The Caribbean Community and the
Association of Caribbean States: A Search for
Synergy in the Health Universe Occasioned by
Economic Globalization

Public Policy and Health Program
Health and Human Development Division
Pan American Health Organization
World Health Organization
DOCUMENT REPRODUCTION SERIES (formerly “Reprint Series")
(the title indicates the language in which it is available)

63 Economic Support in Old Age, Annual Conference on Development Economics. The World Bank
64 Research on Poverty and Development: Twenty Years after Redistribution with Growth. Annual Conference on Development Economics. The World Bank
65 Inequality, Poverty, and Growth: Where Do We Stand? Annual Conference on Development Economics. The World Bank
66 Decreto Número 1938 del 5 de agosto de 1994 por el cual se reglamenta el Plan de beneficios en el Sistema de Seguridad Social en Salud. República de Colombia. Ministerio de Salud

SERIE INFORMES TÉCNICOS

51 Poverty and Interventions in Health and Education: Guyana. Fourth of the Series of Papers presented at the Seminar on Poverty Reduction and Social Policy in the Caribbean
52 Consideraciones en torno a la dinámica y producción parlamentaria en el campo de salud. Estudio del funcionamiento de los poderes legislativos. Cristina Torres, OPS/OMS
53 Estado, economía y salud en América Latina a principios de los años noventa. Informe de seminario realizado en el Centro de Convenciones de la Universidad Estatal de Campinas (UNICAMP), Sao Paulo, Brasil, julio de 1990
54 La creación de un Subgrupo de Trabajo sobre Salud en el MERCOSUR. Mónica Bolis, OPS/OMS
55 Encontro de Parlamentares Estadual sobre Legislação Psiquiátrica no Brasil, 8 e 9 de novembro de 1993
56 El Sistema Andino de Integración: cambio, o más de lo mismo (Una propuesta para la reflexión y la acción). Fernando Salazar Paredes
57 Legislación de salud: bases jurídicas para la reforma sectorial en el marco de la integración regional. Informe del Curso-Taller OPS/OMS-CIESS, México, DF, México, del 13 al 17 de noviembre de 1995
58 Reducing Poverty in the Caribbean: Implications for Health and Education. Fifth of the Series of Papers presented at the Seminar on Poverty Reduction and Social Policy in the Caribbean
59 La salud en las agendas regionales y nacionales de desarrollo humano: marco orientador para la acción de la OPS en la promoción de la causa de la salud ante líderes políticos/Health in Regional and National Human Development Agendas: Framework for PAHO’s Health Advocacy with Political Leaders (número bilingüe/bilingual issue)
60 Salud en el Tratado de Libre Comercio de América del Norte (TLC)/Health in the North American Free Trade Agreement (NAFTA). Mónica Beliáñez (número bilingüe/bilingual issue)
62 IV Seminário Internacional de Direito Sanitário: Relações Público-Privada na Eficácia do Direito à Saúde, 13 e 14 de junho de 1996, Sao Paulo, Brasil. Em colaboração com o Centro de Estudos e Pesquisas de Direito Sanitário (CEPEDISA)
63 Health Legislation Trends in the English-Speaking American Region: The Last Four Years
64 Los aspectos de salud en el proceso de integración de la Comunidad Andina. Alfonso Vidales Oviedo
65 Health Services Financing and Private Sector participation: Developing a model incorporating American and Caribbean experiences. María A. Kendro
66 Género, Reforma y Legislación de Salud en Centroamérica. Nur Shuqair, Dinys Luciano Ferdinand
67 Hacia la definición de una agenda para salud en los procesos de globalización económica. Memorias de la reunión, 29-31 de julio de 1998
68 V Curso-Taller OPS/OMS-CIESS Legislación de Salud sobre problemas emergentes de los procesos de cambio II: Marco jurídico del financiamiento en salud, 31 de agosto-4 de septiembre de 1998, México, DF, México

SERIE BIBLIOGRAFÍAS

2 Seguridad Social
3 Legislación en salud
4 Reforma del sector salud
The Caribbean Community and the Association of Caribbean States: A Search for Synergy in the Health Universe Occasioned by Economic Globalization

Sylvia G. Moss
Faculty of Law Library
University of the West Indies
Cave Hill Campus
Barbados, West Indies

Public Policy and Health Program
Health and Human Development Division
Pan American Health Organization
Washington, DC
April 1999
The technical Reports Series was created by the Public Policy and Health Program/Health and Human Development Division of the Pan American Health Organization (PAHO/WHO) as a means of promoting thought and discussion on the topics analyzed in meetings and seminars and to present the results of research promoted by the Program.

The opinions expressed in this document are entirely those of the authors and should not be attributed to the University of West Indies or to PAHO/WHO or its Member States.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the PAHO Secretariat concerning the legal status of any country, territory, city or area, or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Material in this publication may be freely quoted or reprinted, but acknowledgement is requested, together with a reference to the document number. A copy of the publication containing the quotation or reprint should be sent to the Health Policies Program of the Pan American Health Organization.
TABLE OF CONTENTS

Acknowledgements ........................................................................................................................................... v

Introduction: Salient characteristics of Economic Globalization .............................................. vii

THE CARIBBEAN COMMUNITY (CARICOM) AND THE ASSOCIATION OF
CARIBBEAN STATES (ACS) IN THE CONTEXT OF GLOBALIZATION .................................................. 1

NEW PERSPECTIVES FROM WHICH HEALTH MAY BENEFIT UNDER THE
DYNAMICS OF CARICOM AND THE ACS ........................................................................................................ 4

Appendix I: Caribbean Community (CARICOM)
The Organization of Eastern Caribbean States (OECS)
The Association of Caribbean States (ACS) ................................................................................................. 17
Appendix II: Pan American Health Organization/World Health Organization ......................... 23
Appendix III: International Funding and Technical Support Institutions ........................................ 27
Appendix IV: Regional Organizations ........................................................................................................ 33
ACKNOWLEDGMENTS

A Study such as this would be deficient if it did not acknowledge works on the subject done by leading and respected experts in fields relevant to its concern. I therefore acknowledge close reading of the study entitled West Indian Development and the Deepening and Widening of the Caribbean Community by William Demas¹ and of the Working Paper entitled The Integration Movement in the Caribbean at Crossroads: Towards a New Approach to Integration by Uziel Nogueira². Caribbean Cooperation in Health: Phase II prepared by the Pan American Health Organization/World Health Organization and the Caribbean Community Secretariat,³ the Caribbean Regional Health Study prepared under the auspices of the Caribbean Group for Cooperation in Economic Development (CGCED),⁴ and Strategic and Programmatic Orientations, 1995-1998 prepared by the Pan American American Health Organization,⁵ have also been seminal to the preparation of this study.

¹ Demas, William G. West Indian Development and the Deepening and Widening of the Caribbean Community. [Critical Issues in Caribbean Development; No. 1]. (Kingston, Jamaica: Ian Randle Publishers and Institute of Social and Economic Research (ISER), University of the West Indies, 1997).
INTRODUCTION: SALIENT CHARACTERISTICS OF ECONOMIC GLOBALIZATION

Globalization and economic globalization are terms which are used synonymously, therefore it is essential that this be recognized at the outset. In other words, economic globalization is not to be understood as something separate and distinct from globalization since globalization, as most commonly used, is inherently an economic concept. Any other meaning which may be given to the term globalization if and when used in the course of this Study, will be defined at the point of use.

