

NON-STATE ACTORS IN OFFICIAL RELATIONS WITH PAHO

Report of the Subcommittee on Program, Budget, and Administration

Introduction

1. At the 55th Directing Council, Member States of the Pan American Health Organization (PAHO) adopted the Framework of Engagement with Non-State Actors (FENSA) via Resolution CD55.R3 (2016). Through this resolution, the PAHO Member States specifically replaced the Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations with FENSA. They also requested the Director of the Pan American Sanitary Bureau (PASB or the Bureau) to implement FENSA in a manner consistent with the constitutional legal framework of PAHO and to report annually to the Executive Committee through its Subcommittee on Program, Budget, and Administration (the Subcommittee).
2. “Official relations” is a privilege that the Executive Committee may grant to nongovernmental organizations, international business associations, and philanthropic foundations that have had, and continue to have, sustained and systematic engagement with PAHO that is assessed by both parties as being mutually beneficial.
3. Official relations are based on a 3-year plan for collaboration with PAHO that has been developed and agreed upon jointly by the non-State actor and PAHO. The plan is structured in accordance with the PAHO Strategic Plan and is consistent with FENSA. The plan shall be free from concerns that are primarily of a commercial or a for-profit nature.

Application of Non-State Actors for Admission into Official Relations with PAHO

4. Based on its review of the application for admission into official relations submitted by the non-State actors Corporate Accountability (CA), Health Care Without Harm (HCWH), Medicines for Malaria Venture (MMV), PATH, Rockefeller Foundation (RF), Task Force for Global Health (TFGH), and Vital Strategies (VS), PASB considered that the applicant organizations meet the requirements and are therefore presented for consideration by the Executive Committee through the Subcommittee.
5. The information submitted by the non-State actor in support of its application was made available to the Subcommittee in a background document. The 18th Session of the Subcommittee on Program, Budget, and Administration, composed of the Delegates of Argentina, Bahamas, Costa Rica, Ecuador, El Salvador, Jamaica, and the United States of America, considered the applications and background papers prepared by PASB. An updated report is provided in Annex A.

6. The Subcommittee recommends establishing official relations with Corporate Accountability, Health Care Without Harm, Medicines for Malaria Venture, PATH, Rockefeller Foundation, Task Force for Global Health, and Vital Strategies.

Review of Non-State Actors in Official Relations with PAHO

7. The Executive Committee, through its Subcommittee, is responsible for reviewing PAHO collaboration with each non-State actor in official relations every 3 years, at which time it may decide on the desirability of maintaining official relations or defer the decision to the following year. In addition, the Executive Committee may decide to discontinue official relations with a non-State actor if it considers that such relations are no longer appropriate or necessary in light of changing programs or other circumstances. Similarly, the Executive Committee may discontinue official relations if an organization no longer meets the criteria that applied at the time the relations were established, fails to provide updated information or report on the collaboration, or fails to fulfill its part in the agreed program of collaboration.

8. Currently, there are 30 non-State actors in official relations with PAHO. The Bureau conducts an assessment of each entity when their official relations status comes up for renewal, with approximately one-third of the non-State actors to be assessed each year. In 2024, 10 entities are up for renewal: Action on Smoking and Health (ASH), American Speech-Language-Hearing Association (ASHA), Campaign for Tobacco-Free Kids (CTFK), Drugs for Neglected Diseases Initiative–Latin America (DNDi), Global Alliance for Tobacco Control (GATC)—formerly known as Framework Convention Alliance (FCA)—, InterAmerican Heart Foundation (IAHF), Latin American Federation of the Pharmaceutical Industry (FIFARMA, Spanish acronym), Latin American Society of Nephrology and Hypertension (SLANH, Spanish acronym), National Alliance for Hispanic Health (NAHH), and Sabin Vaccine Institute (Sabin). A report, provided in Annex B, on these 10 entities was presented to the 18th Session of the Subcommittee on Program, Budget and Administration.

9. The information submitted by the non-State actors in support of their applications for continuing their official relations was made available to the Subcommittee in background documents, which contained a profile of the non-State actors in official relations with PAHO and a report on their collaborative activities with PAHO.

10. The Subcommittee recommends that official relations with the following 9 non-State actors be maintained through 2026: Action on Smoking and Health, American Speech-Language-Hearing Association, Campaign for Tobacco-Free Kids, Drugs for Neglected Diseases Initiative–Latin America, Global Alliance for Tobacco Control—formerly known as Framework Convention Alliance—, Latin American Federation of the Pharmaceutical Industry, Latin American Society of Nephrology and Hypertension, National Alliance for Hispanic Health, and Sabin Vaccine Institute.

11. The Subcommittee also recommends that the Executive Committee defer the decision on maintaining official relations with the InterAmerican Heart Foundation until 2025 in order to allow time to elaborate a more robust plan of collaboration without compromising existing work.

12. A table showing when each of these non-State actors in official relations with PAHO is scheduled for review by the Subcommittee is provided in Annex C.

Action by the Executive Committee

13. After reviewing the information provided, the Executive Committee is invited to consider adopting the proposed resolution presented in Annex D.

Annexes

Annex A

Applications of non-State actors for admission into official relations with PAHO

1. The Subcommittee recommends that the following 7 non-State actors be admitted into official relations with PAHO: Corporate Accountability, Health Care Without Harm, Medicines for Malaria Venture, PATH; Rockefeller Foundation, Task Force for Global Health, and Vital Strategies.

Corporate Accountability

2. INFACT doing business as Corporate Accountability (CA), established in 1977, is a non-profit organization with the goal to educate the general public about life threatening abuses by global corporations, including interference in public policymaking. CA conducts strategic campaigns to persuade transnational corporations to stop the negative impacts affecting health, human rights, and the planet, among others. CA works for a world where every person has access to clean water, healthy food, a safe place to live, and the opportunity to reach their full human potential.

3. The objectives of the organization are to:

- a) educate the general public regarding all aspects of corporate responsibility affecting the health and lives of people in both developed and developing countries;
- b) promote solutions to problems related to corporate responsibility, addressing matters within the power and authority of corporate directors and officers;
- c) engage in continuing research on matters of corporate responsibility;
- d) promote, encourage, and foster the common good and general welfare in matters of corporate responsibility affecting the health and lives of people in both developed and developing countries.

4. Over the past few years, CA has been working closely with PAHO on tobacco control initiatives, to address tobacco industry interference and the negative impacts of the tobacco pandemic, as well as to keep advancing the implementation of Article 5.3 of the WHO Framework Convention on Tobacco Control (WHO FCTC). The main areas of collaboration have been:

- a) Collaborated in workshops:
 - i. Co-organized the Virtual Conference Series on COVID-19, Tobacco and Other Risk Factors for Noncommunicable Diseases (2020), in partnership with PAHO, WHO, Campaign for Tobacco Free Kids, The International Union against Tuberculosis and Lung Disease, Global Alliance for Tobacco Control, and InterAmerican Heart Foundation.
 - ii. Participated as a speaker at a virtual series organized by PAHO with the support of the WHO FCTC Secretariat on strengthening multisectoral action for tobacco control in the Region of the Americas (March 2021), with 2 presentations entitled: “Tobacco Industry Interference Tactics in the Latin American Countries” and “Tobacco Industry Interference Tactics in the Caribbean Countries.”

- iii. Participated as a speaker at “Tobacco Control During the COVID-19 Pandemic in the Americas: Lessons Learned and Opportunities (July 2022)” with a presentation entitled: “Monitoring Tobacco Industry Interference in the Region of the Americas.”
 - b) Participated in strategic regional meetings and preparatory meetings for the ninth session of the Conference of the Parties (COP9) to the WHO FCTC and the second session of the Meeting of the Parties (MOP2) to the Protocol to Eliminate Illicit Trade in Tobacco Products (2021), as well as the COP10 and MOP3 (2022–2023).
 - c) Shared tobacco industry monitoring information and other relevant activities on a regular basis, such as the outcomes of the Latin America Tobacco Industry Interference Index, Corporate Accountability co-authored (2020–2023).
 - d) Supported advocacy efforts in the Region in legislative and regulatory processes, and also in defending measures to prevent delays and setbacks and to counter industry arguments in Argentina, Colombia, Costa Rica, Ecuador, Jamaica, Panama, and Paraguay. These actions have been coordinated in partnership with other regional civil society organizations and with the support of PAHO and WHO.
5. The following activities are proposed for the next 3 years (2024–2026) under the collaborative work plan between CA and PAHO:
- a) In 2024–2025, convene 2 regional virtual dialogues (1 for the Caribbean and 1 for Central and South America) to share the outcomes of the Latin America Tobacco Industry Interference Index 2021–2023 and the 2 previous versions. Each dialogue will be followed by working group discussions to identify 2 or 3 key areas of the 7 index indicators PAHO Member States can commit to so as to move forward and report on progress by 2027.
 - b) In 2025–2026, produce a case study document that summarizes the experiences shared during the virtual dialogues. This document will be disseminated during COP11/MOP4 and its preparatory meetings.
 - c) In 2026–2027, organize 2 regional virtual dialogues on progress reporting to share the progress of the agreements reached during the 2024–2025 dialogues. Also, the case study document will be updated to summarize what was implemented during the 3-year period. The case study document will also include some recommendations on how the implementation of Article 5.3 of the WHO FCTC could become a precedent for other international arenas dealing with public policy development.

