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## PRESENTATION OF THE PRELIMINARY DRAFT ACTION PLAN ON HEALTH AND RESILIENCE IN THE AMERICAS

(Dr. Nelson Arboleda, Chair of the Ad Hoc Technical Group, Director of the Office of the Americas at the U.S. Department of Health and Human Services)

Thank you, National Summit Coordinator O'Reilly.

Good morning, distinguished colleagues.

In calling for an action plan, our leaders recognized the need to learn from the COVID-19 pandemic, strengthen resilience, and support a sustainable post-pandemic recovery.

The Action Plan we have developed together addresses the weaknesses that COVID-19 revealed in our societies. It identifies steps to strengthen the capacity and resilience of the region's health systems to address future infectious disease outbreaks and other health challenges. The health, safety, and well-being of the people of the Americas are more closely linked than ever before.

The Preliminary Draft Action Plan on Health and Resilience in the Americas has been distributed to delegations on June 1 and again on June 6 as document GRIC/O.2/doc.65/23. It is organized in five sections.

The first, **“Promote Equitable Access to Health Services and Products,”** responds to the inequities that have for too long characterized health systems in the Americas. It includes steps to expand equitable access to quality, comprehensive, and people- and community-centered health services.

The second, **“Invest in Health Systems,”** is the longest section of the plan and responds to the weaknesses in financial, human, and other resources highlighted by the COVID-19 pandemic. It lays out steps to staff our health systems by recruiting, training, and retaining workers. It calls for concrete actions to strengthen surveillance systems and reference laboratories. It identifies steps to developing sustainable, transparent, and accountable budgeting and procurement practices. Together, these steps can put our health systems on firmer footing.

The third, **“Strengthen Emergency Preparedness,”** will help position the Americas to fare better in the next pandemic. It identifies steps including information sharing, gap analysis, international cooperation, employing a One Health approach, strengthening national and regional manufacturing capacities, and facilitating more rapid and equitable access to products and materials in emergencies.

The fourth, **“Address Non-Communicable Diseases,”** recognizes the funding gap for NCDs and identifies steps to mobilize resources and redouble our efforts to reduce premature mortality from NCDs by one third.

The fifth, “**Leverage Technology Appropriately,**” recognizes the promise of telehealth and other technologies, but also the risks if they are not used appropriately. It identifies steps to use technology to expand healthcare access while protecting privacy and strengthening security.

In many places, the action plan draws directly from language adopted by our leaders in Los Angeles. The technical group chose to let stand the difficult decisions made by the SIRG last year, particularly in the language regarding diversity and sexual and reproductive health and rights, and focus on building on our leaders’ commitments. The Action Plan adds specificity and additional detail about implementation.

As we worked on this action plan, we were certainly aware of other international negotiating processes on health and resilience, and recognize the need to align with and complement their work. This non-binding regional action plan plays a unique role in coordinating our efforts within this hemisphere and adds to the work of other initiatives.

Implementing this Action Plan will be critical in ensuring the Americas are prepared to tackle today and tomorrow’s ongoing challenges and threats.

I am grateful to the SIRG for its confidence in entrusting the important work of developing this draft action plan to the ad hoc technical group, and I hope that the draft we have developed merits that confidence.

I now yield the floor back to the chair.