

154th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 16-20 June 2014

Provisional Agenda Item 3.3

CEI54/6, Rev. 1*

8 May 2014

Original: English

NONGOVERNMENTAL ORGANIZATIONS IN OFFICIAL RELATIONS WITH PAHO

Report of the Subcommittee on Program, Budget, and Administration

Introduction

1. To address official relations between the Pan American Health Organization (PAHO) and nongovernmental organizations (NGOs), Resolution CESS.R1, Revision of the Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations, of the Special Session of the Executive Committee, held on 11 January 2007, established that one of the functions of the Subcommittee on Program, Budget, and Administration (SPBA) is to “review applications received and submit a recommendation for action by the Executive Committee. It will also periodically review collaboration with NGOs and make recommendations to the Executive Committee concerning renewal of such collaboration.”

Applications of NGOs for Admittance into Official Relations with PAHO

2. This year, the Director received applications from the following three NGOs: the American College of Health Care Executives (ACHE), the American Speech-Language-Hearing Association (ASHA) and the Consumers International Regional Office for Latin America and the Caribbean (CIROLAC).

Review of the NGOs in Official Relations with PAHO

3. Section 5 of the Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations states: “The Subcommittee on Program, Budget, and Administration will normally review collaboration with each NGO with which PAHO has official working relations every four years and, based on the results of the biennial work plans and activities undertaken during the period under review and on the proposed work plan for the next four-year period, shall make a

* This revised document includes a change in paragraph 7.

recommendation to the Executive Committee on the desirability of maintaining these relations.”

4. The Director submitted a report to the Eighth Session of the Subcommittee on Program, Budget, and Administration on three inter-American nongovernmental organizations whose relations with PAHO were due for the four-year review. The NGOs under review included: the Latin American Federation of Clinical Biochemistry (COLABIOCLI), the World Resources Institute for Sustainable Transport (EMBARQ), and the National Alliance for Hispanic Health (NAHH).

5. The information submitted by the NGOs in support of their applications for admittance or for continuing their official relations was made available to the Subcommittee in a background document. The Eighth Session of the Subcommittee, composed of the Delegates of Canada, Chile, Dominica, EL Salvador, Honduras, Jamaica and the United States of America, considered the background papers prepared by the Bureau. These background papers contained a profile of the NGOs in official relations with PAHO and a report on their collaborative activities with PAHO. The papers also included the proposals and work plan of the NGO requesting admission into official relations with PAHO, with a recommendation by the PAHO technical focal point.

6. The Subcommittee recommends that the Executive Committee admit the American College of Health Care Executives (ACHE), the American Speech-Language-Hearing Association (ASHA) and the Consumers International Regional Office for Latin America and the Caribbean (CIROLAC) into official relations with PAHO for a period of four years, through 2017.

7. Concerning those three NGOs mentioned in paragraph 4, the Subcommittee recommends that official relations with EMBARQ and NAHH be maintained through 2018. Regarding COLABIOCLI, the Subcommittee recommended that the Bureau should provide the Executive Committee with updated information and a four-year collaborative work plan in order to be considered for approval. The plan was sent to the Department of Communicable Diseases and Health Analysis in a timely manner and has been approved.

8. The Executive Committee, in June 2009, requested that the Director also provide brief progress reports on nongovernmental organizations in official relations with PAHO. Annex A includes a report on the status of ongoing relations between PAHO and those NGOs not being reviewed at this time.

Action by the Executive Committee

9. After reviewing the information provided, the Committee is invited to consider adopting the proposed resolution recommended by the Eighth Session of the Subcommittee on Program, Budget, and Administration and presented in Annex B.

Annexes

Annex A

PROGRESS REPORT ON THE STATUS OF ONGOING RELATIONS BETWEEN PAHO AND THE NONGOVERNMENTAL ORGANIZATIONS IN OFFICIAL RELATIONS WITH PAHO

American Public Health Association (APHA)

1. During the 2013 calendar year, APHA continued its strong collaboration with PAHO in several key areas, including leadership, annual activities, and special projects. On a quarterly basis, the Deputy Director of Pan American Sanitary Bureau (PASB), and the Executive Director of APHA, continued to meet and provide guidance on activities for inter-organizational cooperation as well as to share information and ideas for future opportunities. The Director of PASB, accepted APHA's nomination to serve in an honorary role as the 2013-2014 APHA Vice-President for Latin America and the Caribbean. In addition, both organizations promoted their partnership through high-level representation at speaking events, including participation by APHA's Executive Director as a panelist during the PAHO CRICS9 eHealth Conference in Washington, D.C., and by PASB's Deputy Director as a special session panelist during the APHA 141st Annual Meeting in Boston. During the celebration of the 2012 PAHO/PAHEF Awards for Excellence in Inter-American Public Health held in the week of the 28th Pan American Sanitary Conference, a special recognition was given to APHA for its extraordinary contributions as an advocate and a voice for public health in the United States.

2. Prior to confirmation of the Association's status as an NGO in official relations, implementation of the existing collaborative work had already begun based on an APHA-PAHO memorandum of understanding (MoU) signed in September 2012. At the recent APHA Annual Meeting in Boston, PAHO organized scientific sessions on two topics, the elimination of cholera in Hispaniola and border health, and it also presented a series of short films highlighting the work of PAHO in the Region. During the first week of April, APHA and PAHO cooperated on activities and events for National Public Health Week and World Health Day, including co-sponsorship of a World Health Day walk in Washington, D.C. In addition, APHA partnered with PAHO to promote Global Handwashing Day in October, including participation in an initiative to break the World Guinness record for handwashing, and it featured a podcast interview with PASB's Regional Advisor for Health Promotion, on the APHA Get Ready blog.

3. In August 2013, an additional MoU was signed to formalize collaboration between PAHO, APHA, and the Sociedad Mexicana de Salud Pública (Mexican Public Health Society–MSPH) on public health issues along the U.S.-Mexico border. As part of supporting this effort, APHA participated in a PAHO review of its U.S.-Mexico Border Office and in a brainstorming process to identify possible funders. This project led to the exploration of partnership opportunities for developing the Ecoclubs initiative in the

Washington, D.C., Metropolitan Area with the support of the Association's environmental health program, state affiliates, and Student Assembly.

4. Both APHA and PAHO continued to cooperate on publications and social media efforts. The news and highlights of the partnership are consistently shared and exchanged through the respective communication channels of both organizations, including e-newsletters, websites, publications, and social media. Most notably, a new partnership was developed between the *American Journal of Public Health* (AJPH) and the *Pan American Journal of Public Health* (PAJPH) to select peer-reviewed articles of interest to Latin America for translation into Spanish. The translated articles are published quarterly in the PAJPH and re-published annually in the AJPH online. In addition, both organizations continued to honor their pre-existing agreement to distribute the *Control of Communicable Diseases Manual*, now in its 19th edition, in Spanish.

American Society of Microbiology (ASM)

5. The American Society for Microbiology and PAHO have been collaborating on various activities to promote knowledge-sharing and capacity-building with microbiologists in Latin America.

6. Building on the successful ASM-PAHO collaboration on the 2010 one-day workshop "Best Practices in Scientific Writing and Publishing," ASM developed the "Virtual Workshop on Best Practices in Scientific Writing and Publishing," a blend of virtual recordings by the University of Mississippi Medical Center and on-site activities facilitated by the ASM Ambassador. The "Virtual Workshop on Best Practices in Scientific Writing and Publishing" was conducted eight times in 2013 by ASM Ambassadors in Brazil (2), Mexico (1), Panama (2), and Paraguay (3).

7. ASM fostered knowledge-sharing and professional development with undergraduate educators by sponsoring two workshops on the topic "Microbiology Education in the Classroom," held in Argentina and Panama.

8. On Monday, 5 August 2013, ASM Ambassador to Argentina organized an ASM Workshop on the topic "Strategies for Teaching Microbiology: Times Change as Well as Students Do" at the annual meeting of the *Sociedad Argentina de Microbiología General* (Argentine Society for General Microbiology–SAMIGE). A virtual lecture entitled "More Learning—Less Teaching" was presented via Skype. The ASM Ambassador to Paraguay presented the lecture "Virtual Education: Breaking Geographical Barriers."

9. On 22 August 2013, the workshop "Using ASM Resources to Improve Teaching Microbiology in the Classroom" was held at the University of Panama, facilitated by the ASM Ambassador to Panama and the ASM Ambassador to Paraguay. There were a total of 31 participants. In addition, two virtual lectures were developed:

a) "The Use of ASM Resources for Teaching Microbiology," by the University of Utah.

