



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



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I. 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 centers¹, eliminated nine, and transferred the administration of one of them 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), the Latin American Center for Perinatology and Human Development/Women's and Reproductive Health (CLAP/SMR); and the two Subregional Centers, the Caribbean Epidemiology Center (CAREC) and the Caribbean Food and Nutrition Institute (CFNI), which were transferred at the end of 2012 to the Caribbean Public Health Agency (CARPHA).

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

3. In view of the convergence of human health and animal health, there is an ever-growing need for PAHO to exercise leadership in the sphere of zoonoses, food safety, and food security. The articulation between health, agriculture, and the environment constituted the main theme of the 16th Inter-American meeting, at the Ministerial Level, in Health and Agriculture (RIMS 16): *Agriculture, Health, and Environment: joining efforts for the well-being of the Americas*, which was held in Santiago, Chile, on

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

26-27 July 2012, under the coordination of PANAFTOSA. There were three technical events held preceding RIMSA 16: the 12th Meeting of the Hemispheric Committee for the Eradication of Foot-and-mouth Disease in the Americas (COHEFA 12); the 6th Meeting of the Pan American Commission for Food Safety (COPAIA 6); and the Interagency Forum “Toward integrated epidemiological surveillance.” RIMSA 16 and these three technical events had technical and financial support from the Government of Chile, through the ministries of health and agriculture. The final report of RIMSA 16, which culminated in the Consensus of Santiago, will be submitted to the Governing Bodies this year. The final reports on the technical events preceding RIMSA 16 and on the Consensus of Santiago are available on the Web page of PANAFTOSA.²

Recent Progress

4. Within the framework of the institutional development project for PANAFTOSA which began in 2010, the financial contributions from sources specifically interested in foot-and-mouth disease eradication in South America are supporting technical cooperation of the Center in relation to regional coordination of the 2011-2020 Action Plan of the Hemispheric Program for Eradication of Foot-and-mouth Disease (PHEFA). Accordingly, it has been possible to channel a significant proportion of the regular financial resources of the Center 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 continues to provide full support for the maintenance costs of the Center.

5. At the end of 2012, PAHO, through PANAFTOSA, and the Secretariat for Health Surveillance of the Ministry of Health of Brazil signed an Annex to the Technical Cooperation Agreement for contributing to the strengthening of the National Health Surveillance System and the management capacity of the Unified Health System of Brazil, to reduce the burden on the human population of zoonoses, vector-borne, waterborne, and foodborne diseases. This agreement and its Annex also include activities for knowledge management and South-South cooperation, in addition to the valuable sustained collaboration for more than 60 years with the Ministry of Agriculture, Livestock, and Food Supply of Brazil. These collaborative activities reinforce the important function of PANAFTOSA as a center of intersectoral technical cooperation on animal health and public health.

6. At the beginning of this year a new Technical Cooperation Agreement was signed with the Latin American Development Bank (CAF) for foot-and-mouth disease control in the border areas of the Andean countries. In addition, technical cooperation agreements are being negotiated with public organizations of other Member States, on activities in all

² <http://ww2.panaftosa.org.br/rimsa16/>

the spheres of activity of PANAFTOSA: zoonosis, food safety, and foot-and-mouth disease.

7. Within the framework of the Action Plan for Elimination of Human Rabies Transmitted by Dogs, which lays out the actions for the last stage of elimination to be reached in 2015, diagnostic laboratories are being strengthened through training of professionals and review of the national plans for elimination in priority countries through evaluation missions. Technical cooperation was provided for a wildlife rabies outbreak in Ecuador, through training of field and laboratory professionals. Support is being provided for laboratories in Central America and Colombia for diagnosis of equine encephalitis and preparation of the intersectoral national plan for surveillance, prevention, and control of echinococcosis/hydatidosis in Peru.

8. Country programs for food safety have been strengthened through direct technical cooperation and organization of in-person intersectoral workshops in collaboration with other international and regional organizations. These included workshops on the following subjects: food safety in emergencies and response to outbreaks; integrated surveillance of foodborne diseases; integrated monitoring of antimicrobial agents in the primary animal chain of production, and risk analysis and modernization of food protection services. A workshop on risk management was organized during the regional meeting of Codex Alimentarius, with participants of all the countries of the Region. Six interactive virtual seminars were organized with more than 1,500 participants on quality management from the laboratories of the Inter-American Network of Food Analysis (INFAL).