The following excerpts indicate the basic defining features of globalization, and should be kept constantly in mind.

[Excerpt 1]

“Globalization is not a condition or a phenomenon: it is a process that has been going on for a long time, in fact ever since capitalism came into the world as a viable form of society four or five centuries ago; ... what is relevant and important is to understand that capitalism is in its inner most essence an expanding system both internally and externally. Once rooted it both grows and spreads.”6

[Excerpt 2]

“There exists a powerful and unstoppable movement in terms of world dynamics — that of “globalization.” In its simplest form, this means the removal of boundaries and barriers to the pursuit of economic well being and social improvement ... Nations face a very simple choice — to accept the reality of globalization — or to attempt to fight against it. Those who accept globalization will reap the benefits of technology transfer, skills transfer, diversity of choice, capital for adding value and ultimately an increased level of national income. Those that fight globalization will forego such benefits and be increasingly marginalized, leading ultimately to a reduced level of national income.”7


Globalization has been defined as the “process of denationalization of markets, laws, and politics in the sense of interlacing peoples and individuals for the sake of the common good.”

“One of the effects of globalisation is the re-definition of the role of public policy in the attainment of development objectives as they relate to improved productivity, environmental sustainability, improve income distribution and macro-economic management for medium and long-term development.”

“The major reality of globalisation is the increasing irrelevance of the state, alongside even greater increases in the pervasiveness of international governance and multilateral agencies. This reality is exacerbated in developing countries due to their peripheral status in the world community and is manifested in several specific ways.”

8. Fidler, David P. “Globalization, International Law, and Emerging Infectious Diseases” Emerging Infectious Diseases 2 (2) (April-June 1996) [www.cdc.gov/ncidod/EID/vol2no2/fidler.htm]


THE CARIBBEAN COMMUNITY AND THE ASSOCIATION OF CARIBBEAN STATES:
A SEARCH FOR SYNERGY IN THE HEALTH UNIVERSE
OCasioned BY ECONOMIC GLOBALIZATION

THE CARIBBEAN COMMUNITY (CARICOM) AND THE ASSOCIATION OF CARIBBEAN STATES (ACS) IN THE CONTEXT OF GLOBALIZATION

It is my assessment that a study on the implications of economic globalization in the English-speaking Caribbean countries requires that consideration be given to the proposed Free Trade Area of the Americas (FTAA), since the FTAA would appear to best exemplify that intermediate process of regional economic globalization. A process that is necessary to ensure the viability of CARICOM as it moves inexorably towards globalization. The FTAA has been described as “an hemispheric government initiative conceived as part of a broader hemispheric agenda for the survival of member states of the Hemisphere in an increasingly competitive world.”

The implications of economic globalization in the English-speaking Caribbean countries are confined within the parameters of “health.” Health is considered as inclusive of the totality of aspects identified in the Caribbean Cooperation in Health: Phase II (CCH II), which identifies Regional Health Priority areas as: The Strengthening of Health Systems; Human Resource Development; Family Health; Food and Nutrition; Chronic Non-Communicable Diseases; Communicable Diseases; Mental Health; and Environmental Health; and in the IADB PAHO/WHO Caribbean Regional Health Study, an inter-agency collaboration between the Inter-American Development Bank (IDB) and the Pan American Health Organization (PAHO) submitted to the Consultative Group for Caribbean Economic Development (CGCED). The main objectives of the Caribbean Regional

11. Thomas, ibid., note 9, at p. 39.

12. Aiming at “Better Health through Regional Cooperation, CARICOM Heads of Government authorised in 1986 the “Caribbean Co-operation in Health” (CCH) Programme organised around priority areas, and with a joint Secretariat drawn from PAHO/WHO and CARICOM. Those priority areas have become an effective multi-faceted framework for the great majority of health activities in the region and for inter-agency collaboration.” [Mills Report, 1990, Paragraph 5.16 N. p. 73]. In 1996, the CMH (CARICOM Conference of Ministers responsible for Health) mandated a re-definition and re-formulation of the CCH initiative for the period 1997-2001. ... The meeting selected eight (8) health priority areas, recommended strategies for implementation, and identified some areas of common concerns which required joint action. The recommendations of that meeting were accepted by CMH in 1997.” [CCH II, 1998. Introduction, p. 2]

13. Excerpt from Preface of the Caribbean Regional Health Study: The main objectives of the study, outlined in the terms of reference, are twofold: * to provide a diagnostic summary of the major problems, issues, trends, and challenges facing the health sector in the region; * to identify key measures, feasible policy alternatives, strategies and sustainable courses of action needed to address the major constraints identified; and, to improve the overall performance of the health sector. In fulfillment of these objectives, special emphasis has been given to health care reform which provides a focus for identifying and analysing health issues affecting the region as a whole, and those activities that are amenable to regional action and support.” The following list of chapter headings indicates the areas covered: (1) Economic and Social Influences on the Health Sector; (2) Trends in the Health Situation; (3) Policy, Organization and Legal Challenges; (4) The Provision and Utilization of Health Services; (5) Human Resources and Health Sector Development; (6) Health Expenditures and Finance; (7) Policy Options in the Agenda for Reform.
Health Study, as outlined in the terms of reference, were twofold: to provide a diagnostic summary of the major problems, issues, trends, and challenges facing the health sector in the region; and, to identify key measures; feasible policy alternatives; strategies and sustainable courses of action needed to address the major constraints identified; and, to improve the overall performance of the health sector. These two works document the complexity of the challenges facing Caribbean health care systems and identified options at the regional level, as has been done in the detailed IADB Study, or provide benchmarks for the development and implementation of programmes on priority health issues, as is contained in the new CCH Initiative.

Recognition of CARICOM's precarious position is a world of increasing globalization, led to the appointment of the Mills Commission in 1989 by the Secretary-General of the Caribbean Community, with the mandate to undertake a comprehensive review of the Caribbean Community's programmes, institutions and organisations.¹⁴ The Commissioners in their deliberations highlighted the statement in the 1989 Grand Anse Declaration,¹⁵ which reads: "We, the Heads of Government of the Caribbean Community, inspired by the spirit of co-operation and solidarity among us, are moved by the need to work expeditiously together to deepen the integration process and strengthen the Caribbean Community in all of its dimensions to respond to the challenges and opportunities presented by the changes in the global economy." The Heads of Government of the Caribbean Community had therefore agreed in 1989 that CARICOM should move towards an economic union by the year 2000.

The Mills Report revealed several constraints to the effective functioning of CARICOM in achieving the goals prescribed in the Treaty, and groups these constraints into five broad categories, namely: (1) Weakness in decision-making and implementation; (2) Weakness inherent in the Treaty itself; (3) Organisational problems; (4) Resource insufficiency; (5) Communications problems. Also, a cause for continuing concern is identified in Paragraph 5.03 of the Mills Report which states:

"A major objective of the Treaty is 'the economic integration of the Member States by the establishment of a common market regime', one of whose aims is the 'strengthening, co-ordination and regulation of the economic and trade relations among Member States'. ... The challenge for CARICOM is therefore that of consolidating its position internally in order to ensure its effective operation in the international economic environment; and it must be a cause for continuing concern that the Community is still to achieve the effective commencement of operations of the Common Market that it established nearly seventeen years ago. The Common


Market will not by itself ensure the economic development of the individual Member States or of the Community as a whole. It will, however, provide the foundation upon which sustained development is most likely to be accomplished, through the much needed enhancement of economic competitiveness in manufacturing for export on the basis of an efficient domestic market.”

