



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



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## **NONGOVERNMENTAL ORGANIZATIONS IN OFFICIAL RELATIONS WITH PAHO**

### **Report of the Subcommittee on Program, Budget, and Administration**

#### **Introduction**

1. To address official relations between the Pan American Health Organization (PAHO) and nongovernmental organizations (NGOs), Resolution CESS.R1, Revision of the Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations, of the Special Session of the Executive Committee, held on 11 January 2007, established that one of the functions of the Subcommittee on Program, Budget, and Administration (SPBA) is to “review applications received and submit a recommendation for action by the Executive Committee. It will also periodically review collaboration with NGOs and make recommendations to the Executive Committee concerning renewal of such collaboration.”

#### **Applications of NGOs for Admittance into Official Relations with PAHO**

2. This year, the Director received an application from one NGO, the American Public Health Association (APHA) which is requesting admittance into official relations with PAHO for a period of four years.

#### **Review of the NGOs in Official Relations with PAHO**

3. Section 5 of the Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations states: “The Subcommittee on Program, Budget, and Administration will normally review collaboration with each NGO with which PAHO has official working relations every four years and, based on the results of the biennial work plans and activities undertaken during the period under review and on the proposed work plan for the next four-year period, shall make a

recommendation to the Executive Committee on the desirability of maintaining these relations.”

4. The Director submitted a report to the Seventh Session of the Subcommittee on Program, Budget, and Administration on seven inter-American nongovernmental organizations whose relations with PAHO were due for the four-year review. The NGOs under review included: the American Society for Microbiology (ASM), the Inter-American Association of Sanitary and Environmental Engineering (AIDIS), the International Diabetes Federation (IDF), the Latin American Federation of the Pharmaceutical Industry (FIFARMA), the March of Dimes, the U.S. Pharmacopeial Convention (USP), and the World Association for Sexual Health (WAS, formerly World Association for Sexology).

5. The information submitted by the NGOs in support of their applications for admittance or for continuing their official relations was made available to the Subcommittee in a background document. The Seventh Session of the Subcommittee, composed of the Delegates of Argentina, Chile, Dominican Republic, El Salvador, Jamaica, Suriname, and the United States of America, considered the background papers prepared by the Bureau. These background papers contained a profile of the NGOs in official relations with PAHO and a report on their collaborative activities with PAHO. The papers also included the proposals and work plan of the NGO requesting admission into official relations with PAHO, with a recommendation by the PAHO technical focal point.

6. The Subcommittee recommends that the Executive Committee admit the American Public Health Association (APHA) into official relations with PAHO for a period of four years, through 2017.

7. Concerning those seven NGOs mentioned in paragraph 4, the Subcommittee recommends that official relations with these nongovernmental organizations be maintained through 2017.

8. The Executive Committee, in June 2009, requested that the Director also provide brief progress reports on nongovernmental organizations in official relations with PAHO. Annex A includes a report on the status of ongoing relations between PAHO and those NGOs not being reviewed at this time.

#### **Action by the Executive Committee**

9. After reviewing the information provided, the Committee is invited to consider adopting the proposed resolution recommended by the Seventh Session of the Subcommittee on Program, Budget, and Administration and presented in Annex B.

**PROGRESS REPORT ON THE STATUS OF ONGOING RELATIONS  
BETWEEN PAHO AND THE NONGOVERNMENTAL ORGANIZATIONS  
IN OFFICIAL RELATIONS WITH PAHO**

**World Resources Institute Center for Sustainable Transport (EMBARQ)**

1. EMBARQ has made important progress in the field of sustainable urban transport, sustainable urban development, and its relationship with public health. EMBARQ has supported projects in many countries of Latin America.
2. EMBARQ has supported the creation of the Latin American Association for Integrated Transport Systems and Bus Rapid Transit (SIBRT), which works to improve and expand mass transport systems in the Region. Working with over 17 agencies from different Latin American countries, EMBARQ has successfully engaged them in important discussions regarding road safety, financing, and operations improvements.
3. In Brazil, EMBARQ is supporting the cities of Rio de Janeiro, Belo Horizonte, and Porto Alegre in their efforts to improve traffic safety in their bus rapid transit (BRT) and bus corridor systems, as well as to improve operations. EMBARQ Brasil is also working in Rio de Janeiro to ensure that the favela redevelopment projects consider sustainable urban transport and in particular preserve the use of bicycles, with enhanced traffic safety. EMBARQ is preparing a special biking guide for the favelas. Finally, EMBARQ Brasil is completing a public health assessment report before the construction and operation of a BRT system in Belo Horizonte. The report will contain an analysis of the traffic safety, air quality, and physical activity conditions related to the BRT corridor. Once the BRT is implemented and operational, an ex-post evaluation will be carried out.
4. In Mexico, EMBARQ has supported over 10 cities in their efforts to achieve sustainable urban transport systems. EMBARQ México is also working on sustainable urban development with a view to improving the traffic safety and environmental conditions of new developments. Finally, EMBARQ México is completing a public health assessment report before the construction and operation of a BRT system in Mexico City. An ex-post evaluation has been planned.
5. In Peru, EMBARQ has focused on supporting two BRT systems: one in Lima, to improve operations, and one in Arequipa, to complete implementation. In 2011 EMBARQ continued its evaluation of the public health impact of the Integrated Transport System under construction in Arequipa. EMBARQ completed a report on prior conditions related to road fatalities and injuries, physical activity levels of residents, and exposure to air pollution. After implementation, an ex-post study will be completed to measure these same factors citywide, as well as in the new bus rapid transit corridor. A public health assessment report for the future BRT in Arequipa was finalized and

presented in a public ceremony. EMBARQ held an event with PAHO, the Peruvian Vice Minister of Health, and the Mayor of Arequipa in October 2011 to provide the key findings of this first report. It led to encouraging signs from officials in terms of working toward improving the city's public health through more sustainable transport and public spaces that reduce the role of vehicles and promote mass transport, biking, and walking. EMBARQ Andino has also worked to promote traffic safety and physical activity in Peru. EMBARQ helped the Ministry of Health get two initiatives approved for funding from the Ministry of Finance. The first will implement *ciclovías* (bike paths) in cities, and the second will identify "black spots" (places where traffic crash injuries or deaths have occurred).