Health Care Without Harm

6. Health Care Without Harm (HCWH), established in 1996, is an international nongovernmental organization that works to eliminate pollution in health care practices without compromising safety or care. It does this by:
- a) educating and informing health care institutions, providers, workers, consumers, and all affected constituencies about the environmental and public health impacts of the health care industry;
 - b) promoting comprehensive pollution prevention practices;

- c) supporting the development and use of environmentally safe materials, technology and products.
7. In 2021 and 2022, HCWH worked closely with PAHO on the following initiatives:
- a) Contributed to the development and supported the organization of the virtual regional launch of the Spanish version of the WHO guidance for Climate Resilient and Environmentally Sustainable Health Care Facilities in January 2021.
- b) Participated in the preparations for the Pan American Region Consultation on Climate and Health, held in May 2021, and hosted a virtual workshop on climate-smart health care: “Atención en salud climáticamente inteligente: perspectivas regionales para un sector salud de cero emisiones y resiliente al clima” [Climate-smart health care: regional perspectives for a climate-resilient health sector with net-zero emissions].
- c) Throughout 2021, worked to encourage countries in the Region to commit to the 26th Conference of the Parties to the United Nations Framework Convention on Climate Change (COP26) Health Programme. This included organizing a regional roundtable with national health authorities in preparation for COP26. As a result, 13 Latin American and Caribbean countries joined the Programme.
- d) Promoted the creation of the Latin American and Caribbean Climate and Health Network, coordinated by the Global Climate and Health Alliance (GCHA). Some of the activities of the network in which HCWH collaborated with PAHO included organizing a side event on the integration of health in Latin American and Caribbean countries’ nationally determined contributions at COP26, and co-authoring a viewpoint that was published in April 2022 in *The Lancet Regional Health—Americas*, entitled “Code red for health response in Latin America and the Caribbean: Enhancing peoples' health through climate action.”
- e) Participated in a number of PAHO activities and capacity-building initiatives, such as the presentation of the Health Care Sector Mitigation module of the Caribbean Climate and Health Responders Course, organized by PAHO in collaboration with the Global Consortium on Climate and Health Education (GCCHE).
- f) Supported the implementation of the carbon footprint estimation component of the PAHO-led Green Climate Fund (GCF) readiness project in Argentina by providing access to the climate impact checkup tool and related materials, and by producing 1 of the modules for the training course being developed by PAHO and the Ministry of Health of Argentina.
8. The following activities are proposed for the next 3 years (2024–2026) under the collaborative work plan between HCWH and PAHO:
- a) Implement a pilot project to build health care facility capacity in the Region to prevent and address climate and environmental impacts on health. The pilot project, developed jointly by PAHO, HCWH, and the GCCHE, will aim to pool the tools and resources developed by the 3 organizations to provide a comprehensive training framework for both operational and medical staff in priority hospitals in selected countries in Latin America and the Caribbean, and to promote the establishment of learning collaboratives among participating institutions.

- b) Continue to promote more active participation of the Region in the Alliance for Transformative Action on Climate and Health (ATACH) process and other related decision-making forums (e.g., UNFCCC, G20) through capacity-building initiatives for ministries of health and supporting governments in implementing the COP26 Health Programme by developing guidance documents and other resources and providing technical assistance and training.
- c) Promote media coverage of climate change with a health perspective by launching a comprehensive, certified training program to increase and improve media coverage of climate-health stories in the Region. The program would also provide specific guidance and content for coverage of milestone events, such as the Conference of the Parties to the United Nations Framework Convention on Climate Change and regional climate weeks, as well as events and initiatives that are particularly relevant to understanding the climate health link, such as the launch of the annual edition of the Lancet Countdown report and the work that countries are doing to implement responses to climate-related health impacts and develop solutions that can also improve health indicators.
- d) Engage key partners in a coordinated approach to: *i)* produce regionally specific research on climate and health; *ii)* build capacity and strengthen the role of health professionals in climate advocacy; and *iii)* address emerging issues, such as the need to reduce the use of plastics in health care.

Medicines for Malaria Venture

9. Medicines for Malaria Venture (MMV), established in 1999, is a foundation that seeks to bring public- and private-sector partners together to fund and provide managerial and logistical support to reduce the burden of malaria in disease-affected countries by discovering, developing, and facilitating delivery of new, effective, and affordable antimalarial drugs.

10. Over the past 3 years, MMV and PAHO have been working closely to support malaria elimination and the implementation of the Plan of Action for Malaria Elimination 2021–2025, as well as in the following activities:

- a) MMV participated in the last 2 PAHO Malaria Technical Advisory Group meetings as an observer, as well as in the radical cure meetings organized by PAHO. PAHO has participated in the Partnership for Vivax Elimination (PAVE) regional meetings and as an observer in the independent study oversight committees for the feasibility studies MMV is sponsoring in Brazil.
- b) Through PAVE, MMV has worked to support PAHO in developing country landscapes to describe the national malaria situation in terms of radical cure policies, guidelines, processes, and epidemiology. The objective is to help countries and partners better understand the current situation and identify areas to accelerate progress towards eliminating malaria.
- c) MMV collaborated with PAHO Member States that have expressed their interest in introducing innovative new technologies to accelerate their malaria elimination efforts. It has sponsored a mathematical modeling study on the impact of introducing tafenoquine into case management practices in Brazil, and a cost-effectiveness analysis. In 2021, it co-sponsored

with the Ministry of Health of Brazil a tafenoquine roll-out study (TRuST). The National Committee for Health Technology (CONITEC) approved the incorporation of tafenoquine and quantitative glucose 6-phosphate dehydrogenase (G6PD) testing within the Brazilian Public Health System (Sistema Único de Saúde—SUS) in June 2023, based on the results of the TRuST study.

- d) MMV supported national malaria programs on pilot point-of-care, and quantitative G6PD testing in Colombia, Guatemala, Honduras, and Panama, following WHO Guidelines for malaria. Other PAHO Member States have expressed their interest in exploring the possibility of conducting operational research on G6PD testing and new treatments. Also, PAHO has implemented a pilot on strengthening pharmacovigilance and therapeutic adherence to antimalarial treatment (VigilAdMa) in several countries in the Region and MMV has used these resources as reference materials in their projects.

11. The following activities are proposed for the next 3 years (2024–2026) under the collaborative work plan between MMV and PAHO:

- a) Support promoting radical cure in the main technical and strategic platforms in the Region and updating PAHO Member States on the latest advances in new technologies in radical cure. Also, as part of the PAVE consortium, MMV will continue to support PAHO in developing a coordination mechanism for radical cure.
- b) Collaborate in drawing up technical recommendations for the Region related to new technologies including tafenoquine (adult and pediatric) following the issuance of updated WHO recommendations on *P. vivax* radical cure.
- c) Continue to generate and share evidence on the implementation of new technologies for *P. vivax* malaria that can help to reduce case burden in high burden settings, elimination, near elimination and prevention of re-establishment settings.

PATH

12. PATH, established in 1981 (and formerly known as Program for Appropriate Technology in Health), is a global non-for-profit organization dedicated to advancing health equity through innovation and partnerships. PATH has a presence in more than 70 countries and has more than 40 years of experience in developing and scaling innovative solutions to the world's most pressing health challenges.

13. PATH works to improve the availability, acceptance, use and safety of health products and technology in developing countries; to identify, develop, or adapt technologies and products that will improve or expand the availability of primary health care, and to disseminate the results; and to compile scientific and technical data on appropriate health technology on behalf of and make available to interested countries.

14. Over the past few years, PATH and PAHO have been working closely to support malaria elimination and other health initiatives in Latin America, including the following activities:

- a) Contributed to evidence generation and provided technical assistance to support malaria elimination and control goals in several Member States, including Brazil, Colombia, Guatemala, Honduras, Panama, and Peru, through PAVE, a consortium of organizations led by PATH and MMV that supports malaria-endemic countries in eliminating malaria. The collaboration has resulted in increased regional awareness and education on new technologies for radical cure, generation of new evidence on new technologies, updated national treatment guidelines, and incorporation of new technologies into national health systems. Specific collaborative activities through PAVE included:
- i. Providing input to PAHO's technical working document on the treatment of uncomplicated malaria caused by *P. vivax* in the Region.
 - ii. Participating in meetings convened by PAHO to discuss national strategies for radical cure (2021 and 2022), including in the PAHO Technical Advisory Group on Malaria as a moderator and observer (2022).
 - iii. Presenting existing evidence on the clinical validation and field performance of the quantitative G6PD test (2021).
 - iv. Supporting the participation of PAHO in each of the annual PAVE Latin America regional meetings (2020–2023).
 - v. Working closely with PAHO and national malaria programs in Guatemala, Honduras, and Panama to identify and evaluate gaps in case management strategies for eliminating *P. vivax* malaria and in designing and implementing a pilot use of G6PD testing at point-of-care in malaria-endemic regions as part of the Regional Malaria Elimination Initiative (2021–2023).
 - vi. Exploring operational studies for the use of novel radical cure technologies with the national malaria programs in the Region.
 - vii. Supporting G6PD testing in selected endemic areas at the community level in Central America and other countries in the Region to strengthen provider compliance with treatment follow-up protocols and pharmacovigilance best practices (2023).
- b) Provided advisory support for the phase 2 trial of the novel oral polio vaccine against wild poliovirus type 3 (nOPV3) and the associated environmental surveillance study. This collaboration with PAHO was key to facilitating oral polio vaccine trials in the Region.
- c) Worked with PAHO on digital health to provide ministries of health leaders with the technical concepts and planning tools needed to facilitate digital transformation in their countries. As a result of this collaboration, both PATH and PAHO are currently offering the training in Spanish.
- d) PATH and PAHO signed a 3-year Framework Agreement in October 2023 seeking to advance health equity in the Americas by collaborating in the following areas: *i)* health systems for universal health access and coverage based on primary health care; *ii)* innovation and access to health technologies (medicines, medical devices, vaccines and diagnostics); *iii)* prevention, control, and elimination of infectious, communicable, and noncommunicable diseases, including mental health; *iv)* vaccines and immunizations; *v)* integration of health equity in

health programs; *vi*) health emergencies, public health crisis, and disaster preparedness and response; *vii*) gender equity; *viii*) digital transformation, information systems and data use, and *ix*) climate change, environmental threats, and risks.