In February 1999 discussions on that topic are still in train.

The Mills Report also drew attention to the then-in-session Independent West Indian Commission16 (also referred to as the WIC) which had been established with the intent of advancing the goals of the 1973 Treaty of Chaguaramas. The WIC reiterated that “across the world the central reality is that restructuring of a fundamental nature is in progress”. The Commission also concurred with the decision of the Grand Anse Declaration “to work towards the establishment, in the shortest possible time, of a Single Market and Economy for the Caribbean Community” (a Single Market has been accepted as an indispensable component of the “deepening of integration” process); and it proposed that there be also a widening of the process of integration through the establishment of an Association of Caribbean States. “This recommendation was, at the time, a direct response to the rapidly changing external environment, with the emergence of global blocs, the formation of the World Trade Organization and the pressure for trade liberalisation.”17

That assessment echoed the statement that "The first response from the Caribbean economics to the challenge of globalabilization and regionalization has been the creation, in 1995, of a new trade and economic organization called the Association of Caribbean States (ACS)." The recognition stated above; the doubt expressed as to whether "basic economic constraints faced by CARICOM in the past can be overcome by the ACS in the future"; and the observation that "It should be recognized that the ACS is part of a second generation, modern, outward-looking integration organization that could build an economic bridge between the English-speaking countries in the


17. Insanally, Riyad “CARICOM, the ACS and the SOA/FTAA Process” (1998) 8/2 Caribbean Affairs, 48-58
Caribbean and their Spanish and French speaking neighbours," were the findings of Senior Integration Economist at the Institute for Integration of Latin America and the Caribbean (INTAL).\(^{18}\)

The Convention establishing the ACS was signed on July 24, 1994 with the aim of promoting co-operation and integration among 25 full Member States, drawn from CARICOM, the rest of the Caribbean Islands, Central America, and the Group of Three (Colombia, Mexico and Venezuela).

**NEW PERSPECTIVES FROM WHICH HEALTH MAY BENEFIT UNDER THE DYNAMICS OF CARICOM AND THE ACS**

New perspectives from which health may benefit reside substantially in Articles III, VIII, IX and XX of the *Convention Establishing the Association of Caribbean States*. Article III identifies among the purposes of the ASC, the development of the collective capabilities of the Caribbean Region to achieve economic, social, scientific and technological advancement; the promotion of an enhanced economic space for trade and investment; and the establishment and consolidation of institutional structures and cooperative arrangements responsive to developmental needs; Article VIII establishes the Ministerial Council as the principal Organ of policy-making and direction of the Association, and provides for the establishment of the Committee on Science, Technology, Health, Education and Culture to assist the Council in the performance of its functions; Article IX among its several provisions, empowers the Ministerial Council to determine the Social Partners which it recognizes and accepts and defines their roles; and Article XX allows a Member State to undertake initiatives and conclude integration agreements among themselves consistent with its purpose, and states that any such agreement or initiative may be open to any other Member State which is able and willing to participate therein.

At the Inaugural Summit of the ACS in 1995, the Heads of State and Government adopted a Declaration of Principles and a Plan of Action on Tourism, Trade and Transport, and in that same year at the First Ordinary Meeting of the Ministerial Council, the Ministers approved the 1996 ACS Work Programme which placed particular emphasis on the principle of inter-agency co-operation and co-ordination, and focused on placing the ACS on an operational footing in priority areas including, among others, tourism; natural and environmental disasters; scientific and technological development issues; and in 1998, the ACS Work Programme focussed on (a) The Establishment of a Sustainable Tourism Zone in the Caribbean; (b) A programme designated: Uniting the Caribbean by Air and Sea; and (c) The operationalisation of a regional mechanism for disaster preparedness and relief. There is, in all of these aspects of work being undertaken by the ACS, space for the

\(^{18}\) See Note 2.
magnification of CARICOM health concerns. The word "magnification" has been deliberately chosen in place of the popular current term "insertion" because, by virtue of the structure and composition of the ACS, CARICOM concerns cannot be discrete concepts or entities awaiting "insertion into" the ACS.

The fear has been expressed by a former Secretary-General of CARICOM that "the alternatives to a strengthened CARICOM are either 'marginalization' or de jure or de facto 'absorption' in a highly dependent mode into one or more much bigger and more powerful country or group of countries" and he states that "deep integration such as a single market or economy is not practical at this stage of the ACS." 19 The question may well be asked, however, whether — given the fact that the ACS was a deliberate creation by CARICOM presumably to ensure the viability of those factors which are crucial to the survival of CARICOM — perhaps, what is now inevitable, is an acknowledgement that a Kuhnian paradigm shift20 has taken place, and CARICOM's position in the ACS is akin to the position of the OECS within CARICOM. This would of course entail some reconceptualization of the CARICOM Treaty and of the ACS Convention.21

It is noteworthy that at the First Meeting of the ACS on Trade Development and External Economic Affairs22 at a presentation made on the Role of CARICOM in the ACS it was indicated that

"involvement in the ACS constitutes an important element of the external trade strategy of CARICOM and had the full support of the public, private and labour sectors. The potential market benefits to be derived from the ACS and the strengthening of CARICOM's position in international fora were cited as the principal considerations influencing the importance attached the ACS. In fact, it was revealed that the region had a special interest in deepening its ties with countries of

20. For an understanding of the theory of "paradigm shift" see Kuhn, Thomas S. The Structure of Scientific Revolutions. (Chicago, Ill.; University of Chicago Press, 1962). See also Janos, Andrew C. "Paradigms revisited: Productionism, Globality, and Postmodernity in Comparative Politics" World Politics 50 (October 1997), 118-49.
21. Janos's interpretation of Hirschman's admonition to students of political economy and sociology to adopt a mode of theorizing based not on what is probable but on what is possible, can be extrapolated to the suggestion of strategies for enabling CARICOM, and eventually the Association of Caribbean States to confront the new parameters set forth by regional economic globalization. [See Note 20; see also, Note 41]. Janos in his article states: "Indeed, in promoting this view Hirschman sets up an ideal rule "that anyone who has discovered a new obstacle to development [should also have] the obligation to look for ways in which this obstacle can be overcome." Janos refers to the article: Hirschman, "The Search for Paradigms as a Hindrance to Understanding," World Politics 20 (April 1970).
the ACS as is evident from the trade investment agreement it had concluded with Venezuela and Colombia, its collaboration with the G3 countries and special arrangements with Mexico, Dominican Republic and Cuba,"

The contents of this presentation is in keeping with a suggestion by Demas which would "enable CARICOM, and eventually the Association of Caribbean States to confront the new parameters set forth by regional economic globalization" and which is stated by him in the following words:

