



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## 146th SESSION OF THE EXECUTIVE COMMITTEE

*Washington, D.C., USA, 21-25 June 2010*

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*Provisional Agenda Item 4.4*

CE146/12 (Eng.)

11 June 2010

ORIGINAL: SPANISH

### NATIONAL INSTITUTIONS ASSOCIATED WITH PAHO IN TECHNICAL COOPERATION

#### **Introduction**

1. The Pan American Sanitary Bureau (the Bureau), pursuant to its mission and country-focused technical cooperation policy, proposes that the Member States adopt a policy to strengthen relationships with national institutions with recognized capacity in health, so as to bolster the national capacities needed to achieve the Millennium Development Goals (MDGs) and other goals in health. This proposal is complemented with a description of the World Health Organization (WHO) Collaborating Centers and with Nongovernmental Organizations in Official Relations with the Pan American Health Organization (PAHO).
2. This document includes background information and elements for analyzing the issues, defining objectives, and setting criteria for the identification of these organizations. It also spells out the technical and administrative procedures for their designation and participation (Annex A).

#### **Background**

3. Article 71 of the WHO Constitution states that the Organization “may, on matters within its competence, make suitable arrangements for consultation and co-operation with non-governmental international organizations and, with the consent of the Government concerned, with national organizations, governmental or non-governmental.”

4. Within this framework, Article 26 of the PAHO Constitution mandates that the Bureau act in accordance with relevant WHO policies and plans as these affect cooperation with government and other national organizations.

5. Previous sessions of the PAHO Governing Bodies have deliberated on the policies and programs that guide the Bureau's working relationships with national institutions.

6. Documents from the period 1969-1978 (CE61.R12 [1969]; CD19.R37 [1969]; CE64.R19 [1970]; CSP18.R33 [1970]; CD25.R31 [1977]; and CE99/9 [1987], among others) provide background material for an updated analysis of the subject.

7. In June-July 1969, the 61st Session of the Executive Committee suggested "that the Directing Council request the Director of the Bureau to appoint a working group to draft a proposal on criteria for the establishment and operation of centers and programs sponsored by the Organization for different countries." (CE61.R12 [1969])

8. Consequently, PAHO has been involved in establishing and operating multinational centers (CSP18.R33 [1970]), Pan American centers (CD25/29 and annexes [1977] and CD25.R31 [1977]).

9. In June of 2000, through Resolution CE126.R15, the 126th Session of the Executive Committee approved the *Revision of the Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations* (CE126/7 and Add. I).

10. In June 2005, the 136th Session of the Executive Committee approved the *Strategy for the Future of the Pan American Centers* (CE136/12), indicating that PAHO's new regional policies and the results of the efforts of the Working Group on PAHO in the 21st Century necessitated a review of existing institutional arrangements to ensure effective, viable and sustained technical cooperation that better meets the current needs of the Member States.

11. In September 2006, the 139th Session of the Executive Committee reviewed these principles (CE139/7) once again. Its recommendations have served as the basis for this proposal concerning national institutions and their role in the country-focused technical cooperation that PAHO provides in support of national health development.

12. In 2007, the 27th Pan American Sanitary Conference endorsed the proposed *PAHO Strategic Plan 2008-2012* (Official Document No. 328). This plan establishes the strategic direction of the Bureau, based on the Health Agenda for the Americas 2008-

2017, the Eleventh General Program of Work, 2006-2015, and the WHO Medium-Term Strategic Plan 2008-2013, the PAHO Strategic Plan 2008-2012.

13. The Health Agenda for the Americas (2008-2017) notes that it is vitally important to encourage greater mobilization of national resources by fostering links among a wide range of institutions, in particular, academic and research institutions, professional associations, foundations, and civil society organizations in general.

14. WHO has a policy governing its Collaborating Centers (WHO-CC). The WHO-CCs are institutions designated by the WHO Director-General to support the Organization's programs at the international level. There are currently over 800 CCs in more than 90 Member States. The 182 that are in the Region of the Americas are distributed as follows by descending order: United States (90), Canada (24), Brazil (21), Argentina (10), Cuba (9), Mexico (7), Chile (6), Colombia (6), and other countries (9).