- b) “Understanding by Design,” by the University of Macau.
10. ASM leveraged the expertise of its membership and American Academy Fellows to provide virtual speaker lectures in Colombia and Panama.
11. The ASM Ambassador to Panama successfully coordinated a virtual lecture by the Microbiology Technical Services, on the subject “Optimizing Specimen Management” on 28 November 2013. This was the first ASM event organized by the ASM Ambassador in Western Panama. A total of 43 microbiology faculty, students, and lab technicians participated.
12. The ASM Ambassador to Colombia, in collaboration with the President of the *Asociación Colombiana de Infectología* (Colombian Association of Infectology–ACIN), arranged for a virtual lecture by the Baylor College of Medicine, on the subject “Metagenomics and the Microbiome: Applications for Cancer and Clinical Research” on 5 December 2013.

Healthy Caribbean Coalition (HCC)

13. This brief progress report provides a snapshot of key accomplishments of the Healthy Caribbean Coalition (HCC) in 2013, its fifth year of operation and second year in official relations with PAHO. Supported by an American Cancer Society Meet the Targets Grant, the HCC produced a civil society Regional Cervical Cancer Advocacy Plan. Key outputs and outcomes of the Plan included capacity-building for cervical cancer advocacy among 20 cancer NGOs from 16 Caribbean islands; development of advocacy resources, including a handbook for the design and implementation of evidence-based cervical cancer initiatives led by civil society organizations (CSOs) and a social media how-to guide for CSOs; development of the Caribbean Cancer Alliance (CCA); implementation of the Caribbean Cervical Cancer Electronic Petition (CCCEP), aimed at building awareness and advocacy through electronic media; a Caribbean cervical cancer situation analysis prepared in partnership with PAHO; and sharing of successes and lessons learned at the Global Forum on Cervical Cancer Prevention held in conjunction with the Women Deliver Conference 2013.

14. Successes under the HCC Regional Cervical Cancer Advocacy Plan were documented in the ACS annual Meet the Targets Grantee Report. In partnership with the U.S. Department of Health and Human Services and the U.S. National Cancer Institute, the HCC implemented a pilot smoking cessation program using mobile phones. An online forum for alcohol policy advocates was launched with the support of UK Health Forum and Health Action Partnership International. The Australian High Commission Direct Aid Programme (DAP) awarded the HCC a grant to support development of the multi-country Caribbean Civil Society Cervical Cancer Prevention Initiative (C4PI). The HCC was selected as one of three grantees under the NCD Alliance program Strengthening Health Systems, Supporting NCD Action. In support of this project, the HCC convened and hosted a regional multi-stakeholder meeting to review and provide feedback on a draft HCC-NCD civil society status report, as well as input on priority

areas for NCD advocacy action in 2014. The HCC continues to provide ongoing support for its members in the areas of communication, capacity-building, mHealth/eHealth, and advocacy across all NCD disease categories and risk factors.

15. Plans for 2014 include continued work with the cervical cancer electronic petition on the development of mechanisms to recognize e-advocacy; implementation of regional and national advocacy initiatives under the NCD Alliance grant; implementation of cervical cancer projects in five Caribbean countries (C4PI); increased focus on strengthening alcohol advocacy; assessment of the capacity needs of HCC members; ongoing expansion of the HCC/CSO membership base; strengthening of membership communication; and continued documentation of HCC activities.

Inter American College of Radiology (CIR)

16. The first CIR refresher course in radiology was held on 9-11 May 2013 in Cancún, Mexico, with great success: 400 radiologists from most of the American countries shared their experiences in the radiology field.

17. The year 2013 also saw establishment of the Latin American School of Radiology. Four courses were organized in Chile, Costa Rica, Panama, and Peru.

18. Starting in 2013, three young radiologists received a scholarship to stay in a host country for three months. The host countries were Chile, Colombia, and Mexico.

19. CIR continued its education programs through Virtual Radiology, an Internet-based initiative that offers courses lectures; a visiting professor program under which CIR supports national associations and societies by sending highly skilled professors to its courses and conferences; the *Revista Virtual de Radiología*, a Spanish version of *Radiology Journal Online*, which compiles abstracts from a large number of Latin American journals; and participation in conferences of the Radiological Society of North America and the *Société Française de Radiologie* (French Society of Radiology–SFR), at which CIR organized well-attended courses in Spanish.

20. NOTiCIR, the College’s electronic bulletin, is distributed to an extensive database of radiologists in the Americas each month. It provides information on scholarships for courses and conferences in all the member countries and other valuable information for radiologists (see www.webcir.org).

Inter American Society of Cardiology (IASC)

21. In March 2013, the IASC participated in two regional workshops for experts as part of the Global Standardized Hypertension Treatment Initiative, organized by the Centers for Disease Control and Prevention in collaboration with PAHO. This initiative aims to develop a framework to simplify drug therapy protocols, increase the availability of medicines, and improve service delivery for patients with hypertension in Latin America and the Caribbean.

22. Workshop 1: with focus on “Identification of a Core Set of Medications to Treat Hypertension.”
23. Workshop 2: regarding Key Elements of Care Delivery for Medical Treatment of Hypertension.”
24. In May 2013, the IASC attended the 66th World Health Assembly in Geneva, which opened with discussions focusing on noncommunicable diseases and the incorporation of health into the post-2015 development agenda.
25. The IASC also participated in the Third Pan American Conference on Obesity (PACO-III), held on 6-18 June 2013 in Oranjestad, Aruba, which devoted special attention to childhood obesity (PACO III).
26. In September 2013, the IASC attended the meeting of the 52nd Directing Council of PAHO, 65th Session of the WHO Regional Committee for the Americas, held in Washington, D.C.
27. At the InterAmerican Congress of Cardiology, held in Buenos Aires, Argentina, on 17-18 October 2013, the IASC and PAHO presented a workshop on the topic “How to Accelerate the Implementation of Cardiovascular Risk Management in Health Services, with Emphasis on Combined Drug Therapy in People at High Risk.” This initiative was the product of a coordinated effort by health authorities and medical societies, especially cardiology societies, from several countries of the Americas.

Inter-American Heart Foundation (IAHF)

28. The IAHF has collaborated with PAHO on the prevention and control of cardiovascular diseases and stroke, with emphasis on the risk factors and contributing conditions. Highlights of these collaborative activities include:
 - a) Support for Salt Awareness Week in March 2013.
 - b) Completion of a mapping study to identify civil society organizations working on hypertension and salt reduction in the Region.
 - c) Completion of a study to monitor the salt content of processed foods in Argentina to permit monitoring of voluntary agreements between the Ministry of Health and food companies.
29. As part of its Global Bridges program in Latin America and the Caribbean, the IAHF offered training in the treatment of nicotine dependence for health professionals. During 2013, a total of 442 health care professionals were trained in 13 training sessions.
30. In connection with the implementation of Article 14 of the Framework Convention on Tobacco Control, the IAHF developed pilot tools, including needs assessments and guidelines, in Bolivia, Costa Rica, and Uruguay.

31. The IAHF also carried out studies in El Salvador, Guatemala, and Honduras, to support increases in tobacco taxes.
32. In addition, the IAHF conducted a major campaign to raise tobacco taxes in Mexico in Nov 2013, but it was not successful.
33. Other IAHF accomplishments during the year included the following:
 - a) Due to a Fogarty grant from the U.S. Institutes of Health, initiation of a study on the economics of tobacco from farm to retail in Argentina, to be conducted over the next three years.
 - b) Development of a series of materials to monitor and respond to interference of the tobacco industry in tobacco control policies, which began with four countries (Argentina, Brazil, Colombia, and Mexico) and now involves the participation of 13 countries.
 - c) Completion of the 8th Journalism Contest AireVital, or VitalAir, to recognize the media.
34. The IAHF supported a successful effort to regulate tobacco in Jamaica in 2013.
35. The IAHF is currently organizing the 4th Latin American and Caribbean Conference on Tobacco or Health, to take place in San José, Costa Rica, on 26-28 March 2014.
36. The IAHF also carried out the following activities:
 - a) Continuation of a Women and Heart Disease campaign in Mexico, originally begun in 2011, which has focused on risk factor screenings and awareness efforts.
 - b) Completion of a workshop and publication of a paper on implementation of the Law on Obesity in Colombia.
 - c) Collaboration in Central America, together with the Institute of Nutrition of Central America and Panama (INCAP) and Forum of Presidents of the Legislative Bodies of Central America and the Caribbean Basin (FOPREL), on marketing food to children.
 - d) Continued expansion of the Healthy Latin America Coalition (HLAC) and support for actions to implement the political declaration emanating from the United Nations Summit on Noncommunicable Diseases, as well as participation in consultations to set targets and identify indicators.

Inter-American Association of Sanitary and Environmental Engineering (AIDIS)

37. AIDIS has carried out activities with the support of its chapter in Brazil, the *Associação Brasileira de Engenharia Sanitária e Ambiental (Brazilian Association of Sanitary and Environmental Engineering–ABES)*, in particular its *São Paulo-Rio Grande*

do Sul Section, to commemorate Inter-American Water Day (DIAA) and Inter-American Day of Cleanliness and Citizenship Day (DIADESOL), and Inter-American Water Week, respectively.