### **Healthy Caribbean Coalition (HCC)**

6. The Healthy Caribbean Coalition (HCC) was established in 2008 following the CARICOM Heads of Government Summit on Chronic Non-communicable Diseases. Its mission is to harness the power of civil society, in collaboration with government, private enterprise, academia, and international partners, in the development and implementation of plans for the prevention and management of chronic diseases among Caribbean people. Its vision is to contribute to the reduction of death and disability from chronic noncommunicable diseases (NCDs) among people in the Caribbean. The HCC was admitted into official relations with PAHO/WHO at the 150th Session of the Executive Committee of PAHO/WHO.

7. The HCC has strengthened civil society's capacity to respond to NCDs in the Caribbean in keeping with stated goals in the PAHO Biennial Work Plan, 2012–2013.

8. In 2012, the HCC, together with PAHO/WHO, the World Bank, the Jamaica National Health Fund, and LIVESTRONG, hosted "Rallying for Action on NCDs," an NCD prevention and strategic planning workshop for civil society organizations. Held in Kingston on May 27–29, the workshop was attended by about 104 delegates. A technical report on the workshop is available at <http://www.healthycaribbean.org>.

9. The HCC has produced a "Civil Society Strategic Plan of Action for Prevention & Control of NCDs for Countries of the Caribbean Community, 2012–2016." This plan highlights the four strategic areas of the HCC for the next four years, namely advocacy, capacity building, enhancing communication, and promotion of mHealth (health supported by mobile communication devices). The plan is aligned with the program of collaborative activities for the period 2012–2016 that has been agreed between PAHO/WHO and HCC.

10. The HCC has recently completed a cervical cancer advocacy plan for Caribbean civil society and is planning to host a cervical cancer advocacy workshop for Caribbean cancer societies and foundations.

11. The HCC is established as a not-for-profit company registered in Barbados, with an elected board of directors. It has a Secretariat in Barbados and employs a full-time manager. The President of HCC is a member of the Advisory Committee of the PAHO/WHO-led Pan American Forum for Action on NCDs, and a member of the forum's Multi-stakeholder Consortium for Dietary Salt Reduction.

### **Interamerican Society of Cardiology (IASC)**

12. The Interamerican Society of Cardiology (IASC) was admitted into official relations with PAHO in 2012. PAHO and the IASC have been collaborating in various activities to promote the prevention and control of cardiovascular diseases. Among the highlights:

- (a) IASC has been working to build support for the political declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and has participated in national and regional consultations to set targets and indicators.
- (b) IASC has been very active in the consultation process on the revised Strategy on NCDs for the Region of the Americas, which was approved by the Pan American Sanitary Conference in September 2012.
- (c) IASC was very active in the foundational meeting of the Pan American Forum for Action on NCDs, as well in the biannual CARMEN network meeting held in Brasilia in May 2012.
- (d) IASC was one of the leading organizations in World Heart Day 2012 activities in the Americas.
- (e) IASC is a member of the Hypertension Planning and Review Group, the steering committee of the Global Standardized Hypertension Treatment Initiative, which CDC is leading in close collaboration with PAHO.

### **Interamerican College of Radiology (CIR)**

13. In October 2012, the Interamerican Radiology Congress took place in El Salvador. It was attended by delegates from most of the countries in the Americas, in addition to Spain and Portugal. During the conference, the new board of directors took office, with Dr. Gloria Soto Giordani of Chile as President, Dr. Dante Casale of Mexico as President-elect, Dr. Eduardo Fraile as Secretary, and Dr. Carlos Tarzián as Treasurer.

14. The CIR continued its education programs through Virtual Radiology, which offers courses and conferences via the Internet; the visiting professor program, through which CIR supports the national associations and societies by sending highly skilled professors to their courses and conferences; the *Revista Virtual de Radiología* [Radiology Journal Online], which compiles abstracts from a large number of Latin American

journals; and the presence of the association at conferences of the Radiological Society of North America and the French Society of Radiology, at which CIR has organized well-attended courses in Spanish.

15. NOTiCIR, the CIR's electronic bulletin, is distributed to an extensive database of radiologists in the Americas each month. It provides information on scholarships for courses and conferences in all the member countries and valuable information for radiologists (see [www.webcir.org](http://www.webcir.org)).

### **InterAmerican Heart Foundation (IAHF)**

16. IAHF has collaborated with PAHO in a number of areas related to prevention and control of cardiovascular diseases and stroke, along with their risk factors and conditions. Among these collaborative activities:

- (a) IAHF has supported and collaborated with PAHO in creating and developing the Pan American Forum for Action on NCDs.
- (b) In Brasilia in May 2012, IAHF, jointly with the Healthy Caribbean Coalition, organized an NGO forum prior to the CARMEN meeting. IAHF also provided support to several multisectoral meetings, in particular the one on tobacco control.
- (c) IAHF supported Salt Awareness Week in March 2012, an event organized in the Region of the Americas by PAHO/WHO.
- (d) IAHF obtained funding and is currently implementing a study to map civil society organizations working on hypertension and salt reduction in the Region. This project is being done in collaboration with the American Heart Association. It is in line with PAHO's salt reduction initiative, which includes efforts to strengthen civil society.
- (e) IAHF obtained funding and is currently implementing a study of the salt content of processed foods in Argentina to permit monitoring of voluntary agreements between the Ministry of Health and food companies. PAHO is not directly involved in this project, but it is in line with a need identified by PAHO.
- (f) As part of the Global Bridges program run by IAHF in Latin America and the Caribbean and funded by the Mayo Clinic, IAHF worked on options for the treatment of nicotine dependence in the Region. IAHF is offering training to health professionals in numerous countries of the Americas. This initiative has been discussed with PAHO and supports its aims.
- (g) IAHF continued expansion of the Healthy Latin America Coalition (HLAC) and support for actions to implement the political declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and participation in consultations to set targets and indicators.