15. Relations with national institutions to support the Organization's technical cooperation programs date from the League of Nations era, when national laboratories were first designated as reference centers for the standardization of biologics.

16. In addition, PAHO's technical cooperation with its Member States has historically been heavily dependent on the participation of national institutions. Accordingly, it is essential to formalize the process of institutional working relationships so as to recognize and take greater advantage of potential in the countries.

17. Progress in PAHO's technical cooperation with its Member States, together with improved results-based planning methodologies and management tools, have paved the way for effective working relationships and the systematic, standardized mobilization of resources with national institutions within the framework of the Organization's institutional strengthening process.

## **Analysis**

18. The countries of the Region of the Americas need to adopt integrated policies and plans to meet the health-related MDGs, as well as other national health objectives and international commitments. This calls for the full mobilization of national capacities, and for taking a wide-angle approach to act on health determinants, ensure intersectoral collaboration, and promote joint coordinated initiatives involving the public sector, the private sector, and civil society. PAHO/WHO can serve as an effective catalyst in mobilizing and strengthening these capacities.

19. Over the decades, PAHO/WHO has made progress in terms of collaborating in networks and decentralizing its country-focused technical cooperation, as a part of its

effort to foster positive changes in the health situation. The formulation of Country Cooperation Strategies (CCS) was recently introduced as an institutional planning mechanism. It involves identifying and mobilizing technical cooperation capacities in each country, taking advantage of the excellence of its professionals and institutions.

20. A CCS results from a process of negotiation that reconciles and harmonizes national mandates and priorities with strategic approaches and priorities at the subregional, regional and global levels. The CCS functions as an important guide for the biennial work plans of the PAHO/WHO Representative Offices—plans that integrate the Organization's initiatives and resources at all levels—global, regional, subregional, and national. One of the fundamental aspects of the biennial work plans with each country is precisely to mobilize and incorporate existing local resources. This takes on special importance for the multicountry PAHO Representative Offices, the small island nations and countries that are priorities due to their poverty levels.

21. The main types of cooperation employed by PAHO include cooperation among countries, South-South cooperation, and the production and dissemination of scientific knowledge. All of these processes will benefit if better advantage is taken of professional and institutional capacity in the countries.

### **Proposal**

22. This document presents policy and technical and administrative procedures for identifying and mobilizing national institutions and incorporating them in the implementation and evaluation of PAHO/WHO technical cooperation plans and programs in the countries.

23. The degree of economic, scientific, and social development in our countries varies depending on their history and the development of their national health systems. All the countries, however, have institutions with a certain degree of development. Working with PAHO, these institutions can increase their impact, helping to improve the health situation and well-being of the populations.

24. Specialized international organizations such as PAHO must take a modern approach to the management of scientific information and knowledge in responding to the needs of the countries, promoting collaboration in networks, the mobilization of institutional capacity in the countries, and the appropriate use of new information and communication technologies.

25. Mobilizing national capacity within the framework of PAHO policies and technical cooperation programs represents an opportunity to foster institutional development and strengthen national capacity.

26. PAHO's close ties with national institutions and its role in strengthening them contribute to the retention of critical national human resources for national health development.

27. The growing presence of national institutions that are recognized participants in technical cooperation activities with PAHO enables the Organization to broaden its technical response capability more inclusively and strategically, bringing the Secretariat and the Member States closer in the process.

28. In countries where PAHO's cooperation is decentralized to the subnational levels, the availability of national institutions and collaboration with them would represent an added advantage and opportunity.

29. National institutions will be of great value by providing technical support to technical cooperation projects among countries in substantive public health areas, sharing their experience and their scientific and technical know-how, and occasionally by providing access to external financial resources.

30. With PAHO's participation, other agencies in the United Nations and Inter-American systems have made collaboration with national institutions part of their strategies, especially with respect to mutual strengthening in the context of the Common Country Assessments of the United Nations Development Assistance Framework (CCA-UNDAF). These new work dynamics are creating and nurturing opportunities for interagency dialogue in each country.

