

directing council



PAN AMERICAN
HEALTH
ORGANIZATION

XXV Meeting

regional committee

WORLD
HEALTH
ORGANIZATION

XXIX Meeting



INDEXED

Washington, D.C.
September-October 1977

Provisional Agenda Item 27

CD25/29 (Eng.)
14 September 1977
ORIGINAL: FRENCH-ENGLISH

EXAMINATION OF THE SITUATION OF THE ESTABLISHMENTS DESIGNATED AS "PAN AMERICAN CENTERS" FROM THE STANDPOINT OF THEIR JURIDICAL, ADMINISTRATIVE, FINANCIAL AND TECHNICAL DEPENDENCE ON THE PAN AMERICAN HEALTH ORGANIZATION

At the request of the Government of France in a communication dated 20 July 1977, the Director has included this item on the Provisional Agenda of the Directing Council. The correspondence with France on the subject is annexed, as is a background document prepared by the Secretariat on the history of the centers.

Annexes

CD25/29 (Eng.)
ANNEX I

CORRESPONDENCE WITH THE GOVERNMENT OF FRANCE

(TRANSLATION)

MINISTRY OF
FOREIGN AFFAIRS

REPUBLIC OF FRANCE

Office for the United Nations
and International Organizations

Paris, 20 July 1977

No. 19

Dear Sir:

In your letter of 27 June 1977 you advised me of the XXV Meeting of the Directing Council of the Pan American Health Organization, XXIX Meeting of the Regional Committee of WHO for the Americas, to be held in Washington from 27 September to 7 October 1977.

I have the honor to advise you that I would like to have the following topic placed on the agenda of this meeting: "Examination of the situation of the establishments designated as 'Pan American Centers' from the standpoint of their juridical, administrative, financial and technical dependence on the Pan American Health Organization."

Please accept, Sir, the assurance of my very distinguished consideration.

FOR THE MINISTER AND BY AUTHORITY

(signed)

Director of the Office for the United
Nations and International Organizations

Dr. ACUNA
Director of the Pan American Health Organization
525 Twenty-third Street, N.W.
Washington, D.C. 20037
United States of America

(TRANSLATION)

ACO-330-77

12 August 1977

Dear Sir:

I have the honor to inform you that, in compliance with the request conveyed in your letter No. 19 of 20 July 1977, the topic "Examination of the situation of the establishments designated as 'Pan American Centers' from the standpoint of their juridical, administrative, financial and technical dependence on the Pan American Health Organization" has been included as an item on the provisional agenda of the XXV Meeting of the Directing Council, to be held in Washington, D.C., from 27 September to 7 October 1977.

In conformity with Rules 9 and 12 of the Rules of Procedure of the Directing Council, we would appreciate your sending us as soon as possible a working document on the proposed item to give us time to have it translated into Spanish and English for transmittal to other Member Governments of the Organization prior to the meeting.

I thank you in advance for your cooperation in this matter and beg you to accept, Sir, the assurance of my distinguished consideration.

(signed)

Héctor R. Acuña
Director

The Director
Office for the United Nations and
International Organizations
Ministry of Foreign Affairs
37, Quai d'Orsay
Paris 7, France

(TRANSLATION)

MINISTRY OF FOREIGN AFFAIRS

REPUBLIC OF FRANCE

Office for the United Nations
and International Organizations

Paris, 31 August 1977

No. 2

La Sir

In letter ACO-330-77 of 12 August 1977 you advised me that an item on "Examination of the situation of the establishments designated as 'Pan American Centers' from the standpoint of their juridical, administrative, financial and technical dependence on the Pan American Health Organization" has been included in the provisional agenda of the XXV Meeting of the Directing Council, for which I thank you.

I have the honor to offer the following comments on this item:

The difficulties involved in examining the Pan American Health Centers were referred to in the XXIV Meeting of the Directing Council of the Pan American Health Organization. Actually, the designation "Pan American Centers" embraces entities that are heterogeneous. Though referred to by the same term, these centers differ in their legal status and in their administrative and financial management. Some are subordinate to the Organization that finances them while others are autonomous.

Because of this, a clarification appeared called for.

In its last Meeting the Directing Council contemplated examining the situation of the various existing Pan American Centers.