"But if the FTAA is to be approached on a sub-regional basis, we can visualize a series of full or partial free trade areas between all the sub-regional groupings in the hemisphere, that is, CARICOM, NAFTA, the CACAM, the Andean Group and MERCOSUR"

and his conclusion that

"In this way CARICOM would have trade liberalization links with all of Latin America (including the ACS) and with North America. Thus, once the FTAA is established it will result in free trade between all ACS members. This is really to advocate the widening of CARICOM to include most of the Caribbean archipelago." [Demas, 1997]

It is interesting to note the similarity of conclusion advanced by Senior Integration Economist at the Institute for Integration of Latin America and the Caribbean (INTAL) who, querying whether "the integration process pursued by CARICOM has reached its limits — including the attempt to "widen" the process via the creation of the Association of Caribbean States (ACS)" and that therefore "a new approach towards integration is required," states, under the section in his Working Paper which is headed: The Free Trade Area of the Americas (FTAA), that:

"The Summit of the Americas, held on December 15, 1994 was an important event for the process of hemispheric integration, particularly for the small economies of the Caribbean Community. At the Miami Conference, the governments of the Western Hemisphere (except Cuba) agreed to immediately begin the construction of a free trade area of the Americas in which barriers to trade and investment will be progressively eliminated beginning no later than 2005.

For CARICOM member countries, the establishment of a free trade area of the Americas is an important event since it can assist them in building stronger trade and investment linkages with the rest of the hemisphere, help consolidate and deepen economic reforms, and more importantly, help attract much needed foreign investment. The challenges, however, are also daunting and include: (a) whether the 14 economies can sustain the programs of structural economic reform needed to capture the benefits derived from full participation in a hemispheric free trade area ...; and (b) whether negotiations for a FTAA will strengthen or weaken CARICOM and the ACS."
That second point is important because the Miami Summit calls for the consolidation of existing sub-regional and bilateral arrangements as “building blocks” to broaden and deepen hemispheric integration. A weak CARICOM/ACS would be less effective at negotiating trade arrangements with larger, more powerful economies. ... "23 [Nogueira, 1997].

The following statement of Nogueira is also particularly apposite in the context of this Study’s concern. He holds that: “It should be recognized that despite CARICOM’s shortcomings in the area of economic integration, the results achieved in other areas of regional cooperation have been highly positive in areas such as health, education and culture, communications, natural disaster alleviation and improvement in air and shipping transportation linkages.”24 These are precisely the areas on which the ACS is concentrating as well. However, CARICOM should also, under its own steam, concentrate on the reinvigoration of those areas, but with specific emphasis on food, drug services (transnational/financing) and professional practice. As stated in Strategic and Programmatic Orientations (SPO) for the Pan American Sanitary Bureau, 1999-2002:25

“In trade and, hence, in the political sphere, globalization in the Americas is directly reflected as regional and subregional integration processes. The Free Trade Area of the Americas (FTAA) continues its slow but steady advance, and subregional integration has consolidated. Significant advances in this area are the North America Free Trade Association (NAFTA), MERCOSUR, the Andean Integration System, the Central American Integration System (SICA), and the Caribbean Community (CARICOM). While the principle motives behind these processes is trade, health is an important factor associated with the environment and sanitation, food protection, the marketing of pharmaceutical products, and the protection of workers and visitors.” [SPO 1999-2002].


24. Nogueira, ibid. note 2, at p.6

In the area of professional practice, CARICOM should position itself in the forefront of the establishment of the Commonwealth Council for the Promotion of Medical Scientific Partnerships. Such partnerships were proposed at the Commonwealth Health Ministers Meeting held in Barbados 15-19 November 1998.26 According to the Report, the Council would identify opportunities for and facilitate collaborative action on technical training, educational and research initiatives. Under subhead "Suggested Procedures for the Development of Medical Scientific Partnerships" the following information is given:

- An article of agreement to be signed by the representatives of the groups forming the partnership setting out the agreed areas for the proposed collaboration;
- A steering committee of representatives of the partners to advise or initiate action on:
  - fund-raising and/or co-ordination of expenditures of already available funds;
  - review of progress of agreed programmes of activities;
  - initiating and co-ordinating inter- and intra-institutional action; and, in particular
  - ensuring that the programmatic and funding priorities of each partner are kept in sight.

---

Building partnerships as envisaged at the last Commonwealth Health Ministers Meeting, falls within the ambit of suggestions made by PAHO to improve technical cooperation for health, especially PAHO's suggestions that "In the face of growing competition must be adopted, including the establishment of networks of national resources and the promotion of technical cooperation among countries." 27

Suggested strategies for enabling CARICOM, and eventually the Association of Caribbean States to conform the new parameters set forth by regional economic globalization have been captured admirably in the summarization of the gist of a recent paper which discussed the importance of the ACS for CARICOM and the smaller economies of the region. The following excerpt speaks for itself:

"Any strategy for developing the bargaining power of the ACS should take into account an additional facilitating role for the ACS, as a regional mechanism with access to a widening network of technical assistance through co-operation agreements being negotiated with its 13 Observer countries — Argentina, Brazil, Canada, Chile, Ecuador, Egypt, India, Italy, Morocco, the Netherlands, Peru, Russia and Spain — and a number of regional, hemispheric and international institutions. Moreover, in arguing for a higher profile for the ACS in the SOA/FTAA process, the following characteristics of the ACS should be emphasized:

- the ACS contains 21 of the smaller economies participating in the hemispheric process and is ideally positioned to act as a coordinating mechanism for these countries;
- the ACS represents a majority bloc in the OAS, IDB and ECLAC;
- the objectives of the ACS are very similar to those of the SOA process;
- the pan-Caribbean ACS has huge potential as an integrated market of some 200 million people, with a GDP of approximately US$500 billion;
- the ACS occupies an important geo-political position, bridging many different subregions and cultures, placing it, in effect, at the crossroads of the Americas.

In short, the ACS provides a vital space for consolidating a web of bilateral and subregional processes ... 

---

The ACS, where there is more common ground, should be the natural forum for winning broader support in the context of hemispheric free trade and a globalized economy." [Insanally, 1998. p. 57-58]\(^{28}\)

It is imperative that in analysing the relationship between health and integration in CARICOM one must be aware of some of the consequences of globalization, namely the diminishing importance of the state; the strengthening of civil society; the increasing influence of multi-national corporations; the dependence on international financial institutions; and the influence of the composite of these factors on the mission of the Pan American Health Organization / World Health Organization as it relates to CARICOM and eventually the Association of Caribbean States. These factors shall not be addressed sequentially since it would be unrealistic to do so given their taut interconnectivity.