- (h) IAHF provided consultation on the revised Strategy on NCDs for the Region of the Americas, which was approved by the Pan American Sanitary Conference in September 2012.
- (i) IAHF promoted increased tobacco taxes in Mexico, Guatemala, Honduras, and El Salvador. These programs are funded by the Bloomberg Initiative and the International Development Research Centre. They are in line with PAHO priorities although PAHO does not directly participate in them.
- (j) IAHF obtained a National Institutes of Health Fogarty grant to study the economics of tobacco from farm to retail in Argentina over the next three years. This research program is in line with PAHO priorities for tobacco control although PAHO was not directly involved in the design or implementation.
- (k) IAHF conducted a Women and Heart Disease campaign in Mexico in 2011 and 2012 to increase awareness of women's risk for heart diseases and stroke. While it fits within PAHO priorities, it is not linked to a specific PAHO program.

#### **Latin American Association of Pharmaceutical Industries (ALIFAR)**

17. ALIFAR has participated in regular PAHO proceedings, such as the 150th and 151st sessions of its Executive Committee and the 28th Pan American Sanitary Conference. Follow-up was conducted on the activities of the PANDRH work groups and Steering Committee, as well as on the health and intellectual property regulations passed by the responsible authorities in the Latin American countries associated ALIFAR, with particular attention paid to registry standards and approval of biotechnological medicines.

18. With regard to the international organizations headquartered in Geneva, ALIFAR participated in the meetings of the World Intellectual Property Organization (WIPO) Standing Committee on the Law of Patents (21-25 May 2012) and Committee on Development and Intellectual Property (12-16 November 2012).

#### **Latin American Federation of Hospitals (FLH)**

19. In October 2012 in Paraná, Entre Ríos Province, Argentina, FLH organized the "The Social Determinants," XVIII International Conference on Health, Crisis and Reform, which enjoyed strong attendance.

20. The XIX International Conference on Health, Crisis and Reform will take place in September 2013 in Buenos Aires with the theme "Integrated Networks of Health Services." To ensure its success, a series of events and workshops have been planned for various Argentine provinces.

### **Pan American Federation of Associations of Medical Schools (PAFAMS)**

21. To enhance the quality of medical education, work was done in 2012 on foundational documents for the creation of a Pan American Accreditation Initiative through PAFAMS. Several work meetings and sessions to disseminate information on this initiative were held during events in places such as:

- (a) Puerto Vallarta, Mexico. Various organizations whose work relates to medical education participated along with PAFAMS, including the Mexican Association of Medical Faculties and Schools (AMFEM), Association of American Medical Colleges (AAMC), Educational Commission for Foreign Medical Graduates (ECFMG), and National Board of Medical Examiners (NBME).
- (b) Lyon, France. In addition to PAFAMS, a number of prominent organizations attended and shared their knowledge: Association for Medical Education in Europe (AMEE), Educational Commission for Foreign Medical Graduates (ECFMG), National Board of Medical Examiners (NBME), Spanish Society of Medical Education (SEDEM), Mexican Association of Medical Faculties and Schools (AMFEM), Chilean Association of Medical Schools (ASOFAMECH), Brazilian Association of Medical Education (ABEM), and Association of Schools of Medicine of the Argentine Republic (AFACIMERA).
- (c) São Paulo, Brazil. The presence of the following organizations, in addition to PAFAMS, enriched the conversation: Foundation for Advancement of International Medical Education and Research (FAIMER), Chilean Association of Medical Schools (ASOFAMECH), Brazilian Association of Medical Education (ABEM), Association of Schools of Medicine of the Argentine Republic (AFACIMERA), National Board of Medical Examiners (NBME), Association of Ecuadorian Schools of Medical Sciences and Health (AFEME), and Colombian Association of Medical Schools (ASCOFAME).
- (d) In San Francisco, the United States, the following organizations came together: American Medical Association (AMA), Liaison Committee on Medical Education (LCME), Association of American Medical Colleges (AAMC), and Educational Commission for Foreign Medical Graduates (ECFMG), as well as PAFAMS.

22. In the area of continuing professional development, representatives of PAFAMS participated in medical education meetings in Bogotá, Colombia, in March; Puerto Vallarta, Mexico, in June; Lyon, France, in August; São Paulo, Brazil, in October; and San Francisco, USA, in November.

23. On 13 October 2012, a special session was held to celebrate the 50th anniversary of PAFAMS in São Paulo, Brazil, together with the Brazilian Association of Medical Education (ABEM), which was celebrating the same milestone.



24. In the area of clinical research, work is proceeding on a strategic partnership with the Inter-American Foundation for Clinical Research. A survey was completed in 2012 on clinical research needs in the universities of the Americas, and design began on a basic curriculum for training health workers in clinical research.

25. COPAEM 2013 is working with the Association of Ecuadorian Schools of Medical Sciences and Health (AFEME) to organize the XIX Pan American Conference on Medical Education, to be held 30-31 July and 1 August, 2013, in Quito, Ecuador. The main theme is “Professionalism, Accreditation, and Quality in Medical Education: Solutions to Primary Care.”

### **Latin American Confederation of Clinical Biochemistry (COLABIOCLI)**

26. Over the past four years, and particularly since January 2012, when the current COLABIOCLI Executive Committee was installed, the collaboration between PAHO and COLABIOCLI has produced significant results at the international, regional, and national levels.