9. Since January 2012 there have been no cases of foot-and-mouth disease recorded in the countries of South America. The subregions of North America, Central America, and the Caribbean are free of this disease. Within the framework of the 2011-2020 Action Plan of PHEFA, technical cooperation and training were provided in the area of surveillance, laboratory work, and program management to Bolivia, Brazil, Colombia, Ecuador, Guyana, Panama, Paraguay, Peru, Uruguay, and Venezuela. Technical cooperation was provided to Paraguay in response to foci in 2011 and 2012, for preparation of a national study of circulation of the foot-and-mouth disease virus.

10. In 2012, Panama was accepted as a full member of the South American Commission for the Control of Foot-and-Mouth Disease (COSALFA), which held its 40th regular meeting in that country in April 2013.

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

11. BIREME is a specialized center of PAHO founded in 1967 to administer the supply of technical cooperation that the Organization provides to the countries of the

Region in scientific and technical information on health. On 1 January 2010 the new BIREME Statute went into effect, and on 31 August of the same year the Advisory Committee of BIREME was established.

12. The 28th Pan American Sanitary Conference selected Cuba, Ecuador, and Puerto Rico for the Advisory Committee of BIREME, with a mandate of three years, replacing Argentina, Chile, and Dominican Republic, the mandates of which expired in 2012.

Recent Progress

13. The third meeting of the Advisory Committee of BIREME took place on 5 December 2012, in the offices of BIREME in São Paulo (Brazil). The members of the Advisory Committee reaffirmed their continued support for the institutional development of the Center, including the implementation of the new institutional framework, the drafting and signing of the Headquarters Agreement, and the financing of its work plans, in addition to the setup of the Scientific Committee, the organization of the IX Regional Congress on Information in Health Sciences (CRICS9), and the holding of the the VI Meeting of Regional Coordination of the Virtual Health Library (BVS6) in Washington, D.C., from 20 to 24 October 2012. At its third meeting, the Advisory Committee of BIREME approved the appointment of the members of the Scientific Committee, according to the criteria defined by PAHO. The specialists in this committee come from five countries: Brazil, Canada, United States, Honduras, and Trinidad and Tobago.

14. In the context of the lines of action for implementing the new institutional framework of BIREME, the following points should be noted:

- (a) Headquarters Agreement for BIREME. PAHO and the Ministry of Health of Brazil prepared a headquarters agreement, which was submitted for approval on 6 August 2010. After a series of negotiations that took place during the year 2012, on 4 October of the same year the Executive Secretariat of the Ministry of Health of Brazil, through the PAHO/WHO Representative Office in Brazil, presented a new version of the *Agreement between the Federative Republic of Brazil and the Pan American Health Organization on the installation of the Latin American and Caribbean Health Sciences Information Center*, as proposed by the Government of Brazil. This new version was reviewed in PAHO Headquarters and referred to the Ministry of Health of Brazil with observations, since it involved substantive changes from the previous proposal, particularly regarding the privileges and immunities to be accorded to PAHO.
- (b) Agreement on the installations and operation of BIREME on the São Paulo Campus of UNIFESP. The terms of this agreement are currently being negotiated with UNIFESP, and its signing will take place once the Headquarters Agreement with the Government of Brazil, cited in the previous paragraph, is signed.

- (c) Definition of the financing mechanism for BIREME based on the contributions of PAHO and of the Government of Brazil, stipulated in the 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 in the Statute. At the first meeting in 2012 of the National Advisory Committee of BIREME, held on 1 June, the Ministry of Health of Brazil approved a contribution of 3.8 million reais (approximately 1.8 million dollars) to finance the BIREME work plan for 2012. This sum will be transferred to PAHO through Annex No. 20 to the Agreement on Maintenance and Development of BIREME, that is in the process of being approved at the date of publication of this document.
 - (d) Establishment of the Scientific Committee in coordination with the Advisory Committee of BIREME. The process for presentation of candidacies for members of Scientific Committee was carried out took place in the first half of 2012. Proposals were received from thirteen Member States and presented to the Advisory Committee of BIREME during the second half of the year, for appointment of the members according to the approved Terms of Reference for the Committee.
15. The biennial work plan for 2012-2013 of BIREME as a entity under the PAHO Knowledge Management and Communication Area was prepared together with the Area, with which it continues to coordinate its elaboration and articulation.

Latin American Center for Perinatology and Human Development/Women's Reproductive Health (CLAP/SMR)

16. 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, which is renewed periodically and the last extension of which is in effect until 28 February, 2016. The general objective of CLAP is to promote, strengthen, and raise the capacities of the countries of the Region of the Americas with regard to health care for womens, mothers, and newborns.