31. It is important to note that national institutions provide new options that enrich technical cooperation in the context of the needs and realities of the Organization's Member States. Thus, they complement the role of WHO Collaborating Centers and recognized Non-governmental Organizations in Official relations with PAHO/WHO.

32. National institutions may be designated as WHO Collaborating Centers if they meet WHO criteria. Collaborating Centers, in turn, are eligible for recognition as National Institutions Associated with PAHO in Technical Cooperation if they meet the selection and designation criteria set forth in the present proposal.

33. The Member States and PAHO should share the responsibility for selecting these national institutions, and put mechanisms in place for overseeing and monitoring the quality and effectiveness of technical cooperation.

***Definition of National Institutions Associated with PAHO in Technical Cooperation (NIAPTC)***

34. A National Institution Associated with PAHO in Technical Cooperation is a “*national institution of recognized scientific or technical capability in its specific field of activity, committed to the health priorities and needs of its country, working under the guidance of the Ministry of Health, whose mission is compatible and synergistic with the mission, values, and goals of PAHO, and engaging in activities closely linked with achieving the goals and outcomes indicated in PAHO’s technical cooperation plans, programs, and projects in the country*”.

35. Public and private nonprofit institutions, professional and academic associations, and civil society organizations involved in issues related to health and its determinants are included in the above definition.

***Objectives of National Institutions Associated with PAHO in Technical Cooperation***

36. The objectives are:

- (a) To participate in mobilizing, utilizing, and strengthening their country’s institutional capacities to support health development at the national and subnational levels, in strategic partnership with PAHO/WHO and in harmony and close coordination with the State.
- (b) To promote a culture of solidarity and foster associated processes to deal with situations that pose a threat to health.
- (c) To consolidate working relations between PAHO/WHO and national institutions to foster greater coordination of national efforts and efforts among countries in order to achieve the goals and expected results established in regional, national, and subnational health agendas and health plans.
- (d) To gradually develop and strengthen networks of national institutions in order to achieve the goals and expected results established in national, subregional, and regional health agendas and health plans.
- (e) To support the mobilization of resources, using as a frame of reference the expected results of technical cooperation, as defined jointly by individual Member States and PAHO/WHO.

**Action by the Executive Committee**

37. The PAHO Member States are requested to study this document and consider the proposed resolution (Annex C), which authorizes the Bureau to set the policy and establish the administrative and technical procedures for designating National Institutions

Associated with PAHO in Technical Cooperation and in establishing cooperative relations with them.

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Annexes



**PROPOSED PROCEDURE FOR IDENTIFYING AND DESIGNATING  
NATIONAL INSTITUTIONS ASSOCIATED WITH PAHO IN TECHNICAL  
COOPERATION**

1. Implementing this proposal requires a formal process for the identification, prequalification, review, and official recognition of institutions whose performance and commitment merits their designation as National Institutions Associated with PAHO in Technical Cooperation (NIAPTC), acting as coparticipants in PAHO technical cooperation in their own countries.
2. The NIAPTC shall be designated by the Director of the Pan American Sanitary Bureau for specific periods of time to contribute from within their national and subnational contexts to the achievement of the overall strategic objectives, region-wide expected results, and specific results of the country cooperation programs.
3. NIAPTC shall be nominated by the PAHO/WHO Representatives for consideration by the Director of the Bureau, with the approval of the country's health authorities, as part of the preparation of the Biennial Work Plans (BWP). National institutions may not nominate themselves as potential NIAPTC.
4. Nominations of NIAPTC shall be associated with specific results that the institutions will have to achieve as part of the country BWP and in keeping with the objectives of the PAHO Strategic Plan and the Region-wide Expected Results.
5. PAHO/WHO Representatives, in coordination with the national health authorities, shall be directly responsible for the negotiations with the institutions.
6. Designated NIAPTC may include public or private nonprofit institutions, academic or research institutions, foundations, non-governmental organizations, and laboratories and specialized services of health institutions capable of performing specific technical cooperation functions, provided that they have no actual or apparent conflict of interest with PAHO/WHO, as mandated by the rules and policies of the Organization.
7. NIAPTC collaboration shall take place within the framework of the basic functions of PAHO/WHO, namely:
  - (a) Exercising leadership in issues critical to health and participating in partnerships when joint action is required.
  - (b) Determining lines of research and promoting the production, application, and dissemination of valuable knowledge.