27. In the most important joint activities, COLABIOCLI:

- (a) Continued the course “Quality Management and Good Laboratory Practice,” with remote dictation mode. The course consists of 11 modules. Participants included 195 students with tutors from nine countries, as well as two coordinators.
- (b) Conducted a survey on the content of curricula for training bioanalysts and other professionals such as laboratory technicians at universities in Latin America and the Caribbean. The aim is to clarify the current status of these curricula and recommend, where appropriate, the inclusion of concepts of quality, biosafety, and ethics in professional and undergraduate training. The survey was distributed to all COLABIOCLI member countries.
- (c) Organized a meeting between faculties of biochemistry in the city of Villa Carlos Paz, Córdoba, Argentina, in order to strengthen progress toward the objectives presented in the paragraphs (a) and (b).
- (d) Presented a biochemical workshop, “The Clinical Laboratory as Health Entity: Essentials of Negotiation,” at the invitation of the Association of Biochemists of Paraguay.
- (e) Participated in CONAPAC 2012: VIII National Congress of Clinical Pathology and in the First International Symposium on Practice and Quality Management in the Clinical Laboratory, both held in Havana, Cuba.
- (f) Participated at the invitation of the Chilean Society of Clinical Chemistry, in the XVII Chilean Congress of Clinical Chemistry as part of the symposium “Clinical Labs: Accreditation, Qualification and Competence of Assessors.” The panel

- “COLABIOCLI and Cooperation Activities in the Field of Clinical Laboratory Accreditation under the International Model” emphasized the need to strengthen accreditation programs that address national realities.
- (g) Participated in the International Conference on Quality Control in Clinical Laboratories and Effective Diagnostic Support at the invitation of the Guayas center of the Ecuadorian Society of Clinical Biochemistry. The intervention, which dealt with clinical laboratory legislation, was titled “Incorporating the Medical Laboratory Professional as Part of the Health Team.”
  - (h) Participated as speakers at the XVII Ordinary National Congress organized by the School of Biochemistry and Pharmacy, the Bolivian Society of Clinical Biochemistry, College of Pharmacy and Biochemistry of Tarija, and the Bolivian Society of Clinical Biochemistry of Tarija.
28. Collaboration with PAHO has been important to all activities of COLABIOCLI, and agreements reached among our clinical laboratory professionals in the Region have had a positive impact.

#### **Latin American and Caribbean Women’s Health Network (LACWHN)**

29. Based on implementation of the different programs and products of the LACWHN (human resources education, communication, advocacy, international representation, advocacy campaigns), the following progress has been made:
- (a) Women’s capacity to intervene in national processes has been strengthened. In 2012, LACWHN provided information and training to its affiliates so that they could participate effectively in various national deliberations. Examples include efforts by women in the Dominican Republic to block a complete ban on abortion, including therapeutic abortions; in Curaçao, to apply the violence prevention law; in Colombia, to apply the law that decriminalizes therapeutic abortion in three cases; in Chile, to approve the Sexual and Reproductive Rights Law; in Uruguay, to approve the law legalizing abortion; and in Honduras, to introduce the law on sexual and reproductive rights. In addition, through the Itinerant University in Honduras, 50 women engaged in capacity building to strengthen their ability to advocate with decision makers to ensure gender equality in policies related to women’s lives and health (in accordance with PAHO’s policy on gender equality in health).
  - (b) Women’s organizations participated in regional deliberation processes. An increased quantity and quality characterized the participation of women’s organizations in international forums, especially at the International Conference on Population and Development. The advocacy by Latin American organizations, led by LACWHN, was reflected in increased dialogue with governments, participation in official delegations, the ability to map and design strategies to

monitor the positions of the different countries, the building of political agreements to be introduced in these entities, and the documentation and dissemination of experiences. This work manifested itself in the coordination of networks of women of Latin America and the Caribbean that was supported and basically led by LACWHN.

### **National Alliance for Hispanic Health (NAHH)**

30. The National Alliance for Hispanic Health is a leading source of information on Hispanic health in the United States and a science-based and community-driven advocate for health. Its community-based members serve over 15 million Hispanic consumers throughout United States. As an action, advocacy, and research forum for Hispanic health and well-being, the Alliance informs and mobilizes consumers, supports health and human service providers in the delivery of quality care, improves the science base for accurate decision-making by promoting better and more inclusive research, promotes appropriate use of technology, ensures accountability and advocates on behalf of Hispanics, and promotes philanthropy. The Alliance's constituents are its members, the consumers served by its members, and the greater society that benefits from the health and well-being of Hispanics. Founded in 1973, the organization represents all Hispanic groups in the United States, does not accept funds from tobacco or alcohol companies, and is dedicated to community-based solutions.

31. The following activities were carried out by the Alliance in collaboration with PAHO during the period 2010-2014.

- (a) In its capacity as an NGO in official relations with PAHO, the Alliance was invited to participate in the Pan American Forum for Action on NCDs. As a member of the Forum, the Alliance has been working closely with the Chronic Diseases Technical Project of the Health Surveillance and Disease Prevention and Control Area of PAHO in an effort to foster multisectoral partnerships for the prevention of chronic illnesses in the Americas. Within the context of the Forum, a series of meetings were held between the Alliance and PAHO to initiate implementation of a collaborative activity for the prevention and control of cardiovascular diseases among Hispanic communities in the United States and communities in the Americas. The Alliance and PAHO are planning a joint meeting for community-based leadership, both governmental and nongovernmental, and the private sector with a view to sharing experiences in the prevention and control of cardiovascular diseases among Hispanic communities in the U.S. and communities in the Americas. This joint meeting will provide an opportunity to improve communication and coordination among communities in different countries, identify best practices, share resources more effectively, encourage innovation and use of new technologies and social media platforms, and disseminate knowledge.

- (b) The Alliance collaborated with PAHO during the celebration of 2012 Wellness Week. The Alliance provided PAHO with bilingual health promotion and education materials to be distributed among Hispanic communities in the Washington, D.C. metropolitan area during the Fiesta DC event that was organized by the city government.
- (c) The Alliance continues to send a representative to the Executive Committee and Directing Council meetings of PAHO held annually in Washington, D.C.

### **Pan American Federation of Nursing Professionals (FEPPEN)**

32. In its collaboration with PAHO, FEPPEN provides important support and information regarding nursing services and nursing human resources initiatives for development. In 2012 FEPPEN assisted with the development, production, and dissemination of *Nursing Education: Towards 2020*, a regional guide that contributes to achievement of the Millennium Development Goals and to renewal of primary health care. The Federation is also collaborating in an update of the report from the perspective of nurses' associations and will help prepare the part of the report to be developed in 2013.

