

F. REVIEW OF THE PAN AMERICAN CENTERS

Introduction

88. This document was prepared in response to the mandate of the Governing Bodies to periodically examine and evaluate the Pan American Centers.

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

89. In light of the convergence of human and animal health, there is a growing need for the Pan American Health Organization (PAHO) to exercise leadership in the areas of zoonoses, food safety, and food security.

Recent Progress

90. The institutional development process for PANAFTOSA included the review and improvement of basic administrative processes. Operating costs were broken down so that technical cooperation for the eradication of foot-and-mouth disease will be financed largely by voluntary contributions from Brazil's Ministry of Agriculture, Livestock, and Food Supply, and other public and private organizations in the agriculture sector through a trust fund that will pool the financial resources allocated to regional coordination of the Hemispheric Program for the Eradication of Foot-and-mouth Disease (PHEFA). Therefore, PANAFTOSA drew up a new action plan for the period 2011-2020 that was approved at a special meeting of the Hemispheric Committee for the Eradication of Foot-and-mouth Disease (COHEFA) in December 2010. The PHEFA Action Plan 2011-2020 spells out the political and technical commitments of the countries that are necessary for meeting the goal of eradication at the end of the period.

91. In addition, the regional and global coordination mechanisms for early warning and rapid response to serious health risks associated with zoonoses, foodborne diseases, and animal diseases that have an impact on food security are being strengthened under the International Health Regulations (2005), in close collaboration with the World Animal Health Organization (OIE). In December 2011, the remodeling of the laboratory of Brazil's Ministry of Agriculture, Livestock, and Food Supply located in Pedro Leopoldo (Minas Gerais), which will be a biosafety-level 4 facility, in compliance with the standards of the World Animal Health Organization (OIE), is expected to be completed. This will permit the transfer of the PANAFTOSA reference laboratory, currently located in Rio de Janeiro, to its new installations.

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

92. BIREME is a specialized PAHO center founded in 1967 to channel the Organization's technical cooperation in health sciences information and technology to the Region. The Center has worked in collaboration with the Government of Brazil under the legal framework of a Maintenance Agreement, which was successively renewed since its signature until 30 December 2009.

93. In 2009, following an extensive consultative process in which the Government of Brazil, under the leadership of the Ministry of Health, actively participated, the 49th Directing Council approved a new institutional governance structure and legal framework, stipulated in the Statute of BIREME, which went into effect on 1 January 2010. In order to provide all the administrative and legal elements necessary for the operations of the new institutional framework, especially the negotiation and signing of the new Headquarters Agreement for BIREME with the Government of Brazil, the aforementioned Maintenance Agreement was extended to 31 December 2011.

94. The Statute of BIREME establishes an Advisory Committee, made up of five nonpermanent members appointed by the Directing Council of PAHO and two permanent members, PAHO and Brazil.

95. In 2009, the 49th Directing Council selected five Member States to serve on the BIREME Advisory Committee: Argentina, Chile, and the Dominican Republic (with a three-year term), and Mexico and Jamaica (with a two-year term). The difference in the length of the terms was designed to guarantee the rotation and continuity of members in the future.

Recent Progress

96. The BIREME Advisory Committee took office on 31 August 2010, with the five nonpermanent members and two permanent members participating. During this session, the Advisory Committee's rules of procedure and a series of activities and meetings necessary for the implementation of BIREME's new institutional framework were approved:

- (a) PAHO/WHO and the Ministry of Health of Brazil prepared a draft Headquarters Agreement in August 2010, which is still pending ratification by the Brazilian counterpart. The approval and signature of this agreement by the Government of Brazil is essential for completing BIREME's institutional framework under its new Statute. It is important to conclude the Agreement before the Maintenance Agreement expires on 31 December 2011.

- (b) The negotiation and signing of the agreement on BIREME's facilities and operations on the UNIFESP campus will begin once the new Headquarters Agreement with the Government of Brazil is signed.
- (c) The proposed Headquarters Agreement establishes the mechanisms for defining the contributions of PAHO/WHO and the Government of Brazil to support the biennial work plans approved under the Statute of BIREME. The budget for the next two years will include regular financial, as well as in-kind, contributions.
- (d) The nomination of candidates for electing the members of the Scientific Committee is under way, in coordination with the BIREME Advisory Committee, as stipulated in the Statute of BIREME. The Scientific Committee is expected to be formed in the first semester of 2012.
- (e) The second meeting of the BIREME Advisory Committee is scheduled for 25 October 2011 at BIREME headquarters in São Paulo, Brazil.
- (f) The PAHO/WHO Representative Office in Brazil, in coordination with the respective regional areas, the Knowledge Management and Communications Area (KMC), and the Health Surveillance, Disease Prevention and Control Area (HSD), has taken the lead in harmonizing all dimensions of institutional management processes and regularization of the work and cooperation exchanges between PAHO offices and Centers in Brazil. A roadmap has also been developed for institutional integration and harmonization of the Centers in the managerial, technical, and administrative spheres. All cooperation activities foreseen will be analyzed with Brazil, and their joint execution with the PAHO Representative Office is projected, based on the provisions of the Country Cooperation Strategy.
- (g) Preparation of the new biennial work plan as a subsidiary entity of PAHO's Knowledge Management and Communications Area (KMC), based on the cooperation strategy in Brazil. The biennial work plan 2012-2013 was prepared jointly with KMC, and communication for its improvement and linkage has continued.

