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G. STATUS OF THE PAN AMERICAN CENTERS

Introduction

1. This document was prepared in response to the mandate of the Governing Bodies of the Pan American Health Organization (PAHO) to conduct periodic evaluations and reviews of the Pan American Centers.

Background

2. The Pan American Centers have been an important modality of PAHO technical cooperation for almost 60 years. In that period, PAHO has created or administered 13 centers,¹ eliminated nine, and transferred the administration of one to its own governing bodies. This document presents up-to-date information on the Pan American Foot-and-Mouth Disease Center (PANAFTOSA); the Latin American and Caribbean Center on Health Sciences Information (BIREME); and the Latin American Center for Perinatology/Women's and Reproductive Health (CLAP/WR).

Pan American Foot-and-Mouth Disease Center (PANAFTOSA)

3. To address the convergence of human, animal and environmental health, PAHO has been exercising hemispheric leadership in the sphere of zoonosis, food safety, and food security. The political and strategic directives for the Organization's technical cooperation in veterinary public health were defined by the 16th Inter-American Meeting at the Ministerial Level on Health and Agriculture (RIMSA 16), held in Chile in July 2012 with the theme "Agriculture, Health, and Environment: Joining efforts for the well-being of the Americas." RIMSA 16 approved the "Consensus of Santiago, Chile" which urged countries, among other things, to set up permanent mechanisms and platforms for intersectoral coordination and communication, as part of their efforts to manage risks to public health arising at the human-animal-environment interface, within the framework

¹ CLATES, ECO, PASCAP, CEPANZO, INPPAZ, INCAP, CEPIS, Regional Program on Bioethics in Chile, CAREC, CFNI, CLAP, PANAFTOSA, and BIREME.

of the International Health Regulations and World Organisation for Animal Health (OIE) norms. Other important goals included the elimination of human rabies transmitted by dogs, and the eradication of foot-and-mouth disease from the Americas by 2020, within the framework of the Hemispheric Program for the Eradication of Foot-and-Mouth Disease (PHEFA). RIMSA 16 also called on the countries to step up efforts and join forces to guarantee the production of safe and healthy food (which is essential for the prevention and control of both communicable and noncommunicable diseases), including the establishment of public-private partnerships. The importance of technical cooperation initiatives for national capacity-building was emphasized, and it was urged that such initiatives be implemented with improved interagency cooperation and with the coverage and continuity required to achieve their objectives, targets, and results.²

Recent Progress

4. PANAFTOSA's technical cooperation is being implemented, as part of the work of the Department of Communicable Diseases and Health Analysis, by a technical team based in Duque de Caxias, Rio de Janeiro, and by three veterinary public health advisors based in the Andean, Central American, and Caribbean subregions. There have been important achievements in this biennium in the areas of food safety, foot-and-mouth disease, and other zoonosis.

5. With regard to food safety, a growing number of institutions in the Region are now contributing to regional intersectoral food safety networks for the prevention of foodborne diseases (e.g. the Inter-American Network of Food Analysis Laboratories (INFAL), the Global Foodborne Infections Network (GFN) and the PulseNet Latin America and Caribbean network); in particular, they are addressing the impact of antimicrobial resistance and promoting an integrated approach involving different actors and sectors (e.g. human and veterinary medicine, agriculture, and environmental and consumer sectors). The PulseNet Latin America and Caribbean network received the IHRC³ PulseNet Innovations Award in 2013 "in recognition of [the] innovative use of instructional technology with the potential to significantly enhance the functionality of PulseNet in outbreak investigations". The challenge is now to maintain PAHO's excellence and relevance within the context of budgetary reductions in this area, while continuing to innovate and mobilize new resources. In addition, PANAFTOSA has been leveraging its unique technical capacity within PAHO to strengthen the collaboration between the World Health Organization (WHO), the Food and Agriculture Organization of the United Nations (FAO), and OIE for combatting antimicrobial resistance, in the spirit of the "One Health" approach.

² Pan American Foot-and-Mouth Disease Center of the Pan American Health Organization. Consensus of Santiago of Chile [sic] [Internet]. 16th Meeting at the Ministerial Level on Health and Agriculture; 26-27 July 2012; Santiago, Chile. Rio de Janeiro (Brazil): PAHO/PANAFTOSA; 2012 [accessed on 14 February 2014]. Available at:

[http://ww2.panaftosa.org.br/rimsa16/dmdocuments/RIMSA16\(INF5\)%20Consensus%20ingles.pdf](http://ww2.panaftosa.org.br/rimsa16/dmdocuments/RIMSA16(INF5)%20Consensus%20ingles.pdf)

³ International Health Resources Consulting, Inc.

