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NON-STATE ACTORS IN OFFICIAL RELATIONS WITH PAHO

Report of the Subcommittee on Program, Budget, and Administration

Introduction

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

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

4. Based on its review of the application for admission into official relations, the Bureau considered that the application submitted by the non-State actor Campaign for Tobacco-Free Kids (CTFK) met the requirements and was therefore presented for consideration by the Executive Committee through the Subcommittee.
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5. The information submitted by the non-State actor in support of its application was made available to the Subcommittee in a background document. The 15th Session of the Subcommittee, composed of the Delegates of Barbados, Canada, Ecuador, Guatemala, Mexico, United States of America and Uruguay, considered the application and background paper prepared by the Bureau. An updated report is provided in Annex A.

6. The Subcommittee recommends establishing official relations with the Campaign for Tobacco-Free Kids.

Review of Non-State Actors in Official Relations with PAHO

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

8. Currently, there are 27 non-State actors in official relations with PAHO. The Bureau conducts an assessment of each entity when its official relations status comes up for renewal, with approximately one-third of the non-State actors to be assessed each year. This year, nine entities are up for renewal: Action on Smoking and Health; American Speech-Language-Hearing Association; Drugs for Neglected Diseases Initiative - Latin America; Framework Convention Alliance; InterAmerican Heart Foundation; Latin American Federation of the Pharmaceutical Industry; Latin American Society of Nephrology and Hypertension; National Alliance for Hispanic Health; and Sabin Vaccine Institute. The Director submitted a report to the 15th Session of the Subcommittee on these nine entities. An updated report is provided in Annex B.

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

10. The Subcommittee recommends that official relations with the following nine non-State actors be maintained through 2023: Action on Smoking and Health; American Speech-Language-Hearing Association; Drugs for Neglected Diseases Initiative - Latin America; Framework Convention Alliance; InterAmerican Heart Foundation; Latin American Federation of the Pharmaceutical Industry; Latin American Society of Nephrology and Hypertension; National Alliance for Hispanic Health; and Sabin Vaccine Institute.

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

Action by the Executive Committee

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

Annexes

Annex A

**APPLICATIONS OF NON-STATE ACTORS FOR
ADMISSION INTO OFFICIAL RELATIONS WITH PAHO**

The Subcommittee recommends admission into official relations with PAHO for the following non-State actor:

Campaign for Tobacco-Free Kids

1. Established in 1996, the Campaign for Tobacco-Free Kids (CTFK) is an advocacy organization working to reduce tobacco use and its deadly consequences in the United States and around the world. Through strategic communications and policy advocacy campaigns, CTFK promotes the adoption of proven solutions that are most effective in reducing tobacco use and other major preventable causes of premature death to improve public health and save lives.
2. Over the past two years, the following activities have been carried out jointly by CTFK and PAHO:
 - a) CTFK has supported the PAHO Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018-2022 (Document CSP29/11), particularly the efforts to advance the adoption of smoke-free laws and bans on tobacco advertising, promotion, and sponsorship (TAPS).
 - b) CTFK collaborated with PAHO in the 10th Workshop on Law and Tobacco Control for Latin America, “New Products Regulation,” held in Washington, DC, on 10-13 June 2018, and the 11th Workshop on Law and Tobacco Control for Latin America, “Towards the Effective Implementation of the FCTC in Latin America: Smoke Free Environments, Complete TAPS Ban and New Products,” held in Mexico City on 14-16 October 2019. For both events, CTFK coordinated logistics and PAHO sponsored the event in partnership with The Union Latin America Office (International Union against Tuberculosis and Lung Disease) and the O’Neill Institute for National and Global Health Law at Georgetown University. These workshops helped build capacity in legal issues, with an emphasis on legal challenges to implementation of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) presented by e-cigarettes, heated tobacco products, and other new products that tobacco companies are introducing in the Region.
 - c) CTFK also supported PAHO in organizing two workshops on tobacco taxes and the economics of tobacco control in Washington, DC. The first, held 5-7 February 2018, was titled “Training on Economics of Tobacco Control for Researchers, Government Officials, and Advocates in Latin America and the Caribbean.” The second, “Simulating Tobacco Tax Increases and Measuring Illicit Trade of Tobacco

Products in Latin America and the Caribbean,” was held 9-11 July 2019. These workshops were developed to provide capacity building and evidence to promote excise taxes on tobacco products as a control measure and to encourage implementation in Latin America and the Caribbean of the FCTC and the Protocol to Eliminate Illicit Trade in Tobacco Products.

- d) CTFK and PAHO signed agreements in 2018 and 2020 aiming to reduce the demand for and offer of processed and ultra-processed food and drink products high in critical nutrients with a view to improving nutrition and curbing the obesity epidemic in Latin America and the Caribbean.

3. The following activities are proposed for the next three years (2021-2023) under the work plan for collaboration between CTFK and PAHO:

- a) Strengthen tobacco control capacity in countries of the Region through the dissemination of good practices among government officials, academia, and civil society organizations (CSOs); trainings on tobacco taxes; best legal practices for tobacco control lawyers; effective communication strategies, including publications (regional reports on new products and industry interference), public hearings (advice to national congresses considering tobacco legislation), and consultations; and participation in the Region of the Americas pre-COP meeting ahead of the Conference of the Parties (COP) to the FCTC.
- b) Support PAHO efforts to reduce the demand for and offer of sugar-sweetened beverages and energy-dense nutrient-poor products following strategies of the Plan of Action for the Prevention of Obesity in Children and Adolescents (Document CD53/9, Rev.2).
- c) Collaborate on activities to implement the Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020-2025 (Document CD57/8) by supporting the adoption of effective policies to ban trans-fatty acids.