38. Mechanisms are being sought to implement a Virtual Library, to be operated under the *Almacén Virtual de Informaciones y Datos sobre Saneamiento y las Ciencias del Ambiente en las Américas* (Virtual Information and Data Warehouse on Sanitation and the Environmental Sciences in the Americas–AVIDSA), the hemisphere-wide system for the water, sanitation, and environmental sector. The aim is to have the Virtual Library fully implemented by the end of the first quarter of 2014. AIDIS President Jorge Triana has contacted the company *Progreso Digital* in this regard.

39. Contacts were initiated for AIDIS to resume promoting and supporting the implementation of Water Operators Partnerships in Latin America and the Caribbean (WOP-LAC). AIDIS expects to participate in upcoming meetings of this network.

40. AIDIS President-elect participated in the 52th Meeting of the PAHO Directing Council, held in October 2013.

41. AIDIS took the floor to express its support of the PAHO program of activities for the coming years. On that occasion, the Director-General of WHO, cited the contribution that AIDIS has made to PAHO/WHO and asked how AIDIS could provide support in the area of water and sanitation for Mongolia. AIDIS President-elect agreed to study the matter and report on how it could be addressed.

42. PASB Director was invited to participate in the inaugural session of the XXXIV Biennial AIDIS Congress, to be held from 30 October to 6 November 2014 in Monterrey, Mexico. Another topic discussed at the meeting was the pre-session symposium traditionally organized and coordinated by AIDIS prior to its biennial congresses.

International Diabetes Federation (IDF)

43. The Pan American Health Organization has been in official relations with the International Diabetes Federation since 1996. During 2013, PAHO and the IDF partnered on numerous projects across the Region of the Americas:

- a) Celebration of World Diabetes Day (WDD) on 14 November. Every year many PAHO Country Offices join up with their local diabetes associations in activities to celebrate WDD every year. As in past years, in 2013 a poster designed and printed by PAHO was distributed widely across the Region in Spanish, English, and Portuguese.
- b) The online course “Diabetes Self-Management Support,” conducted in Spanish, was organized by PAHO in collaboration with researchers, health officials, and diabetes associations in Chile, Costa Rica, Cuba, and Mexico in 2010. As a result, an international course was developed using material from the earlier course. The 140-hour international course is offered in self-learning modules on the PAHO

- Virtual Campus for Public Health at no charge. Participants receive a certificate after passing a series of tests and completing all the activities. To date, more than 2,500 health professionals from virtually all the Spanish-speaking countries of the Americas have taken the course, which has proven to be an outstanding example of effective collaboration between PAHO and the national diabetes associations in the participating countries.
- c) In 2014 there will be a conclusion of an intervention to improve the quality of diabetes care in ten Caribbean countries (Antigua, Anguilla, Barbados, Belize, Grenada, Guyana, Jamaica, Trinidad and Tobago, and Suriname) with the support of the local diabetes associations, the Caribbean Diabetes Association, and the North American-Caribbean Region (NACR) Council of the IDF. This intervention included successful introduction the Chronic Care Passport (CCP) in many of these countries, where it continues to be used.
 - d) In Honduras, efforts aim to improve the quality of diabetes care in primary and secondary health facilities with the participation of the local diabetes association. The project intends to produce evidence-based diabetes protocols and implement the Chronic Care Passport with a view to improving quality of life for people with diabetes.
 - e) In Brazil, PAHO joined the *Associação Nacional de Assistência ao Diabético* (National Association for the Care of the Diabetic Patient–ANAD) in São Paulo for its annual congress. A workshop was conducted with the participation of representatives from the national Ministry of Health as well as numerous diabetes researchers and public health officials.
 - f) PAHO and the IDF South and Central America Region (SACA) participated together in the GSMA Mobile World Congress, held in Barcelona, Spain, where they discussed the use of mobile technology to support diabetes control.
 - g) As usual, IDF and local diabetes officials participated in PAHO activities. Last September, the Chair of SACA, represented the IDF in joining with ministries of health from across the Americas at the 2013 meeting of the PAHO Directing Council.

Latin American Association of Pharmaceutical Industries (ALIFAR)

44. ALIFAR participated in the meeting of the Ad Hoc Group on the Strategic Plan for the Pan American Network for Drug Regulatory Harmonization (*PANDRH*), held in Washington, D.C., on 6-7 March 2013.

45. In addition, a delegation of professionals and private entrepreneurs from the Latin American laboratories associated with the ALIFAR national chambers attended the VII Conference on the Harmonization of Pharmaceutical Regulation, held in Ottawa, Canada, on 5-7 September 2013.

46. ALIFAR also followed the activities of the Working Groups and the Steering Committee of the PANDRH Network and stayed up to date on norms relating to health regulations and intellectual property being dictated by authorities in the Latin American countries with which it is affiliated, particularly those on the registration and marketing of biotechnology medicines.

47. ALIFAR participated in the meeting of the Standing Committee on the Law of Patents of the World Intellectual Property Organization (WIPO), held on 25-28 February 2013 in Geneva.

48. ALIFAR also organized the IX Latin American Workshop on Patents, held on 28-30 August 2013 in Asunción, Paraguay.

Latin American Federation of Hospitals (FLH)

49. The Latin American Federation of Hospitals (FLH) was not able to meet the 31 December 2013 deadline for submitting a progress report.

Latin American Federation of the Pharmaceutical Industry (FIFARMA)

50. During 2013, FIFARMA was an active participant in the Pan American Network for Drug Regulatory Harmonization (PANDRH). This participation included the following activities:

- a) PANDRH Steering Committee meetings, held in March and July 2013 in Washington, D.C. The focus was on:
 - i. Discussion of the PANDRH Strategic Plan 2014/2020.
 - ii. Preparation of technical documents related to the Survey on Adoption and Implementation.
 - iii. Definition of the agenda for the VII PANDRH Conference.

- b) Selection of FIFARMA by the PANDRH Steering Committee to validate surveys on implementation of the PANDRH technical documents on the following topics:
 - i. Biological products.
 - ii. Counterfeit drugs.
 - iii. Good clinical practices.
 - iv. Good laboratory practices.
 - v. Good manufacturing practices.
 - vi. Pharmacovigilance.
 - vii. Vaccines.
 - viii. Bioequivalence.

- c) Involvement in the VII PANDRH Conference, held in Ottawa, Canada, in September 2013. Activities included:
 - i. Co-sponsorship of the conference and attendance of 20 FIFARMA members.
 - ii. Participation in the session on biotherapeutic (BT) products.
 - iii. Proposal of recommendations for the regional and global harmonization of BT products; Presentation of a paper on the clinical similarity of similar BT products, including the concept of sensitive populations.
- d) FIFARMA representatives, as members of PANDRH, participated in the following working groups:
 - i. Biotherapeutic Products
 - ii. Good Clinical Practices
 - iii. Good Manufacturing Practices
 - iv. Counterfeit Products
 - v. Pharmacopeia
 - vi. Registry
 - vii. Pharmacovigilance
 - viii. Vaccines
 - ix. Good Laboratory Practices
 - x. Publicity and Promotion
- e) In October 2013, FIFARMA participated in the meeting of the 52nd Directing Council of PAHO, held in Washington, D.C.
- f) In Argentina, FIFARMA has been working on issues related to noncommunicable diseases and has prepared proposals on the following topics:
 - i. A campaign to reduce salt consumption.
 - ii. Healthy workplaces.

March of Dimes

51. MoD has continued to support purchase of the rubella vaccine through UNICEF for use alone and as a co-vaccine in measles eradication programs in selected WHO regions, including the Region of the Americas. The project, which was initiated in 2001 and is ongoing, builds on PAHO's long leadership in improving immunization coverage throughout the Region.

52. In 2013, MoD and PAHO undertook a project to improve newborn screening (NBS) across Latin America. The project, which focuses on conditions prevalent in the

Region—e.g., phenylketonuria, congenital hypothyroidism, sickle cell disease, congenital adrenal hyperplasia, cystic fibrosis, and congenital hearing loss—will generate a regional map in 2014 showing the countries that currently have newborn screening programs and the conditions being targeted for screening. A paper summarizing these findings, including the economic costs of screening (as well as the costs of not screening, with the medical costs and the long-term cost of lost productivity of the affected infants) and the regional map, will also be prepared in 2014 for publication in a peer-reviewed journal. These findings will be presented at a technical meeting of PAHO with the goal of promoting awareness of the importance of NBS in countries that are not currently screening or that offer insufficient screening and, the rates across Latin America. MoD and PAHO encourage a regional strategy in which the Latin American countries that are leaders in NBS will assist their regional neighbors in adapting programs for the benefit of their babies.