33. New lines of cooperation for the coming period include:

- (a) Nursing plans and policy analysis and development in Latin America.
- (b) Migration of nursing personnel linked with the analysis and implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel.
- (c) Social and labor conditions of nursing.
- (d) Training nursing personnel in primary health care renewal.

### **Sabin Vaccine Institute (SVI)**

34. The Sabin Vaccine Institute (SVI) continues to support the development of the PAHO-Sabin work plan, focused on training and advocacy initiatives concerning immunization and the introduction of new vaccines in the Region of the Americas. The Sabin Vaccine Advocacy and Education program frequently partners with PAHO on various symposia, training courses, and other gatherings. In addition, the two organizations are currently working on a number of research studies and other activities across a variety of diseases:

- (a) PAHO and Sabin are working to improve pertussis surveillance in Latin America to guide prevention and control strategies and carrying out a meningococcal disease study in Latin America to compile regional disease burden information.

- (b) PAHO continues to coordinate and carry out human papillomavirus (HPV) surveillance with Sabin support. Sabin has recently begun a two-year project with PAHO to develop a dengue epidemiological surveillance framework that would generate the necessary information to define vaccination strategies and evaluate their impact.
  - (c) Sabin has also partnered with PAHO to determine the impact and effectiveness of the 10-valent pneumococcal conjugate vaccine against invasive pneumococcal disease in children in Colombia, Peru, and Chile.
  - (d) Together with CDC and the International Vaccine Access Center, SVI is currently compiling an analytical review of the epidemiological burden and economic impact of adult pneumococcal disease in Latin America.
  - (e) Together with PAHO, Sabin sponsored the attendance of 14 Latin American delegates to the triannual Advisory Committee on Immunization Practices meeting, as well as supporting an ancillary meeting with CDC and PAHO counterparts to focus on country-specific obstacles to the operation of a committee in their countries.
  - (f) PAHO participated in the second Vaccine Awareness Journalist Information session in São Paulo, Brazil, on 24-26 October 2012, with attendance by 22 journalists from nine countries in the Americas.
  - (g) The II Vaccinology Course for Latin America was held from 26 to 29 November 2012 in Lima, Peru. This course provided training for over 40 participants from the Region of the Americas and included presentations by Cara Janusz and Lúcia Helena de Oliveira.
  - (h) Sabin and PAHO hosted policy makers, managers of the Expanded Program on Immunization, and other important stakeholders in Buenos Aires, Argentina, in March 2012 to discuss the prevention of meningococcal disease in Latin America and the Caribbean. Over 180 participants from 21 countries attended the symposium.
  - (i) Sabin also hosted the 10th International Rotavirus Symposium in Bangkok, Thailand, on 19-21 September 2012. PAHO staff member Lúcia de Oliveira spoke on the experience of the Latin American Region with the introduction of rotavirus vaccines.
  - (j) Lastly, Sabin hosted Progress Toward Rubella Elimination and CRS Prevention in Europe on 8-10 February 2012 in Rome, Italy. Dr. Jon Andrus spoke about PAHO's experience with the eradication of rubella and congenital rubella syndrome (CRS) in the Latin America and Caribbean Region.
35. The Global Network for Neglected Tropical Diseases, one of Sabin's advocacy and resource mobilization programs, continued to work with PAHO in 2012 to support

the development of advocacy and awareness of neglected infectious diseases in the Americas. Activities supported under this partnership included:

- (a) Progress on the development and launch of comprehensive national plans in Bolivia, Brazil, Colombia, Dominican Republic, El Salvador, Guatemala, Guyana, Haiti, Honduras, Mexico, and Suriname. New countries received technical assistance on revised guidelines (Ecuador, Nicaragua, Paraguay, and Peru). Four of these countries formed national networks on neglected tropical diseases (NTDs) in order to maintain NTDs on the agendas of their ministries of health and ensure progress on the plans. PAHO also hosted a training workshop for Brazil, Honduras, and Suriname on USAID's TIPAC tool, which was translated into Spanish.
- (b) Mapping and remapping activities are ongoing in eight countries, with new mapping results in four countries and protocols developed in two.
- (c) As part of disease elimination efforts in the Region, PAHO hosted a trachoma meeting with the four countries where the endemic disease is found. In addition, a workshop was held to raise the profile of deworming for preschool-age children; identify platforms to integrate deworming; discuss lessons learned from existing deworming programs, such as those in Honduras and Nicaragua, which have had a high success rate; and increase advocacy to promote deworming in preschool-age children.
- (d) As follow-up, PAHO is in the process of developing operational guidelines on integrating deworming into existing platforms. To complement these activities, the Global Network gave a presentation during the PAHO Annual Directing Council Meeting, in which it urged Member States to include deworming as a key intervention within the regional child health action plan proposed in order to scale up coverage and optimize efficiency and sustainability.
- (e) As part of joint regional advocacy activities, the Global Network, the Inter-American Development Bank, and PAHO hosted an event with over 100 international NTD experts, members of Latin American civil society, and private sector stakeholders to celebrate the work that has been done to address NTDs in Latin America and the Caribbean and build momentum for the path that lies ahead. This activity resulted in the engagement of Central American countries through the support of the Honduran and Guatemalan ambassadors to the United States. In addition, the Global Network undertook advocacy trips to both Brazil and Central America to review progress on national plans and foster national and subregional cooperation on NTDs through the Council of Central American Ministers of Health.