15. The following activities are proposed for the next 3 years (2024–2026) under the collaborative work plan between PATH and PAHO:

- a) Continue to work with PAHO to convene its Member States annually for strategic discussions and knowledge sharing of regionally developed evidence on radical cure for *P. vivax* malaria and lessons learned as countries update national policy guidance and begin to introduce innovative technologies.
- b) Support the development of and access to next-generation malaria rapid diagnostic tests to contribute to PAHO's efforts to reduce the time between the onset of malaria symptoms and diagnosis.
- c) Continue supporting health registration and national access to quantitative G6PD point-of-care tests. PATH will strive to increase the affordability of G6PD testing at points of care for national malaria programs.
- d) Introduce targeted chemoprevention interventions and provide guidance in planning, introducing, implementing, and evaluating new chemoprevention interventions.
- e) Help develop a guidance document on how to design and analyze evaluations of chemoprevention interventions in areas with very-low-to-low levels of malaria transmission.

Rockefeller Foundation

16. The Rockefeller Foundation (RF), established in 1913, is a philanthropic foundation that promotes the well-being of humanity by breaking down the barriers that limit who can be healthy, empowered, nourished, well-off, secure, and free. The Foundation works with multiple partners around the world to find and scale solutions to advance opportunity and reverse the climate crisis.

17. Over the past few years, RF has collaborated with PAHO by providing funding, supporting, and scaling innovative projects relating to infectious diseases as well as pandemic prevention initiatives. The following activities were carried out jointly:

- a) From 2020 to 2022, RF and PAHO worked together on implementing the project: Scaling up the Response to COVID-19 in the Americas to Strengthen Case Surveillance and Laboratory Capacity for Emerging Respiratory Viruses. This collaboration between PAHO and RF centered on 2 main technical priorities: *i*) strengthening surveillance, contact tracing, and case investigation to detect, monitor and control outbreaks of COVID-19; and *ii*) scaling up laboratory detection capacity. The overall goal of the cooperation was to implement activities that contributed to mitigating the health impact of the spread of SARS/CoV-2 and slow down the human-to-human transmission of COVID-19 in the countries of the Region.
- b) RF and PAHO enabled an equitable COVID-19 response for Indigenous communities in the Amazon Basin. The Amazon Indigenous Health Route (AIR) project, led by the HIVOS Foundation, was implemented with the objective of positioning the needs and rights of

Indigenous peoples at the center of diagnosis and primary care, creating telemedicine networks, adapting health promotion actions with an intercultural approach, developing the capacities of Indigenous community health promoters, and increasing the capacity for early warning and contact tracing through a digital application.

- c) In 2023, RF and PAHO worked to promote and facilitate the participation of regional health leaders in 28th Conference of the Parties to the United Nations Framework Convention on Climate Change (COP28) acknowledging the significant impact of climate change on human health.

18. The following activities are proposed for the next 3 years (2024–2026) under the collaborative work plan between RF and PAHO:

- a) Develop a comprehensive roadmap to improve health surveillance through the integration of climate and environmental data. This roadmap will serve as a guiding tool to pave the way for establishing health and climate observatories at the national and subnational levels. This collaborative effort will include developing detailed case studies.
- b) Support and promote the active participation of health and community leaders in regional and global meetings on health and climate change. This will include creating an enabling environment to share their ideas and opinions and ensure active engagement in policy and programmatic discussions. The collaboration will include the development of capacity-building workshops, awareness-raising campaigns, and tailored resources to empower these communities to articulate their unique concerns, experiences, and needs. RF and PAHO will advocate for diverse representation, ensuring the inclusion of all voices, indigenous knowledge, and perspectives from regions most vulnerable to climate change.
- c) Conduct health and climate change events, webinars, and knowledge resources in the Region to position the intersection of health and climate change. This collaboration will help gather information, disseminate critical knowledge, facilitate meaningful discussions, and promote a deeper understanding of the complex relationship between the impacts of a changing climate and human health.

Task Force for Global Health

19. The Task Force for Global Health (TFGH), established in 1984, is a nongovernmental organization that works with partners to eliminate diseases, ensure access to vaccines and essential medicines, and strengthen health systems to protect populations. TFGH consists of programs and focus areas that cover a range of global health issues including neglected tropical diseases, infectious diseases, vaccines, field epidemiology, public health informatics, health workforce development, and global health ethics.

20. Over the past few years, TFGH and PAHO have been working closely to address key issues related to the prevention, control, and elimination of neglected infectious diseases. The following activities have been carried out jointly:

- a) In 2020, a 5-year framework agreement was signed with specific objectives to collaborate in the planning and implementation of the PAHO Disease Elimination Initiative: A Policy for an

Integrated Sustainable Approach to Communicable Diseases in the Americas (Document CD57/7). Under this agreement, TFGH has collaborated with PAHO to develop a comprehensive and innovative monitoring and evaluation system to be used by countries implementing PAHO Elimination Initiative.

- b) Implemented the Neglected Infectious Diseases (NID) Safety and Harm Reduction Initiative in the Americas, through the joint development of training materials, co-design of training courses, and support for the training of professionals. Pre- and post-evaluation assessments showed increased awareness with clear opportunities to improve and support the NID Safety Initiative.
- c) Designed the Health Campaign Effectiveness Coalition. PAHO Member States participating in this coalition have gained experience in improving the effectiveness of health campaigns. Also, TFGH and PAHO produced a technical brief: “Health Campaign Integration Related to NID in Latin America and the Caribbean: A Landscape Analysis,” whose findings have been used and shared with other members of the coalition.

21. The following activities are proposed for the next 3 years (2024–2026) under the collaborative work plan between TFGH and PAHO:

- a) Advance the Elimination Initiative by engaging partners within and outside the health sector to support the development and implementation of public policies and actions across sectors.
- b) Strengthen existing synergies to reinforce national and subnational capacities to increase access to comprehensive and high-quality health services for disease elimination, addressing the diverse needs of all affected groups and populations, with due attention to those living in conditions of vulnerability.
- c) Promote the development of a sustainable, well-trained workforce to better respond to the needs of health systems and populations for disease elimination.
- d) Foster collaborations to improve access to essential medicines and vaccines, and to other priority health technologies and supplies; and strengthen laboratory networks, laboratory quality and capacity, and supply-chain management.

Vital Strategies

22. Vital Strategies (VS), established in 2016, is a not-for-profit organization that seeks to sustain partnerships with key international organizations, foundations, and governments. It also implements and manages initiatives that will significantly improve and strengthen national and local health systems and organizations and, by doing so, improve the health conditions of individuals and communities throughout the world. VS works on urban health, environmental health, climate change, noncommunicable diseases, injury prevention, and public health systems.