53. In 2013, MoD and PAHO also undertook a project to increase awareness of the economic costs of preterm birth in Latin America. This initiative seeks to identify opportunities for strengthening prevention and care and to provide an analytic economic model that can be replicated in a similar review in other WHO regions. The project draws on the country estimates of preterm birth rates and associated mortality in Latin America published in the 2012 March of Dimes-WHO-PMNCH-Save the Children report *Born Too Soon* and on other data sources, including regional surveys. The project's findings will be published in a peer-reviewed journal and provide the basis for a technical PAHO meeting with the goal of accelerating prevention and care in the LAC region. In 2013, March of Dimes also participated in the PAHO-sponsored meeting *A Promise Renewed in the Americas*, held on 10-12 September in Panama City. In addition, March of Dimes participated in the 12-13 December stakeholders meeting in New York on the Global Newborn Action Plan and served as a member of the Steering Committee of the Survive & Thrive Global Development Alliance, both of which have informed the March of Dimes-PAHO preterm birth activity.

Panamerican Federation of Associations of Medical Schools (PAFAMS)

54. The Panamerican Federation of Associations of Medical Schools (PAFAMS) is a nonprofit academic organization that works in conjunction with national associations of medical schools throughout the hemisphere.

55. Since the creation of PAFAMS 52 years ago in Viña del Mar, Chile, the Federation has pursued its mission to improve the quality of medical education through its affiliated members, among other programs. An initial step has been the application of evaluation mechanisms and standards, once they have been discussed, accepted, and adapted as necessary to local circumstances. This effort had the support of PAHO from the beginning, and, later on, the World Federation of Medical Education (WFME). There has also been encouragement and active participation by the Group of the Americas and in addition, the Global Minimum Essential Requirements made key contributions.

56. The XIX Panamerican Conference on Medical Education, which took place in Quito, Ecuador, in 2013, was one of the main PAFAMS programs conducted during the year. The Panamerican Conference serve to build a network for joint collaboration and discussion. The 2013 conference was held in conjunction with COPAEM XIX, organized by the *Asociación de Facultades Ecuatorianas de Ciencias Medicas y de la Salud* (Ecuadorean Association of Medical Schools—AFEME) and had the active participation of members of the Executive Council of the World Federation for Medical Education (WFME) and representatives of PAHO in Ecuador and from elsewhere in the Region. It covered such issues as: accreditation, migration, and the universal or global primary care physician. The conference also brought participants up to date on the current status of medical education in its various scenarios and alternative forms at the regional, national, and international levels.

57. The main theme of the XI Iberoamerican Session was “Health Systems in Medical Education in the Americas and the Iberian Peninsula: A Leadership Discussion.” A general overview of the present state of emerging health systems was discussed, together with the systems that will be needed in order to face the challenges, with PAHO as a reference. The conclusions focus on alignment of the agendas for action in both the countries and the Region as a whole with a view to harmonizing improvements in health care through medical education systems.

Pan American Federation of Nursing Professionals (FEPPEN)

58. In its collaboration with PAHO, FEPPEN has been involved in executing the plan for technical cooperation priorities in nursing. It continues to provide significant support, information, and education on nursing services as well as initiatives for human resources development up to the year 2020. In 2013, FEPPEN assisted in the development, production, and dissemination of a regional guide that will contribute to attainment of the Millennium Development Goals and the renewal of primary health care.

59. The Federation represents the interests of its Member Organizations and promotes the development and strengthening of nursing in the Region. FEPPEN supports the work of PAHO in various ways, maintains ongoing communication with the Regional Adviser, participates in the Organization’s key events in the field of human resources, and assists in the organization of new workshops, meetings, and other events.

60. FEPPEN participated in:

- a) The Annual Meeting of the Latin America and Caribbean Newborn Health Alliance and the Regional Technical Meeting on Priority Interventions for Newborn Health, held on 25-28 June 2013 in San Salvador, El Salvador.
- b) In July 2013, virtual and mail follow-up of the meeting, leading to establishment of a plan based on technical cooperation priorities in nursing for 2013-2015.
- c) The Third Global Forum on Human Resources for Health, held in Recife, Brazil, on 10-13 November 2013.

- d) A meeting on 13 November 2013 to consider strengthening the role of human resources in nursing and midwifery to meet the challenges and take advantage of opportunities for achieving universal health coverage.
61. FEPPEN participated in the organization of this event and made important contributions on the development of nursing in Latin America. In addition, it took an active part in the panel “Nursing Challenges, Obstacles, and Possibilities to Achieve Universal Health Coverage.”
62. FEPPEN expects to take part in the following activities:
- a) Organizing, coordinating, and conducting the II Forum on Nursing Human Resources in the Region, to be held in Brazil in April 2014, with the participation of the Regional Adviser.
 - b) Giving a presentation at the Pan American Colloquium on Nursing, to be held in Cartagena de Indias, Colombia, in September 2014.
63. New lines for cooperation over the next period include:
- a) Visualizing nursing development and the needs and problems associated with each Member Organization (MO) in order to characterize the panorama of nursing human resources in the Region.
 - b) Participating in the definition of health human resource policies with a view to promoting autonomy of the profession in the Region.
 - c) Creating an information system on the migration of nurses, to be integrated into national and international human resource information systems.
 - d) Advocating with the authorities of each MO to regulate the social phenomenon of nurse migration.
 - e) Consolidating the work of FEPPEN Member Organizations.
 - f) Strengthening FEPPEN communication with the MOs.
 - g) Monitoring nursing regulation and certification.
 - h) Promoting projects in research, teaching, service, and administration.
 - i) Supporting the MOs in setting accreditation standards for study programs and curricula in order to regulate the opening of schools that train nursing human resources.
 - j) Fostering the professionalization of nursing personnel in order to reduce displacement.
 - k) Supporting international nursing organizations and the Pan American Health Organization in academic and scientific undertakings.
 - l) Advocating to achieve decent and fair working conditions for nurses.

- m) Coordinating with the Newborn Alliance on working strategies.
- n) Strengthening permanent labor committees.

Sabin Vaccine Institute (SVI)

64. The Sabin Vaccine Institute (Sabin) continues to support development of the PAHO-Sabin work plan focused on training and advocacy initiatives concerning immunization and the introduction of new vaccines in the Region of the Americas. The Sabin Vaccine Advocacy and Education program frequently partners with PAHO on various symposia, training courses, and other gatherings. In addition, the two organizations are currently working on a number of research studies across a variety of diseases, including the following initiatives:

- a) Sabin and PAHO continue to partner together to strengthen pertussis surveillance in Latin America. Collaborative efforts are focused on expanding laboratory capacity for confirming the presence of *Bordetella pertussis*, developing standards and practices for pertussis surveillance, and gaining a greater understanding of the burden of pertussis in Latin America.
- b) Sabin also continues to collaborate with PAHO on meningococcal disease and adult pneumococcal disease advocacy in Latin America, focusing on regional symposia, research, and awareness in the Region.
- c) In partnership with PAHO, Sabin is working in Chile, Colombia, and Peru to assess the impact and effectiveness of pneumococcal conjugate vaccine (PCV) on hospitalizations and deaths due to childhood pneumonia following the introduction of PCV in the national immunization programs of these countries. There is need for more studies showing the effect of PCV on pneumococcal morbidity and mortality in middle-income countries that have a high disease burden. Showing the impact of the vaccine, through its routine use in the national immunization program, will provide the best information on the potential benefit of pneumococcal conjugate mass vaccination for guiding national health policies in other countries.
- d) Sabin is supporting PAHO in development the of a dengue epidemiological surveillance model for defining vaccination strategies in Latin America and the Caribbean. The objective of the project is to develop a model of dengue surveillance that is capable of generating the information necessary to define dengue vaccination strategies and evaluate their impact. In the short term, this joint project aims to build the capacity of existing dengue surveillance systems to define scenarios and vaccination strategies. In the medium and long term, the model will support decision-making on the introduction of dengue vaccine and evaluation of its impact.

65. Sabin and PAHO convened the workshop “Achievements and Future Challenges in the Surveillance of Respiratory Viruses.” On 29-30 January 2013, 40 experts on influenza and other respiratory diseases came together to discuss the performance of

Latin America's surveillance and vaccination programs for influenza and other respiratory diseases. Attendees reviewed the available influenza surveillance data from Latin America and debated the unanswered questions surrounding the knowledge gaps as well as possible methods to strengthen surveillance systems for both influenza and respiratory syncytial virus.

66. Sabin sponsored the participation of a delegation from El Salvador to attend the 20-21 February 2013 meeting of the Advisory Committee on Immunization Practices (ACIP), and six delegates from El Salvador's National Immunization Technology Advisory Group (NITAG) attended the meeting. Representatives from the CDC, PAHO Headquarters, and the PAHO Country Office in El Salvador also participated in a supplemental briefing session. Plans were underway to support another delegation to the October meeting, but these were cancelled because of the government shutdown. Sabin continues to support the exchange of national immunization program advisers to participate in the ACIP meetings.

67. Sabin and PAHO, along with the CDC and the International Vaccine Access Center (IVAC), convened the 5th Regional Pneumococcal Symposium in São Paulo, Brazil, on 5-6 March 2013. The symposium brought together 160 stakeholders from 26 countries to discuss the burden of pneumococcal disease in older children and adults in Latin America. It included session presentations by PASB technical Advisors.