Annex B

REVIEW OF EXISTING COLLABORATION WITH NON-STATE ACTORS IN OFFICIAL RELATIONS WITH PAHO

The Subcommittee recommends continuation of official relations status for the following nine non-State actors:

Action on Smoking and Health

1. Action on Smoking and Health (ASH), founded in 1967, is an anti-tobacco organization dedicated to a world with zero tobacco deaths. The organization's focus has been the development and implementation of the World Health Organization Framework Convention on Tobacco Control, elevating the tobacco epidemic as a development priority through United Nations Sustainable Development Goals, and advancing innovative strategies for health. ASH works both domestically and globally to support bold solutions proportionate to the magnitude of the tobacco epidemic.
 2. Over the past three years, ASH carried out the following activities under the work plan for collaboration between ASH and PAHO:
 - a) Raised awareness of tobacco as a key factor contributing to the prevalence of noncommunicable diseases (NCDs) and increased inclusion of tobacco control in NCD forums.
 - b) Promoted implementation of the Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018-2022 (Document CSP29/11) and advanced the use of the WHO FCTC and other global mechanisms to promote tobacco and nicotine interventions.
 - c) Encouraged the adoption of tobacco control objectives by global human rights bodies as well as collaboration among health and human rights mechanisms to reduce tobacco use. The collaborative work plan between ASH and PAHO provided the public health community with concrete actions addressing the use of human rights mechanisms to advance tobacco control.
 3. The following activities are proposed for the next three years (2021-2023) under the collaborative work plan between ASH and PAHO:
 - a) Raise awareness of Project Sunset, a campaign to phase out the sale of commercial cigarettes and drive toward a smoke-free world with zero tobacco deaths and promote the project's feasibility across the Region. This activity will include:
 - Work to identify and educate Latin American nongovernmental organizations (NGOs), regulators, and policy makers on the concept of Project Sunset and
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develop regional advocacy materials, a coalition database, white papers, policy documents, a resource hub, and press releases.

- Provide technical assistance to advocates and coordinate national and global steering committees (coalition building) to ensure buy-in and strategic direction from partner organizations in cross-cutting sectors.
- b) Encourage the adoption of tobacco control objectives by global human rights bodies as well as collaboration among health and human rights mechanisms to reduce tobacco use. The collaborative work plan between ASH and PAHO will provide the public health community with concrete actions addressing the use of human rights mechanisms to advance tobacco control.
- c) Raise awareness of the pervasive influence of the tobacco industry on public health and tobacco control through research, data collection, and consultation with tobacco control partners, advocates, and policy makers. These efforts should result in the publication and dissemination of an annual tobacco industry interference report that highlights activities by the industry before, during, and after the rise of the COVID-19 pandemic.

American Speech-Language-Hearing Association

4. The American Speech-Language-Hearing Association (ASHA), founded in 1925, is the national professional, scientific, and credentialing association for 211,000 members and affiliates seeking to make effective communication a human right that is accessible and achievable for all. ASHA's mission is to empower and support audiologists, speech-language pathologists, and speech, language, and hearing scientists by advancing science, setting standards, fostering excellence in professional practice, and advocating for its members and those they serve.

5. Over the past three years, the following activities were carried out under the work plan for collaboration between ASHA and PAHO:

- a) Technical cooperation with the Bahamas, Belize, Ecuador, and Paraguay to develop capacities in the field of communication disorders.
- b) Joint analysis on the needs of, and services available to, individuals with communication disorders living in Latin America and the Caribbean.

6. The following activities are proposed for the next three years (2021-2023) under the collaborative work plan between ASHA and PAHO:

- a) Continue technical cooperation on communication disorders in Ecuador and the Bahamas. This includes continued provision of technical assistance to the Ministry of Public Health of Ecuador to educate service providers on communication disorders, and to the Ministry of Health of Bahamas, the Ministry of Education of Bahamas, and the University of the Bahamas to develop a speech-language pathology program.

- b) Expand the collaboration between ASHA and PAHO on technical cooperation to develop capacities on communications disorders in at least two new countries of the Region.
- c) Carry out joint analysis between ASHA and PAHO on the needs of, and availability of services to, individuals with communications disorders in the participating countries of the Region.

Drugs for Neglected Diseases Initiative - Latin America

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

8. Over the past three years, DNDi carried out the following activities under the work plan for collaboration between DNDi and PAHO:

- a) Strengthened the surveillance and control of Chagas disease through integration of Chagas diagnosis and treatment into health systems and through work with partners to implement the PAHO EMTCT Plus strategy (for the elimination of mother-to-child transmission of HIV, syphilis, Chagas, and hepatitis B) in selected countries of the Americas.
- b) Organized events and information exchange to increase awareness of hepatitis C in the Region and to promote public health approaches for scaling up access to diagnosis and treatment of the disease, including simplified models of care.
- c) Raised awareness and shared information on policy options to incorporate medicines price transparency in relevant regional debates.
- d) Supported the implementation of PAHO treatment recommendations for cutaneous/mucosal leishmaniasis, visceral leishmaniasis (VL), and HIV-VL coinfection, mostly by developing activities aiming at reducing VL lethality in Brazil.

9. The following activities are proposed for the next three years (2021-2023) under the collaborative work plan between DNDi and PAHO:

- a) Leishmaniasis:
 - Support PAHO initiatives to improve access to diagnosis and treatment of leishmaniasis cases, collaborating in the evaluation of local interventions (thermotherapy and intralesional meglumine antimoniate) for the treatment of uncomplicated cutaneous leishmaniasis in Central America and Mexico, following PAHO treatment recommendation guidelines for the Americas.