- (c) Establishing standards and guidelines, promoting them, and closely monitoring their application.
- (d) Formulating scientifically sound policy options based on ethical principles.
- (e) Providing technical cooperation, serving as catalysts for change, and creating enduring institutional capacities.
- (f) Closely monitoring health situations and identifying trends.

8. They shall also collaborate in strengthening Essential Public Health Functions (EPHFs), including the monitoring, evaluation, and health situation analysis; surveillance, research, and control of health risks and threats to public health; health promotion; social participation in health; development of policies and institutional capacity for public health planning and management; strengthening of public health regulation and enforcement capacity; evaluation and promotion of equitable access to necessary health services; human resources development and training in public health; quality assurance in personal and population-base health services; research in public health; and reduction of the impact of emergencies and disasters in health.

9. The Director of the Bureau shall issue an official document recognizing each NIAPTC. As part of the respective BWP, the Representative Offices of PAHO/WHO shall direct the preparation of specific work plans with each NIAPTC, including (a) specific results, and (b) the resources from PAHO/WHO, the NIAPTC, the Member State, and other sources that will be used in meeting the objectives.

10. The Bureau shall create a database on the NIAPTC, under the responsibility of the External Relations, Mobilization of Resources and Associations entity; which will be up-to-date and made available online. This will allow all countries and other stakeholders to access the information and use it in promoting cooperation projects among countries and creating networks and partnerships for work at the national, subregional, regional, and interregional levels.

**Considerations for the identification, prequalification, review, recognition, and approval of the work plans of National Institutions Associated with PAHO in Technical Cooperation**

***Identification (by individual PAHO/WHO Representative Offices):***

11. PAHO/WHO Representative Offices shall submit a list of proposed NIAPTC to senior health authorities in their country.

12. In creating the list, PAHO/WHO Representative Offices shall consider the following basic criteria:

- (a) Institutions must possess scientific and technical prestige and demonstrate leadership at the national or international level.
- (b) Institutions must have well-defined missions and clear objectives, in addition to organizational and functional stability in terms of the continuity of their human, physical, and financial resources.
- (c) Institutions must have the capacity, authority, and will to contribute to achievement of the expected results of the PAHO/WHO technical cooperation program in their country.
- (d) Institutions' mission must be compatible with that of PAHO/WHO and have no real or apparent conflict of interest with PAHO/WHO.

***Prequalification:***

13. The Ministry of Health and the PAHO/WHO Representative Office shall create a National Committee to prequalify and review proposed national institutions, with participation by other national stakeholders as well as the Ministry of Health and the PAHO/WHO Representative Office.

14. The National Committee shall be chaired by a Ministry of Health appointee.

15. As a part of the prequalification process, the National Committee may add other national institutions not initially included in the list suggested by PAHO/WHO.

16. The National Committee shall write to the institutions identified to ascertain their availability and willingness to participate in the review process.

***Review (by the National Committee)***

17. In relation to the products and services, considered advisable in the selection of the NIAPTC, the following evidence must be documented and submitted to the National Committee:

- (a) Evidence of positive experience in previous work with the State, PAHO/WHO (at the national, subnational, or international level), or other national or international development cooperation agencies.

- (b) A written commitment of the institution's willingness and decision to work in partnership with PAHO/WHO, to identify with the Organization's values, and to support the cooperation objectives set forth in the BWP as formulated by PAHO/WHO and the country.
  - (c) Information on the available human, financial, physical, and technology resources that the institution can commit to a partnership with PAHO/WHO to achieve the proposed objectives.
  - (d) Legal information on the institution's constitution and organizational structure and operations.
  - (e) A commitment to providing direct technical cooperation to subnational entities in the country, based on the institution's own available resources, or on resources obtained from other sources, including PAHO/WHO.
  - (f) Scientific and technical output at the national and international levels.
18. The National Committee shall issue an opinion prequalifying the national institution proposed as an NIAPTC.