68. Together with PAHO, Sabin hosted the Regional Meeting on Surveillance of Rotavirus, Bacterial Meningitis, and Pneumonia in the Americas, held in Cancun, Mexico on 9-11 December 2013. Over 85 people from 22 countries attended the meeting and considered the latest data collected as well as the challenges and goals in moving toward increased coverage and reporting under the Global Vaccine Action Plan (GVAP) adopted by the World Health Assembly.

69. PAHO and Sabin are working together on the ProVac Initiative. ProVac provides technical support to decision-makers and strengthens national capacity to conduct economic analyses and make evidence-based decisions on the introduction of new vaccines. The initiative was established by PAHO in Latin America and the Caribbean in 2006 and has provided support for the evaluation of pneumococcal, rotavirus, and human papillomavirus vaccines in over 14 countries. In response to requests from non-PAHO countries, ProVac has established an International Working Group (IWG), a pilot effort that aims to transfer tools, methods, and lessons learned from the PAHO ProVac Initiative to other WHO member countries. As a member of the ProVac IWG, the Sabin Vaccine Institute is working with the ProVac team to develop a strategy for effectively communicating important evidence to a variety of stakeholders.

70. The Global Network for Neglected Tropical Diseases, one of Sabin's advocacy and resource mobilization programs, continued to work with PAHO in 2013 to support the development of advocacy and awareness of neglected infectious diseases (NIDs) in the Americas. The activities described below were supported under this partnership.

- a) PAHO held a regional workshop on guidelines for the implementation of integrated deworming actions. Organized in collaboration with the Global Network, Children Without Worms/Task for Global Health and the Canadian International Development Agency (CIDA) and with the participation of representatives of Ministries of Health, Ministries of Education, and PAHO Country Offices from the following countries: Group 1 (Bolivia, Brazil, Colombia, Dominican Republic, Ecuador, Guatemala, Guyana, Mexico, Peru, Saint Lucia, Suriname), Group 2 (Belize, El Salvador, Honduras, Panama, Venezuela), and Group 3 (Nicaragua, Paraguay). Also in attendance were representatives of the Inter-American Development Bank (IDB), the WHO Department of Control of Neglected Tropical Diseases (NTD), and other PAHO programs, including the Expanded Program on Immunization (EPI), Integrated Management of Childhood Diseases (IMCI), Nutrition, Social Determinants of Health (SDH), and Malaria and Tuberculosis.
- b) Through these activities, PAHO supported the scale-up of efforts to eliminate soil-transmitted helminths (STHs) in preschoolers and school-age children in high-risk countries through advocacy and technical cooperation, as well as the development and implementation of control and elimination plans in targeted countries. Noteworthy progress has been made.
- c) Honduras is finalizing the costing and identification of financial gaps in order to mobilize funds for six operational plans, including one on STHs. The next step will be to develop an advocacy meeting to identify potential partners to implement these plans. In addition, Honduras expanded its national deworming plan to cover all school-age children in the country.
- d) In Guatemala, additional efforts in the areas of advocacy, technical cooperation, and fund-raising (including costing) will be required in order to develop subnational plans.
- e) Paraguay implemented its first national campaign for STH deworming, directed towards school-age children 6 to 8 years old. In 2014, the country will expand its target population to cover children from 6 to 12 years old.

71. PAHO supported national networks that address neglected infectious diseases in Colombia and Honduras by working with ministerial and other NID stakeholders on the development of plans, programs, and strategies. These national coordinating meetings create ownership, consensus, and sustainability to combat NIDs.

72. In another of their joint regional advocacy activities, the Global Network and PAHO hosted an event attended by over 50 representatives from Ministries of Health at the time of the PAHO 52nd Directing Council to review historical achievements in NID control, acknowledge the status of elimination to date, and discuss the challenges ahead to meet the 2015 regional goals. Health officials and one of the NTD Special Envoys, Álvaro Arzú, mayor of Guatemala City and former president of Guatemala cited the progress made to date and outlined the challenges that remain in controlling and

eliminating NTDs, particularly the need for increased political and financial support in order to truly make NTDs a public health problem of the past.

73. The Council of Ministers of Health of Central America and the Dominican Republic (COMISCA) discussed the burden of NTDs at their regional meeting on 27-28 June 2013 in San José, Costa Rica. The Global Network team was happy to collaborate with COMISCA at this meeting, where information was shared on upcoming challenges and solutions in NTD treatment efforts, as well as on policy activities at the global and regional level.

74. The Global Network was also invited to participate in the XXIX Meeting of the Health Sector of Central America and the Dominican Republic (RESSCAD), held in Guatemala on 16-18 July 2013. The RESSCAD meetings provide another opportunity for Ministers of Health in the this region to integrate their efforts. During the meeting, PASB Director Carissa Etienne stressed that NTDs are the clearest example of preventable health inequities. She added that prioritizing these diseases, which affect the most vulnerable and marginalized populations, is a public health, political, and moral imperative. RESSCAD will now be placing stronger emphasis on intersectoral collaboration and NTD control and will review progress made at its meeting in 2014.

75. Finally, the Global Network made advocacy trips to Brazil, Colombia, Guatemala, Honduras, and Peru, where information was shared on progress with national plans and the scale-up of program activities.

76. In addition to the direct work with PAHO reported above, the Sabin Vaccine Development Product Development Partnership (Sabin PDP) is researching and developing new vaccines for some of the most devastating diseases in the Region of the Americas, including hookworm, schistosomiasis, and Chagas' disease, to name only three. As a result of work with key partners in Brazil (one of the clinical trial sites is located in Minas Gerais) and Mexico, progress is being made on several fronts. In addition, Dr. Peter J. Hotez, President of Sabin, has launched the first school of tropical medicine in the United States under the umbrella of the Baylor College of Medicine in Houston, Texas, where the transmission of Chagas' disease was recently discovered. As emphasized in a recent discussion with PASB Director, Sabin PDP will be looking for opportunities to expand its interaction with PAHO in these areas.

U.S. Pharmacopeial Convention (USP)

77. In 2013, PAHO and USP carried out Step X of the performance evaluation phase (Phase II) of the External Quality Control Program (EQCP), a collaborative program initiated in 2001. In the current step, 26 Official Medicines Control Laboratories (OMCLs) in Latin America and the Caribbean participated in an analysis of pyrazinamide tablets (a WHO essential anti-tuberculosis medicine) according to USP/National Formulary standards. USP is currently reviewing the laboratory data and the results submitted by the participating OMCLs. Final results and review reports are expected to be released through PAHO in January 2014. In the context of the Pan American Network

for Drug Regulatory Harmonization (PANDRH), USP CEO Roger Williams and staff participated in the VII PANDRH Conference, held in Ottawa, Canada, on 5-7 September 2013 and actively supported the activities and deliverables of the PANDRH's Good Laboratory Practices Working Group (GLP-WG), of which USP is a member. PAHO and USP also collaborated on offering technical assistance with pharmacopeial standards.

78. For several years USP, in consultation with PAHO, has provided complimentary copies of the annual Spanish edition of USP-NF to national regulatory authorities and OMCLs in the Latin America countries to support their regulatory and compendial activities. Copies of the USP-NF in English have also been provided to non-Spanish speaking countries in the Region. The translation of USP-NF standards into Spanish continued to be monitored and guided by a panel of volunteer experts from several Latin American countries. On several occasions USP has responded to PAHO requests for assistance with reference standards and technical guidance for OMCLs in the Region

79. Within the framework of the Promoting the Quality of Medicines (PQM) program—a collaborative agreement between USAID and USP—a number of activities were coordinated with the PAHO Country Offices during 2013. In Colombia, the PAHO Office supported the coordination and implementation of a PQM regional training on the compendial analysis of the fixed-dose combination arthemether-lumefantrine. This hands-on laboratory training was conducted at the OMCL of the *Instituto Nacional de Vigilancia de Medicamentos y Alimentos* (National Institute of Food and Drug Surveillance–INVIMA), Colombia's Medicines Regulatory Agency (MRA), and was attended by 11 OMCL scientists, from Brazil, Colombia, Ecuador, Guyana, Peru, and Suriname (5-14 June 2013).

80. In Guatemala, PAHO supported the coordination of a PQM training activity on Good Manufacturing Practices (GMP) for personnel from the *Dirección de Regulación y Control de Productos Farmacéuticos y Afines* (Directorate for the Regulation and Control of Pharmaceutical and Related Products), Guatemala's MRA, held on 17-20 June 2013.

81. In Peru, the PAHO Office and the PQM program collaborated on the coordination and delivery of a workshop organized by the *Dirección General de Medicamentos, Insumos y Drogas* (Directorate General of Medicines, Supplies, and Drugs–DIGEMID), Peru's MRA, held on 2-3 September 2013. The workshop focused on the quality control of pharmaceuticals, medical devices, and health products in Peru and was attended by numerous private and governmental stakeholders. The attendees reviewed the country's installed capacity, considered implementation of the PQM-designed Three-Level Approach for monitoring the quality of medicines, and discussed effective partnerships towards strengthening the country's systems for medicines quality assurance and quality control.