- Support analysis of global medicine demand and validation of a demand forecasting tool in order to support global production and supply.
 - Support PAHO efforts to reduce the VL lethality rate by 50% in the Region, collaborating in the planning of a study to evaluate the implementation of liposomal amphotericin B as a first-line treatment for VL in Brazil.
 - Contribute to the generation of evidence on treatment of cutaneous leishmaniasis in special populations (children under 10 years and adults above 60 years) and in HIV-VL patients.
- b) Chagas disease:
- Review and propose innovative, sustainable, and quality interventions for the care of people with Chagas disease, contributing to an increase in diagnosis and treatment at the primary health care level, following PAHO guidelines for the diagnosis and treatment of Chagas disease.
 - Catalyze the articulation of Chagas programs with HIV, sexually transmitted infections, and viral hepatitis programs in the context of maternal health, in accordance with the technical document for EMTCT Plus.
 - Review and propose, following PAHO guidelines for the diagnosis and treatment of Chagas disease, appropriate strategies for testing and treating women of childbearing age in specific epidemiological settings.
 - Simplify the diagnosis of congenital Chagas and develop cost-benefit analysis of universal testing of pregnant women in endemic countries.
- c) Health systems, services, medicines, and health technologies:
- Promote alternative models of research and development (R&D) that address health needs and delink costs of R&D from the prices of health products.
 - Promote discussions and policy actions for improving medicines price transparency, including through information on the total cost of production and R&D and on trends, as well as price disclosure and a better understanding of costs and price structure.
 - Promote strategies and policies to improve pricing outcomes and efficiency and address access barriers, including pooled procurement approaches for neglected tropical diseases and use of Trade-Related Aspects of Intellectual Property Rights (TRIPS) flexibilities.
 - Develop a joint assessment of barriers to access to medicines and diagnosis for neglected tropical diseases in key countries, particularly for Chagas disease.
- d) Hepatitis C:
- Support actions to facilitate access to affordable diagnosis and treatments for hepatitis C virus, including through analysis of investment cases.

- Promote actions to identify and address access barriers to hepatitis C virus treatments and diagnosis.
- Support actions taken by PAHO and its Member States to develop simplified models of care for hepatitis C virus infection.

Framework Convention Alliance

10. The Framework Convention Alliance (FCA) was created in 1999 and formally established in 2013 to help strengthen the WHO Framework Convention on Tobacco Control and support its full and accelerated implementation worldwide. FCA is made up of nearly 500 organizations from over 100 countries. The alliance is a leading advocate for including the WHO FCTC and global tobacco control in the international health and development framework, including the Sustainable Development Goals (SDGs) adopted by the United Nations General Assembly in 2015.

11. Over the past three years, FCA carried out the following activities under the work plan for collaboration between FCA and PAHO:

- a) Organized several events to implement the WHO FCTC, focused on political decision makers and supported by online publications, policy briefings, webinars, and reports. FCA supported PAHO on a regional webinar for debriefing the Meeting of the Parties 1 (MOP1) by providing a civil society perspective.
- b) Provided direct assistance to tobacco control advocates and government representatives to increase awareness and support to countries on WHO FCTC implementation and tobacco control.
- c) Organized several webinars and online training seminars:
 - Webinar on tobacco and cardiovascular health.
 - Webinar on FCTC Article 14, addressing innovative measures to promote smoking cessation in Latin America.
 - Webinar on tobacco control for government and civil society representatives.
 - Online leadership and training seminar on the prevention and control of noncommunicable diseases in the Dominican Republic.
 - Regional webinar to support development of a medium-term strategic framework to accelerate implementation of the FCTC, as called for in COP7 decision FCTC/COP7 (2018).
- d) Promoted integration of the FCTC in national development plans, inclusion of the FCTC in the SDGs debate, and efforts to turn global commitments into meaningful national action. FCA worked with a number of PAHO Member States across the Region to deepen their understanding of the links between tobacco and sustainable development and to ensure that SDG Target 3.a on FCTC implementation was included in the voluntary national reviews (VNRs) of progress toward achieving

the SDGs that are presented each year at the high-level political forum on this topic. In addition, FCA was commissioned in 2020 by the FCTC Secretariat to develop a guide for national governments on how to include SDG Target 3.a in their VNRs. This guide has now been published online. FCA has worked with two Member States in the Americas in particular on the development of this guide, which features case studies of work done in Panama and Jamaica.

12. The following activities are proposed for the next three years (2021-2023) under the collaborative work plan between FCA and PAHO:

- a) Activities to increase capacity of government and civil society representatives:
- Increase regional awareness of the importance of key COP9 and COP10 proposals and decisions.
 - Promote the Global Strategy to Accelerate Tobacco Control as a tool for accelerating implementation at national level of the main FCTC provisions where the Americas are falling behind, such as tobacco taxation policies, advertising bans, a national coordinating mechanism, and tools to prevent tobacco industry interference.
 - Promote the importance of the WHO FCTC and its Protocol to Eliminate Illicit Trade in Tobacco Products as tools to strengthen public health outcomes.
 - Work closely with regional CSOs to support and endorse the Global Tobacco Industry Interference Index and the Regional Tobacco Industry Interference Index leading up to COP/MOP.
 - Maintain informed discussions with civil society and government representatives to prevent tobacco industry interference as it relates to COVID-19.
 - Strengthen implementation of the Protocol to Eliminate Illicit Trade in Tobacco Products and implementation of tobacco taxation policies in the area of illicit trade control, with particular focus on customs officers and institutions. The work in this area includes translation and dissemination of information and materials within the Region of the Americas to raise delegates' awareness of the FCTC, drafting of policy positions, technical briefings, regional webinars, in coordination with other NGOs and PAHO.
- b) Activities to support government and civil society participation in upcoming COPs and MOPs:
- Increase the preparation and motivation of governments and civil society representatives. This work will include offering regional webinars, coordinating with other NGOs and PAHO, preparing educational/informative materials, and responding to requests from countries.

- Organize capacity-building webinars or other educational/informative resources for Ministry of Foreign Affairs and mission representatives to keep them informed about the COP and MOP.
 - Support Paraguayan CSOs to help them prepare for and contribute to a successful Pre-COP/MOP meeting in Asuncion.
- c) Activities to build civil society capacity to support domestic resource mobilization for tobacco control to help achieve the SDGs.

