffirm the existing commitments in a number of ongoing development agendas, including the important public health agenda. Therefore, promoting South-South and Triangular Cooperation through actions rather than words becomes an even more important task. Finally, again, I want to thank you for the opportunity to convey the message and vision of the Group of 77 and China at this important forum. I wish you every success in your deliberations today and tomorrow. I am certain that you will outline concrete actions for the benefit of our peoples.

Thank you very much.

**Speech by His Excellency, Mr. Mahesh Khemlani, Vice-Minister of Finance
of the Ministry of Economy and Finance of the Republic of Panama,
at the opening session**

Her Excellency Kenia Zambrano de Jaén, acting Vice-Minister of Health;

His Excellency José Rivera Banuet, Permanent Secretary of the Latin American and Caribbean Economic System (SELA);

Honourable Jorge Argüello, Permanent Representative of Argentina to the United Nations, Group of 77;

His Excellency Jorge Enrique Venegas, Public Health Minister of the Republic of Uruguay and Top Authority of the Health Council of the Union of South American Nations;

International Cooperation Directors for Latin America and the Caribbean;

Representatives of the diplomatic corps;

National government authorities;

Special guests;

Ladies and gentlemen:

International organizations have emerged and grown in a sustained manner through history. With their actions, they have left a legacy of successes and tangible achievements in cooperation among nations. A clear example is the creation, in the early 1970s, of the Latin American and Caribbean Economic System, whose Charter was signed by the countries of the region.

Ever since then, interregional economic and social cooperation increasingly strengthens, as it favours transfer of knowledge, search for strategies in line with public policies and development plans in our countries.

Panamanians are pleased today to honour the commitment we made in July 2010 in Suriname to host the XXII Meeting of SELA. The Member States attending this meeting are to share experiences regarding Integration, Cooperation, and Convergence in Health.

Besides outlining the economic and social policy of our country, Panama's Ministry of Economy and Finance provides resources for the implementation of government plans and programmes, thus promoting people's well-being. Consequently, we have a commitment to promote and support activities related to health.

Based on your experience, we believe that the assessment of public policies, cooperation initiatives, and the role of regional and subregional integration mechanisms will help identify and systematize opportunities for bilateral, multilateral South-South and Triangular cooperation. Such initiatives will focus on optimizing health in Latin America and the Caribbean.

With middle-income and having recorded economic growth in recent years, some nations have easier access to international cooperation resources provided by donor countries and international organizations. However, we must seize this and every opportunity to participate as active stakeholders in the International Cooperation for Development, based on our potential, common goals, expertise and coordination

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mechanisms. Only by moving together, we will be able to drive lower cost programmes and projects aimed at sectors of our economies, particularly health – an area requiring much attention to foster welfare among the least favoured people.

The Ministry of Economy and Finance is pleased to host this meeting where the sister nations of Latin America and the Caribbean have come together today with the goal of improving coordination mechanisms and strengthening health in the region.

We are certain that we will achieve the goals we have set at this meeting of International Cooperation Directors of SELA. We encourage our bilateral, multilateral, and regional partners to join efforts and continue to work for the prevention and treatment of diseases hitting our population, research into new technologies and best practices to secure better health for all.

With this commitment, I am pleased to welcome you to Panama. I am certain that at the end of this meeting we will cement valuable regional cooperation health initiatives. I declare formally inaugurated this important international meeting.

Let us promote public health in our countries!

Thank you very much.

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