World Association for Sexual Health (WAS)

82. In keeping with the WAS-PAHO work plan, the Association carried out a number of activities in partnership with PAHO during 2013.

- a) WAS attended the inauguration of Dr. Carissa Etienne, who has special links with WAS. Dr Etienne played an active role in drafting and finalizing the Sexual Health for the Millenium Declaration and its related technical document.
 - b) After successful completion in 2012 of a consultation to develop a Spanish version of the *Blueprint for the Provision of Comprehensive Care for Trans Persons and their Communities in Latin America and the Caribbean*, a semi-final version was produced. The final version was printed in El Salvador under the title *Por la salud de las personas trans: elementos para el desarrollo de la atención integral de las personas trans en Latinoamérica y el Caribe* and presented to the Vice Minister of Health, Dr. Violeta Menjivar.
 - c) The English version of the *Blueprint for the Provision of Comprehensive Care for Trans Persons and their Communities in Latin America and the Caribbean* was reviewed and a working version was developed for use in a Caribbean consultation.
 - d) WAS participated in and co-facilitated the Consultative Working Group Meeting for the Caribbean, which defined a strategy for key populations, particularly trans people, and finalized the English version of the Blueprint.
 - e) Working with AIDSTAR One and in consultation with PAHO, WAS played a major role in the development of a training manual on sexual health and diversity. This strategy is ready to roll out in collaboration with PAHO.
 - f) In September, WAS invited the Senior Advisor, HV/STI and Hepatitis, PASB, to organize and coordinate a symposium entitled “Sexual Health in the Context of Public Health” at the 21th World Congress on Sexual Health, held in Porto Alegre, Brazil. The session was attended by approximately 200 people and was videotaped for further dissemination. The Senior Advisor also chaired a session at the congress in representation of WHO.
 - g) The PAHO Technical Unit on HIV, Hepatitis, Tuberculosis, and Sexually Transmitted Infections initiated collaboration with WAS on the organization of a consultation on sexual rights as human rights, to be held in 2014.
83. WAS deeply appreciates the partnership and collaboration of PAHO staff and looks forward to continuing and increasing this collaboration in the coming years.

Latin American and Caribbean Women’s Health Network (LACWHN)

84. Progress in collaboration by LACWHN, in accordance with its lines of action, on the PAHO Plan of Action for Implementing Gender Equality Policy, is described below.
- a) Strengthening of women’s advocacy capacity in national and regional processes. In 2013, LACWHN provided information to its affiliates on effective participation in various forums at national and regional levels—for example: newsletters with updates on Network participation in various events, calls for action, various news bulletins; alerts on current issues; documents for discussion;

- regional campaigns to enlist the participation of regional and international civil society organizations in various global and regional intergovernmental contexts where new development agendas are being generated.
- b) Participation in the deliberations of regional women’s organizations, leading to broader and more effective participation by these organizations in international forums. Notable examples were the regional meeting that agreed on a Renewed Promise for the Americas, reducing inequities in reproductive, maternal, and children’s health (Panama); the First Meeting of the Regional Conference on Population and Development in Latin America and the Caribbean (Uruguay); and the XII Regional Conference on Women in Latin America and the Caribbean (Dominican Republic). At these meetings, LACWHN leadership helped to inspire Latin American organizations to continue their important dialogue with governments on achieving policy agreements aimed at fostering and accelerating gender equality in health as a fundamental requisite for achieving sustainable development. On 28 May 2013, PAHO and LACWHN for the first time jointly celebrated the International Day of Action for Women’s Health, recognizing and rewarding good practices in integration of the gender equality perspective into health in Latin America.
 - c) Strengthening of capacity to promote a cross-cutting gender equality perspective in health within the framework of diversity and human rights. Various LACWHN affiliates have participated in virtual courses with tutoring offered by PAHO through its Virtual Campus for Public Health in both Spanish and in English. In addition to building capacity in the Region, these programs have led to the formation and strengthening of participant networks.
 - d) Participation in the PASB Technical Advisory Group on Gender Equality and Health (TAG GEH). LACWHN is an active member of the group, which devoted its 2013 meeting to delineating the scope of work and the evaluation process for the PAHO Plan of Action for Implementing Gender Equality Policy.

**SCHEDULE OF SPBA REVIEWS OF NONGOVERNMENTAL
ORGANIZATIONS IN OFFICIAL RELATIONS WITH PAHO**

(as of 8 January 2014)

Name	Date Admitted	Last Reviewed	Term (Years)	Scheduled to be Reviewed
American Public Health Association (APHA)// <i>Asociación Estadounidense de Salud Pública</i>	2013			2017
EMBARQ - World Resources Institute Center for Sustainable Transport// <i>EMBARQ - Centro del Instituto de Recursos Mundiales para el Transporte Sustentable</i>	2010	2010	4	2014
Healthy Caribbean Coalition (HCC)	2012	-	4	2016
Inter American Society of Cardiology (IASC)// <i>Sociedad Interamericana de Cardiología (SIAC)</i>	2012	-	4	2016
International Organisation of Consumers Unions// <i>Organización Internacional de Asociaciones de Consumidores (CI-ROLAC)</i>	1996	2008	-	Discontinued
Latin American Confederation of Clinical Biochemistry// <i>Confederación Latinoamericana de Bioquímica Clínica (COLABIOCLI)</i>	1988	2010	4	2014
Latin American Union against Sexually Transmitted Diseases// <i>Unión Latinoamericana contra las Enfermedades de Transmisión Sexual (ULACETS)</i>	1986	2004	-	Discontinued
National Alliance for Hispanic Health // <i>Alianza Nacional para la Salud de los Hispánicos</i>	1996	2010	4	2014
Inter American College of Radiology// <i>Colegio Interamericano de Radiología (CIR)</i>	1988	2008	4	2016

Name	Date Admitted	Last Reviewed	Term (Years)	Scheduled to be Reviewed
Latin American Association of Pharmaceutical Industries// <i>Asociación Latinoamericana de Industrias Farmacéuticas</i> (ALIFAR)	2000	2008	4	2016
Latin American Federation of Hospitals// <i>Federación Latinoamericana de Hospitales</i> (FLH)	1979	2008	4	2016
Pan American Federation of Associations of Medical Schools (PAFAMS)// <i>Federación Panamericana de Asociaciones de Facultades (Escuelas) de Medicina</i> (FEPAFEM)	1965	2008	4	2016
Pan American Federation of Nursing Professionals// <i>Federación Panamericana de Profesionales de Enfermería</i> (FEPPEN)	1988	2008	4	2016
American Society for Microbiology (ASM)// <i>Sociedad Estadounidense de Microbiología</i>	2001	2013	4	2017
Inter-American Association of Sanitary and Environmental Engineering// <i>Asociación Interamericana de Ingeniería Sanitaria y Ambiental</i> (AIDIS)	1995	2013	4	2017
InterAmerican Heart Foundation (IAHF)// <i>Fundación InterAmericana del Corazón</i>	2002	2011	4	2015
Latin American and Caribbean Women's Health Network (LACWHN)// <i>Red de Salud de las Mujeres Latinoamericanas y del Caribe</i> (RSMLAC)	2004	2008	4	2016
International Diabetes Federation (IDF)// <i>Federación Internacional de la Diabetes</i> (FID)	1996	2013	4	2017

Name	Date Admitted	Last Reviewed	Term (Years)	Scheduled to be Reviewed
Latin American and Caribbean Association of Public Health Education// <i>Asociación Latinoamericana y del Caribe de Educación en Salud Pública</i> (ALAESP)	1985	2009	-	Discontinued
Latin American Federation of the Pharmaceutical Industry// <i>Federación Latinoamericana de la Industria Farmacéutica</i> (FIFARMA)	1979	2013	4	2017
March of Dimes	2001	2013	4	2017
Sabin Vaccine Institute (SVI)// <i>Instituto de Vacunas Sabin</i>	2011	2011	4	2015
United States Pharmacopeial Convention (USP)// <i>Farmacopea de los Estados Unidos</i>	1997	2013	4	2017
World Association for Sexual Health (WAS formerly the World Association for Sexology)// <i>Asociación Mundial de Salud Sexual (antes llamada "Asociación Mundial de Sexología")</i>	2001	2013	4	2017
Medical Confederation of Latin America and the Caribbean// <i>Confederación Médica Latinoamericana y del Caribe</i> (CONFEMEL)	2005	2007	-	Discontinued

154th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 16-20 June 2014

CEI54/6, Rev. 1
Annex B
Original: English

PROPOSED RESOLUTION

NONGOVERNMENTAL ORGANIZATIONS IN OFFICIAL RELATIONS WITH PAHO

THE 154th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report of the Subcommittee on Program, Budget, and Administration on *Nongovernmental Organizations in Official Relations with PAHO* (Document CEI54/6, Rev. 1);

Mindful of the provisions of the *Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations,*

RESOLVES:

1. To renew official relations between PAHO and the following nongovernmental organizations for a period of four years:
 - a) the Latin American Federation of Clinical Biochemistry (COLABIOCLI), [conditioned to the presentation of a four-year collaborative work plan]
 - b) the EMBARQ program of the World Resources Institute for Sustainable Transport,
 - c) the National Alliance for Hispanic Health (NAHH).
 2. To admit the following nongovernmental organizations into official relations with PAHO for a period of four years:
 - a) the American College of Health Care Executives (ACHE),
 - b) the American Speech Language Hearing Association (ASHA),
-

- c) the Consumers International Regional Office for Latin America and the Caribbean (CIROLAC).
- 3. To take note of the progress report on the status of relations between PAHO and nongovernmental organizations.
- 4. To request the Director to:
 - a) advise the respective nongovernmental organizations of the decisions taken by the Executive Committee;
 - b) continue developing dynamic working relations with inter-American nongovernmental organizations 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 nongovernmental organizations working in the field of health.