InterAmerican Heart Foundation

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

14. Over the past three years, IAHF carried out the following activities under the work plan for collaboration between IAHF and PAHO:

- a) Surveyed and analyzed the NCDs landscape in Latin America and the Caribbean (LAC) to produce priorities for country civil society organizations working to support their Member States' advancement in NCDs prevention. Twelve LAC countries participated, along with more than 20 CSOs. The project collected information on relevant policies and indicators on cardiovascular disease and other NCDs and their main risk factors, including tobacco, alcohol, diet/obesity, lack of physical activity, and air pollution.
- b) Mobilized CSOs to involve heads of State and government in processes before and during the UN High-Level Meeting on NCDs in New York City in 2018. Many strategic meetings with CSOs took place to develop an advocacy plan of action.
- c) Supported PAHO Member States in accelerating implementation of the FCTC in the Americas. Bolivia made historic progress by passing Law 1280, "Prevention and Control of the Consumption of Tobacco Products," in February 2020. Other Member States received support for the generation of national tobacco cessation plans according to the guidelines in FCTC Article 14, led by ministries of health and with the participation of all actors involved, including civil society. Support was also provided for the dissemination (via webinars) of information on illicit trade in tobacco.
- d) Conducted a range of activities to strengthen policies aimed at improving nutrition and reducing obesity in LAC, including policies on salt reduction and physical activity. Informative webinars were organized on three priority policies: front-of-package nutrition labeling, taxation of unhealthy food products, and

regulation of advertising of unhealthy food and beverage products to children and adolescents. Significant work has been done to engage civil society in those three policies, to strengthen CSO capacity for advocacy, and to expose and denounce industry interference with regard to policies on unhealthy food and beverage products.

15. The following activities are proposed for the next three years (2021-2023) under the collaborative work plan between IAHF and PAHO:

- a) Build capacity of country CSOs to promote regulation of tobacco products.
- b) Support PAHO Member States in implementation of the FCTC; creation of smoke-free environments; bans and monitoring of tobacco advertising, promotion, and sponsorship (TAPS); and regulation of new tobacco products.
- c) Promote formation of a community of practice where advocates and researchers share information and best practices to promote informed policy making on healthy eating and nutritional environments and support nutritional front-of-package labelling policies, regionally and in specific Member States.

Latin American Federation of the Pharmaceutical Industry

16. The Latin American Federation of the Pharmaceutical Industry (FIFARMA), founded in 1962, is a regional organization representing pharmaceutical companies and local associations of the pharmaceutical industry concerned with research and development in Latin America. It focuses on the development of products and services to improve the lives of patients, with patient safety as one of its main objectives. Its mission is to promote public policies that foster innovation and access to high-tech and high-quality medicines that prolong, preserve, and improve the lives of patients in Latin America.

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

- a) With a view to the harmonization of pharmaceutical regulations and within the framework of projects of the Pan American Network for Drug Regulatory Harmonization (PANDRH), FIFARMA worked with the regulatory authority of Cuba (CECMED) to implement a project titled “Evaluation of the Requirements of the Certificate of Pharmaceutical Product (CPP) for Drug Registration Processes in the Americas Region, toward More Timely Access to Drugs and More Convergent Regulatory Approaches.”
- b) FIFARMA, as a member of PANDRH, collaborated in the development of a virtual course, “Sanitary Regulation of Biological and Biotechnological Products,” offered by PAHO to the national regulatory authorities of 18 countries through the Virtual Campus for Public Health. The course was taken by 63 professionals. Audio and study guides were prepared on the manufacture and control of biotechnological products, including biosimilars and vaccines.

- c) A communication strategy was developed to address the problem of substandard drugs in the Region. During these years, an initial analysis was conducted in order to subsequently discuss the possibility of implementing a comprehensive strategy under the terms of cooperation between PAHO and FIFARMA. FIFARMA implemented a media campaign in the Region aligned with the global “Fight the Fakes” campaign led by the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA).

18. The following activities are proposed for the next three years (2021-2023) under the collaborative work plan between FIFARMA and PAHO:

- a) Maintain active engagement within the PANDRH framework to provide technical feedback, recommendations, and materials to inform decision making within PANDRH on issues related to pharmaceutical regulation policy.
- b) Support training activities aimed at promoting good practices in drug manufacturing, experiences in the development of clinical protocols, and risk management plans, among others.
- c) Develop educational material and academic activities to disseminate information on pharmacovigilance, including access to and consolidation of information on COVID-19 vaccines and aspects of periodic safety reports and risk management plans.
- d) Organize virtual seminars to share relevant experiences in countries of the Region, as well as global experiences, in regulatory decision making related to the COVID-19 pandemic, and in the analysis of available information to support regulatory actions for emergency management response.
- e) Take steps to detect, prevent, and respond to unregulated, substandard, and/or counterfeit medical products and to develop and implement strategies to combat them. To this end, an analysis will be done using the available statistics on substandard and/or counterfeit drugs in the Region and the measures taken to combat them. Also, materials will be developed, and work teams will be organized at country level.

Latin American Society of Nephrology and Hypertension

19. The Latin American Society of Nephrology and Hypertension (SLANH), created in 1970, is a nonprofit scientific association devoted to the development of nephrology in Latin America. SLANH facilitates tools to train and update its members and helps to solve renal problems. It is an organization of reference for societies of nephrology and for governmental authorities concerned with the subject.