23. Over the past few years, VS and PAHO have been working closely to promote public health in the Region, particularly to strengthen road safety and tobacco control measures, and to advance health taxes initiatives. The following activities have been carried out jointly:

- a) VS has worked with PAHO in the countries of the Region that are part of the Bloomberg Initiative to Reduce Tobacco Use to implement tobacco control measures to promote smoke-free public places, increase taxes on tobacco products, require graphic warnings on cigarette packaging, and conduct strategic communications campaigns. Specifically, the collaboration has focused on helping to pass legislation aimed at implementing comprehensive tobacco control measures in Mexico and raising awareness about electronic cigarettes in Brazil. In 2022, VS and PAHO co-sponsored tobacco control campaigns for World No Tobacco Day in Brazil, in collaboration with local civil society organizations.
 - b) Since 2021, VS and PAHO have collaborated to promote road safety in the Region through the Bloomberg Initiative for Global Road Safety, in countries such as Argentina, Brazil, Colombia, and Mexico. In Brazil, VS supported the National Road Safety Stakeholder Meeting organized by PAHO. The meeting was held in Brasilia in 2022 and aimed to renew political commitment in the context of the United Nations Second Decade of Action for Road Safety 2021–2030. At the city level, PAHO is supporting VS' communication efforts by participating in workshops for journalists to increase awareness and public understanding of road safety issues.
 - c) Regarding the approval of health taxes in Brazil, VS has been working with local partners on strategic media campaigns since 2020 through the food policy program. In 2021, PAHO and UNICEF co-signed a newspaper ad for a campaign advocating for taxes on sugary and sweetened beverages. The campaign was led by ACT Promoção da Saúde and Aliança pela Alimentação Adequada e Saudável (Alliance for Adequate and Healthy Eating), with technical support from VS. More recently, VS has participated in meetings with PAHO and the Ministry of Health of Brazil to advocate for higher taxes on ultra-processed foods and lower taxes on healthy foods as part of the tax reform.
 - d) In 2023, VS and PAHO signed a Framework Agreement to collaborate on data analysis and use for policymaking; public health data surveillance and strengthening (including civil registration/vital statistics and cancer registries); commercial determinants of health (including tobacco, alcohol, and ultra processed foods); environmental health (including lead poisoning and air quality); injury prevention (including drug overdose, road safety, and gender-based violence); urban health; mental health, and health equity.
 - e) Also in 2023, VS and PAHO signed an agreement to implement the project “PAHO Data for Health Initiative Collaboration,” aiming to provide support and capacity strengthening in the production and use of civil registration and vital statistics (CRVS) and cause of death data; to support the synthesis, analysis, and use of critical public health data; to achieve improved CRVS business processes; to support ICD-11 implementation, and to increase capacity for evidence-based health policy development.
24. The following activities are proposed for the next 3 years (2024–2026) under the collaborative work plan between VS and PAHO:
- a) Provide technical support for the implementation of health taxes in Barbados, Brazil, Colombia, Jamaica, and Mexico by contributing to the design and implementation of mass media campaigns on the harms of unhealthy goods and in favor of taxation. VS and PAHO will support the development of materials to promote discussion on the impact of health taxes

and monitor their implementation, co-organize high-level multi-agency meetings, co-sign mass media campaigns, provide technical expertise, co-author technical documents, validate campaign materials, and support intersectoral technical meetings.

- b) Develop new methods to measure the use of new tobacco products (such as e-cigarettes and others), and the new means used by the industry to market these and traditional tobacco products online. VS will disseminate this information and promote appropriate regulation and, where possible, bans on e-cigarettes. PAHO and VS will co-organize and conduct high-level multi-agency meetings to discuss and strategically address the monitoring and uptake of new tobacco products and new illicit marketing strategies, co-sign reports and studies on these issues, and disseminate best practices and policy recommendations.

Annex B

Review of existing collaboration with non-State actors in official relations with PAHO

1. The Subcommittee recommends continuation of official relations status for the following 9 non-State actors: Action on Smoking and Health (ASH), American Speech-Language-Hearing Association (ASHA), Campaign for Tobacco-Free Kids (CTFK), Drugs for Neglected Diseases Initiative—Latin America (DNDi), Global Alliance for Tobacco Control (GATC)—formerly known as Framework Convention Alliance—, Latin American Federation of the Pharmaceutical Industry (FIFARMA, Spanish acronym), Latin American Society of Nephrology and Hypertension (SLANH, Spanish acronym), National Alliance for Hispanic Health (NAHH), and Sabin Vaccine Institute (Sabin).

Action on Smoking and Health

2. Action on Smoking and Health (ASH), founded in 1967, is an anti-tobacco organization dedicated to a world with zero tobacco deaths. Its focus has been on advocating for innovative legal and policy measures to end the global tobacco epidemic. Its key strategic goals include reducing the needless toll of tobacco use; protecting the rights of non-smokers; and educating, encouraging, and assisting users of tobacco products to quit. ASH works both domestically and globally to support solutions proportionate to the magnitude of the tobacco epidemic.

3. Over the past 3 years, the following activities were carried out under the collaborative work plan between ASH and PAHO:

- a) Trained and increased the engagement and participation of activists in advocating for smoke-free policies globally and nationally. ASH implemented innovative tobacco endgame digital campaigns globally and nationally (such as Project Sunset, a campaign to phase out the sale of commercial cigarettes), and hosted workshops and trainings on phasing out cigarette sales in Latin America. In 2021 and 2022, ASH participated in a cycle of sessions organized by PAHO to review tobacco control achievements and challenges for future perspectives and also to discuss the tobacco endgame movement. In October 2022, in collaboration with PAHO, WHO, and Corporate Accountability, ASH hosted the webinar “Tobacco Endgame in the Americas Region,” and in November 2022 it contributed to the article “Progress, Challenges, and the Need to Set Concrete Goals in the Global Tobacco Endgame” published in the 100th anniversary edition of the Pan American Health Journal of Public Health. In September 2023, ASH launched the Tobacco Endgame Online Advocacy and Policy Training Course, open to all global advocates.
- b) Encouraged the adoption of tobacco-control objectives by human rights treaty bodies, as well as collaboration among health and human rights mechanisms to reduce tobacco use. ASH successfully submitted reports on tobacco to human rights treaty bodies during regional country reporting, sparking discussions about the intersection of tobacco and human rights. These reports also raised awareness and generated interest in incorporating tobacco control into human rights frameworks. The ongoing development of ASH's Tobacco and Human Rights Hub, with Spanish-language resources, proved effective in supporting advocates. In October 2023, ASH participated in the preparatory meeting for the 10th session of the Conference of

the Parties (COP10) to the WHO Framework Convention on Tobacco Control (WHO FCTC), held in Brasilia, and supported the proposal for a decision document on the contributions of the WHO FCTC to the promotion and protection of human rights. In November 2023, ASH coordinated advocacy campaigns on human rights and on Article 2.1 of the WHO FCTC for civil society organizations and participated as an observer at the COP10 in Panama. The WHO FCTC COP Bureau formally included the human rights decision in the COP10 agenda.

- c) Raised awareness of the influence of the tobacco industry on public health and tobacco control through extensive research, data collection, and consultations with tobacco control partners, advocates, and policy makers. This effort culminated in the annual publication and wide dissemination of a comprehensive tobacco industry interference report, shedding light on the industry's activities before, during, and after the emergence of the COVID-19 pandemic, emphasizing the critical need for continued vigilance and policy measures in this context. Additionally, in 2023 ASH developed and launched an innovative tobacco industry lobbyists and lobbying firm tracker, which is utilized by advocates to monitor and respond to industry activities.
4. The following activities are proposed for the next 3 years (2024–2026) under the collaborative work plan between ASH and PAHO:
- a) Raise awareness of Project Sunset and promote its feasibility across the Region. This activity will include *i)* working with PAHO to identify and educate Latin American nongovernmental organizations, regulators and policy makers on the concept of Project Sunset; *ii)* providing technical assistance to advocates, and running national, regional, and global steering committees (coalition building) to ensure buy-in and strategic direction from partner organizations from cross-cutting sectors; *iii)* conducting public opinion and messaging research, creating communications and media driven campaigns to highlight the issue; and *iv)* providing a resource hub of legal and media materials for advocates and policy makers.
 - b) Provide the public health community with concrete actions addressing the use of human rights mechanisms to advance tobacco control. ASH will encourage local advocates to use human rights arguments in their advocacy, particularly when arguing for a ban on menthol. ASH will collaborate with PAHO to coordinate capacity-building webinars to highlight examples and educate advocates in the Region. ASH will also work with PAHO to encourage regional participation in the negotiations of the United Nations treaty to end plastic pollution, with the aim of banning cigarette filters so as to improve both public and environmental health. ASH and PAHO will provide technical assistance for national and regional approaches to tobacco product waste.
 - c) Continue raising awareness of the influence of the tobacco industry on public health and tobacco control through research, data collection, and consultation with tobacco-control partners, advocates, and policy makers. Produce and disseminate a biennial report on tobacco industry interference, as well as continue disseminating the online tool to track the activities of tobacco company lobbyists and lobbying firms operating in the United States.

American Speech-Language-Hearing Association

5. The American Speech-Language-Hearing Association (ASHA), founded in 1925, is the national professional, scientific, and credentialing association for 228 000 members and affiliates seeking to make effective communication a human right that is accessible and achievable for all. The mission of the association is to empower and support audiologists; speech-language pathologists; and speech, language, and hearing scientists by advancing science, setting standards, fostering excellence in professional practice, and advocating for its members and beneficiaries.

6. Over the past 3 years, the following activities were carried out under the collaborative work plan between ASHA and PAHO:

- a) Provided technical assistance to the Ministry of Public Health of Ecuador to educate service providers on communication disorders. Owing to COVID-19, 2 rounds of virtual training sessions on 5 different topics were developed in 2020 and 2021. More than 100 government speech-language pathologists and faculty members were trained. ASHA's ad hoc committee to provide technical assistance to the Ministry of Public Health of Ecuador completed its work plan and achieved its goals, contributing to strengthening knowledge and building capacity of professionals and organizations that address communication disorders related to speech, language, swallowing, and hearing.
- b) Ad hoc committee chairs of countries under the ASHA and PAHO collaboration met virtually with the PAHO Advisor on disabilities and rehabilitation, and provided updates on work plans, including data on communication disorders in their countries.