6. Regarding zoonosis, the Center worked with experts from the Member States in establishing an action plan to eliminate dog-transmitted human rabies in the Americas (Clavijo et al., 2013), which was endorsed by the rabies program managers during the 14th Meeting of Directors of National Programs for Rabies Control in Latin America (REDIPRA 14) held in Lima, Peru, in August 2013. The follow-up to REDIPRA 14's recommendations includes, among other measures, a laboratory proficiency exercise (including the national reference laboratories), and the addition of the dog rabies vaccine in the PAHO revolving fund. The Center, in collaboration with the office of Procurement and Supply Management, is now collecting information on future vaccine demand. With respect to other zoonosis, the Center provided technical cooperation and capacity building on leptospirosis, leishmaniasis, sylvatic rabies, and surveillance of the animal and vector reservoirs of yellow fever. The Center is also leading technical cooperation activities on the surveillance and control of hydatidosis in six countries.

7. With regard to foot-and-mouth disease (FMD), for the first time since the Center was established in 1951 there has been a 25-month period without any reported cases of FMD. This is a historic achievement for all the countries of the Hemisphere and for PANAFTOSA and PAHO/WHO. The challenges now faced are to maintain this accomplishment by moving forward towards an FMD-free Hemisphere without vaccination; to continue supporting the countries, particularly by introducing new surveillance and emergency response tools and mechanisms in order to address the growing susceptibility of the population to the FMD virus; and to strengthen Venezuela's national policy, strategy, and plan for FMD eradication.

Cooperation Agreements and Resource Mobilization

8. The Center has been able to mobilize voluntary contributions from sources specifically interested in foot-and-mouth disease eradication in South America and these contributions are supporting the Center's technical cooperation for regional coordination of PHEFA. An example is the National Animal Health Coordinating Association (ACONASA) of Paraguay, which has renewed its financial support to the trust fund established to facilitate financial contributions. In addition, other cooperation agreements are being negotiated with public entities in other Member States (e.g. Ecuador) in PANAFTOSA's areas of activity. Accordingly, the regular financial resources provided by the Organization to the Center have been channeled toward technical cooperation in the areas of zoonosis and food safety. The generous contribution from the Ministry of Agriculture, Livestock, and Food Supply of Brazil (MAPA) continues to fully support the Center's maintenance costs. This contribution has been significantly increased in the last five years to offset a reduction in the Organization's contribution since the implementation of the Center's institutional development process began in 2010.

9. PAHO, through PANAFTOSA and the Secretariat for Health Surveillance of the Ministry of Health of Brazil, signed an annex to the technical cooperation agreement in 2012, contributing US\$ 1,618,914⁴ to strengthen the National Health Surveillance System and the management capacity of Brazil's Unified Health System in order to

⁴ Unless otherwise indicated, all the monetary figures of this report are expressed in United States dollars.

reduce the burden of zoonosis and of vector-borne, waterborne, and foodborne diseases on the human population. The technical cooperation agreement was renewed in 2013 and the amount of US\$ 4,918,409 was added—a threefold increase since 2012. Other technical cooperation and financial agreements have been established with the Wellcome Trust (Sanger Institute) to build the professional capacity of health workers, and faculty and students of health-related professions such as medicine, microbiology, veterinary medicine, and nursing; with the Joint Institute for Food Safety and Applied Nutrition (JIFSAN) for cooperation on food safety; and with the Association of American Veterinary Medical Colleges (AAVMC) to build professional capacity in faculty and students of health-related professions such as medicine, veterinary medicine, and nursing. A three-year project to build One Health leadership and develop the capacity of Caribbean veterinary diagnostic laboratories, funded by the European Union, is being implemented in partnership with the University of the West Indies, Trinidad and Tobago, and FAO. Collaboration has been strengthened with the veterinary public health working group of the Caribbean Animal Health Network (CaribVET) for the surveillance, prevention, and control of rabies, leptospirosis, and salmonellosis in the Caribbean following the One Health approach.

Latin American and Caribbean Center on Health Sciences Information (BIREME)

10. BIREME is a specialized center of PAHO founded in 1967 to channel the technical cooperation that the Organization provides to the countries of the Region in scientific and technical information on health.

11. BIREME's current institutional structure is characterized by the coexistence of the previous institutional framework (Agreement on Maintenance and Development of BIREME, in effect until 31 December 2014) and the new framework (Statute of BIREME, approved by the 49th Directing Council, in effect since 1 January 2010).

