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F. STATUS OF THE PAN AMERICAN CENTERS

Introduction

1. This document was prepared in response to the mandate from the Governing Bodies of the Pan American Health Organization (PAHO) to conduct periodic evaluations and reviews of the Pan American Centers, and report on institutional matters or technical progress of strategic importance to the Organization.

Background

2. The Pan American Centers have been an important modality of PAHO technical cooperation for almost 60 years. During this period PAHO has created or administered 13 centers,¹ eliminated nine, and transferred the administration of one of them to its own Governing Bodies. This document presents up-to-date strategic information on the Latin American and Caribbean Center on Health Sciences Information (BIREME) and the Pan American Foot-and-Mouth Disease Center (PANAFTOSA).²

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

3. BIREME is a specialized center of PAHO/WHO, founded in 1967 to channel the technical cooperation that the Organization provides to Member States in relation to scientific and technical health information, and the sharing of knowledge and evidence that contribute to the ongoing improvement of health systems, education, and research.

4. Within PAHO's organizational structure, BIREME is situated within the Office of Knowledge Management, Bioethics, and Research, and has a specific biennial work plan

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

² On this occasion, it was not considered necessary to include information on the Latin American Center for Perinatology and Human Development/Women's and Reproductive Health (CLAP/WR) given that no changes of strategic importance have taken place since the last report.

(BWP) 2016-2017, approved by the Director of the Pan American Sanitary Bureau (PASB).

Institutional Structure of BIREME

5. BIREME's institutional framework was established by the Agreement on Maintenance and Development of the Center ("Maintenance Agreement"), signed by PAHO/WHO and the Ministries of Health and Education of Brazil, the Ministry of Health of the State of São Paulo and the Federal University of São Paulo (UNIFESP) in 2004.³

6. In 2009, recognizing that the institutional framework of BIREME did not adequately meet BIREME's current and future governance, management and financing needs, the 49th Directing Council of PAHO adopted Resolution CD49.R5 approving a new Statute for BIREME and requesting the Director of PASB to undertake negotiations with the Government of Brazil to conclude a new Headquarters Agreement regarding the maintenance of BIREME as well as its privileges and immunities in that country.

7. The above-referenced Maintenance Agreement expired on 1 March 2015.

Current Status of the Institutional Frameworks

Facilities and operations agreement

8. The PASB continues to pursue its negotiations with the Government of Brazil with respect to the basic document referenced by the 49th Directing Counsel in its Resolution CD49.R5. At the same time, in order to provide BIREME with a legal foundation under which to continue operations in Brazilian territory, the PASB proposed a new agreement ("*Termo de Cooperação*") directly with the Ministry of Health of Brazil and specifically for BIREME. The *Termo de Cooperação* expressly recognizes BIREME's legal status as an integral part of PAHO, functioning under the Organization's basic agreements with the Government of Brazil. The *Termo de Cooperação* ensures necessary financial contributions from the Government of Brazil to maintain BIREME's operations. The *Termo de Cooperação* is currently under consideration by the Government of Brazil.

9. A contingency plan for BIREME is in place during this transition period to guarantee its continued optimal functioning.

10. After being located for almost 40 years on the UNIFESP campus, under the terms of the Maintenance Agreement, the University has notified PAHO that it will be renovating its facilities and that BIREME can no longer maintain its headquarters on the campus. As a result, and after a thorough search and analysis of available options for

³ The first agreement was signed on 3 March 1967 and the last one on 2 December 2004.

BIREME's Headquarters, BIREME has relocated its facilities to rental premises located in the city of Sao Paulo. Some renovations of the new premises were necessary. The move took place on 1 April 2016.

Staffing

11. At the end of 2015, 17 UNIFESP employees assigned to work at BIREME returned to the University.

12. During the first quarter of 2016, 19 local employees retired or took early retirement in accordance with Brazilian law. These individuals have not been replaced.

13. The selection process for the position of Director of BIREME has been finalized and the new Director assumed duties on 1 August 2016.

Short-term Challenges for BIREME

14. The upcoming challenges for BIREME include:

- a) finalizing and operationalizing the *Termo de Cooperação* with the Ministry of Health of Brazil;
- b) structurally and functionally reorganizing BIREME to fit the needs of the BIREME biennial work plan 2016-2017;
- c) scheduling the 2016 Scientific and Advisory Committee Meetings of the Center.