**SCHEDULE OF SPBA REVIEWS OF NONGOVERNMENTAL  
ORGANIZATIONS IN OFFICIAL RELATIONS WITH PAHO**  
(As of 17 January 2013)

<b>Name</b>	<b>Date Admitted</b>	<b>Last Reviewed</b>	<b>Term (Years)</b>	<b>Scheduled to be Reviewed</b>
EMBARQ - World Resources Institute Center for Sustainable Transport/ <i>EMBARQ - Centro del Instituto de Recursos Mundiales para el Transporte Sustentable</i>	2010	2010	4	2014
Healthy Caribbean Coalition (HCC)	2012	-	4	2016
Interamerican Society of Cardiology (IASC)/ <i>Sociedad Interamericana de Cardiología (SIAC)</i>	2012	-	4	2016
Consumers International (CI) (formerly known as “International Organisation of Consumers Unions”)	1996	2008	-	Discontinued
Latin American Confederation of Clinical Biochemistry/ <i>Confederación Latinoamericana de Bioquímica Clínica (COLABIOCLI)</i>	1988	2010	4	2014
Latin American Union against Sexually Transmitted Diseases/ <i>Unión Latinoamericana contra las Enfermedades de Transmisión Sexual (ULACETS)</i>	1986	2004	-	Discontinued
National Alliance for Hispanic Health/ <i>Alianza Nacional para la Salud de los Hispanos</i>	1996	2010	4	2014
Interamerican College of Radiology/ <i>Colegio Interamericano de Radiología (CIR)</i>	1988	2008	4	2016
Latin American Association of Pharmaceutical Industries/ <i>Asociación Latinoamericana de Industrias Farmacéuticas (ALIFAR)</i>	2000	2008	4	2016

<b>Name</b>	<b>Date Admitted</b>	<b>Last Reviewed</b>	<b>Term (Years)</b>	<b>Scheduled to be Reviewed</b>
Latin American Federation of Hospitals/ <i>Federación Latinoamericana de Hospitales</i> (FLH)	1979	2008	4	2016
Pan American Federation of Associations of Medical Schools (PAFAMS)/ <i>Federación Panamericana de Asociaciones de Facultades (Escuelas) de Medicina</i> (FEPAFEM)	1965	2008	4	2016
Pan American Federation of Nursing Professionals/ <i>Federación Panamericana de Profesionales de Enfermería</i> (FEPPEN)	1988	2008	4	2016
American Society for Microbiology (ASM)/ <i>Sociedad Estadounidense de Microbiología</i>	2001	2009	4	2013
Inter-American Association of Sanitary and Environmental Engineering/ <i>Asociación Interamericana de Ingeniería Sanitaria y Ambiental</i> (AIDIS)	1995	2009	4	2013
InterAmerican Heart Foundation (IAHF)/ <i>Fundación InterAmericana del Corazón</i>	2002	2011	4	2015
Latin American and Caribbean Women's Health Network (LACWHN)/ <i>Red de Salud de las Mujeres Latinoamericanas y del Caribe</i> (RSMLAC)	2004	2008	4	2016
International Diabetes Federation (IDF)/ <i>Federación Internacional de la Diabetes</i> (FID)	1996	2009	4	2013



<b>Name</b>	<b>Date Admitted</b>	<b>Last Reviewed</b>	<b>Term (Years)</b>	<b>Scheduled to be Reviewed</b>
Latin American and Caribbean Association of Public Health Education/ <i>Asociación Latinoamericana y del Caribe de Educación en Salud Pública</i> (ALAESP)	1985	2009	-	Discontinued
Latin American Federation of the Pharmaceutical Industry/ <i>Federación Latinoamericana de la Industria Farmacéutica</i> (FIFARMA)	1979	2009	4	2013
March of Dimes	2001	2009	4	2013
Sabin Vaccine Institute	2011	2011	4	2015
United States Pharmacopeial Convention (USP)/ <i>Farmacopea de los Estados Unidos</i>	1997	2009	4	2013
World Association for Sexual Health (WAS formerly the World Association for Sexology)/ <i>Asociación Mundial de Salud Sexual (antes llamada "Asociación Mundial de Sexología")</i>	2001	2009	4	2013
Medical Confederation of Latin America and the Caribbean/ <i>Confederación Médica Latinoamericana y del Caribe</i> (CONFEMEL)	2005	2007	-	Discontinued



PAN AMERICAN HEALTH ORGANIZATION  
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## 152nd SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 17-21 June 2013

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CE152/6 (Eng.)

Annex B

ORIGINAL: ENGLISH

### ***PROPOSED RESOLUTION***

#### **NONGOVERNMENTAL ORGANIZATIONS IN OFFICIAL RELATIONS WITH PAHO**

##### ***THE 152nd SESSION OF THE EXECUTIVE COMMITTEE,***

Having considered the report of the Subcommittee on Program, Budget, and Administration on *Nongovernmental Organizations in Official Relations with PAHO* (Document CE152/6);

Mindful of the provisions of the Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations,

#### ***RESOLVES:***

1. To renew official relations between PAHO and the following nongovernmental organizations for a period of four years:
  - (a) American Society for Microbiology (ASM),
  - (b) Inter-American Association of Sanitary and Environmental Engineering (AIDIS),
  - (c) International Diabetes Federation (IDF),
  - (d) Latin American Federation of the Pharmaceutical Industry (FIFARMA),
  - (e) March of Dimes,
  - (f) U.S. Pharmacopeial Convention (USP), and
  - (g) World Association for Sexual Health (WAS, formerly World Association for Sexology).

2. To admit the American Public Health Association (APHA) into official relations with PAHO for a period of four years.
3. To take note of the progress report on the status of relations between PAHO and nongovernmental organizations.
4. To request the Director to:
  - (a) advise the respective NGOs of the decisions taken by the Executive Committee;
  - (b) continue developing dynamic working relations with inter-American NGOs of interest to the Organization in areas that fall within the program priorities that the Governing Bodies have adopted for PAHO;
  - (c) continue fostering relationships between Member States and NGOs working in the field of health.