Dr. ACUNA
Director of the Pan American Health Organization
525 Twenty-third Street, N.W.
Washington, D.C. 20037
United States of America

Feeling that this was a valuable suggestion, I have taken the liberty to propose that the subject be included as a new item on the provisional agenda.

Please accept, Sir, the assurance of my very distinguished consideration.

(Signed)

CD25/29 (Eng.)
ANNEX II

PAN AMERICAN CENTERS

(Background document prepared by the Secretariat)

PAN AMERICAN CENTERS

Introduction

Multinational centers have been part of PAHO activities for three decades. As the centers have grown in number and importance, the Governing Bodies have looked at their work with increasing interest. In 1969 the Executive Committee and the Directing Council asked the Director to study the form and functions of the centers and recommend criteria for their establishment and operation. On the recommendation of the 64th Meeting of the Executive Committee, the XVIII Pan American Sanitary Conference adopted a set of criteria (Resolution CSP18.33)*, which have been used since then by the Director and his staff.

The request of the Government of France, received in July 1977, that this item be added to the agenda of the XXV Meeting of the Directing Council, came at an opportune time. In fact, the Director had convened a meeting of Directors of Centers earlier this year to begin a review of their functioning and program accomplishments in the light of administrative and financial considerations. These studies are now under way and the present paper has been prepared essentially to provide a general overview of the current situation.

Technical Relationships

Conceptually, regional centers are specialized extensions of the technical program of the Pan American Health Organization, as it carries out its intergovernmental health functions. The PAHO technical program is devoted to assisting the Member countries to improve the health status of their people, in two major ways. The first of these is by carrying out centralized functions, such as compiling epidemiological and vital statistical records, establishing scientific and program standards, and carrying out research and resource development. The second method is by cooperating technically with individual Governments to help them improve their health services and, in turn, to contribute to improvement of health services in other Member countries.

In general, all technical programs contain four major elements: (1) direct services of technical cooperation to the countries and their populations; (2) research on new techniques applicable in international health; (3) development of training programs for persons working in the Member countries and the international health agency itself; and (4) dissemination of information to professionals and the public.

A center becomes desirable when the research and training needs in a particular field have reached such importance that neither national nor available international resources can meet these needs. At this stage,

* See Annex I.

recognition of the desirability of the center usually comes from a national or international group, able to provide some of the technical motivation and expertise but lacking the cohesiveness and integration which can be provided by PAHO. From PAHO's standpoint, a center is an extension of the activities of its technical divisions to be undertaken when the research and training components in a specific area reach a quantitative stage necessitating more continuous attention and greater concentration of resources than can be provided by the relevant technical division itself through its existing staff. In addition, a center gives added prominence and visibility to the particular subject area, and thus can both offer and stimulate more support to that area, internationally and within the Member countries.

Whether or not a particular center is established, and when and where, are decisions affected by many factors, including primarily the significance of the problem in a particular country and area, the forcefulness and leadership of various national and international personalities, and the extent to which the health importance of the subject area is complemented by its effect on other spheres of human interest. The Institute of Nutrition of Central America and Panama (INCAP), for example, the oldest of the PAHO-administered centers, grew out of recognition that the techniques and economics of meeting the food and special nutrition needs of the population in Central America and Panama not only were of major importance to health, but directly affected human productivity and, in turn, the entire economy of the area. The Ministers of Health of the six countries recognized that technical advisory services in human nutrition were severely limited by the shortage of fundamental knowledge, as well as by limited availability of foods. Thus, the major early thrust of INCAP was on basic research in human nutrition. As information grew, training programs in all aspects of nutrition were developed and, as INCAP's reputation grew correspondingly, these programs served other countries. INCAP personnel were able also to strengthen greatly PAHO advisory services and to enter the field of applied research.

The complex rationale for establishing a center is illustrated by the related but quite different focus of PANAF-TOSA. The spread of foot-and-mouth disease in the Americas was and still is a continuing threat of the cattle industry, and a serious obstacle to increased production of animal protein, essential to good human nutrition. Since there was growing danger to economic welfare as well as to health, even though this disease itself seldom attacks human beings, an agreement was reached in 1950 between OAS and PAHO to establish the Pan American Foot-and-Mouth Disease Center (PANAF-TOSA).