20. Over the past three years, the following activities were carried out under the work plan for collaboration between SLANH and PAHO:

- a) Creation of national registries of patients in renal replacement therapy in Bolivia,

- Costa Rica, Dominican Republic, Ecuador, El Salvador, Honduras, Panama, Paraguay, and Peru.
- b) A training workshop on the development and monitoring of national registries, attended by most SLANH member countries through representatives of their national nephrology society and ministry of health. At the meeting, each country also presented the current state of its registry.
 - c) A workshop entitled “The Situation of Nephrology in Paraguay, Based on SLANH/PAHO/WHO Objectives.” The country’s situation was analyzed, the availability of human and technological resources was evaluated, and estimates were made of the need to expand coverage and access to dialysis and transplantation.
 - d) Publication of epidemiological data and information on dialysis coverage and transplantation in Latin America and the Caribbean in journals, studies, and scientific events.
 - e) Development of educational strategies for the implementation of renal health programs in the Region, including online courses on three topics: prevention and management of chronic kidney disease for primary health care teams; acute renal injury for the first level of care; and peritoneal dialysis for the multidisciplinary primary care team. In connection with World Kidney Day, seminars were held on “Kidneys and Women’s Health” (2018) and “Kidney Health for All in Latin America” (2019).
 - f) Preparation of “Recommendations for the Management of Kidney Disease Patients during the Coronavirus Epidemic (COVID-19),” with the collaboration of the Pan American Association of Infectious Diseases and the Latin American and Caribbean Transplant Society. PAHO disseminated the recommendations on its website.
21. The following activities are proposed for the next three years (2021-2023) under the collaborative work plan between SLANH and PAHO:
- a) Consolidate the creation of national registries of patients in renal replacement therapy in all countries of the Region. Monitor newly created registries and improve the quality of those already in operation.
 - b) Update the content, maintenance, dissemination, and impact assessment of online courses for primary health care workers on the following topics: *a)* prevention and management of chronic kidney disease for primary health care teams; *b)* peritoneal dialysis for multidisciplinary primary health care teams; and *c)* acute renal injury in primary care.
 - c) Update and disseminate recommendations for the management of COVID-19 in dialysis and transplantation patients in order to mitigate the health impact of COVID-19 in the population with chronic and acute kidney disease.

National Alliance for Hispanic Health

22. Founded in 1973, the National Alliance for Hispanic Health (NAHH) is a science-based and community-driven organization that works to improve the quality of care and its availability to all. Its goal is to close the gaps in three key areas: research, services, and policy; scientific discovery and benefit for the individual; and community services and medical practice.

23. Over the past three years, the following activities were carried out under the work plan for collaboration between NAHH and PAHO:

- a) NAHH established the Buena Salud Américas initiative, joining efforts with PAHO to promote and support multisectoral collaboration in the prevention and control of NCDs. As part of this initiative, a community engagement grant program was established. Six agencies in Bolivia, Brazil, Colombia, Guatemala, Peru, and Puerto Rico were selected as sub-grantees to conduct local initiatives on cervical cancer and human papilloma virus (HPV) prevention and control.
- b) NAHH supported community and civil society participation and coordination of local efforts for NCD prevention and control. Areas of focus included community initiatives addressing cardiovascular health through reduction of tobacco use, promotion of healthy nutrition, and increased physical activity; building the capacity of community-based organizations to engage in advocacy to promote public health policies and systems (e.g., policies on sugar-sweetened beverages and nutrition); and, more recently, prevention of cervical cancer and promotion of HPV vaccination.
- c) Capacity-building activities in NCD advocacy were carried out for community-based partners and civil society groups. The webinar trainings increased knowledge and skills in the use of social media platforms as advocacy and engagement tools for the prevention of cervical cancer and promotion of HPV vaccination.

24. The following activities are proposed for the next three years (2021-2023) under the collaborative work plan between NAHH and PAHO:

- a) Continue the cervical cancer community engagement grants to help advance multisectoral approaches to the prevention and control of NCDs in line with the Plan of Action for Cervical Cancer Prevention and Control 2018-2030 (Document CD56/9). Activities to be carried out under these grants will promote the prevention of cervical cancer by implementing community health education initiatives to increase knowledge about HPV vaccination.
- b) Strengthen health communication skills among community agencies to support community-based efforts for the prevention of cervical cancer.

- c) Enhance community-based partnerships for tobacco prevention and control with Hispanic communities in the United States, including commemoration of World No Tobacco Day.

Sabin Vaccine Institute

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

26. Over the past three years, the following activities were carried out under the work plan for collaboration between Sabin and PAHO:

- a) Pertussis surveillance in Latin America. The project aimed to improve pertussis surveillance in selected countries through the following activities: pertussis surveillance evaluation and assessment of the laboratory capabilities for pertussis identification; implementation of surveillance and laboratory training for pertussis and provision of ongoing technical assistance and mentorship; and strengthening of pertussis laboratory capacity at country and regional levels to detect *B. pertussis* and more accurately measure the burden of disease.
- b) Meningococcal and pneumococcal disease activities. These brought together experts and key stakeholders in the field of immunization to survey major publications and gaps in current knowledge and with a view to producing a guidance document that sets out a path forward for pneumococcal immunization in the Region.
- c) Adolescent immunization. Workshops were organized to strengthen and support the adolescent immunization platform within the context of adolescent health.
- d) Technical trainings, including a vaccinology course for immunization managers and trainings for journalists. Sabin hosted the annual *Ciro de Quadros Vaccinology Course* for Latin America with support from PAHO. This course convened national and subnational immunization managers from Central and South America with leading experts in the field of vaccinology to familiarize the managers with current global and regional vaccines and vaccination guidelines.
- e) Rotavirus activities. Sabin has partnered with PAHO to implement activities that focus on rotavirus vaccines and prevention. Sabin, serving as organizing secretariat for the *International Rotavirus Symposium*, invited PAHO to present its successes in vaccine introduction and rotavirus control in the Region to a global community.
- f) Activities to improve vaccine coverage rates. This includes efforts to reduce missed opportunities for vaccination and promote vaccine acceptance and demand in the Region. Sabin, in partnership with PAHO, reviewed available studies and