12. The Statute of BIREME calls for the establishment of a BIREME Headquarters Agreement, to be signed with the Government of Brazil, and an agreement on BIREME's facilities and operations, to be signed with the Federal University of São Paulo (UNIFESP). Both agreements continue to be negotiated.

13. BIREME's governance structures currently include the Advisory Committee and the Scientific Committee (new framework), in addition to the National Advisory Committee (CAN) (previous framework).

14. PAHO and Brazil are permanent members of the BIREME Advisory Committee, which also comprises five nonpermanent members. The 28th Pan American Sanitary Conference selected Cuba, Ecuador, and Puerto Rico for the BIREME Advisory Committee, with a three-year mandate (2013-2015), replacing Argentina, Chile, and the Dominican Republic, whose mandates ended in 2012. The 51st Directing Council selected Bolivia and Suriname (2012-2014), replacing Jamaica and Mexico, whose mandates ended in 2011. The members of the Advisory Committee have held four working sessions since it was established.

15. The Scientific Committee was established in July 2013 and is made up of five health information experts from five countries: Brazil, Canada, Honduras, Trinidad and Tobago, and the United States. The members of the Scientific Committee have held one working session since it was established. In the context of the objectives and expected results of the Committee, a virtual meeting was also held to strengthen communication among the members.

Recent Progress

16. The session to establish the BIREME Scientific Committee was held on 25 July 2013 in the city of São Paulo, Brazil, and attended by representatives of Brazil, Honduras and Trinidad and Tobago; Canada and the United States of America participated by remote link.

17. The fourth session of the BIREME Advisory Committee was held in BIREME's offices on 26 November 2013. The members of the Advisory Committee reaffirmed their ongoing support for the institutional development of the Center, which includes implementing the new institutional framework, establishing and signing the Headquarters Agreement, financing the work plans, and integrating the new Scientific Committee. Special emphasis was put on the results of the IX Regional Congress on Health Sciences Information (CRICS9) and the VI Coordination Meeting of the Virtual Health Library (BVS6), both events held at PAHO/WHO Headquarters in Washington, D.C. between 20 and 24 October 2012.

18. The following are the most significant components of the lines of action to finalize the implementation of BIREME's new institutional framework:

- a) BIREME Headquarters Agreement: PAHO and the Ministry of Health of Brazil continued negotiations on the new Headquarters Agreement proposal presented by the Executive Secretariat of the Ministry of Health, until an agreement on a final draft was reached with the legal advisory service (CONJUR) of the Ministry of Health of Brazil at a meeting on 22 January 2014. The next steps before signing include sending this version to the Ministry of Foreign Affairs of Brazil for approval, and to the National Congress of Brazil for final approval.
- b) Agreement on BIREME's facilities and operations on the UNIFESP campus: Several meetings were held with the president of the university and with designated authorities on the subject of the institutional relationship between BIREME and UNIFESP, as well as the terms of the agreement. It is expected that meetings will be held in 2014 to monitor this process, including those requested by the president, focusing on a detailed review of the mutual responsibilities of BIREME and UNIFESP. However, signing of the agreement remains subject to the signing of the Headquarters Agreement with the Government of Brazil, cited in the previous paragraph.
- c) Definition of the financing mechanism for BIREME based on the contributions from PAHO and the Government of Brazil, stipulated in article 6 of the Statute: Regular contributions will be defined by mutual consent to support the approved

biennial work plans, in accordance with the provisions of the Statute. The results obtained by the Center in the last 18 months were presented at the second meeting of the National Advisory Committee (CAN) on the BIREME Maintenance and Development Agreement, held on 23 January 2014 at PAHO/WHO Brazil. The corresponding report was approved by representatives of the Ministry of Health of Brazil, the Secretariat of Health of the State of São Paulo (SES-SP), and UNIFESP. It is estimated that the Ministry's contribution to the maintenance and financing of the BIREME work plan for 2015 will be the same amount as in 2014: \$3.8 million reais (approximately \$1.5 million). This sum will be transferred to PAHO through a supplementary agreement to the BIREME Maintenance and Development Agreement, which is in the authorization process.

- d) The BIREME biennial work plan (BWP) for 2014-2015: The Center's BWP is integrated into the BWP of PAHO's Department of Knowledge Management and Communication (recently restructured as Knowledge Management, Bioethics, and Research) and was prepared in coordination with this department, with which it coordinates its ongoing development and implementation.