Report on the Financial and Administrative Implications of the Proposed Resolution for PASB

1. Agenda item: 3.3 - Nongovernmental Organizations in Official Relations with PAHO.

2. Linkage to Program and Budget: This resolution proposes continuing official relations with three nongovernmental organizations (NGOs) whose collaborative relationship was reviewed. It furthermore proposes establishing official relations with three new nongovernmental organizations. All its collaborative work plans should be linked to one of the categories or program areas of the Strategic Plan of PAHO.

• **American College of Health Care Executives (ACHE):**

a) **Category:** 4, Health Systems

Strengthening health systems based on primary care; focusing health governance and financing toward progressive realization of universal health coverage; organizing people-centered, integrated service delivery; promoting access to and rational use of health technologies; strengthening health information and research systems and the integration of evidence into health policies and health care; facilitating transfer of knowledge and technologies; and developing human resources for health.

b) **Program areas and outcomes:** 4.2, People-Centered, Integrated, Quality Health Services
OPT 4.2.1 and 4.2.2

Policy options, tools, and technical guidance provided to countries to enhance equitable people-centered, integrated service delivery and strengthening of public health approaches.

Countries enabled to improve quality of care and patient safety in accordance with PAHO/WHO guidelines.

• **American Speech-Language-Hearing Association (ASHA):**

a) **Category:** 2, Noncommunicable Diseases and Risk Factors

Reducing the burden of noncommunicable diseases, including cardiovascular diseases, cancers, chronic lung diseases, diabetes, and mental health disorders, as well as disability, violence, and injuries, through health promotion and risk reduction, prevention, treatment, and monitoring of noncommunicable diseases and their risk factors.

b) **Program area and outcome:** 2.4, Disabilities and Rehabilitation

i. Support governments in providing access for people with disabilities to all key services; invest in programming to meet specific identified needs of people with disabilities; and adopt a national disability strategy and plan of action.

ii. Support the development of national eye, ear, and oral health policies, plans, and

programs, and strengthen service delivery as part of wider health system capacity building.

- **Consumers International Regional Office for Latin America and the Caribbean (CIROLAC):**

- a) **Category:** 2, Noncommunicable Diseases and Risk Factors

- Reducing the burden of noncommunicable diseases, including cardiovascular diseases, cancers, chronic lung diseases, diabetes, and mental health disorders, as well as disability, violence, and injuries, through health promotion and risk reduction, prevention, treatment, and monitoring of noncommunicable diseases and their risk factors.

- b) **Program area and outcome:** 2.2, Mental Health and Psychoactive substance use Disorders

- i. Strengthen national capacity in the area of mental health and substance use to provide responsive treatment and care and social welfare in community-based services.
 - ii. Protect and promote the human rights of people with mental health conditions against human rights violations and gender-based discrimination.

- **Latin American Federation of Clinical Biochemistry (COLABIOCLI):**

- a) **Category:** 5, Preparedness, Surveillance, and Response

- Reducing mortality, morbidity, and societal disruption resulting from epidemics, disasters, conflicts, and environmental and food-related emergencies by focusing on risk reduction, preparedness, response, and recovery activities that build resilience and use a multisectoral approach to contribute to health security.

- b) **Program areas and outcomes:** 5.2.2

- Countries with improved disease control, prevention, treatment, surveillance, risk assessment, and risk communications.

- **World Resources Institute for Sustainable Transport (EMBARQ):**

- a) **Category:** 2, Noncommunicable Diseases and Risk Factors

- Reducing the burden of noncommunicable diseases, including cardiovascular diseases, cancers, chronic lung diseases, diabetes, and mental health disorders, as well as disability, violence, and injuries, through health promotion and risk reduction, prevention, treatment, and monitoring of noncommunicable diseases and their risk factors.

- b) **Program areas and outcomes:** Noncommunicable Diseases and Mental Health/Risks Factors (NMH/RF)

- **National Alliance for Hispanic Health (NAHH):**

- a) **Category:** 2, Noncommunicable Diseases and Risk Factors

- Reducing the burden of noncommunicable diseases, including cardiovascular diseases, cancers, chronic lung diseases, diabetes, and mental health disorders, as well as disability, violence, and injuries, through health promotion and risk reduction, prevention, treatment, and monitoring of noncommunicable diseases and their risk factors.

b) Program areas and outcomes: 2.1, Noncommunicable diseases and Risk Factors
 OCM 2.1
 Increased access to interventions to prevent and manage noncommunicable diseases and their risk factors.

3. Financial implications:

• **ACHE:**

- a) **Total estimated cost for implementation over the lifecycle of the resolution (estimated to the nearest US\$ 10,000, including staff and activities):** None.
- b) **Estimated cost for the biennium 2014-2015 (estimated to the nearest US\$ 10,000, including staff and activities):** None.
- c) **Of the estimated cost noted in b), what can be subsumed under existing programmed activities?:** None.

• **ASHA:**

- a) **Total estimated cost for implementation over the lifecycle of the resolution (estimated to the nearest US\$ 10,000, including staff and activities):** \$44,800.
- b) **Estimated cost for the biennium 2014-2015 (estimated to the nearest US\$ 10,000, including staff and activities):** \$11,200.
- c) **Of the estimated cost noted in b), what can be subsumed under existing programmed activities?** \$3,200.

• **CIROLAC:**

- a) **Total estimated cost for implementation over the lifecycle of the resolution (estimated to the nearest US\$ 10,000, including staff and activities):** \$10,000.
- b) **Estimated cost for the biennium 2014-2015 (estimated to the nearest US\$ 10,000, including staff and activities):** \$3,000.
- c) **Of the estimated cost noted in b), what can be subsumed under existing programmed activities?** \$10,000.

• **COLABIOCLI:**

- a) **Total estimated cost for implementation over the lifecycle of the resolution (estimated to the nearest US\$ 10,000, including staff and activities):** \$20,000.
- b) **Estimated cost for the biennium 2014-2015 (estimated to the nearest US\$ 10,000, including staff and activities):** \$10,000.
- c) **Of the estimated cost noted in b), what can be subsumed under existing programmed activities?** \$10,000.

• **EMBARQ:**

- a) **Total estimated cost for implementation over the lifecycle of the resolution (estimated to the nearest US\$ 10,000, including staff and activities):** \$15,000.
- b) **Estimated cost for the biennium 2014-2015 (estimated to the nearest US\$ 10,000, including staff and activities):** \$15,000.

<p>c) Of the estimated cost noted in b), what can be subsumed under existing programmed activities? All of them.</p> <ul style="list-style-type: none"> • NAHH: <ul style="list-style-type: none"> a) Total estimated cost for implementation over the lifecycle of the resolution (estimated to the nearest US\$ 10,000, including staff and activities): None. b) Estimated cost for the biennium 2014-2015 (estimated to the nearest US\$ 10,000, including staff and activities): None. c) Of the estimated cost noted in b), what can be subsumed under existing programmed activities? None.
<p>4. Administrative implications:</p> <ul style="list-style-type: none"> • ACHE: <ul style="list-style-type: none"> a) Indicate the levels of the Organization at which the work will be undertaken: Health Systems and Services/Health Systems and Access (HSS/HS) at the Regional Office. b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile): None. c) Time frames (indicate broad time frames for the implementation and evaluation): Two years. • ASHA: <ul style="list-style-type: none"> a) Indicate the levels of the Organization at which the work will be undertaken: <i>Regional:</i> Develop work plan to strengthen the knowledge and capacity building of professionals, institutions and/or organizations that address communication disorders in the areas of speech, language, swallowing, hearing and rehabilitation at the selected countries, mobilize resources. <i>Country level:</i> To assist selected countries in reviewing their national strategic plans related rehabilitation, including early detection and intervention, of communication disorders, phonoaudiology and making recommendations to ensure the mechanisms to address the communication needs of their citizens. b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile): None required. c) Time frames (indicate broad time frames for the implementation and evaluation): Four years. • CIROLAC: <ul style="list-style-type: none"> a) Indicate the levels of the Organization at which the work will be undertaken: Regional, Subregional and Country level. b) Additional staffing requirements (indicate additional required staff full-time

equivalents, noting necessary skills profile):

None.

c) Time frames (indicate broad time frames for the implementation and evaluation):

4 years.