- information about missed opportunities for vaccination and organized a meeting of experts to develop modules of effective interventions to guide Latin American countries going forward.
- g) Multiplex diagnostic study in the Gran Chaco region of South America. The project assessed the burden of neglected infectious diseases and provided the Paraguayan Ministry of Health with relevant data to establish critical treatment programs and provide medical care for underserved populations. The project has also increased diagnostic capacity in the Gran Chaco by training 149 local health workers in laboratory technology, epidemiology, and entomology.
27. The following activities are proposed for the next three years (2021-2023) under the collaborative work plan between Sabin and PAHO:
- a) Continue to offer technical trainings, including a vaccinology course for immunization managers. In 2021 Sabin will again host the annual *Ciro de Quadros Vaccinology Course* for Latin America with PAHO's support. This course will convene national and subnational immunization managers from Central and South America with leading experts in the field of vaccinology to familiarize the managers with current global and regional vaccines and vaccination guidelines. Immunization recommendations, issues surrounding vaccination and immunization campaigns, successful strategies, and funding mechanisms will also be addressed. A communication component will help the managers interact more effectively with the press in future situations. Due to COVID-19, Sabin is planning to transition the vaccinology course to a virtual platform in 2021. Sabin will also contribute to capacity building through BOOST, a knowledge network for immunization professionals.
- b) Launch rotavirus activities. Sabin will partner with PAHO to implement activities that focus on rotavirus vaccines and prevention.
- c) Strengthen immunization programs and improve vaccine uptake by educating the media on vaccine science and vaccination policies and programs, strengthening the voices of health care professionals, supporting community-based social and behavioral research, and enhancing understanding of social media influence on vaccination decisions.

Annex C**SCHEDULE OF SPBA REVIEWS OF NON-STATE ACTORS IN OFFICIAL RELATIONS WITH PAHO**

(as of 1 January 2021)

Name (English)	Name (Spanish)	Date Admitted	Last Reviewed	Scheduled to be Reviewed
Action on Smoking and Health (ASH)	Action on Smoking and Health	2018		2021
American Heart Association	Asociación Estadounidense del Corazón	2020		2023
American Public Health Association (APHA)	Asociación Estadounidense de Salud Pública	2013	2020	2023
American Society for Microbiology (ASM)	Sociedad Estadounidense de Microbiología	2001	2020	2023
American Speech-Language-Hearing Association (ASHA)	Asociación Americana del Habla, Lenguaje y Audición	2014	2018	2021
Basic Health International	Basic Health International	2020		2023
Drugs for Neglected Diseases Initiative - Latin America (DNDi)	Iniciativa Medicamentos para Enfermedades Olvidadas - América Latina	2018		2021
Framework Convention Alliance (FCA)	Alianza para el Convenio Marco	2015	2018	2021
Global Oncology	Global Oncology	2020		2023
Healthy Caribbean Coalition (HCC)	Coalición Caribe Saludable	2012	2019	2022
Inter-American Association of Sanitary and Environmental Engineering	Asociación Interamericana de Ingeniería Sanitaria y Ambiental (AIDIS)	1995	2020	2023
InterAmerican Heart Foundation (IAHF)	Fundación InterAmericana del Corazón (FIC)	2002	2018	2021
Inter-American Society of Cardiology (IASC)	Sociedad Interamericana de Cardiología (SIAC)	2012	2019	2022
Latin American and Caribbean Women's Health Network (LACWHN)	Red de Salud de las Mujeres Latinoamericanas y del Caribe (RSMLAC)	2004	2019	2022

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Name (English)	Name (Spanish)	Date Admitted	Last Reviewed	Scheduled to be Reviewed
Latin American Association of Pharmaceutical Industries	Asociación Latinoamericana de Industrias Farmacéuticas (ALIFAR)	2000	2019	2022
Latin American Confederation of Clinical Biochemistry	Confederación Latinoamericana de Bioquímica Clínica (COLABIOCLI)	1988	2019	2022
Latin American Federation of the Pharmaceutical Industry	Federación Latinoamericana de la Industria Farmacéutica (FIFARMA)	1979	2018	2021
Latin American Society of Nephrology and Hypertension	Sociedad Latinoamericana de Nefrología e Hipertensión (SLANH)	2015	2018	2021
March of Dimes	March of Dimes	2001	2020	2023
Mundo Sano Foundation	Fundación Mundo Sano	2016	2019	2022
National Alliance for Hispanic Health (NAHH)	Alianza Nacional para la Salud Hispana	1996	2018	2021
Pan-American Federation of Associations of Medical Schools (PAFAMS)	Federación Panamericana de Asociaciones de Facultades y Escuelas de Medicina (FEPAFEM)	1965	2020	2023
Pan American Federation of Nursing Professionals	Federación Panamericana de Profesionales de Enfermería (FEPPEN)	1988	2020	2023
Sabin Vaccine Institute	Instituto de Vacunas Sabin	2011	2018	2021
United States Pharmacopeial Convention (USP)	Convención de la Farmacopea de Estados Unidos	1997	2020	2023
World Association for Sexual Health (WAS)	Asociación Mundial para la Salud Sexual	2001	2020	2023
World Resources Institute Ross Center for Sustainable Cities	Centro Ross para Ciudades Sustentables del Instituto de Recursos Mundiales	2010	2019	2022

168th SESSION OF THE OF THE EXECUTIVE COMMITTEE

Virtual Session, 21-25 June 2021

CE168/6
Annex D
Original: English

PROPOSED RESOLUTION

NON-STATE ACTORS IN OFFICIAL RELATIONS WITH PAHO

THE 168th SESSION OF THE EXECUTIVE COMMITTEE,

(PP1) Having considered the report of the Subcommittee on Program, Budget, and Administration *Non-State Actors in Official Relations with PAHO* (Document CE168/6);

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

RESOLVES:

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

- a) Campaign for Tobacco-Free Kids.