7. The following activities are proposed for the next 3 years (2024–2026) under the collaborative work plan between ASHA and PAHO:

- a) Expand the collaboration between ASHA and PAHO on technical cooperation to develop capacities on communications disorders in 3 new countries of the Region. In 2024, ASHA and PAHO will conduct a virtual meeting with each country's stakeholders for introductions and discussions about the overall situation related to communication disorders. A work plan of activities with direct involvement of local personnel will be developed, and ASHA will form an ad hoc committee of volunteer members for each country to make recommendations for the implementation of a work plan of activities.
- b) Collaborate to support PAHO Member States in implementing the new tools of the WHO Rehabilitation 2030 initiative, developed to strengthen rehabilitation in health systems. ASHA will offer technical cooperation in the following areas: workforce evaluation, training in speech and/or hearing assistive technology, and technical advice for countries' strategic planning processes.
- c) Continue collaborating to analyze data that indicates the needs and availability of services in the participating countries for individuals experiencing communication disorders. Ad hoc committee chairs will continue providing data on communication disorders.

Campaign for Tobacco-Free Kids

8. Established in 1996, the Campaign for Tobacco-Free Kids (CTFK) is an advocacy organization working to reduce tobacco use and its deadly consequences in the United States and around the world. Through strategic communications and policy advocacy campaigns, CTFK promotes the adoption of proven solutions that are most effective at reducing tobacco use and other major preventable causes of premature death to improve public health and save lives.
9. Over the past 3 years, the following activities were carried out under the collaborative work plan between CTFK and PAHO:
 - a) CTFK collaborated with PAHO to foster the adoption and implementation of tobacco control measures in compliance with the WHO FCTC through the dissemination of good practices, trainings, publications, public hearings and consultations.
 - b) Supported the discussion of legislative processes for the adoption of effective policies on tobacco control by coordinating the submission of comments on legislation and regulations in multiple countries. These included: a bill banning tobacco advertising, promotion and sponsorship (TAPS) in Jamaica and Peru; a draft bill on tobacco control in Mexico; a draft bill on plain packaging and a regulatory decree on tobacco control in Costa Rica; and a draft bill to ban the commercialization, import, and advertising of electronic nicotine delivery systems and heated tobacco products (HTPs) in Brazil. In June 2022, based on technical input from PAHO and CTFK, a presidential decree in Mexico banned the distribution and sale of electronic cigarettes and HTPs.
 - c) Fostered the ratification of the WHO FCTC and the Protocol to Eliminate Illicit Trade in Tobacco Products by PAHO Member States that have not yet done so, by supporting the preparation and participation of civil society in the 10th session of the Conference of the Parties (COP10) to the WHO FCTC, and the third session of the Meeting of the Parties (MOP3) to the Protocol to Eliminate Illicit Trade in Tobacco Products, held in November 2023 in Panama. Also, CTFK coordinated regional civil society engagement in the Region prior to the COP meeting in Brazil.
 - d) CTFK collaborated with PAHO to strengthen Member State capacities to counter attempts at interference by the tobacco industry and those who work to further its interests, by providing technical support and disseminating best practices through workshops and trainings to counter attempts at interference by the tobacco industry.
 - e) Collaborated to promote the adoption of food policies and the use of legislative and regulatory mechanisms to strengthen their implementation in several countries of the Region. The collaboration included technical assistance and standards development, including PAHO's contribution to a position paper on a Nutrient Profile Model developed by CTFK's Global Health Advocacy Incubator (GHAi) with other global partners, and promotion of best practices based on regional experiences and progress.

10. The following activities are proposed for the next 3 years (2024–2026) under the collaborative work plan between CTFK and PAHO:

- a) Foster the adoption of tobacco control measures in compliance with the WHO FCTC, including smoke-free laws, warning labels, TAPS bans and tobacco tax increases, through the dissemination of good practices among government officials, academia, and civil society organizations; trainings on tobacco taxes; best legal practices for tobacco control lawyers; effective communication strategies, including publications (regional reports on new products and industry interference), public hearings (advice to national congresses considering tobacco legislation), and consultations; and participation in the pre-COP meeting in the Region of the Americas.
- b) Support and advance regulatory measures and policies to reduce the demand for and offer of sugar-sweetened beverages and energy-dense nutrient-poor products to improve diets and prevent obesity and other related diseases in Latin America and the Caribbean. These collaborative activities will support the adoption of sugar-sweetened beverage taxes, restriction of marketing to children, regulation of food labelling, and regulation of the food environment in schools and other public settings.

Drugs for Neglected Diseases Initiative–Latin America

11. Drugs for Neglected Diseases Initiative–Latin America (DNDi) is a collaborative, patients’ needs-driven, non-profit drug research and development (R&D) organization that supports the development of new treatments for people living with neglected diseases. DNDi seeks to improve the quality of life and health of people suffering from neglected diseases by using an alternative model to develop drugs for these diseases and by ensuring equitable access to new and field-relevant health tools.

12. Over the past 3 years, the following activities were carried out under the collaborative work plan between DNDi and PAHO:

- a) Leishmaniasis
 - i. A collaborative retrospective study aimed at collecting information on the effectiveness and tolerability of routine cutaneous leishmaniasis (CL) treatment in children up to 10 years of age and adults above 60 years of age was published in January 2023 in the PLOS Neglected Tropical Diseases Journal under the title “Cutaneous leishmaniasis treatment and therapeutic outcomes in special populations: A collaborative retrospective study.”
 - ii. Meetings were held with PAHO to enhance collaboration to improve access to leishmaniasis drugs and to discuss demand forecasting.
- b) Chagas disease
 - i. Development and distribution of materials aimed at informing, educating, and engaging health personnel and communities about the Framework for the Elimination of Mother-to-Child Transmission of HIV, Syphilis, Hepatitis B and Chagas (EMTCT Plus) in

Colombia. Additionally, a continuous validation process of rapid diagnostic tests is being carried out within the EMTCT Plus Framework in several departments in Colombia.

- ii. Participation in the implementation of the project Comprehensive Care Roadmap for Chagas disease (RIAS, Spanish acronym) and EMTCT Plus Framework in the Tolima department of Colombia.
 - iii. Implementation and consolidation of EMTCT Plus Framework inclusion projects in Colombia, involving the integration of the maternal perinatal care plan in 13 municipalities of Colombia.
 - iv. Participation in PAHO meetings such as the World Chagas Day celebrations and the Commission meetings of the Andean Subregional Initiative for Chagas Disease.
 - v. Continuation of DNDi's Chagas Clinical Research Platform to serve as a hub for research collaboration, fostering insightful discussions, and promoting knowledge exchange.
 - vi. Capacity-building initiatives to empower civil society organizations affected by Chagas disease, including at the Social Forum on Infectious and Neglected Diseases.
 - vii. Engagement in the development and wide dissemination of the Bogotá Manifesto (September 2022) on the elimination of Chagas disease as a public health problem.
 - viii. Participation in PAHO's technical and scientific meetings about current and potential biomarkers for Chagas disease and provided PAHO with continuous updates on the progress made in drug discovery efforts and the potential transition to clinical testing phases.
- c) Hepatitis C
- i. Participation in the webinar hosted by PAHO as part of the World Hepatitis Day 2023 celebrations.
 - ii. Two strategic workshops were held in Rio de Janeiro, Brazil, in August 2022 and in May 2023, in collaboration with key civil society organizations, focusing on advocacy training and capacity building for organized movements of people affected by viral hepatitis, with 33 participants from 6 countries.
 - iii. Ongoing collaboration with partners for the registration of ravidasvir as an affordable, effective, and safe alternative direct-acting antiviral (used in combination with Sofosbuvir) in Latin America. The availability of ravidasvir is expected to significantly contribute to increased access to hepatitis C treatments and reduce overall expenditure in the Region.
- d) Health systems, services, medicines, and health technologies
- i. Participation in meetings with Mexico's Federal Commission for Protection against Sanitary Risks (COFEPRIS) to support the establishment of the Agency of Medicines for Latin America and the Caribbean (AMLAC), and to promote awareness of alternative models of R&D and open innovation collaborative approaches. DNDi was actively involved in the launch of AMLAC.

