

JOINT STATEMENT BY
THE DEPARTMENT OF HEALTH OF CANADA
AND
THE SECRETARIAT OF HEALTH OF THE UNITED MEXICAN STATES
IN THE FIELD OF HEALTH

The Minister for the Department of Health of Canada, The Honourable Anne McLellan and the Secretary of Health of the United Mexican States, Julio Frenk having expressed our commitment to cooperate on health matters, as agreed to in the Memorandum of Understanding signed in Mexico City on January 12, 1998, now agree to undertake a joint Plan of Action as described in Annex A.

We confirm our shared interest in dealing with health issues associated with:

- *use of tobacco products*
- *the elderly*
- *abuse of drugs and related substances*
- *epidemiological surveillance and laboratory techniques*
- *HIV/ AIDS*
- *environmental health*
- *funding and decentralisation of health services*
- *health system performance and national health accounts*
- *research in health care field*
- *indigenous populations*
- *mental health*
- *international health*

We agree to work together to maximize our potential to deal effectively with these health issues and to encourage the exchange of information and personnel between our two ministries, to undertake joint workshops and seminars where feasible and to engage in joint research projects.

Signed in Geneva, Switzerland on May 13, 2002 in duplicate in English, French and Spanish all texts being equally authentic.

**FOR THE DEPARTMENT OF HEALTH
OF CANADA**

**FOR THE SECRETARIAT OF HEALTH
OF MEXICO**



**HON. A. MCLELLAN
MINISTER OF HEALTH**



**DR. JULIO FRENK
SECRETARY OF HEALTH**

ANNEX A -PLAN OF ACTION

MAIN AREAS OF COOPERATION

I. COOPERATION RELATED TO THE CONTROL OF TOBACCO USE

Exchange information and expertise on the following issues:

LEGISLATION

2. Use of taxation as a method to control tobacco use;
3. The development of legislation and regulation on tobacco;
4. Accessibility to tobacco products by minors and the application and impact of sanctions;
5. Legislation or regulations to limit nicotine content in cigarettes;
6. Supervision of legislative and regulatory compliance measures;
7. Community participation in the surveillance of compliance with regulations;
8. Cigarette packaging and labelling;
9. Regulations on involuntary exposure to tobacco smoke in workplaces and in closed public places.

PREVENTION

1. Undertake a binational symposium to share best practices and exchange information on the control of Tobacco Use in 2002. The symposium is to take place on a date and at a location mutually agreed upon by the two ministries.
2. Strategies and models used to prevent tobacco consumption especially among children and adolescents.
3. Use of mass media to make targeted groups aware of the health effects of smoking;
4. Development of documentation to inform adolescents about the effects of tobacco addiction and the existence of smoking cessation aids;
5. Strengthening the role and leadership capabilities of physicians in helping to reduce tobacco use;
6. The advantages and disadvantages of participating with the pharmaceutical industry in responding to tobacco addiction;
7. The participation of Parent Associations in the development of materials on the prevention of tobacco addiction;
8. Dissemination of information on legislation and strategies to control tobacco use;
9. Strategies to treat tobacco addiction;
10. Methods to measure and evaluate the impact, strategies and models used to prevent tobacco consumption.

RESEARCH

1. Methodologies to detect and measure nicotine levels in cigarettes in the blood, urine and saliva of active and passive smokers;
2. Physiological and psychological effects of tobacco addiction and carcinogenic properties of tobacco components;
3. Advances in methods used for surveillance of tobacco consumption;
4. Promotion of research studies on therapies for smoking cessation.

II. COOPERATION RELATED TO THE HEALTH OF ADULTS AND THE ELDERLY

1. Undertake a binational symposium on the prevention and control of aging related illnesses. A final symposium in 2002 is to take place on a date and at a location mutually agreed upon by the two ministries.
2. Exchange information on strategies to control illnesses such as diabetes and hypertension which will include:
 - training of health staff
 - educating patients
 - integrated treatment of illnesses
 - self-monitoring
3. Based on the experiences that were shared on the prevention, treatment and control of illnesses and conditions related to aging, jointly present the results.
4. Exchange personnel and information on the training of staff at health centres that treat chronic illnesses.
5. Jointly undertake research conditions such as dementia and Alzheimer's disease in the general population and in special groups such as Canadians and Mexicans of Aboriginal descent.

III. COOPERATION RELATED TO THE ABUSE OF DRUGS AND RELATED SUBSTANCES

Exchange information and expertise related to:

1. Research on the extent to which abuse of medications and psycho-active substances exist among mature adults;
2. Morbidity and mortality indicators associated with substance abuse and the use of methods to monitor and assess risk;
3. Use of mass media techniques to undertake preventative campaigns. Development of principles related to training staff in marketing and communication techniques.
4. The development and use of procedural and technical guidelines to respond to cases involving intoxication, violence and accidents in the consumption of alcohol and other drugs;
5. The development of legal and regulatory mechanisms to respond to those charged with illegal use of drugs;
6. Share epidemiological information on the extent of drug abuse in both countries and discuss estimation of risk and health problems associated with substance abuse;

7. Research into the extent to which substance abuse occurs in Mexican migrant workers in Canada, first and future generation Canadian of Mexican descent and Mexican immigrants that have returned to Mexico;
8. Information on the development and assessment of protocols for the prevention and treatment of substance abuse and undertake an analysis of the cultural differences in treatment response in both countries;
9. The development and impact of public policies to address substance abuse in both countries;
10. The development and use of educational materials and its application in training primary health care physicians and nurses;
11. The development of economic indicators related to violence and accidents associated with alcohol and drug abuse.