• **COLABIOCLI:**

a) Indicate the levels of the Organization at which the work will be undertaken:

Regional, Subregional and Country levels: Laboratory Services and Networking.

b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):

Communicable Diseases and Health Analysis/IHR, Epidemic Alert and Response, and Water Borne Diseases (CHA/IR) current staffing.

c) Time frames (indicate broad time frames for the implementation and evaluation):

4 years.

• **EMBARQ:**

a) Indicate the levels of the Organization at which the work will be undertaken:

Noncommunicable Diseases and Mental Health/Risk Factors (NMH/RF).

b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):

Collaboration with Road Safety.

c) Time frames (indicate broad time frames for the implementation and evaluation):

Two years.

• **NAHH:**

a) Indicate the levels of the Organization at which the work will be undertaken:

Regional.

b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):

None.

c) Time frames (indicate broad time frames for the implementation and evaluation):

Four years.



ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL MANDATES

1. **Agenda item:** 3.3 - Nongovernmental Organizations in Official Relations with PAHO.
2. **Responsible unit:** External Relations, Resource Mobilization, and Partnerships (DD/ERP).
3. **Preparing officer:** Mr. James Hill, Advisor, DD/ERP, with the following PAHO technical focal points:
 - **American College of Health Care Executives (ACHE):** Dr. Reynaldo Holder, PAHO Advisor on Hospital & Integrated Health Care Delivery
 - **American Speech-Language-Hearing Association (ASHA):** Dr. Armando Vasquez Barrios, PAHO Regional Advisor on Disability and Rehabilitation
 - **Consumers International Regional Office for Latin America and the Caribbean (CIROLAC):** Dr. Branka Legetic, PAHO Advisor on Noncommunicable Diseases
 - **Latin American Federation of Clinical Biochemistry (COLABIOCLI):** Dr. Jean-Marc Gabastou, PAHO Advisor for Public Health Laboratory Services
 - **World Resources Institute for Sustainable Transport (EMBARQ):** Dr. Enrique Jacoby, PAHO Advisor on Nutrition and Physical Activity
 - **National Alliance for Hispanic Health (NAHH):** Dr. Pedro Orduñez, PAHO Advisor on Chronic Diseases
4. **List of collaborating centers and national institutions linked to this Agenda item:**
 - International Diabetes Federation (IDF):
 - American College of Healthcare Executives (ACHE)
 - Instituto Nacional de Rehabilitación de México. CC OPS/OMS para la investigación y rehabilitación médica.
 - Instituto Nacional de Rehabilitación JJ. Arvelo. Venezuela.
 - Centro de Investigación y Asesoría en Discapacidad, Escuela de Salud Pública, Universidad de Córdoba. Argentina.
 - Instituto Nacional de Rehabilitación Dra. Adriana Rebas Flores. Lima, Perú.
 - Instituto Nacional de Rehabilitación Pedro Aguirre Cerda. Santiago, Chile.

- Escuela de Salud Pública de Guadalajara, México.
- Centro Nacional de Rehabilitación. San José, Costa Rica.
- Hospital Nacional de Rehabilitación Julio Díaz, La Habana, Cuba.
- Instituto Nacional de Rehabilitación Psico-física del Sur. Mar del Plata, Argentina.
- Escuela de Salud Pública y Escuela de Terapia Ocupacional de la Universidad de Chile.
- Santiago, Chile.
- Centro Mexicano de Clasificación de Enfermedades y el Centro Colaborador para la Familia de Clasificaciones Internacionales de la OMS en México (CEMECE).
- Universidad de Sao Paulo (Trabajo conjunto en materia de aplicación de la CIF).
- Universidad Don Bosco, Facultad de Ciencias de la Rehabilitación. San Salvador, El Salvador.
- Consumers International.
- Ministry of Health, Departments of Normatization and National Public Health Laboratory Services of Latin American Member States.
- WHO Office in Lyon, France.
- Centers for Disease Control (CDC), Atlanta, USA.
- CDC, Portland WHO Collaborating Centers on sustainable urban development
- National Alliance for Hispanic Health.

5. Link between Agenda item and Health Agenda for the Americas 2008-2017:

- **American College of Health Care Executives (ACHE):**
Area of Action C: Increasing Social Protection and Access to Quality Health Services: (paragraph 50).
Area of Action F: Strengthening the Management and Development of Health Workers: (paragraph 61, 63, 64).
- **American Speech-Language-Hearing Association (ASHA):**
Statement of intent: Paragraphs 2, 3, 5 and 6; Principles and values: Paragraphs 9, 10, 11 and 12; Situation analysis and health trends in the Americas: Paragraphs 14, 16, 19, 20, 22, 25, 26, 27, 28, 31, 32 and 33; Areas of action: Subsections a, b, c, d, e, g, and h.
- **Latin American Federation of Clinical Biochemistry (COLABIOCLI):**
Principles and Values No. 9: Human rights, universality, access and inclusion 14, 22, 29, 36, 39, 44, 58, 64, 70, 72.
- **World Resources Institute for Sustainable Transport (EMBARQ):**
Non-communicable diseases and promotion of physical activity.
- **National Alliance for Hispanic Health (NAHH):**
Area of Action E: Reducing the Risk and Burden of Disease, specifically the prevention and control of non-communicable diseases, which have become the principal cause of morbidity and mortality in the Region.

6. Link between Agenda item and Strategic Plan 2014-2019:

- **American College of Health Care Executives (ACHE):**
Category 4, Health Systems
Programmatic Area 4.2, People Centered, Integrated, Quality Health Services.
OPT 4.2.1 and 4.2.2.
- **American Speech-Language-Hearing Association (ASHA):**
Category 2, Noncommunicable diseases and Risk Factors.
Programmatic area 2.4 Disability and Rehabilitation.
Indicator 2.4.1.
- **Consumers International Regional Office for Latin America and the Caribbean (CIROLAC):**
Category 2, Noncommunicable Diseases and Risk Factors.
- **Latin American Federation of Clinical Biochemistry (COLABIOCLI):**
Category 5, Preparedness, Surveillance, and Response.
- **World Resources Institute for Sustainable Transport (EMBARQ):**
Category 2, Noncommunicable Diseases and Risk Factors.
- **National Alliance for Hispanic Health (NAHH):**
Category 2, Noncommunicable Diseases and Risk Factors.

7. Best practices in this area and examples from countries within the Region of the Americas:

- **American College of Health Care Executives (ACHE):**
 - ACHE, founded in 1933, is an international professional society of more than 40,000 healthcare executives who lead hospitals, healthcare systems and other healthcare organizations. ACHE offers its prestigious FACHE credential, signifying board certification in healthcare management.
 - The Canadian College of Health Leaders (CCHL), is a national, member-driven, non-profit association dedicated to ensuring that the country's health system benefits from capable, competent and effective leadership. CCHL offers two professional certification programs: The Certified Health Executive Program, and a Fellowship Program for leaders in different levels of the health system.
 - Both ACHE and CCHL have successfully implemented for many years, programs for certification and accreditation of healthcare managers.
- **American Speech-Language-Hearing Association (ASHA):**
 - Venezuela: Development program for comprehensive health care for people with disabilities from the Ministry of Health (PASDIS).
 - Argentina: Hearing Care Program, Ministry of Health.
 - Chile: Rehabilitation Program of communication disorders, Ministry of Health.
 - Mexico: National Institute of Rehabilitation, Rehabilitation pathology of human communication (training of specialized human resources).

- **Consumers International Regional Office for Latin America and the Caribbean (CIROLAC):**
http://www.paho.org/hq/index.php?option=com_content&view=article&id=2015&Itemid=4024&lang=en.
 - **Latin American Federation of Clinical Biochemistry (COLABIOCLI):**
Quality Management Systems & Good Laboratory Practices. COLABIOCLI Member Countries (Latin America).
 - **World Resources Institute for Sustainable Transport (EMBARQ):**
There are 8 countries in the Region that are undertaking transport initiatives that are contributing to both, preserve and enhance physical activity levels. Examples: Colombia, Brazil, Argentina, Chile, Mexico, Ecuador, USA, Guatemala.
- 8. Financial implications of this Agenda item:**
- The collaborative work plans of most these NGOs in official relations with PAHO are financed by the approved budget of the relevant technical areas or by the NGOs' budgets; there are no financial implications beyond the approved Biennial Work Plan in excess of \$10,000.