Note also that the aspects of health under review in this Study, namely, food, drug services (transnational health services / financing) and professional practice,\(^{29}\) are not separate and discrete categories, by this is meant that it is not possible to examine any one of them without having to consider aspects of the other two as integral modalities of whichever initial vantage point one chooses to assume. An example which illustrates the above statement is found in a recent article which examines how globalization has affected public health in the area of new and re-emerging infectious diseases. It comments on the situation in the following words:

"First, the shrinking of the world by technology and economic interdependence allows diseases to spread globally at rapid speed. Two factors contributing to the global threat from emerging infections stem directly from globalization: the increase in international travel and the increasingly global nature of food handling, processing, and sales. HIV/AIDS, tuberculosis, cholera, and malaria represent a few infections that have spread to new regions through global travel and trade. Second, the development of the global market has intensified economic competition and increased pressure on governments to reduce expenditures, including the funding of public health programs, leaving states increasingly unprepared to deal with emerging disease problems. Third, the widespread use and misuse of antibiotic treatments has contributed to the development of drug-resistant pathogens."\(^{30}\)

That article also draws attention to some common elements of global emerging-disease control plans, and includes, among other things, the need to “focus attention and resources on training and supporting medical and scientific expertise.”\(^{31}\)

28. See Note 17.

29. Refer to “Scope of Work” reproduced in the Preface.

30. Ibid. Fidler, Note 8, p. 2 and 3.

31. International law is a crucial element in the control of emerging infectious diseases, and this fact is clearly dealt with in Fidler’s article, see Note 8. It is stated in the article that "Experts grappling with these diseases no longer consider that
A number of CARICOM institutions that can be considered to have "incidence of health" existed prior to the establishment of the Caribbean Community in 1973. Article 14 of the Treaty of Chaguaramas states that such institutions shall be recognized as Associate Institutions. These are the Caribbean Development Bank (CDB), the Caribbean Examinations Council (CXC), the Council of Legal Education (CLE), the University of Guyana (UG), the University of the West Indies (UWI), and the Organisation of Eastern Caribbean States (OECS).32

In addition to these Associate Institutions are a number of bodies which the Treaty permits the Conference of Heads of Government and the Institutions to establish for the more efficient performance of their functions. These agencies and other bodies include the Caribbean Agricultural Research and Development Institute (CARDI), the Caribbean Environmental Health Institute (CEHI), the Caribbean Food and Nutrition Institute (CFNI), the Caribbean Tourism Organization (CTO), the Regional Centre for the Education and Training of Animal Health and Veterinary Public Health Assistants (REPAHA), and the Pan Caribbean Disaster Prevention and Preparedness Project (PCDPPP). "The membership of some of these Institutions is wider than CARICOM, extending to the other smaller Commonwealth Caribbean Countries; to other Caribbean Countries; to Central and South America; and to North America and Europe."33

Other regional institutions in the field of health are the Caribbean Epidemiological Center (CAREC), the Caribbean Regional Drug Testing Laboratory (CRDTL), and the Eastern Caribbean Drug Services (ECDS). These three institutions along with the Caribbean Environmental Health Institute (CEHI) are described briefly in the Caribbean Regional Health Study.34 In the context of some of these institutions, the Caribbean Regional Health Study has found that most of these institutions are weakened by uncertainty about medium — and long — term funding, continuous arrears in contribution by some member governments, heavy reliance on donor support and inadequate staffing. It would be invidious to attempt to paraphrase the findings of the Regional Health Study, and space constraints precludes the presentation of extensive Annexes. Specific attention is however, directed to Chapter 7 of that Study. The chapter is entitled Policy Options in the Agenda for Reform.

---

32. The OECS was established in 1981, and replaced the West Indies Associated States Council of Ministers (WIASCM) and the Eastern Caribbean Common Market Council of Ministers (ECCM) which had been mentioned in Article 14 of the Treaty.


Closer coordination between the Institute of Nutrition of Central America and Panama (INCAP) and the Caribbean Food and Nutrition Institute (CFNI), and between the Caribbean Environmental Health Institute (CEHI) and the Pan American Network for Information on Sanitary Engineering and Environmental Sciences (REPIDISCA), may be ways of making most effective use of scarce resources. Note that CCCH 11 in the interest of food security within CARICOM stresses the building of alliances as a major strategy. Aspects of this strategy are:

- Linking with the private sector in the development and manufacturing of healthy and nutritious foods.
- Collaboration with CAREC and CFNI to develop monitoring programs for food-borne diseases.
- Enhancement of the institutional linkages among CFNI, UWI, CNIRD, IICA, CARDI, and NGOs.
- Harmonization and promotion of initiatives at the local, national and regional levels.

35. CFNI is already affiliated to INCAP, ECLAC, and SELA, but what is being suggested is a closer relationship in the coordination of research, and in the provision of training.
The International Institute of Biological Control (IBC) situated in Trinidad and Tobago, could contribute its knowledge to cooperative ventures with Latin American countries if it does not already do so. It is a non-profit organization dedicated to supporting the development of biological control and integrated pest management world-wide, through research, training and the provision of advice and information. Cooperative ventures of this kind effected in other areas of health between CARICOM and other areas with which contact can be made through the ACS are examples illustrative of the statement that “The growing relative weight of transactions and organizational connections that cross national boundaries is the cornerstone of globalization.”

An analysis of the relationship between health and integration in drug service financing is heavily dependent on the outcome and assessment of the different initiatives undertaken by the Pan American Health Organization to equip the countries with approaches and mechanisms that will allow them to work more effectively with the national systems of health accounting and health financing, in order to measure total spending on health. Financing in relation to transnational drug services cannot be meaningfully addressed without reference to the drug procurement facet of the national health accounting and health financing system. The Director of PAHO in his 1996 Report, under Health Policy and Sector Financing reports on PAHO’s involvement with “USAID, the World Bank, the IDB, ECLAC, the Organization for Economic Cooperation and Development (OECD), the pharmaceutical industry, and Harvard University (USA) - in a project to estimate health spending. If there has not yet been such a project undertaken in the English-speaking Caribbean, it may be feasible to extrapolate from the Dominican study facilitated by the CARICOM-ACS relationship.

36. IBC is an Institute of Cab International, an Intergovernmental Organization of 36 Member Countries providing service worldwide to agriculture, forestry, human health, and the management of natural resources through the provision of information and associated technical services, supply of natural cultures, as well as cultures beneficial pathogens.

The Inter-American Health Economics and Financing Network should be reviewed to examine the feasibility of its reconstitution to include the English-speaking Caribbean countries in their expanded ACS status. In elucidation, the recommendation in not that CARICOM should seek inclusion into the network in its restricted capacity as enunciated in the Treaty of Chaguaramas, but in the fuller capacity as provided for in the ACS Convention, and this by exutation would mean that any ACS State which may not yet be within the Network would also be included. This recommendation has been advanced with knowledge that in 1996 this network included “many experts and professionals who encourage communication and cooperation between health and finance ministries, between researchers and health service providers, between teachers and managers, and between the State and the private sector.” Tighter CARICOM-ACS cooperation of a similar nature in relation to the Regional Plan for Investment in the Environment and Health, would further ensure that preventive measures, such as safe food-handling are implemented to reduce the incident of common infections.

The 1996 Report of the Director of the Pan American Health Organization recognized that “subregional and regional integration processes offer broad possibilities for the Organization to provide technical cooperation in pursuit of health sector goals” and noted that “PAHO’s work in this area in 1996 focussed on generating the necessary knowledge in the countries to ensure the sustainability of their actions and raise health levels, as well as facilitate intercountry cooperation and exchange among agencies, institutions, and groups.” This facilitation of intercountry cooperation is a restatement of PAHO/WHO’s dominant mode of interrelating with countries, although it can also be interpreted as capitulating to current political trends that see a diminution of national sovereignty concurrent on the pervasive and inexorable growth of globalization. To say this, however, is not to be unaware that “technical cooperation must be country-specific”, that “international technical cooperation in health must be provided on the basis of plans formulated at the national level in response to nationally identified priorities, which will orient the mobilization or resources, both human and financial.”