Undertake joint seminars, workshops and/or meetings in relation to:

1. Participation of Canadians at a meeting organized by CONADIC on inhalant abuse;
2. Effectiveness of public health policies for reduction of substance abuse;
3. Utilization of community groups and young persons in strategies for substance abuse.

IV. COOPERATION RELATED TO INDIGENOUS POPULATIONS

Exchange information and expertise on the following issues:

POLICY

1. Policy and regulations to protect the health of indigenous populations.

PREVENTION

1. Strategies used to implement preventative medicines in indigenous populations;
2. Human resource training for health of indigenous communities with respect to their traditions and culture;
3. The use of educational and health promotion materials;
4. Workshops for training and information exchange.

RESEARCH

1. Biomedical and social research on health and nutrition;
2. Knowledge on the use of alternative traditional medicines;
3. Knowledge on the prevalence of tobacco consumption, alcohol consumption and substance abuse;
4. Micronutrients supplementation.

V. COOPERATION RELATED TO HEALTH SERVICES FINANCING AND DECENTRALISATION.

1. Exchange personnel and information on financing and decentralisation experiences.
2. Undertake a joint meeting to explore new ways of financing healthcare for under served population.

VI. COOPERATION RELATED TO HEALTH SYSTEM PERFORMANCE AND NATIONAL HEALTH ACCOUNTS

1. Exchange information and expertise on the development of National Health Accounts
2. Provide training of staff to develop a system of National Health Accounts.
3. Undertake joint seminars and workshops in relation to the Canadian experience of health system performance.

VII. COOPERATION RELATED TO EPIDEMIOLOGICAL SURVEILLANCE AND LABORATORY TECHNIQUES

1. Strengthen elements of epidemiological surveillance such as information retrieval, analysis of data and assessment of results related to morbidity, mortality and hospital surveillance;
2. Undertake meetings between experts in both countries to exchange technical information and to identify joint strategies and research projects;
3. Exchange information on the development of information systems which seek to improve quality of epidemiologic data, utilize automated procedures and produce National Bulletins to disseminate information on illnesses;
4. Provide training on detection on Hepatitis A in water and general laboratory techniques in the diagnosis of Hepatitis B, C and E.
5. Provide training on classification of phage-types for Salmonella.

VIII. COOPERATION RELATED TO HIV/AIDS

1. Exchange of educational material in Spanish and English that could benefit immigrants in both languages on HIV/AIDS and ways to minimize the risk of exposure;
2. Provide training to internist physicians from the specialized services in the treatment and care of HIV/AIDS patients;
3. Share strategies on how best to control the spread of HIV through the collection, processing and use of blood and blood products;
4. Provide training on laboratory techniques involving the culturing and identification of HIV.
5. Exchange educational strategies for promotion and prevention in specific groups of population (such as migrants, sex workers, children, adolescents, women, intravenous drug users, prison populations)
6. Genetic determination of viral resistance.

IX. COOPERATION RELATED TO ENVIRONMENTAL HEALTH

1. To exchange information and undertake joint investigations on the health effects of exposure to water and air pollution;
2. Undertake meetings between experts in both countries to exchange technical information and to identify joint strategies and research projects;
3. Children's health and environment
4. Training and reference for toxicologic laboratories
5. Health risk evaluation of chemical substances and pesticides
6. Environmental health surveillance
7. To continue with activities underway through the North American Regional Action Plan (NARAP) on pesticides and related substances.

X. COOPERATION RELATED TO MENTAL HEALTH

1. Strategies and methods of detection and treatment of mental health problems;
2. Scientific and technical collaboration on mental health including information exchange and research;
3. Develop polls/surveys that measure incidence and prevalence of mental illnesses;
4. Preventative programs and methods on mental health;
5. Legislation related to the rights of people with mental illnesses;
6. Inter-institutional and educational collaboration.

XI. COOPERATION RELATED TO INTERNATIONAL HEALTH

1. Documentation will be exchanged between the two ministries of health that describes their respective health care systems and identifies strategic directions for the future;
2. The International Affairs units of both ministries of health will hold meetings and an exchange of views on international health issues at locations and on dates that are mutually convenient.

XII. TIMETABLE OF COOPERATION

1. The activities listed above will be carried out during the year specified and may be deferred if required or repeated in the following years;
2. In the last half of 2002, an evaluation of the cooperation activities will be held in either Canada or Mexico and a cooperation plan for the next period will be drafted.

XIII. ADMINISTRATION AND FINANCIAL ARRANGEMENT

1. The exchange of personnel shall not exceed 5 months annually unless mutually agreed upon by both parties;
2. The sending country will pay for the round trip travel expenses to the most appropriate city of the receiving country;
3. The receiving country will normally cover the costs of accommodation, meals and incidentals, emergency health services and domestic travel incurred in connection with official activities under the Memorandum of Understanding and this Plan of Action.