In these two centers, as in most of the others, the research and training functions are paramount, but provision of advisory services and of information to the public also receive considerable attention. In one other center, however, the special nature of the area of interest has made direct service the main focus. This is the Regional Library of Medicine (BIREME) whose special *raison d'etre* is the need for a central international library

resource which can respond to the manifold requests for medical and health literature. One of BIREME's functions is to help each country build a national information network, but the field is so vast that even many developed countries have difficulty in doing so on an adequate scale. BIREME has acted as the capstone of an international library network, reinforcing national, regional and local services. Research and training also receive emphasis, because development of new techniques and resources for library storage and retrieval and the training of personnel to fill essential functions in national and local institutions constitute an important activity and serve to increase the effectiveness of the Center.

Administrative Relationships

Within the Pan American Health Organization, administration of each center is organized as an intercountry project, subject to the same controls as other such projects. However, because of the size and complexity of the centers they usually have their own administrative officers and necessary administrative staff. The Country Representative where the center is located is not responsible for management of the center. The technical policy guidance comes from the relevant Headquarters division, with due recognition of a center's need for the greatest autonomy possible, in view of its specialized nature and often unique competence in its area of expertise.

The Governing Bodies assess the progress of the centers through specific data presented in the program and budget and in the financial report each year. In addition, since the adoption in 1970 of criteria and guidelines for establishing centers, detailed reports are being made for each center, seriatim, to successive Executive Committees.

Juridical Basis

The juridical basis for each center flows from the factors motivating its establishment. In some instances such motivation has come entirely from within one country, which on occasion (e.g., CEPANZO) has gone so far as to establish a national center, which, over the years, was designated as an international center. Such a step has usually come when the interest of other countries and PAHO's assessment of the technical need justify investment of PAHO's staff and support for what then becomes a true international center.

Actual establishment of the center may involve no more than an agreement between the host country and the Director of PAHO, who naturally takes into account the interest of other countries (e.g. CEPIS). Sometimes more than one country and some other international organization may be involved, such as in the case of CFNI, which involves the Governments of Jamaica and Trinidad and Tobago, the University of the West Indies, and FAO, all of whom signed the agreement with the Director of the Pan American Health Organization.

In some of the older and larger centers the matter has had enough general interest as to attract the involvement of all the governments in some capacity, such as in the case of PANAF-TOSA, the motivation for which was described earlier. In this case, formal resolutions of the Governing Bodies were involved. Resolution CD4.10 provided the original basis for establishing the Center. Resolutions CSP17.31 and CD17.19 authorized the revised situation in which PAHO undertook the total responsibility for administration and management and all of the Member countries of PAHO undertook to participate in providing the necessary finance.

Financial Relations

Other than in the special case of the AFTOSA Center, the PAHO financial contribution to a center is chiefly for administrative costs and for advisory and educational services which PAHO ordinarily provides to Governments.

It is in the nature of centers having a strong research and project orientation that a substantial portion of each year's operating budget should be in the form of grants, sometimes short term, sometimes continuing for a number of years, to solve particular problems or provide particular training experiences. These grants come from a variety of sources depending upon the particular interests. Philanthropic foundations, governments, specialized agencies and research organizations are the major groups providing such grants. Most of them are identified as specific projects managed by the centers, and details are to be found in the program and budget and in the Director's Annual Report. Indeed, for most of the centers the prospect of continued availability of such project grants is one of the bases for establishing the center.

A good many of the center grants from outside agencies and foundations are being processed through the Pan American Health and Education Foundation, an independent corporation closely linked to the Pan American Health Organization and with its offices at the PAHO Headquarters. The Foundation, the mechanism for handling the loan from the Inter-American Development Bank that finances the Medical Textbook Program, also is a convenient and effective device for receiving all kinds of funds to be used by various units of PAHO, particularly centers. A report on the activities of the Foundation is presented each year to the Directing Council.

Individual Centers

A table is presented (Annex II) providing certain characteristics for each Center.