Additionally, it is of compelling importance that the Pan American Health Organization (PAHO/WHO) and the United Nations Conference on Trade and Development (UNCTAD) study carried out on international trade in health services, be used as a model for examining similar concerns within CARICOM-ACS States. The study referred to is: International Trade in Health Services: Main Issues and Opportunities for the Countries of Latin America and the Caribbean. It cannot be disputed that “trade” and “globalization” are synonymous terms, and “food, drug services (transnational health services / financing) and professional practice,” are seminal constructs of those terms within the health universe.

38. See PAHO 1996 Report, ibid., at p. 82.
It is not just "probable" rather it is most certainly "possible" to successfully confront the new parameters set forth by regional economic globalization, through the synergy of CARICOM and ACS interaction and cooperation. 41

41. The dictionary definition of probable is that which is "likely to occur or be; that can be reasonably, but not certainly expected." In contrast, that which is possible is described as something "that can be done, known, acquired or selected depending on circumstances. [Webster New World (Cleveland, Ohio: World, 1975, 1112, 1132, emphasis added)]. See also, note 20 and note 21.
Appendix I

Caribbean Community (CARICOM)
Bank of Guyana Building, P.O. Box 10827, Georgetown, Guyana.
Rel: (592) 2 69281-9; Fax: (592) 2 67816.
WWW: http://www.caricom.org/
Secretary-General: Mr. Edwin Carrington.

Foundation

Structure
Antigua and Barbuda, The Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Jamaica, Montserrat, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago. British Virgin Islands, Turks and Caicos Islands and Aruba are associated members.

The Conference of Heads of Government is the supreme authority of the community; it determines its policy and is responsible for the conclusion of treaties on behalf of the community and international organisations and states. A common market council of ministers is responsible for the development and operation of the common market. The Bureau of Heads of Government initiates proposals and secures implementation. Caricom is serviced by a secretariat, based in Georgetown, Guyana.

Caricom has several institutions. The conference of ministers (health), and standing committees of ministers responsible for agriculture, education, energy, mines and natural resources, finance, foreign affairs, science and technology, tourism and transportation, and the environment.

Technical co-operation is carried out through the Secretariat, which is organised into 15 programme areas [including] health sector development.

Associated Organisations
Under the Treaty of Chaguaramas, the following bodies are associated institutions of the Community: Caribbean Development Bank (CDB); Caribbean Examinations Council (CXC); Caribbean Meteorological Organisation (CMO); Council of Legal Education (CLE); Organisation of Eastern Caribbean States (OECS); University of Guyana (UG); University of the West Indies (UWI).
Agencies with incidence of health
Caribbean Agricultural Research and Development Institute (CARDI)
Caribbean Environmental Health Institute (CEHI)
Caribbean Tourism Organization (CTO)

[Excerpts taken from: http://www.tcol.co.uk/comorg/caricom.htm]
Protocol 1 [not yet in force] amending the Treaty Establishing the Caribbean Community states in Article IX:

Replace Article 14 of the Treaty with the following:

Article 11
Institutions of the Community

The following entities established by or under the auspices of the Community shall be recognized as Institutions of the Community:
Caribbean Disaster Emergency Response Agency (CDERA);
Caribbean Meteorological Institute (CMI);
Caribbean Meteorological Organisation (CMO);
Caribbean Food Corporation (CFC);
Caribbean Environmental Health Institute (CEHI);
Caribbean Agricultural Research and Development Institute (CARDI);
Caribbean Regional Centre for the Education and Training of Animal Health and Veterinary Public Health Assistants (REPAHA);
Association of Caribbean Community Parliamentarians (ACCP);
Caribbean Centre for Development Administration (CARICAD);
Caribbean Food and Nutrition Institute (CFNI);
and such other entities as may be designated by the Conference.

Article 12
Associate Institutions of the Community

The following entities with which the Community enjoys important functional relationships which contribute to the achievement of the objectives of the Community shall be recognized as Associate Institutions of the Community:

Caribbean Development Bank (CDB);
University of Guyana (UG);
University of the West Indies (UWI);
Caribbean Law Institute / Caribbean Law Institute Centre (CLI/CLIC);
and such other entities as may be designated by the Conference.

This Protocol was opened for signature on the 19th of February 1997.
Note: the instruments supplementing the Treaty establishing the Caribbean Community include:
1. The Charter of Civil Society. [www.caricom.org/CHARTER.html]
2. The Agreement for the establishment of an Assembly of Caribbean Community Parliamentarians (ACCP). [www.caricom.org/accp.htm]
3. Caricom Agreement on Social Security. [www.caricom.org/socsec.htm]

The Treaty establishing the Caribbean Community, Chaguaramas, 4th July 1973, is currently being revised in order to establish the CARICOM Single Market and Economy. This process of revision is being undertaken by a series of Protocols which are due for completion before 1999. [www.caricom.org/treaty.html]

Organisation of Eastern Caribbean States (OECS)

Central Secretariat, PO Box 179, The Morne, Castries, St. Lucia, West Indies.
Tel: (758) 452 2437; Fax: (758) 453 1628; e-mail: oecss@candw.lc

Director-General: Mr. Swinburne Lestrade.

Foundation
A sub-regional grouping of nine governments: Antigua and Barbuda, Dominica, Grenada, Montserrat, St. Lucia, St. Kitts and Nevis, St. Vincent and the Grenadines, and the British Dependent Territories of Anguilla and the British Virgin Islands, who are associated members.

The OECS was established in 1981, superseding the West Indies Associated States, founded in 1966 as a political decision-making body, and the Eastern Caribbean Common Market (ECCM), founded in 1968 as an associate institution of the Caribbean Community (Caricom).

Structure
The ‘Authority of the Heads of Government’ is the decision-making body, responsible for the overall guidance of the organisation and the conclusion of treaties and international agreements on the organisation’s behalf. This summit is held twice yearly, and is chaired by different Presidents or Prime Ministers of the OECS in rotation. There are four committees: foreign affairs; defence and security; economic affairs; and legal affairs. There are also regular meetings of ministers of education, with responsibility for sport, and of ministers of health.

[Excerpts taken from: http://www.tcol.co.uk/comorg/oecs.htm]
Association of Caribbean States (ACS)

11-13 Victoria Avenue, Port-of-Spain, Trinidad and Tobago.
Tel: (868) 623-2783/4; Fax: (868) 623-2679; e-mail: mail@acs-aec.org

Secretary-General: Mr. Simon Molina Duarte
Director: Ms. Faye Durrant

Historical Background
The West Indian Commission in its 1992 Report to the CARICOM Heads of Government initially made the proposal for the creation of an Association of Caribbean States to advance economic integration and functional cooperation. The recommendation was accepted by the CARICOM Heads of Government at a Special Meeting held in October, 1992, in Port of Spain. The commitment to establish the ACS was again reiterated in October, 1993, at the Summit of the Presidents of the Group of Three, the Heads of Government of CARICOM and the Vice President of Suriname, held in Port of Spain. On July 24, 1994, the Convention was signed in Cartagena de Indias, Colombia. The Inaugural Summit of the ACS was held in Port of Spain on August 17-18, 1995.