PAN AMERICAN HEALTH ORGANIZATION  
*Pan American Sanitary Bureau, Regional Office of the*  
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CE152/6 (Eng.)  
Annex C

**Report on the Financial and Administrative Implications  
of the Proposed Resolution for PASB**

1. **Agenda item:** 3.3: Nongovernmental Organizations in Official Relations with PAHO.
2. **Linkage to Program and Budget:** This resolution proposes continuing official relations with seven nongovernmental organizations (NGOs) whose collaborative relationship was reviewed. It furthermore proposes establishing official relations with one new nongovernmental organization. All its collaborative work plans should be linked to one of the work areas or strategic objectives of the Strategic Plan of PAHO. Specific references to the 16 strategic objectives follow:
  - **Inter-American Association of Sanitary and Environmental Engineering (AIDIS):**
    - (a) **Strategic Objective:** 8, To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health.
    - (b) **Expected result:** Contribute to the achievement of Strategic Objective 8.
  - **American Public Health Association (APHA):**
    - (a) **Strategic Objective:** 15  
Areas of work: strategic communications, publications, environmental health and youth advocacy and leadership; U.S.-Mexico border health issues and advocacy, partnership and resource mobilization capacity strengthening.
    - (b) **Expected result:** 15.3.1  
Strengthening of PAHO's technical cooperation in the above-mentioned areas.
  - **International Diabetes Federation (IDF):**
    - (a) **Strategic Objective:** 3, To prevent and reduce disease, disability and premature death from chronic non-communicable conditions, mental disorders, violence and injuries
    - (b) **Expected result:** Improve the quality of care for people with diabetes.
  - **March of Dimes:**
    - (a) **Strategic Objective:** 4  
Region-wide Expected Results (RER) 4.4.1 and 4.4.2.
    - (b) **Expected result:**
      1. Improve neonatal screening (NBS) across the Latin American Region by performing a situational analysis and providing advocacy.
      2. Increase awareness of the toll, the drivers, and the economic costs of preterm birth in Latin America.

- **U.S. Pharmacopeial Convention (USP):**
  - (a) **Strategic Objective:** 12
  - (b) **Expected result:** To ensure compliance with important PAHO mandates including Strengthening National Regulatory Authorities for Medicines and Biologicals (CD50.R9).
- 3. Financial implications:**
  - **AIDIS:**
    - (a) **Total estimated cost for implementation over the lifecycle of the resolution (estimated to the nearest US\$ 10,000, including staff and activities):** AIDIS and PAHO have a signed agreement until September 23, 2015 and the cost of the implementation per year is \$5,000.
    - (b) **Estimated cost for the biennium 2014-2015 (estimated to the nearest US\$ 10,000, including staff and activities):** \$5,000 per year.
    - (c) **Of the estimated cost noted in (b), what can be subsumed under existing programmed activities?** The total amount is programmed under existing activities of the Area.
  - **APHA:**
    - (a) **Total estimated cost for implementation over the lifecycle of the resolution (estimated to the nearest US\$ 10,000, including staff and activities):** Approximately \$10,000.
    - (b) **Estimated cost for the biennium 2014-2015 (estimated to the nearest US\$ 10,000, including staff and activities):** Not applicable.
    - (c) **Of the estimated cost noted in (b), what can be subsumed under existing programmed activities?** Not applicable.
  - **IDF:**
    - (a) **Total estimated cost for implementation over the lifecycle of the resolution (estimated to the nearest US\$ 10,000, including staff and activities):** \$10,000.
    - (b) **Estimated cost for the biennium 2014-2015 (estimated to the nearest US\$ 10,000, including staff and activities):** \$5,000.
    - (c) **Of the estimated cost noted in (b), what can be subsumed under existing programmed activities?** \$5,000.
  - **March of Dimes:**
    - (a) **Total estimated cost for implementation over the lifecycle of the resolution (estimated to the nearest US\$ 10,000, including staff and activities):**
    - (b) **Estimated cost for the biennium 2014-2015 (estimated to the nearest US\$ 10,000, including staff and activities):** Resources available at PAHO for these activities are approximately US\$ 15,000.00 for the first activity, and \$35,000 for the second one. March of Dimes and PAHO will undertake resource mobilization for additional voluntary contributions.
    - (c) **Of the estimated cost noted in (b), what can be subsumed under existing programmed activities?** N/A.

- **USP:**
  - (a) **Total estimated cost for implementation over the lifecycle of the resolution (estimated to the nearest US\$ 10,000, including staff and activities):** \$10,000.
  - (b) **Estimated cost for the biennium 2014-2015 (estimated to the nearest US\$ 10,000, including staff and activities):** N/A.
  - (c) **Of the estimated cost noted in (b), what can be subsumed under existing programmed activities?** N/A.

**4. Administrative implications:**

- **AIDIS:**
  - (a) **Indicate the levels of the Organization at which the work will be undertaken:**  
Regional, subregional and country levels.
  - (b) **Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):**  
The collaborative work plans are based on PAHO's current staffing.
  - (c) **Time frames (indicate broad time frames for the implementation and evaluation):**  
Three years.
- **APHA:**
  - (a) **Indicate the levels of the Organization at which the work will be undertaken:**  
Regional and country levels.
  - (b) **Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):**  
The work plan is based on PAHO's current staffing.
  - (c) **Time frames (indicate broad time frames for the implementation and evaluation):**  
Four years.
- **IDF:**
  - (a) **Indicate the levels of the Organization at which the work will be undertaken:**  
Regional, subregional and country based.
  - (b) **Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):** None.
  - (c) **Time frames (indicate broad time frames for the implementation and evaluation):**  
Four years.
- **March of Dimes:**
  - (a) **Indicate the levels of the Organization at which the work will be undertaken:**  
Latin American Center for Perinatology, Women and Reproductive Health (CLAP)/Area of Family and Community Health (FCH) and March of Dimes.

- (b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):** KMC will be required in order to disseminate the results.
- (c) Time frames (indicate broad time frames for the implementation and evaluation):**  
First trimester of 2013: design of the documents and materials; second and third trimester development; fourth semester for dissemination.
- **USP:**
  - (a) Indicate the levels of the Organization at which the work will be undertaken:**  
Regional, subregional, and country levels.
  - (b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):**  
None required.
  - (c) Time frames (indicate broad time frames for the implementation and evaluation):**  
Four years.