### ***Recognition***

19. The PAHO/WHO Representative Office shall submit the NIAPTC proposal and the National Committee's opinion to the Director of the Bureau.
20. The Director shall review the opinion of the National Committee and make the final decision on designating the Institution as one Associated with PAHO in Technical Cooperation.
21. The PAHO Office of the Legal Counsel shall draft an official document designating the institution as an NIAPTC, specifying the period to which this recognition applies and work area on which the designation is based.
22. The Office of the Legal Counsel will send the official recognition document to the PAHO/WHO Representative Office for delivery to the national institution.
23. The Office of External Relations, Resource Mobilization, and Partnerships shall be responsible for creating and updating the NIAPTC database.

***Work Plan***

24. As part of the program of cooperation with the country, the PAHO/WHO Representative Office shall prepare the NIAPTC work plan in collaboration with national health authorities.

25. At the halfway point and end of the period for which an institution is designated as an NIAPTC, an evaluation of the work done will be made, and reports will be issued and shared with the Ministry of Health.

26. The results of work with national institutions will be reviewed as a part of the system for the evaluation of technical cooperation that the Bureau currently uses in its routine planning, and in its budgeting for and evaluation of the regional strategic plan and corresponding BWPs.



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

CE146/12 (Eng.)  
Annex B

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

**1. Agenda item:** 4.4. National Institutions Associated with PAHO in Technical Cooperation

**2. Responsible unit:** Representative Offices in coordination with the office of country-focused support (CFS) and the Institutional Development Unit (IDU)

**3. Preparing officer:** Country Representative, CFS, and IDU

**4. List of collaborating centers and national institutions linked to this Agenda item:**

Each Representative Office will develop a list that includes National Institutions Associated with PAHO in Technical Cooperation with which PAHO has a formal institutional working relationship, as well as institutions with potential for such relationship.

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

- Strengthening the national health authority
- Tackling health determinants
- Increasing social protection and access to quality health services
- Diminishing health inequalities among and within countries
- Reducing the risk and burden of disease
- Strengthening the management and development of people working for health
- Harnessing knowledge, science, and technology
- Strengthening solidarity and health security

**6. Link between Agenda item and Strategic Plan 2008-2012:**

The link with the Strategic Plan will be defined as a function of the area of work.

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

Good practices will be documented on the basis of a mapping carried out by each Representative Office.

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

To be defined in letters of understanding or agreements.



PAN AMERICAN HEALTH ORGANIZATION  
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## **146th SESSION OF THE EXECUTIVE COMMITTEE**

*Washington, D.C., USA, 21-25 June 2010*

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CE146/12 (Eng.)  
Annex C

### ***PROPOSED RESOLUTION***

#### **NATIONAL INSTITUTIONS ASSOCIATED WITH PAHO IN TECHNICAL COOPERATION**

##### ***THE 146th EXECUTIVE COMMITTEE***

Having reviewed document CE146/12 on National Institutions Associated with PAHO in Technical Cooperation (NIAPTC);

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

To recommend that the Directing Council consider adopting a resolution written in the following terms:

#### **NATIONAL INSTITUTIONS ASSOCIATED WITH PAHO IN TECHNICAL COOPERATION**

##### ***THE 50th DIRECTING COUNCIL,***

Having reviewed document CD50/\_\_\_ on National Institutions Associated with PAHO in Technical Cooperation (NIAPTC);

Considering Article 71 of the Constitution of the World Health Organization (WHO) and Article 26 of the Constitution of the Pan American Health Organization (PAHO), as well as the governance frameworks and mandates handed down by the Executive Committee, the Directing Council, and the Pan American Sanitary Conference of the Pan American Health Organization (i.e., Resolution CD19.R37 [1969]; Resolution CE61.R12 [1969]; Resolution CE64.R19 [1970]; Resolution CSP18.R33 [1970];

Resolution CD25.R31 [1977]; Document CD25/29 [1977]; Resolution CSP20.R31 [1978]; Document CSP20/3 [1978]; Document CE99/9 [1987]; Resolution CE126.R15 [2000]; Document CE126/7 and Add. I [2000]; Document CE136/12 [2005]; Document CE139/7 [2006]);