Members
The Member States of the ACS are Antigua and Barbuda, The Bahamas, Barbados, Belize, Colombia, Costa Rica, Cuba, Dominica, the Dominican Republic, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago, and Venezuela.

Associate Members
Currently, France (in respect of French Guiana, Guadeloupe and Martinique) is an Associate Member of the ACS.

Countries and Territories Eligible for Associate Membership
The states, countries and territories eligible for Associate Membership in the ACS are Aruba, Anguilla, Bermuda, the British Virgin Islands, the Cayman Islands, Montserrat, Puerto Rico, Turks and Caicos Islands, and the United States Virgin Islands.

Countries with Observer Status
The following organizations have been declared Founding Observers of the ACS. CARICOM (Caribbean Community), SELA (Latin American Economic System), SICA (Sistema de Integracion Economica Centroamericana), in special recognition of their contribution to the formation of the ACS and the important role they play in the regional integration and cooperation process.
Organs of the ACS
The permanent organs of the ACS are; the Ministerial Council; and the Secretariat.

The Ministerial Council is the principal organ for policy-making and direction of the ACS. It has established Special Committees to assist it in the performance of its functions.

Special Committees have been established in the following areas: Trade Development and External Economic Relations; the Protection and Conservation of the Environment and of the Caribbean Sea; Natural Resources; Science, Technology, Education Health and Culture; Budget and Administration; Transportation; and Tourism. A Special Group on Natural Disasters also functions under the aegis of the Environment Committee.

The Secretariat comprises a Secretary General and other staff as the Ministerial Council may determine. The Secretariat assists the Ministerial Council and the Special Committees in the development and implementation of policies and programmes.

[Excerpts taken from: http://www.acs-aec.org/brochureweb.htm]
Appendix II

Pan American Health Organization, World Health Organization (PAHO/WHO)
Pan American Health Organization, Pan American Sanitary Bureau,
Regional Office of the World Health Organization,
525 Twenty-Third Street, N.W.,
Washington, D.C. 20037, U.S.A.
Tel: (202) 974-3000; Fax: (202) 974-3663.

Director: Dr. George A.O. Alleyne
Deputy Director: Dr. A.D. Brandling-Bennett
Assistant Director: Dr. Mirta Roses Periago

Fundamental Purposes
The fundamental purposes of the Pan American Health Organization are to promote and coordinate the efforts of the countries of the Region of the Americas to combat disease, lengthen life, and promote the physical and mental health of their people.

It also helps countries work together toward common goals in health. Multi-country health ventures are now underway in Central America, the Caribbean, the Andean Region, and the Southern Cone.

The Organization also executes projects for other United Nations agencies, for international organizations such as the World Bank and Inter-American Development Bank, for official development cooperation agencies of various governments, and for philanthropic foundations.

Structure: Governing Bodies
The Pan American Health Organization comprises the following:

The Pan American Sanitary Conference — the supreme governing body in which each Member Government is represented — meets every four years, defines the Organization’s general policies, serves as a forum on public health matters, and elects the Director of the Pan American Sanitary Bureau. From 1986 on, the Conference approves PAHO’s strategic orientations and program priorities for the coming quadrennium.

The Directing Council — consisting of one representative of each Member Government — meets once a year and acts on behalf of the Conference in years when that body does not meet. It reviews and approves the Organization’s program and budget.
The Executive Committee — composed of representatives of nine Member Governments elected by the Conference or the Council for staggered three-year terms — meets twice yearly to consider technical and administrative matters, including the program and budget, and submits its recommendations to the Conference or Council. The Subcommittee on Planning and Programming of the Executive Committee was reorganized in 1984 to enhance the participation of the governments in planning the Organization’s activities. It is made up of delegates from seven countries, meets twice yearly, and reports directly to the Governing Bodies.

The Pan American Sanitary Bureau — headed by the Director — acts as the Executive Secretariat and carries out the directives of the Governing Bodies.

Budget
The Organization has a biennial budget made up of quotas from Member Governments of the Pan American Health Organization, the World Health Organization allocation for the Regional Office of the Americas, and extrabudgetary funds.

Member Governments
Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, United States of America, Uruguay, Venezuela.

Participating Governments
France, The Kingdom of the Netherlands, The United Kingdom of Great Britain and Northern Ireland.

Associate Member
Puerto Rico

Observers
Portugal, Spain.

PAHO/WHO Regional and Subregional Centers, Institutes, and Programs
* Regional Bioethics Program, Chile
* Caribbean Epidemiological Center (CAREC), Trinidad
* Caribbean Food and Nutrition Institute (CFNI), Jamaica
* Institute of Nutrition of Central America and Panama (INCAP), Guatemala
* Latin American and Caribbean Center on Health Sciences Information (BIREME), Brazil
* Latin American Center for Perinatology and Human Development (CLAP), Uruguay
* Pan American Center for Human Ecology and Health (ECO), Mexico
* Pan American Institute for Food Protection and Zoonoses (INPPAZ), Argentina
* Pan American Foot-and-Mouth Disease Center (PANAFTOSA), Brazil
* Pan American Center for Sanitary Engineering and Environmental Sciences (CEPSIS), Peru

[Excerpts taken from:
Appendix III

International Funding and Technical Support Institutions

Canadian Society for International Health (CSIH)
(PAHO’s technical representative in Canada)
1 Nicholas Street, Suite No. 1105, Ottawa, Ontario, Canada. K1N 7B7.
Tel: (613) 241-5785; Fax: (613) 241-3845

Caribbean Development Bank
P.O. Box 408 Wildey, St. Michael, Barbados.
Tel: (246) 431-1600; Fax: (246) 426-7269; Internet: http://www.caribank.org
President: Sir Neville Nicholls.

Commonwealth Secretariat
Marlborough House, Pall Mall, London, SW1Y 5HX, Great Britain.
Tel: (44) 171 839 3411; Fax: (44) 171 930 6128; e-mail: info@commonwealth.int
WWW: http://www.thecommonwealth.org
Secretary-General: Chief Emeka Anyaoku

Food and Agricultural Organization of the United Nations (FAO)
(Headquarters)
Viale delle Terme di Caracalla, 00100 Rome, Italy.
Tel: +39.0657051; Fax: +39.0657053152
Director-General: Jacques Diouf

Inter-American Development Bank
(Headquarters)
1300 New York Avenue, N.W., Washington, D.C. 20577, U.S.A.
Tel: (202) 623-1000
President: Enrique V. Iglesias
Caribbean Division OD: Division Chief, Mr. Frank Vukmanic; Principal Coordinator: Mrs. Camille Gaskin-Reyes; Health Specialist: Ms. Ruth Levine; Health Economist: Ms. Holly Wong.

(Caribbean Office - Barbados)
Maple Manor, Hastings, P.O. Box 402, Christ Church, Barbados, W.I.
Tel: (246) 427-3612; Fax: (246) 429-8869
Caribbean Representative: Dr. Pamela McKell.

The Multilateral Investment Fund (MIF) was launched in 1993 to promote private sector development and private investment in Latin America and the Caribbean. The Inter-American Investment Corporation (IIC), an autonomous affiliate of the Bank, was established to promote the economic development of its 34 member countries by financing small and medium-scale private enterprises.