Recent Progress

17. The Baseline Plan was prepared for stepping up reduction in maternal mortality and severe maternal morbidity. A complementary form on Perinatal Clinical History was developed, jointly with WHO and experts of the Region, for registering cases of extremely serious maternal morbidity in the Perinatal Information System (SIP). Implementation of the project for technical cooperation among countries in Central America (El Salvador, Honduras, Nicaragua, Panama) was finalized, and a new proposal was prepared with the same purposes incorporating Belize, Costa Rica, and the Dominican Republic. Within the framework of the strategy for Elimination of Vertical

Transmission of the Maternal Syphilis and HIV, the tool for certification and its field testing was implemented for the certification of Chile as a country that has achieved the goal of elimination of congenital syphilis. CLAP/SMR assumed responsibility for implementation of the neonatal component of health and proceeded to a mid-term evaluation of the Regional Plan for Newborn Health. CLAP/SMR was accepted as a member of the executive committee of the LAC Forum on family planning. Education for midwifery educators was promoted through the “Caribbean Regional Midwives Association,” given the need for strengthening midwifery in the Region.

18. The search continued for a site for the offices of CLAP and the PAHO/WHO Representative Office in Uruguay. At the end of 2011, five sites were visited, but did not meet the necessary requirements. In the first semester of 2012 the search was resumed with a visit to five private properties and to a governmental site the School of Veterinary Medicine. The latter was ruled out since it will not be available until two years from now, and the other properties did not meet the physical and economic requirements.

Subregional centers (CAREC and CFNI)

19. On 31 December 2012 the transition from CAREC and CFNI to the Caribbean Public Health Agency (CARPHA) became effective, in accordance with the provisions in the Agreement between PAHO and CARPHA for the transfer of CAREC and CFNI to CARPHA. Previously, on 13 December, a special ceremony of closure for CAREC and CFNI was held with the participation of staff members of the Ministry of Health of Trinidad and Tobago, CARICOM, the Interim Director of the CARPHA, and PAHO staff members. The Transfer Document was signed by the Interim Director of CARPHA and the Chief of Administration of the Pan American Sanitary Bureau on the same date. As a consequence of these steps, information on CAREC and CFNI will no longer be included in the context of evaluations of the Pan American centers.

Caribbean Epidemiology Center (CAREC)

20. In 2012, CAREC concentrated in maintaining its normal services, while preparing for the transition. To this end, PAHO constituted a working group for implementing a plan on the technical, administrative, and laboratory products and services to be transferred to CARPHA. Furthermore, several subcommittees were formed to support the transition in the areas of information, finances, and human resources.

21. At the same time, CAREC collaborated actively with the Executive Committee of CARPHA in the approval of its organization chart, policies, procedures, and processes, including the Staff Regulations. In addition, it supported contracting staff members for key posts, including the first Director of CARPHA, the Director of Institutional Services, and the Director of Surveillance and Research.

22. The other missions CAREC programmed for the fourth quarter of 2012 were carried out in accordance with the transition plan. This made it possible for the transition to take place efficiently and in an orderly manner without interruptions to the services CAREC has provided to its Member States.

Caribbean Food and Nutrition Institute (CFNI)

23. CFNI maintained its technical support for the member countries in 2012, while at the same time it worked with CARICOM on the various subjects and processes necessary for an efficient and orderly transition to CARPHA. As noted in previous paragraphs, the transition from CFNI to CARPHA took place on 31 December 2012.

24. PAHO will continue to offer technical cooperation to the Member States in accordance with its mandates and regional and subregional commitments, but some cooperation functions will be transferred to other entities of the Region, for example, universities, United Nations agencies, nongovernmental organizations, and collaborating centers. In this regard, PAHO will promote partnership and network consolidation.

25. The technical documents of CFNI were transferred to the library of the University of the West Indies (UWI) and digitized in order to make them available to the countries.

26. The office of the PAHO/WHO Representative Office in Jamaica was transferred to the CFNI building on the UWI campus.

Action by the Executive Committee

27. The Executive Committee is asked to take note of this progress report and to make the additional recommendations that it considers pertinent.

References

1. Pan American Health Organization—Pan American Foot-and-Mouth Disease Center. Hemispheric Program for the Eradication of Foot-and-Mouth Disease (PHEFA) – Action Plan 2011-2020. PANAFTOSA; Rio de Janeiro (Brazil): PAHO; 2011 [consulted 9 March 2012]. Available at: <http://bvs1.panaftosa.org.br/local/File/textoc/PHEFA-PlanAccion-2011-2020ing.pdf>.