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

- a) Action on Smoking and Health;
 - b) American Speech-Language-Hearing Association;
 - c) Drugs for Neglected Diseases Initiative - Latin America;
 - d) Framework Convention Alliance;
 - e) InterAmerican Heart Foundation;
 - f) Latin American Federation of the Pharmaceutical Industry;
 - g) Latin American Society of Nephrology and Hypertension;
-

- h) National Alliance for Hispanic Health;
- i) Sabin Vaccine Institute.

(OP)3. To request the Director to:

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

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

1. Agenda item: 3.3 Non-State Actors in Official Relations with PAHO

2. Linkage to [PAHO Program Budget 2020-2021](#):

This resolution proposes continuing official relations with nine non-State Actors (NSAs), whose collaborative relationship was reviewed. All collaborative work plans should be linked to one of the goals and targets of the PAHO Program Budget.

Action on Smoking and Health

Outcome 13: Risk factors for noncommunicable diseases.

Output 13.1: Countries and territories enabled to develop and implement technical packages to address risk factors through multisectoral action, with adequate safeguards in place to prevent potential conflict of interests.

OPT Indicator 13.1.g: Number of countries and territories that have implemented the four major demand-reduction measures in the WHO Framework Convention on Tobacco Control (FCTC) at the highest level of achievement.

American Speech-Language-Hearing Association

Outcome 5: Access to services for NCDs and mental health conditions.

OPT Indicator 5.f: Number of countries and territories that have tertiary care centers that provide rehabilitation services with multidisciplinary teams for complex injuries.

Drugs for Neglected Diseases Initiative – Latin America

Outcome 4: Response capacity for communicable diseases.

Output 4.3: Countries and territories enabled to implement integrated interventions to reduce the burden of neglected infectious diseases (NIDs) through their health systems.

OPT Indicator 4.3.a: Number of NID-endemic countries and territories that follow PAHO recommendations on development of integrated plans to reduce the burden of NIDs through their health systems.

Outcome 8: Access to health technologies.

Output 8.1: Countries and territories enabled to develop/update, implement, monitor, and evaluate national policies and regulations for timely and equitable access to medicines and other health technologies.

Output 8.2: Countries and territories enabled to strengthen their national regulatory capacity for medicines and health products.

Output 8.7: Countries and territories enabled to implement processes and mechanisms for health technology assessment, incorporation, and management, and for rational use of medicines and other health technologies.

Outcome 12: Risk factors for communicable diseases.

Output 12.6: Countries and territories enabled to build capacities to integrate the Global Strategy on Water, Sanitation and Hygiene for accelerating and sustaining progress on neglected tropical diseases into their NID interventions.

OPT Indicator 12.6.a: Number of NID-endemic countries and territories that use the framework of the WHO WASH-NTD strategy as part of their national or subnational approach to tackle NIDs.

Outcome 17: Elimination of communicable diseases.

Output 17.7: Endemic countries and territories enabled to implement the strategy for the elimination of congenital Chagas (EMTCT-Plus).

OPT Indicator 17.7.a: Number of endemic countries and territories with screening and diagnosis of Chagas implemented for all newborns of mothers tested positive (for Chagas disease) during prenatal care.

Framework Convention Alliance

Outcome 13: Risk factors for noncommunicable diseases.

Output 13.1: Countries and territories enabled to develop and implement technical packages to address risk factors through multisectoral action, with adequate safeguards in place to prevent potential conflict of interests.

OPT Indicator 13.1.g: Number of countries and territories that have implemented the four major demand-reduction measures in the WHO Framework Convention on Tobacco Control (FCTC) at the highest level of achievement.

InterAmerican Heart Foundation

Outcome 13: Risk factors for noncommunicable diseases.

Output 13.1: Countries and territories enabled to develop and implement technical packages to address risk factors through multisectoral action, with adequate safeguards in place to prevent potential conflict of interests.

OPT Indicator 13.1.b: Number of countries and territories implementing policies to reduce physical inactivity and promote physical activity.

OPT Indicator 13.1.c: Number of countries and territories implementing policies to reduce salt/sodium consumption in the population.

OPT Indicator 13.1.g: Number of countries and territories that have implemented the four major demand-reduction measures in the WHO Framework Convention on Tobacco Control (FCTC) at the highest level of achievement.

Outcome 14: Malnutrition. Malnutrition in all its forms reduced.

Output 14.1: Countries and territories enabled to develop and monitor implementation of action plans to tackle malnutrition in all its forms and to achieve the global nutrition targets for 2025 and the nutrition components of the Sustainable Development Goals.

OPT Indicator 14.1.a: Number of countries and territories that are implementing national policies consistent with the WHO Global Targets 2025 for maternal, infant, and young child nutrition and the nutrition components of the Sustainable Development Goals Baseline.

OPT Indicator 14.1.b: Number of countries and territories implementing policies to protect, promote, and support optimal breastfeeding and complementary feeding practices

OPT Indicator 14.1.c: Number of countries and territories implementing policies to prevent stunting in children under 5 years of age.

Latin American Federation of the Pharmaceutical Industry

Outcome 8: Access to health technologies.

Output 8.1: Countries and territories enabled to develop/update, implement, monitor, and evaluate national policies and regulations for timely and equitable access to medicines and other health technologies.

Output 8.2: Countries and territories enabled to strengthen their national regulatory capacity for medicines and health products.

Output 8.7: Countries and territories enabled to implement processes and mechanisms for health technology assessment, incorporation, and management, and for rational use of medicines and other health technologies.

Latin American Society of Nephrology and Hypertension

Outcome: 5. Access to services for NCDs and mental health conditions.