Annexes

Resolution XXXIII

Multinational Centers

The XVIII Pan American Sanitary Conference,

Having studied Document CSP18/22 and annexes³⁵ containing guidelines for the establishment and operation of multinational centers recommended by the Executive Committee at its 64th Meeting;³⁶ and

Recognizing the value of multinational centers for dealing with health problems of interest to several countries,

Resolves:

1. To approve the following general guidelines for the establishment and operation of multinational centers:

a) For the purpose of these guidelines, a multinational center shall be defined as an institution or center administered by international staff and supported to a significant degree by international funds, which provides services for all the countries in the Region, or a group of them in a particular area.

b) The establishment and operation of multinational centers shall be based on the priorities arising out of the planning of the PAHO/WHO program. Under this system, each country's appraisal of its health problems shall determine the extent and nature of the international assistance that will best serve to support the health programs of the Member Countries.

c) Where the solution of a country's health problems requires services of a standard and capacity not existing in a country, PAHO/WHO will collaborate with the health authorities with a view to strengthening the national institutions in order to meet the needs of the country but resorting, in cases where this is not possible, to national institutions of other countries with sufficient resources.

d) Where there are no suitable national institutions to deal with problems of common interest, multinational centers will be planned and developed in consultation with the Governments in order to make maximum use of PAHO/WHO assistance.

e) In their own or related fields, multinational centers should support, assist, and supplement the programs of the countries and should promote international cooperation for the solution of common problems.

f) In view of the fact that multinational centers are institutions and are created only when there are no adequate national institutions, international financial assistance is regarded as a long-term obligation. Nevertheless, each multinational center should be reviewed regularly in planning the program and in the light of its importance in relation to the needs of the participating countries.

g) In planning a multinational center, the Director shall seek financial and other support from extra-budgetary sources, in addition to the regular budget. The host Government should provide premises and, as far as its resources permit, also contribute supplies, personnel, and funds. The choice of a location should take into account the resources of the potential host Government as well as any other factors affecting the services rendered to countries.

h) Proposals for multinational centers shall continue to be submitted as part of the PAHO/WHO program and budget to the Executive Committee and to the Directing Council or the Conference, for consideration and approval.

2. To thank the Director for his report on the program and activities of the existing multinational centers.

*(Approved at the tenth plenary session,
8 October 1970)*

MULTINATIONAL HEALTH CENTERS IN THE AMERICAS
ADMINISTERED BY THE PAN AMERICAN HEALTH ORGANIZATION

Group I - Hemispherewide Centers wholly responsible to the Pan American Health Organization,
in Agreement with Host Country

| Name of Center | Host Country and Location | Year Founded | Scope of Interest |
|--|---------------------------------|--------------|--|
| Pan American Foot-and-Mouth Disease Center (<u>PANAFTOSA</u>) | Brazil (outside Rio de Janeiro) | 1951 | Foot-and-mouth disease in cattle |
| Pan American Zoonoses Center (<u>CEPANZO</u>) | Argentina (Buenos Aires) | 1956 | Animal diseases transmissible to man |
| Regional Library of Medicine and the Health Sciences (<u>BIREME</u>) | Brazil (São Paulo) | 1967 | Library and bibliographic services for the health sciences |
| Pan American Center for Sanitary Engineering and Environmental Sciences (<u>CEPIS</u>) | Peru (Lima) | 1969 | Health aspects of the environment |
| Latin American Center for Perinatology and Human Development (<u>CLAP</u>) | Uruguay (Montevideo) | 1970 | Problems of mother and child before, during and after delivery |
| Latin American Center for Educational Technology in Health (<u>CLATES</u>) | Brazil (Rio de Janeiro) | 1972 | Educational techniques for the health profession |
| Center for Human Ecology and Health (<u>ECO</u>) | Mexico (México City) | 1975 | Human ecology and health |

(cont.)

Group II - Regional Centers

| Name of Center | Host Country and Location | Year Founded | Scope of Interest |
|---|-------------------------------------|--------------|---|
| Institute of Nutrition of Central America and Panama (<u>INCAP</u>) | Guatemala (Guatemala City) | 1949 | Food and nutrition |
| Caribbean Food and Nutrition Institute (<u>CFNI</u>) | Jamaica (Kingston) | 1967 | Food and nutrition |
| Caribbean Epidemiology Center (<u>CAREC</u>) | Trinidad and Tobago (Port-of-Spain) | 1975 | Communicable diseases with special emphasis on surveillance and virology |