Challenges

19. The upcoming challenges in this period include:
 - a) completely establishing BIREME's new institutional framework in 2014, including the signing of the two main agreements that constitute it: *i*) the Headquarters Agreement with Brazil; and *ii*) the agreement with UNIFESP on BIREME's facilities and operations;
 - b) expanding the BIREME Maintenance and Development Agreement if the new institutional framework is not completely established in 2014; and
 - c) holding negotiations for the prompt signing of the agreements to transfer the corresponding contributions for the maintenance of BIREME in 2014—in particular, the contribution from the Ministry of Health of Brazil.

Latin American Center for Perinatology/Women's and Reproductive Health (CLAP/WR)

20. The Latin American Center for Perinatology (CLAP) was created in 1970 through an agreement between the Government of the Eastern Republic of Uruguay, the University of the Republic of Uruguay, and PAHO. This agreement is renewed periodically and its latest extension is in effect until 28 February 2016. In a process of decentralization, the Center merged with the Women's Health unit in 2005, when it became the Latin American Center for Perinatology/Women's and Reproductive Health (CLAP/WR), and also began operating as a decentralized unit linked to the Family, Gender and Life Course (FGL) unit. The general objective of CLAP/WR is to promote, strengthen, and improve the capacities of the countries of the Region of the Americas with regard to health care for woman, mothers, and newborns.

Recent Progress

21. On 10 January 2014 the new Director/Unit Chief of CLAP/WR assumed her functions. The new management analyzed the available resources and implemented changes to reduce costs and favor a more efficient use of resources. Arrangements were also made to generate additional resources with extrabudgetary funds.
22. From the standpoint of the lines of work, the activities linked to the specific technical areas for which CLAP/WR is responsible have continued. The Plan of Action to Accelerate the Reduction in Maternal Mortality and Severe Maternal Morbidity is in the mid-term evaluation process, the baseline having been prepared and the state of the indicators evaluated two years after approval of the Plan. The complementary Perinatal Clinical History form for registering cases of extremely severe maternal morbidity in the Perinatal Information System (IAPA) has been validated, jointly with WHO and experts from 23 institutions in 12 countries of the Region. Ongoing support has been provided to the Latin American Federation of Societies of Gynecology and Obstetrics (FLASOG) for the promotion of human resources training in obstetric emergencies, in addition to collaboration with the International Confederation of Midwives (ICM) to support the training of educators in midwifery throughout the Caribbean.
23. CLAP/WR has participated in regional conferences in order to examine the progress made toward achieving the objectives of the International Conference on Population and Development, held in Montevideo in August 2013. As a part of technical support to the countries in the implementation of the reproductive health strategy, CLAP/WR, in collaboration with UNFPA, organized a regional meeting of 15 countries in El Salvador in October 2013: "Repositioning family planning in the context of universal access to sexual and reproductive health: MDG 5b." As a result, the two agencies will implement a work plan in the *participating* countries.
24. The WHO publication "Safe abortion: technical and policy guidance for health systems" was translated into Spanish⁵ and Portuguese⁶ and disseminated in the countries of the Region (20,000 copies).
25. Within the framework of the strategy for the Elimination of Mother-to-child Transmission of HIV and Congenital Syphilis, a project is being developed for technical cooperation among countries in Central America (El Salvador, Honduras, Nicaragua, and Panama), with the inclusion of Belize, Costa Rica, and the Dominican Republic in the monitoring of the global indicators of congenital syphilis, using IAPA databases.
26. Based on the input from the mid-term evaluation of the Regional Plan for Newborn Health, progress was made in the preparation of instruments and technical guidelines to improve the quality of neonatal care associated with the main causes of

⁵ http://www.clap.ops-oms.org/web_2005/BOLETINES%20Y%20NOVEDADES/EDICIONES%20DEL%20CLAP/CLAP-Trad04.pdf

⁶ http://www.clap.ops-oms.org/web_2005/BOLETINES%20Y%20NOVEDADES/EDICIONES%20DEL%20CLAP/CLAP-Trad04pt.pdf

mortality. A process was also initiated to generate information that will make the burden of prematurity more visible on the political agenda, and to prepare a regional map of the status of legislation and programs for neonatal screening. Finally, an instrument was developed to evaluate the implementation of evidence-based interventions to enable countries to assess improvements in practices associated with neonatal care.

27. With regard to the initiative to merge the Center's facilities with the Representative Office in Uruguay, consideration is being given to renting a floor in the United Nations building, where both units would operate. There are agreements on the administrative merger that is underway, and studies of its financial costs are being carried out.

Action by the Executive Committee

28. The Executive Committee is requested to take note of this progress report and to formulate the relevant recommendations.

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