13. The following activities are proposed for the next 3 years (2024–2026) under the collaborative work plan between DNDi and PAHO:

- a) *Leishmaniasis*. DNDi will continue collaborating with PAHO in the evaluation of local interventions: thermotherapy and intralesional meglumine antimoniate for the treatment of uncomplicated CL in Panama and, if possible, in other countries. DNDi will also support the implementation of thermotherapy for the treatment of uncomplicated CL in endemic countries, according to the epidemiological context and the requests of the CL endemic countries, and will contribute to the adoption of liposomal amphotericin B as first line treatment for visceral leishmaniasis in Brazil.
- b) *Chagas disease*. DNDi will collaborate with PAHO to advance in gathering evidence to support implementing decentralized diagnosis and treatment using rapid tests and exploring shorter treatment regimens with Benznidazols and other clinical trials, in line with PAHO guidelines for diagnosis and treatment of Chagas disease, as well as other initiatives; expanding access to testing and treatment with a special focus on pregnant women and neonates, through the EMTCT Plus framework, and implementing a training module for healthcare professionals to enhance their knowledge and skills in Chagas disease care.
- c) *Hepatitis C*. DNDi will collaborate with PAHO to facilitate access to affordable diagnosis and treatments for hepatitis C virus, including addressing intellectual property barriers, in specific regions and among priority groups, with the goal of achieving elimination by 2030. The initiative will cover different primary healthcare financing aspects across countries while considering the roles of national, supranational, and regional bodies. It will also explore opportunities for South-South cooperation in collaboration with PAHO.
- d) *Dengue*. DNDi will collaborate with PAHO on dengue-related initiatives, including clinical care enhancement, introduction of new technologies (drugs to prevent the progression to severe dengue), and innovative surveillance methods. DNDi will facilitate scientific exchanges on topics like dengue surveillance, primary care response, vector control, and immunotherapy. DNDi will engage PAHO as an observer of the Dengue Alliance, contributing to the R&D plan for treatment development. DNDi will collaborate with PAHO as a regional reference for epidemiological situation diagnostics to guide research locations for DNDi's activities on dengue.
- e) *Health systems, services, medicines, and health technologies*. Improve access, affordability and availability to quality-assured diagnosis and treatment, with a particular focus on hepatitis, dengue, Chagas, and leishmaniasis, through the removal of access barriers. The collaboration will also incorporate discussions on the potential inclusion of emerging challenges such as antimicrobial resistance and pandemic-prone diseases in Latin America.

Global Alliance for Tobacco Control

14. The Global Alliance for Tobacco Control (GATC), formerly the Framework Convention Alliance (FCA), was created in 1999 and formally established in 2013 to help strengthen the WHO FCTC and support its full and accelerated implementation worldwide. In 2022, the FCA rebranded as the GATC. GATC is made up of nearly 500 organizations from over 100 countries. GATC is a leading advocate for

including the WHO FCTC and global tobacco control in the international health and development framework, including the Sustainable Development Goals (SDGs) adopted by the United Nations General Assembly in 2015.

15. Over the past 3 years, the following activities were carried out under the collaborative work plan between GATC and PAHO:

- a) Supported the implementation of the WHO FCTC in the Region by increasing the capacity of government and civil society representatives, raising government awareness and commitment to implementing WHO FCTC guidelines and COP decisions.
- b) Increased awareness and education about the impacts of tobacco industry interference on tobacco taxation and implementation of the Protocol to Eliminate Illicit Trade in Tobacco Products in the Region.
- c) Supported government and civil society representatives to be adequately prepared for the COP and MOP sessions.
- d) Strengthened civil society's capacity to support domestic resource mobilization for tobacco control to help achieve the SDGs.

16. The following activities are proposed for the next 3 years (2024–2026) under the collaborative work plan between GATC and PAHO:

- a) Support the implementation of the WHO FCTC in the Region by increasing awareness among regional civil society and government representatives on the importance of key COP11 proposals and decisions, promoting the Global Strategy to Accelerate Tobacco Control: Advancing Sustainable Development through the implementation of the WHO FCTC 2019–2025 and collaborating closely with regional civil society organizations to support and endorse the Global Tobacco Industry Interference Index and the Latin America Regional Tobacco Interference Index in the lead up to COP/MOP.
- b) Enhance the preparation and participation of government and civil society representatives in the COP/MOP sessions. GATC will work with PAHO and coordinate with other NGOs, to organize regional webinars, prepare educational and informative materials, and respond to specific countries' requests.

Latin American Federation of the Pharmaceutical Industry

17. The Latin American Federation of the Pharmaceutical Industry (FIFARMA, Spanish acronym), founded in 1962, is a regional organization representing pharmaceutical companies and local pharmaceutical industry research and development associations in Latin America. Its mission is to promote public policies that foster innovation and access to high-tech, high-quality medicines that prolong, preserve, and improve the lives of patients in Latin America.

18. Over the past 3 years, the following activities were carried out under the work plan for collaboration between FIFARMA and PAHO:

- a) Actively participated in several meetings of the Pan American Network for Drug Regulatory Harmonization (PANDRH) and of PAHO and WHO governing bodies to address issues related to production capacities for vaccines and health technologies in Latin America, post-COVID-19 recovery, strengthening of drug regulation, and digitalization of health systems.
- b) Carried out several outreach and training activities on pharmacovigilance in the Region. During September 2021 and September 2022, FIFARMA carried out a digital communication strategy on its social networks to support WHO's World Patient Safety Day on the themes "Act now for safe and respectful childbirth" and "Medication without harm," respectively, with an impact on Latin America. In addition, in 2023, FIFARMA participated in academic outreach activities on pharmacovigilance at the national level in Argentina, Colombia, Costa Rica, Mexico, and Peru, with the participation of committees of experts in the field and regulatory authorities.
- c) Facilitated the sharing of experiences and technical recommendations for pandemic management among the regulatory authorities of the Region, taking into consideration its members' experience in research and development of COVID-19 vaccines. FIFARMA shared mechanisms for licensing (authorizing) new vaccines based on clinical studies that examine immune responses that could predict protection, taking into account challenges involving different vaccine platforms, the selection of vaccine buyers, the selection of immunogenicity biomarkers, and study designs, among others.
- d) During 2021 and 2022, FIFARMA carried out a regional anti-counterfeiting campaign on its social networks in Latin America, based on the global campaign of the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), and in line with WHO guidelines.

19. The following activities are proposed for the next 3 years (2024–2026) under the collaborative work plan between FIFARMA and PAHO:

- a) Continue to participate in sessions of the Steering Committee of PANDRH, presenting comments, recommendations, and technical materials to promote regulatory harmonization and convergence in line with international standards.
- b) Support activities to strengthen pharmacovigilance systems and activities in the Region, through technical and operational assistance in the dissemination of regional pharmacovigilance concepts and standards, and in the development of educational material and academic activities on pharmacovigilance.
- c) Collaborate in efforts to strengthen the capabilities of healthcare professionals in Latin American and Caribbean countries in areas such as pharmaceutical manufacturing, quality control, and public health management.
- d) Continue to support actions to detect, prevent, and respond to substandard, falsified, and contraband products, and in the development and implementation of strategies to combat them while enabling analysis of available regional statistics on substandard or falsified medicines and the measures taken to combat them.

Latin American Society of Nephrology and Hypertension

20. The Latin American Society of Nephrology and Hypertension (SLANH, Spanish acronym), founded in 1970, is a non-profit scientific association dedicated to the development of nephrology in Latin America. SLANH provides its members with tools for training and updating skills and it contributes to solving kidney problems. It is an organization of reference for nephrology societies and government authorities in this field.

21. Over the past 3 years, the following activities were carried out under the collaborative work plan between SLANH and PAHO:

- a) SLANH organized, promoted, and carried out activities with health authorities aimed at creating national dialysis and transplant registries in the 20 countries affiliated with SLANH. Data from 2020 and 2021 were collected and presented at the SLANH Congress in 2021 and 2023.
- b) Supported the development of a virtual seminar on World Kidney Day 2022: "HEARTS in the Americas and Kidney Health for All," which presented a prevention program for blood pressure control in the Region. The seminar was disseminated in all countries of the Region and was attended by nephrologists from SLANH and representatives of PAHO.
- c) In August 2022, a virtual seminar was held by PAHO and SLANH on the impact of the COVID-19 pandemic on donation and transplant programs in Latin America, with recommendations for reactivating and maintaining activities. Recommendations were made for the reactivation and maintenance of post-COVID-19 transplant programs.

22. The following activities are proposed for the next 3 years (2024–2026) under the collaborative work plan between SLANH and PAHO:

- a) Develop, implement, consolidate, and disseminate national registries of patients undergoing renal replacement therapy in Latin America and the Caribbean, through collaboration between PAHO, ministries of health, national nephrology societies, regional vice-presidencies of SLANH, national donation and transplantation institutes, and regional integration organizations. National registries are fundamental for planning public health actions and implementing strategies to strengthen national donation and transplantation programs in line with PAHO's objectives.
- b) Work on the training of primary health care personnel on diabetes-related chronic kidney disease. Activities will focus on 3 topics: *i)* maintenance and development of online courses; *ii)* content creation in continuing medical education; and *iii)* creation of digital content. Collaborative work will be done to organize, support, and participate in multidisciplinary activities for primary care physicians involved in the management of diabetes-related chronic kidney disease (family medicine, internal medicine, geriatrics, cardiology, endocrinology).
- c) Work to promote kidney health in at-risk areas through training health promoters. Workshops will be scheduled and educational materials will be provided to strengthen and improve universal recommendations related to good kidney health.