International Institute of Biological Control
Gordon Street, Curepe, Trinidad and Tobago.
Tel: (868) 662-4173; Fax: (868) 663-2859.

Purpose: A non-profit organization dedicated to supporting the development of biological control and integrated pest management worldwide, through research, training and the provision of advice and information.

Affiliations: IBC is an Institute of Cab International, an intergovernmental organization of 36 Member Countries providing services worldwide to agriculture, forestry, human health and the management of natural resources through the provision of information and associated technical services.


Management Sciences for Health (MSH)
(Main Office)
165 Allandale Rd., Boston, MA., USA.
Tel: (617) 524-7799; Fax: (617) 524-0783; e-mail: development@msh.org

MSH’s Drug Management Program (DMP) is based in Washington, DC. It organizes and carries out technical assistance and training. MSH in association with the United States Pharmacopeia (USP) are jointly responsible for the Rational Pharmaceutical Management Project (RPM) which is funded by USAID. RPM is providing long-term technical assistance in the Organization of Eastern Caribbean States (OECS).
Organisation of American States (OAS)
19th St. & Constitution Avenue, Washington, DC, 20006, USA.
Secretary-General: Cesar Gaviria

Structure
The OAS is the world’s oldest regional organization; it is the principal forum in the hemisphere for dialogue on political, economic and social issues. The Organisation of American States accomplishes its purposes by means of: (a) The General Assembly; (b) The Meeting of Consultation of Ministers of Foreign Affairs; (c) The Councils; (d) The Inter-American Juridical Committee; (e) The Inter-American Commission on Human Rights; (f) The General Secretariat; (g) The Specialized Conferences; and (h) The Specialized Organizations. There may be established, in addition to those provided for in the Charter and in accordance with the provisions thereof, such subsidiary organs, agencies, and other entities as are considered necessary.

Subsidiary Bodies
* Inter-American Drug Abuse Control Commission.
* Inter-American Council for Integral Development (CIDI).
* Inter-American Defence Board.
* Inter-American Institute for Cooperation on Agriculture (IICA). [A specialized agency].
* Inter Sectoral Unit for Tourism of the Organization of American States (OAS)

(Headquarters)
7 Place de Fontenoy, 75352, Paris, 07 SP, France.
Director-General: Federico

United Nations Economic Commission for Latin America and the Caribbean (ECLAC)
(Headquarters)
Edificio Naciones Unidas, Casilla 179-D, Avenida Dag Hammarskjold, Santiago, Chile.
Tel: [56] (2) 210; Fax: [56] (2) 208.
Executive Secretary: Jose Antonio Ocampo.

(Caribbean)
22-24 St. Vincent Street, Port-of-Spain, Trinidad & Tobago.
Tel: (868) 623-5595; Fax: (868) 623-8485
Director: Ms. Len Ishmael

Composition
41 Member countries: Antigua & Barbuda, Argentina, The Bahamas, Barbados, Belize, Bolivia,
Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, France, Grenada, Guatemala, Guyana, Haiti, Honduras, Italy, Jamaica, Mexico, Netherlands, Nicaragua, Panama, Paraguay, Peru, Portugal, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Spain, Suriname, Trinidad and Tobago, United States of America, Uruguay, Venezuela.

7 Associate members: Anguilla, Aruba, British Virgin Islands, Montserrat, Netherlands Antilles, Puerto Rico, US Virgin Islands.

Structure
The Commission meets every two years in one of the Latin American or Caribbean capitals. The Committee of the Whole meets for special purposes and usually in years in which no session of the Commission has been scheduled.

Subsidiary Bodies of the ECLAC
* Central American Economic Cooperation Committee (Committee for Economic Cooperation of the Central American Isthmus).
* Committee of High Level Government Experts.
* Caribbean Development and Co-operation Committee (CDCC).
* Trade Committee.
See also: Latin American Institute for Economic and Social Planning (ILPES).

United Nations Latin American and Caribbean Institute for Economic and Social Planning (ILPES)
(Headquarters)
Edificio Naciones Unidas, Avenida Dag Hammarskjold, Santiago, Chile.
Tel: [56] (2) 210-2000; Fax: [56] (2) 206-6104; Internet: www.eclac.cl
Director: Arturo Nunez Del Prado

Composition
40 Government members of the Regional Council for Planning: Antigua and Barbuda, Argentina, Aruba, The Bahamas, Barbados, Belize, Bolivia, Brazil, British Virgin Islands, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Montserrat, Netherlands Antilles, Nicaragua, Panama, Peru, Puerto Rico, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Spain, Suriname, Trinidad and Tobago, US Virgin Islands, Uruguay, Venezuela.

Structure
The Regional Council for Planning (RCP) which replaced the former Governing Council, is composed of Ministers and Heads of Planning of Latin America and the Caribbean. The Council holds regular meetings every four years. The Presiding Officers of the RCP, who meet more
frequently, total nine members: eight Presiding Officers elected to the RCP, and a representative of the country where the Institute has its headquarters (Chile).

The System of Co-operation and Co-ordination among Planning Bodies of Latin America and the Caribbean (SCCOPALC) was established by the member Governments to exchange experience and research results on planning and coordination of public policy.

United States Agency for International Development (USAID)
Information Center, Ronald Reagan Building, Washington, DC. 20523-0016, USA.
Tel: (202) 712-4810; Fax: (202) 216-3524.

The Caribbean Disaster Mitigation Project (CDMP) is a joint effort of the Organization of American States (OAS) and the US Agency for International Development (USAID)

World Bank (WB)
1818 H Street, N.W., Washington, DC 20433, USA.
Tel: (202) 477-12234
President: James Wolfensohn
Appendix IV

Regional Organizations

Andean Community (JUNAC)

Association of Caribbean States (ACS)
[www.acs-aec.org]

Asociacion Latinoamericana de Integracion (ALADI)

Banco Centroamericano de Integracion Economica (BCIE)

Caribbean Community (CARICOM)
[www.caricom.org]
[www.tcol.co.uk/comorg/caricom.htm]

Central American Integration System (SICA)
[www.sicanet.org.sv]

Corporacion Andina de Fomento (CAF)

Economic Commission for Latin America and the Caribbean (ECLAC)

Grupo de los 3 (G-3)

Instituto para la Integracion de America Latina y el Caribe (INTAL)

Inter-American Development Bank (IDB)

International Institute for Biological Control (IBC)
[www.undp.org/tcdd/backup/tri1031.htm]

Latin American Centre for Development Administration (CLAD)

Latin American Economic System (SELA)
[www.lanic.utexas.edu/project/sela]

Mercado Comun del Sur (MERCUSOR) [Argentina, Uruguay, Brazil]
Organization of American States (OAS)

Organization of Eastern Caribbean States (OECS)
[www.tcol.co.uk/comorg/oecs.htm]

Pan American Health Organization (PAHO)
[www.paho.org]

Parlamento Latinoamericano

Secretaria de Integracion Economica Centroamericana (SIECA)
[www.pronet.gt/bases/sieca]
To order publications please write to:

Public Policy and Health Program
Health and Human Development Division

PAN AMERICAN HEALTH ORGANIZATION
525 – 23rd Street NW
Washington, DC 20037
Telephone: (202) 974-3138
Facsimile: (202) 974-3675