Pan American Center for Sanitary Engineering (CEPIS)

97. As noted in Resolution CD50.R14, on 30 September 2010 the agreement between the Government of Peru and PAHO/WHO to convert CEPIS to the Regional Technical Team on Water and Sanitation (ETRAS) was signed. ETRAS operates out of the facilities of the PAHO/WHO Representative Office in Peru as part of the Sustainable Health and Development Area (SDE) of PAHO. By decision of the parties, the agreement establishing CEPIS, signed on 8 April 1971 by the Government of Peru and PAHO/WHO, was terminated on the date that the Agreement for the Establishment of ETRAS was signed.

98. Consequently, information on CEPIS will no longer be included in the periodic review of the Pan American Centers, and the activities of ETRAS will be presented as part of the periodic report on program performance under the respective strategic objectives.

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

Recent Progress

99. The Government of Uruguay made a commitment to providing a physical space for the joint relocation of CLAP/SMR and the PAHO/WHO Representative Office; this has not yet materialized.

100. A study was conducted on merging the administrative services of CLAP/SMR and the PAHO/WHO Representative Office in Uruguay, and a proposal was submitted that contained the necessary steps to bring about the administrative merger and transfer to the new sites.

101. Extension V of the Agreement between the Government of the Eastern Republic of Uruguay, the University of the Republic, and PAHO/WHO to continue the activities of CLAP/SMR was signed. The new agreement expires on 28 February 2016.

Regional Program on Bioethics

102. Pursuant to Resolution CD50.R14, the different modalities of collaboration with the Member States in bioethics were evaluated, and it was resolved that the regional program would be consolidated under the Office of Gender, Diversity, and Human Rights (DRG). Consequently, information about the Regional Program on Bioethics will no longer be included in the periodic evaluations of the Pan American Centers, and the Program's activities will be part of the periodic reports on program performance under the respective strategic objectives.

103. In addition, consultations way with the Government of Chile and the University of Chile are under way to develop joint activities in this field, which could result in a new agreement to replace the Agreement for the Operation of the Regional Program on Bioethics, signed by the Government of Chile, the University of Chile, and PAHO/WHO on 13 January 1994.

Subregional Centers (CAREC and CFNI)

Caribbean Epidemiology Center (CAREC)

104. CAREC is maintaining its customary services, expanding them as necessary and appropriate during its transition to the Caribbean Public Health Agency (CARPHA) As noted in Resolution CD50.R14 (2010), study and support groups in the areas of human and financial resources and laboratory management have been created for the transition process. These groups are continuing their efforts to ensure an orderly and transparent transition to CARPHA. Some of the priority areas include the definition of its work area, the functions of the CAREC laboratory and enhancing its capacities, and the laboratory network that will be set up within the CARPHA structure.

105. CAREC has benefited from the support and guidance of the CAREC Council and has taken into consideration the decisions that the Council for Human and Social Development (COHSOD) and the Caucus of Caribbean Community (CARICOM) Ministers of Health have made concerning CARPHA.

Caribbean Food and Nutrition Institute (CFNI)

106. Pursuant to the request in Resolution CD50.R14 (2010), CFNI continues collaborating with the CARICOM teams in matters related to CARPHA to guarantee that relevant issues in connection with food security, the components of nutrition, and the surveillance of chronic noncommunicable diseases are included in its execution plans. CFNI programs are under review to facilitate the definition of the functions that will be subsumed by CARPHA.

107. The possibility of entering into agreements with institutions in this subregion for the transfer of other functions, such as hospital food services and dietetics and human resources education, continues to be explored. This distribution of responsibilities within each priority area was endorsed by the CFNI Policy Advisory Committee in resolutions 2, 3, 4, and 7 of 19 July 2010 and likewise at its meeting of 12 July 2011.

108. In order to obtain greater technical and administrative efficiency, it was decided to relocate the PAHO/WHO Representative Office in Jamaica to the CFNI building. On 29 November 2010, a modification of the CFNI headquarters lease agreement was signed by the University of the West Indies and PAHO/WHO to enable the two offices to be consolidated. In addition, a cost estimate has been received for the renovations and improvements necessary to accommodate the staff from the Representative Office and CFNI in the same physical space. The transfer is expected to take place in December 2011.