National Alliance for Hispanic Health

23. Founded in 1973, the National Alliance for Hispanic Health (NAHH) is a science-based and community-driven organization that works to improve the quality of care and its availability to all. Its goal is to close the gaps in 3 key areas: research, services, and policy; scientific discovery and benefit for the individual; and community services and medical practice.
24. Over the past 3 years, the following activities were carried out under the collaborative work plan between NAHH and PAHO:
- a) Continued to implement the Buena Salud (Good Health) Americas Initiative, by providing cervical cancer community engagement grants to community-based organizations to build support for local advocacy, raising awareness, and disseminating reliable and accurate information about cervical cancer prevention and human papillomavirus (HPV) vaccination in the Region. Partner organizations in the Plurinational State of Bolivia, Brazil, Colombia, and Guatemala received grants to support the adaptation, design, printing, and distribution of educational materials with content selected from the Buena Salud Americas – Cervical Cancer/HPV toolkit. PAHO's It's Time to End Cervical Cancer campaign contributed to the development of the program's toolkit.
 - b) Activities related to health communication strategies and social media efforts prioritized the dissemination of critical health information related to the COVID-19 pandemic to the Hispanic communities in the United States. Health communication strategies focused on developing culturally proficient and bilingual social media assets and other communication resources to provide community members with trusted information about COVID-19, as well as information on access to vaccination services for Hispanic and other communities that are underserved and experience barriers to services. Some of the resources developed were shared with partner organizations in Latin America for local adaptation and dissemination.
 - c) The NAHH Nuestras Voces (Our Voices) Network Program provided PAHO with a platform for wider reach and dissemination of tobacco prevention and control tools and resources, including World No Tobacco Day information for Hispanic communities in the United States, as well as opportunities for sharing its technical expertise to support capacity building to state tobacco programs in the United States. Also, information and World No Tobacco Day resources were provided to Nuestras Voces community partners for wider dissemination and promotion at the local level.
25. The following activities are proposed for the next 3 years (2024–2026) under the collaborative work plan between NAHH and PAHO:
- a) Continue the Buena Salud Americas Initiative by providing cervical cancer community engagement grants to help advance multisectoral approaches to the prevention and control of non-communicable diseases (NCDs) in line with the Plan of Action for Cervical Cancer Prevention and Control 2018–2030 (Document CD56/9). Activities to be carried out will promote the prevention of cervical cancer by implementing community health education initiatives to increase knowledge about HPV vaccination.

- b) Collaborate with PAHO to promote cross-national studies in cancer in the Region. NAHH will support PAHO's scientific and academic network to promote health research and improve understanding of health and disease in the Region.
- c) Support cancer knowledge sharing and information dissemination by establishing a collaborative partnership with CES University in Colombia and its network of alumni in the Region who can provide expertise to support country-level cancer prevention and control activities carried out in collaboration with PAHO/WHO Representative Offices, ministries of health, and civil society. Activities will include webinars, conferences, community events, and health communication campaigns.

Sabin Vaccine Institute

26. Founded in 1993, the Sabin Vaccine Institute (Sabin) is a leading advocate for expanding vaccine access and uptake globally, advancing vaccine research and development, and amplifying vaccine knowledge and innovation. Its mission is to make vaccines more accessible, enable innovation, and expand immunization across the globe. It delivers sustainable, evidence-based solutions that extend the benefits of immunization to everyone, everywhere. Sabin seeks a future free from vaccine-preventable diseases.

27. Over the past 3 years, the following activities were carried out under the collaborative work plan between Sabin and PAHO:

- a) In May 2021, the *Ciro de Quadros Vaccinology Course* in Latin America was held virtually in collaboration with Universidad iSalud, Argentina. Speakers, including PASB staff, discussed the fundamentals of vaccinology, as well as current vaccines and immunization recommendations, issues surrounding vaccination and immunization campaigns, successful strategies, and funding mechanisms. Special emphasis was placed on the impact COVID-19 was having on the vaccination landscape. Non-technical content also included modules on communications and leadership.
- b) Sabin's Vaccine Acceptance & Demand (VAD) Initiative generated knowledge around the social and behavioral drivers of vaccine acceptance, demand, and delivery, and piloting and evaluating community-informed solutions addressing the associated barriers. Evidence-based knowledge and recommendations for immunization policy, programs, and practice were disseminated to improve vaccine acceptance and uptake across low- and middle-income countries.

28. The following activities were proposed for the next 3 years (2024–2026) under the collaborative work plan between Sabin and PAHO:

- a) Integrate further with the BOOST community (formerly called International Association of Immunization Managers) to foster a global community that enables immunization professionals to connect with peers and experts, learn skills that build capacity and advance careers and lead immunization programs in challenging contexts.
- b) Implement activities that focus on HPV vaccines and prevention. Sabin, serving as organizing secretariat for the Global HPV Consortium, will invite PAHO to present their successes in

introducing vaccines and controlling HPV in the Region to both regional and global communities through virtual and in-person gatherings.

- c) Educate media on vaccine science and vaccination policies and programs; strengthen the voice of healthcare professionals; support community-based social and behavioral research; and enhance understanding of social media influence on vaccination decisions.

InterAmerican Heart Foundation

29. The Bureau recommends deferral of a decision on this non-State actor.

30. The InterAmerican Heart Foundation (IAHF), founded in 1994, is a membership-based organization of heart foundations and related organizations whose collective mission is to reduce disability and death from cardiovascular diseases and stroke in the Region. IAHF works to reduce morbidity and mortality from cardiovascular diseases and stroke and related chronic diseases; to facilitate development and growth of heart foundations; and to foster partnerships between health professionals and other sectors of society.

31. IAHF was not able to provide the required documentation in time for the drafting of this report. However, it has been in official relations with PAHO for more than 20 years and has continuously pursued successful plans for collaboration. To avoid compromising existing engagement, PASB proposes to defer the decision on IAHF for 1 year to allow IAHF time to finalize the current collaboration plan.

Annex C

Schedule of Subcommittee reviews of non-State actors in official relations with PAHO (as of 1 January 2024)

Name (English)	Name (Spanish)	Date admitted	Last reviewed	Scheduled to be reviewed
Action on Smoking and Health (ASH)	Action on Smoking and Health	2018	2021	2024
American Heart Association (AHA)	Asociación Estadounidense del Corazón	2020	2023	2026
American Public Health Association (APHA)	Asociación Estadounidense de Salud Pública	2013	2023	2026
American Society for Microbiology (ASM)	Sociedad Estadounidense de Microbiología	2001	2023	2026
American Speech-Language-Hearing Association (ASHA)	Asociación Americana del Habla, Lenguaje y Audición	2014	2018	2024
Basic Health International (BHI)	Basic Health International	2020	2023	2026
Campaign for Tobacco-Free Kids (CTFK)	Campaign for Tobacco-Free Kids	2021		2024
Clinical and Laboratory Standards Institute (CLSI)	Instituto de Normas Clínicas y de Laboratorio	2022		2025
Coalition for Americas' Health	Coalición América Saludable (CLAS)	2023		2026
Drugs for Neglected Diseases Initiative - Latin America (DNDi)	Iniciativa Medicamentos para Enfermedades Olvidadas - América Latina	2018	2021	2024
Global Alliance for Tobacco Control (GATC)	Alianza del Convenio Marco para el Control del Tabaco	2015	2021	2024
Global Oncology (GO)	Global Oncology	2020	2023	2026
Healthy Caribbean Coalition (HCC)	Coalición Caribe Saludable	2012	2022	2025

Name (English)	Name (Spanish)	Date admitted	Last reviewed	Scheduled to be reviewed
Inter-American Association of Sanitary and Environmental Engineering	Asociación Interamericana de Ingeniería Sanitaria y Ambiental (AIDIS)	1995	2023	2026
InterAmerican Heart Foundation (IAHF)	Fundación Interamericana del Corazón (FIC)	2002	2021	2024
Inter-American Society of Cardiology (IASC)	Sociedad Interamericana de Cardiología (SIAC)	2012	2022	2025
International Diabetes Federation (IDF)	Federación Internacional de la Diabetes (FID)	2023		2026
Latin American Association of Pharmaceutical Industries	Asociación Latinoamericana de Industrias Farmacéuticas (ALIFAR)	2000	2022	2025
Latin American Confederation of Clinical Biochemistry	Confederación Latinoamericana de Bioquímica Clínica (COLABIOCLI)	1988	2022	2025
Latin American Federation of the Pharmaceutical Industry	Federación Latinoamericana de la Industria Farmacéutica (FIFARMA)	1979	2021	2024
Latin American Society of Nephrology and Hypertension	Sociedad Latinoamericana de Nefrología e Hipertensión (SLANH)	2015	2021	2024
March of Dimes	March of Dimes	2001	2023	2026
Mundo Sano Foundation	Fundación Mundo Sano	2016	2022	2025
National Alliance for Hispanic Health (NAHH)	Alianza Nacional para la Salud Hispana	1996	2021	2024
Pan-American Federation of Associations of Medical Schools (PAFAMS)	Federación Panamericana de Asociaciones de Facultades y Escuelas de Medicina (FEPAFEM)	1965	2023	2026
Pan American Federation of Nursing Professionals	Federación Panamericana de Profesionales de Enfermería (FEPPEN)	1988	2023	2026

Name (English)	Name (Spanish)	Date admitted	Last reviewed	Scheduled to be reviewed
Sabin Vaccine Institute (Sabin)	Instituto de Vacunas Sabin (Instituto Sabin)	2011	2021	2024
United States Pharmacopeial Convention (USP)	Convención de la Farmacopea de Estados Unidos	1997	2023	2026
World Association for Sexual Health (WAS)	Asociación Mundial para la Salud Sexual	2001	2023	2026
World Resources Institute Ross Center for Sustainable Cities (Ross Center)	Centro Ross para Ciudades Sustentables del Instituto de Recursos Mundiales (Centro Ross)	2010	2022	2025

Proposed Resolution

NON-STATE ACTORS IN OFFICIAL RELATIONS WITH PAHO

The 174th Session of the Executive Committee,

(PP1) Having considered the report of the Subcommittee on Program, Budget, and Administration on *Non-State Actors in Official Relations with PAHO* (Document CE174/7);

(PP2) Mindful of the provisions of the *Framework of Engagement with Non-State Actors*, adopted by the 55th Directing Council through Resolution CD55.R3 (2016), which governs official relations status between the Pan American Health Organization (PAHO) and such entities,

Resolves:

(OP)1. To admit the following non-State actors into official relations with PAHO for a period of 3 years:

- a) Corporate Accountability;
- b) Health Care Without Harm;
- c) Medicines for Malaria Venture;
- d) PATH;
- e) Rockefeller Foundation;
- f) Task Force for Global Health;
- g) Vital Strategies.