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

15. PANAFTOSA is a PAHO center located in the Brazilian state of Rio de Janeiro. It was created in 1951 pursuant to an agreement subscribed between the Government of Brazil and PAHO. Its initial purpose was to execute the Hemispheric Program for the Eradication of Foot-and-mouth Disease. In 1998, the zoonotic reference, research, and technical cooperation activities were transferred from the Pan American Institute for Food Protection and Zoonoses (INPPAZ) to PANAFTOSA. With the close of INPPAZ in 2005, the technical cooperation activities on food safety were transferred to PANAFTOSA.

Recent progress at PANAFTOSA

16. The 17th Inter-Ministerial Meeting on Health and Agriculture (RIMSA 17, for its Spanish acronym) was hosted by the Government of Paraguay in Asunción 21-22 July 2016, with the theme "One Health and the Sustainable Development Goals". The theme emphasized the link between animal health and public health and its contribution to sustainable development, as well as the need for good governance and long-term

commitment among all sectors and actors to promote and improve the health of the people of the Americas today and for future generations.

17. RIMSA is an important regional meeting of the Ministers of Agriculture and Health of all Member States of PAHO, where participants address issues, propose actions and coordinate a unified approach to addressing animal health/human health issues. Through RIMSA, PAHO receives political support for its technical cooperation on veterinary public health in the field of food safety, eradication of foot-and-mouth disease in the Americas and prevention and control of zoonotic diseases. In addition, RIMSA supports and articulates issues related to the animal health/human health interface, critical for the prevention and control of emerging and neglected infectious diseases, as well as for the containment and reduction of the impact of antimicrobial resistance. This multisectoral meeting aims to generate high-level support for PAHO's implementation of plans and projects related to thematic health-related areas as approved by PAHO's Governing Bodies.

18. RIMSA 17 was attended by delegates of Ministries of Health and Agriculture from 30 countries and numerous representatives of international and regional organizations, academia, nongovernmental organizations and the private sector. Their presence sent a clear message on the importance of intersectorial action to address the challenges of health and its determinants, in line with the concept of One Health.

19. RIMSA 17 highlighted the challenges faced by countries to achieve universal health coverage and ensure food safety as a priority for public health and food security, taking also into consideration the crucial role of the Region of the Americas in ensuring food security to the world population. Health and agriculture authorities agreed to establish and/or strengthen intersectoral governance mechanisms and platforms for coordinating regular actions on the management of zoonoses, and for developing and/or strengthening early warning and rapid response mechanisms to the threats of emerging and re-emerging zoonoses. In this regard, RIMSA 17 requested PAHO to provide technical cooperation for the reinforcement of integrated systems for the surveillance, prevention, control and elimination of endemic and emerging and re-emerging zoonotic diseases, following the One Health approach.

20. With regard to food safety, RIMSA 17 urged governments *a)* to strengthen and develop food safety programs based on the "from farm to table" approach in health and agriculture, and *b)* to incorporate other sectors such as environment, tourism and industry, with the active participation of non-governmental organizations, the private sector and consumers.

21. Furthermore, RIMSA 17 requested PAHO to update and present to the Directing Council a strategy and plan of action for food safety to support countries in the modernization of food control systems using new information communication technologies.

22. On antimicrobial resistance (AMR), RIMSAs 17 highlighted that it is a threat for public health and animal health, and that its containment requires the cooperation of both health and agriculture sectors, including the private sector. Furthermore, RIMSAs 17 urged governments to develop national action plans on AMR, aligned with the WHO Global Action Plan, based on multisectoral interventions, including public and private sectors as well as integrated surveillance mechanisms, and promoting the rational and appropriate use of antimicrobials in health and agriculture through the One Health approach.

23. Ministers of Health and Agriculture, agreed that technical cooperation and intersectoral action are key for this purpose, and requested PAHO to lead and provide priority support to those country initiatives that benefit from a One Health approach, related to the Goals and Targets of the 2030 Sustainable Development Agenda. Furthermore, RIMSAs 17 requested international cooperation agencies in public health, animal health, and the environment, to consolidate and strengthen the coordination of their technical cooperation to the countries in the One Health framework, and to formalize an initiative leading to a strategy and integrated action plan agreed by the countries of the Region.

Action by the Directing Council

24. The Directing Council is invited to take note of this progress report and to formulate the relevant recommendations.

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