Recognizing that one of the fundamental objectives of PAHO/WHO is to strengthen national capacities for the sustainable achievement of national and global public health goals, and that these capacities must be based on broad approaches capable of affecting health determinants, ensuring intersectoral collaboration, and promoting public-private initiatives and with civil society;

Noting that, over the years, PAHO/WHO technical cooperation with Member States has been significantly supported by the participation of national institutions, and that formal institutional working relationships are needed for PAHO to function as a catalyst in mobilizing and strengthening these capacities;

Emphasizing that the present proposal complements the work that PAHO/WHO conducts with the WHO Collaborating Centers and Nongovernmental Organizations that in Official Relations with PAHO/WHO,

***RESOLVES:***

1. To urge the Member States to:
  - (a) Make efforts to mobilize, utilize, and strengthen the capacities of National Institutions Associated with PAHO in Technical Cooperation to support health development at the national and subnational levels through strategic partnership with PAHO/WHO;
  - (b) Collaborate with PAHO/WHO in implementing a formal process for the selection of national institutions that participate in technical cooperation in health, as well as collaborating to create mechanisms to oversee and monitor the quality and effectiveness of cooperation activities;
  - (c) Analyze the existing capacities of institutions with potential to be designated as National Institutions Associated with PAHO in Technical Cooperation;
2. Request the Director to:
  - (a) Consolidate working relationships between PAHO/WHO and Member States' national institutions by selecting and designating National Institutions Associated with PAHO in Technical Cooperation, thus promoting more efficient and



- effective coordination of national efforts aimed at achieving the goals and expected results of national and subnational health agendas and plans;
- (b) Provide technical support to Member States in identifying national institutions that might be designated as National Institutions Associated with PAHO in Technical Cooperation, and in identifying mechanisms for overseeing and monitoring such institutions;
  - (c) Promote and progressively develop networks of National Institutions Associated with PAHO in Technical Cooperation;
  - (d) Work to mobilize additional national and international resources to support the work plans agreed upon between PAHO/WHO and the National Institutions Associated with PAHO in Technical Cooperation.



ORGANIZACIÓN PANAMERICANA DE LA SALUD  
*Oficina Sanitaria Panamericana, Oficina Regional de la*  
ORGANIZACIÓN MUNDIAL DE LA SALUD

CE146/12 (Eng.)  
Annex D

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

<p><b>1. Agenda item:</b> 4.4. National Institutions Associated with PAHO in Technical Cooperation.</p>
<p><b>2. Linkage to Program Budget 2008-2009:</b></p> <p>(a) <b>Area of work:</b> Will depend on the profile of each institution and program area.</p> <p>(b) <b>Expected result:</b> To be defined in an agreement signed by the institution, the country, and PAHO.</p>
<p><b>3. Financial implications</b></p> <p>(a) <b>Total estimated cost for implementation over the life cycle of the resolution (estimated to the nearest US\$ 10,000, including staff and activities):</b> Not applicable.</p> <p>(b) <b>Estimated cost for the biennium 2010-2011 (estimated to the nearest US\$ 10,000, including staff and activities):</b> Not applicable.</p> <p>(c) <b>Of the estimated cost noted in (b), what can be subsumed under existing programmed activities?</b> Analysis to be based on a mapping of National Institutions Associated with PAHO in Technical Cooperation with which PAHO has a formal working relationship, as well as institutions with the potential for such relationships.</p>
<p><b>4. Administrative implications</b></p> <p>(a) <b>Indicate the levels of the Organization at which the work will be undertaken:</b> National, subregional, and regional.</p> <p>(b) <b>Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):</b> Detailed information on staff can be obtained through mapping and analysis in each country, following the administrative technical procedure for operationalization of the proposal on National Institutions Associated with PAHO in Technical Cooperation in Health.</p>

**(c) Time frames (indicate broad time frames for the implementation and evaluation):**  
Each agreement will specify its time frames, following the guidelines of the administrative technical procedure for operationalization of the proposal on National Institutions Associated with PAHO in Technical Cooperation.