PAN AMERICAN HEALTH ORGANIZATION  
*Pan American Sanitary Bureau, Regional Office of the*  
WORLD HEALTH ORGANIZATION

CE152/6 (Eng.)  
Annex D

**ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL MANDATES**

1. **Agenda item:** 3.3: Nongovernmental Organizations in Official Relations with PAHO
2. **Responsible unit:** Area of External Relations, Resource Mobilization, and Partnerships (DD/ERP)
3. **Preparing officer:** James Hill, Advisor, DD/ERP, with the following PAHO technical focal points:
  - **American Public Health Association (APHA):** Ms. Sandy Weinger, Deputy Director's Office
  - **American Society of Microbiology (ASM):** Dr. Pilar Ramon-Pardo, Advisor, Antimicrobial Resistance, Area of Health Surveillance, Disease Prevention and Control
  - **Inter-American Association of Sanitary and Environmental Engineering (AIDIS):** Mr. Paulo Teixeira, Regional Advisor on Urban Health, Area of Environmental Health and Sustainable Development
  - **International Diabetes Federation (IDF):** Dr. Alberto Barcelo, Advisor, Area of Health Surveillance and Disease Control and Prevention
  - **Latin American Federation of the Pharmaceutical Industry (FIFARMA):** Mr. James Fitzgerald, Senior Advisor, Health Systems and Services
  - **March of Dimes:** Dr. Pablo Duran, Latin American Center for Perinatology, Women and Reproductive Health (CLAP); Dr. Ruben Grajeda, Area of Family and Community Health
  - **U.S. Pharmacopeial Convention (USP):** Mr. James Fitzgerald, Senior Advisor, Area of Health Systems and Services
  - **World Association for Sexual Health (WAS):** Dr. Rafael Mazin, Senior Advisor, Area of Family and Community Health
4. **List of collaborating centers and national institutions linked to this Agenda item:**
  - International Diabetes Federation (IDF):**
    - PAHO/WHO Collaborating Center: Centro de Endocrinología Experimental y Aplicada CENEXA, Argentina
    - PAHO/WHO Collaborating Center: Instituto Nacional de Endocrinología, Cuba
    - PAHO/WHO Collaborating Center: International Diabetes Center, Minneapolis, USA
    - Centers for Disease Control and Prevention, USA
    - Instituto de Nutrición y Tecnología de los Alimentos (INTA), USA



**5. Link between Agenda item and Health Agenda for the Americas 2008-2017:**

• **American Public Health Association (APHA):**

The partnership between APHA and PAHO is linked to the Health Agenda primarily in the areas of increasing social protections and access to quality health services, as well as reducing the risk and burden of disease.

• **International Diabetes Federation (IDF):**

Various items are related specially those related to Reducing the Risk and Burden of Disease and Increasing Social Protection and Access to Quality Health Services.

• **March of Dimes:**

March of Dimes Plan is linked with the following areas of action of the Health Agenda for the Americas:

(b) Tackling Health Determinants, (d) Diminishing Health Inequalities among Countries, and Inequities within them; and (e) Reducing the Risk and Burden of Disease

• **U.S. Pharmacopeia Convention (USP):**

The National Health Authority, in exercising its regulatory role, must guarantee the quality, safety, and efficacy of drugs, technologies, and medical supplies. Moreover, it should promote rational use of these products.

**6. Link between Agenda item and Strategic Plan 2008-2013:**

• **American Public Health Association (APHA):**

The partnership between APHA and PAHO is linked to Strategic Objective 15.3.1 of the Strategic Plan and will focus on the following areas of work: strategic communications, publications, environmental health and youth advocacy and leadership; U.S.-Mexico border health issues and advocacy, partnership and resource mobilization capacity strengthening.

• **International Diabetes Federation (IDF):**

Is linked to Strategic Objective 3. To prevent and reduce disease, disability and premature death from chronic non-communicable conditions, mental disorders, violence and injuries.

• **March of Dimes:**

- Strategic Objective 4: To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy aging for all individuals

- Region-wide Expected Result (RER) 4.1 Member States supported through technical cooperation to develop comprehensive policies, plans, and strategies that promote universal access to a continuum of care throughout the life course; to integrate service delivery; and to strengthen coordination with civil society, the private sector and partnerships with UN and Inter-American system agencies and others (e.g. NGOs).

- RER 4.2 Member States supported through technical cooperation to strengthen national/local capacity to produce new evidence and interventions; and to improve the surveillance and information systems in sexual and reproductive health, and in maternal, neonatal, child, adolescent and older adult health.

• **U.S. Pharmacopeia Convention (USP):**

- Providing advocacy and support to Member States in the development, implementation and monitoring of national policies that facilitate access to, and affordability of, medical products and technologies
- Applying evidence-based international norms and standards, developed through rigorous, transparent, inclusive and authoritative process
- Identifying, supporting and expanding regional networks to facilitate the implementation of new technology
- (Indicators and Targets: Number of countries in LAC where quality of medical products and technologies is monitored by the national regulatory authority).

**7. Best practices in this area and examples from countries within the Region of the Americas:**

• **International Diabetes Federation (IDF):**

- The Diabetes Association of Jamaica (DAJ)
- The Diabetes Association of Uruguay (ADU)
- Diabetes Association of Chile (ADICH)
- Diabetes Association of El Salvador

• **U.S. Pharmacopeial Convention (USP):**

Contribution to the implementation of WHO good practices for pharmaceutical quality control laboratories (WHO Technical Report Series, No. 957; 2010, Annex 1).

**8. Financial implications of this Agenda item:**

The collaborative work plans of most these NGOs in official relations with PAHO are financed by the approved budget of the relevant technical areas or by the NGOs' budgets; there are no financial implications beyond the approved Biennial Work Plan in excess of \$10,000. The exceptions to this are as follows:

• **American Public Health Association (APHA):**

Both institutions will contribute in-kind resources and where additional resources are needed, resource mobilization will be carried out.

• **U.S. Pharmacopeial Convention (USP):**

The collaborative work plan with the USP as an NGO in official relations with PAHO is financed by the approved budget of the relevant technical areas or by the UPS's budget; there are no financial implications beyond the approved Biennial Work Plan in excess of \$8,000.