(OP)2. To renew official relations between PAHO and the following non-State actors for a period of 3 years:

- a) Action on Smoking and Health,
- b) American Speech-Language-Hearing Association;
- c) Campaign for Tobacco-Free Kids;
- d) Drugs for Neglected Diseases Initiative–Latin America;
- e) Global Alliance for Tobacco Control—formerly known as Framework Convention Alliance—;
- f) Latin American Federation of the Pharmaceutical Industry;

- g) Latin American Society of Nephrology and Hypertension;
- h) National Alliance for Hispanic Health;
- i) Sabin Vaccine Institute.

(OP)3. To defer review of the following non-State actor to allow time to finalize the collaboration plan for the next 3 years without compromising existing engagement:

- a) InterAmerican Heart Foundation.

(OP)4. To request the Director to:

- a) advise the respective non-State actors of the decisions taken by the Executive Committee;
- b) continue developing dynamic working relations with inter-American non-State actors of interest to the Organization in areas that fall within the program priorities that the Governing Bodies have adopted for PAHO;
- c) continue fostering relationships between Member States and non-State actors working in the field of health.

CE174/7

Annex E
Original: English

Analytical Form: Programmatic and Financial Implications

<p>1. Agenda item: 3.4 Non-State Actors in Official relations with PAHO</p>
<p>2. Responsible unit: Department of External Relations, Partnerships and Resource Mobilization (ERP)</p>
<p>3. Preparing officer: Regina Campa, Partnerships Advisor (ERP) in collaboration with the following technical focal points:</p> <ul style="list-style-type: none"> a) Action on Smoking and Health: Rosa Sandoval, NMH/RF b) American Speech-Language-Hearing Association: Silvana Luciani, NMH/NV c) Campaign for Tobacco-Free Kids: Rosa Sandoval, NMH/RF d) Drugs for Neglected Diseases Initiative–Latin America: Luis Gerardo Castellanos, CDE/VT; Ana Nilce Elkhoury CDE/VT; and Tomas Pippo, IMT/RF e) Global Alliance for Tobacco Control – formerly known as Framework Convention Alliance: Rosa Sandoval, NMH/RF f) Latin American Federation of the Pharmaceutical Industry: María Luz Pombo, IMT/QR and Tomás Pippo, IMT/RF g) Latin American Society for Nephrology and Hypertension: Carmen Antini, NMH/NV h) National Alliance for Hispanic Health: Mauricio Maza, NMH/NV i) Sabin Vaccine Institute: Alvaro Whittembury, CIM
<p>4. List of collaborating centers and national institutions linked to this Agenda item:</p> <p><i>American Speech-Language-Hearing Association</i></p> <p>WHO Collaborating Centre for Rehabilitation, Department of Rehabilitation Medicine, School of Medicine, Emory University, USA-478.</p>
<p>5. Link between Agenda item and the Sustainable Health Agenda for the Americas 2018–2030:</p> <p><i>Action on Smoking and Health</i></p> <p>Goal 9: Reduce morbidity, disabilities, and mortality from noncommunicable diseases, injuries, violence, and mental health disorders</p> <p><i>American Speech-Language-Hearing Association</i></p> <p>Goal 3: Strengthen the management and development of human resources for health with skills that facilitate a comprehensive approach to health</p> <p>Goal 9: Reduce morbidity, disabilities, and mortality from noncommunicable diseases, injuries, violence, and mental health disorders</p>

Campaign for Tobacco-Free Kids

Goal 9: Reduce morbidity, disabilities, and mortality from noncommunicable diseases, injuries, violence, and mental health disorders

Drugs for Neglected Diseases Initiative–Latin America

Goal 5: Ensure access to essential medicines and vaccines, and to other priority health technologies, according to available scientific evidence and the national context

Goal 10: Reduce the burden of communicable diseases and eliminate neglected diseases

Global Alliance for Tobacco Control – formerly known as Framework Convention Alliance

Goal 9: Reduce morbidity, disabilities, and mortality from noncommunicable diseases, injuries, violence, and mental health disorders

Latin American Federation of the Pharmaceutical Industry

Goal 5: Ensure access to essential medicines and vaccines, and to other priority health technologies, according to available scientific evidence and the national context

Latin American Society for Nephrology and Hypertension

Goal 3: Strengthen the management and development of human resources for health with skills that facilitate a comprehensive approach to health

Goal 9: Reduce morbidity, disabilities, and mortality from noncommunicable diseases, injuries, violence, and mental health disorders

National Alliance for Hispanic Health

Goal 3: Strengthen the management and development of human resources for health with skills that facilitate a comprehensive approach to health

Goal 7: Develop capacity for the generation, transfer, and use of evidence and knowledge in health, promoting research and innovation, and the use of technology

Goal 9: Reduce morbidity, disabilities and mortality from noncommunicable diseases, injuries, violence and mental health disorders

Sabin Vaccine Institute

Goal 1: Expand equitable access to comprehensive, integrated, quality, people- family- and community-centered health services, with an emphasis on health promotion and illness prevention

Goal 3: Strengthen the management and development of human resources for health with skills that facilitate a comprehensive approach to health

Goal 5: Ensure access to essential medicines and vaccines, and to other priority health technologies, according to available scientific evidence and the national context

Goal 9: Reduce morbidity, disabilities and mortality from noncommunicable diseases, injuries, violence and mental health disorders

6. **Link between Agenda item and the [Strategic Plan of the Pan American Health Organization 2020–2025](#):**

Action on Smoking and Health

Outcome 13: Risk factors for NCDs. Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action.

American Speech-Language-Hearing Association

Outcome: 5: Access to service for NCDs and mental health conditions. Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions.

Campaign for Tobacco-Free Kids

Outcome 13: Risk factors for NCDs. Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action.

Drugs for Neglected Diseases Initiative–Latin America

Outcome 4: Response capacity for communicable diseases. Increased response capacity of integrated health services networks (IHSNs) for prevention, surveillance, early detection and treatment, and care of communicable diseases, including vaccine-preventable diseases.

Outcome 8: Access to health technologies. Increased equitable access to essential medicines, vaccines, and other health technologies that are safe, affordable, clinically effective, cost-effective, and quality-assured, and rational use of medicines, with strengthened regulatory systems that contribute to achieving universal access to health and universal health coverage.

Outcome 17: Elimination of communicable diseases. Health systems strengthened to achieve or maintain the elimination of transmission of targeted diseases.

Global Alliance for Tobacco Control – formerly known as Framework Convention Alliance

Outcome 13: Risk factors for NCDs. Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action.

Latin American Federation of the Pharmaceutical Industry

Outcome 8: Access to health technologies. Increased equitable access to essential medicines, vaccines, and other health technologies that are safe, affordable, clinically effective, cost-effective, and quality-assured, and rational use of medicines, with strengthened regulatory systems that contribute to achieving universal access to health and universal health coverage.

Latin American Society for Nephrology and Hypertension

Outcome 1: Access to comprehensive and quality health services. Increased response capacity of integrated health services networks (IHSNs), with emphasis on the first level of care, to improve access to comprehensive, quality health services that are equitable, gender- and culturally sensitive, rights-based, and people-, family-, and community-centered, toward universal health.

Outcome 21: Data, information, knowledge, and evidence. Increased capacity of Member States and the Pan American Sanitary Bureau to generate, analyze, and disseminate health evidence and translate knowledge for decision making at national and subnational levels.

National Alliance for Hispanic Health

Outcome: 5: Access to services for NCDs and mental health conditions. Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions.

Sabin Vaccine Institute

Outcome 4: Response capacity for communicable diseases. Increased response capacity of integrated health services networks (IHSNs) for prevention, surveillance, early detection and treatment, and care of communicable diseases, including vaccine-preventable diseases.

Outcome 17: Elimination of communicable diseases. Health systems strengthened to achieve or maintain the elimination of transmission of targeted diseases.

7. Financial implications:

The collaborative work plans of most of these non-State actors (NSA) in official relations with PAHO are financed by the approved budget of the relevant technical areas or by the NSA's budget, including in-kind contributions. There are no financial implications beyond the approved Biennial Work Plan in excess of US\$ 20 000.