Output 5.1: Countries and territories enabled to provide quality, people-centered health services for noncommunicable diseases, based on primary health care strategies and comprehensive essential service packages.

OPT Indicator 5.1.a: Number of countries and territories that are implementing evidence-based national guidelines/protocols/standards for the management (diagnosis and treatment) of cardiovascular disease, cancer, diabetes, and chronic respiratory disease.

Output 5.2: Countries and territories enabled to strengthen noncommunicable disease surveillance systems to monitor and report on the global and regional NCD commitments.

OPT Indicator 5.2.a: Number of countries and territories that have surveillance systems in place to enable reporting on the global and regional NCD commitments.

National Alliance for Hispanic Health

Outcome 5: Access to services for NCDs and mental health conditions.

Output 5.1: Countries and territories enabled to provide quality, people-centered health services for noncommunicable diseases, based on primary health care strategies and comprehensive essential service packages.

OPT Indicator 5.1.a: Number of countries and territories that are implementing evidence-based national guidelines/protocols/standards for the management (diagnosis and treatment) of cardiovascular disease, cancer, diabetes, and chronic respiratory disease.

Outcome 13: Risk factors for noncommunicable diseases.

Output 13.1: Countries and territories enabled to develop and implement technical packages to address risk factors through multisectoral action, with adequate safeguards in place to prevent potential conflict of interests.

Sabin Vaccine Institute

Outcome 4: Response capacity for communicable disease.

Output 4.5: Implementation and monitoring of the new Immunization Action Plan for the Americas aligned with the new global immunization plan (under development) to reach unvaccinated and under-vaccinated populations.

OPT Indicator 4.5.a: Number of countries and territories with DPT3 immunization coverage of at least 95% that are implementing strategies to reach unvaccinated and under vaccinated populations.

OPT Indicator 4.5.b: Number of countries and territories generating evidence to support decisions on the introduction or post-introduction of new vaccines.

3. Financial implications:

Action on Smoking and Health; American Speech-Language-Hearing Association; Drugs for Neglected Diseases Initiative - Latin America; Framework Convention Alliance; InterAmerican Heart Foundation; Latin American Federation of the Pharmaceutical Industry; Latin American Society of Nephrology and Hypertension; National Alliance for Hispanic Health; and Sabin Vaccine Institute.

- a) Total estimated cost for implementation over the lifecycle of the resolution (including staff and activities): None.
- b) Estimated cost for the 2021-2022 biennium (including staff and activities): None.
- c) Of the estimated cost noted in b), what can be subsumed under existing programmed activities? Not available.

4. Administrative implications:

Action on Smoking and Health; American Speech-Language-Hearing Association; Drugs for Neglected Diseases Initiative - Latin America; Framework Convention Alliance; InterAmerican Heart Foundation; Latin American Federation of the Pharmaceutical Industry; Latin American Society of Nephrology and Hypertension; National Alliance for Hispanic Health; and Sabin Vaccine Institute.

- a) Indicate the levels of the Organization at which the work will be undertaken: Regional, sub-regional, 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):
Three years.

Analytical Form to Link Agenda Item with Organizational Mandates

<p>1. Agenda item: 3.3 Non-State Actors in Official Relations with PAHO</p>
<p>2. Responsible unit: Department External Relations, Partnerships and Resource Mobilization (ERP)</p>
<p>3. Preparing officer: Regina Campa, Partnerships Advisor (ERP) in collaboration with the following technical focal points:</p> <ul style="list-style-type: none">a) Action on Smoking and Health: Rosa Sandoval, NMHb) American Speech-Language-Hearing Association: Antony Duttine, NMHc) Drugs for Neglected Diseases Initiative – Latin America: Luis Gerardo Castellanos, CDEd) Framework Convention Alliance: Rosa Sandoval, NMHe) InterAmerican Heart Foundation: Rosa Sandoval, NMHf) Latin American Federation of the Pharmaceutical Industry: Analia Porras, HSSg) Latin American Society of Nephrology and Hypertension: Pedro Orduñez, NMHh) National Alliance for Hispanic Health: Silvana Luciani, NMHi) Sabin Vaccine Institute: Cuauhtémoc Ruiz, FPL
<p>4. Link between Agenda item and Sustainable Health Agenda for the Americas 2018-2030:</p> <p><i>Action on Smoking and Health</i></p> <p>Goal 9: Reduce morbidity, disabilities, and mortality from noncommunicable diseases, injuries, violence, and mental health disorders.</p> <p>Target 9.1 Reduce premature mortality from noncommunicable diseases by one-third through prevention and treatment and promote mental health and well-being (SDG target 3.4).</p> <p>Target 9.2 Apply the WHO Framework Convention on Tobacco Control (FCTC) according to the national context (adapted from SDG target 3.a).</p> <p><i>American Speech-Language-Hearing Association</i></p> <p>Goal 9: Reduce morbidity, disabilities and mortality from noncommunicable diseases, injuries, violence and mental health disorders.</p> <p>Target 9.3 Ensure access to comprehensive habilitation/rehabilitation services, including access to assistive technologies and support services for all those in need, and promote implementation of the community-based rehabilitation strategy, among others.</p>

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

Target 3.1 Ensure adequate availability of a health workforce that is qualified, culturally and linguistically appropriate, and well distributed.

Target 3.3 Strengthen the quality of professional health education in collaboration with the education sector, through evaluation systems and the accreditation of training institutions and degree programs.

Drugs for Neglected Diseases Initiative – Latin America

Goal 5: Medicines, vaccines and health technologies.

Target 5.1 Ensure timely access to medicines on the national essential medicines list, and to priority health technologies, without any payment at the point of care, service, or dispensing of the medicine, according to the national context.

Target 5.7 Strengthen national, subregional and regional mechanisms for negotiation and purchasing to improve the capacity of countries to obtain more affordable and equitable prices for medicines, vaccines, and other health technologies.

Target 5.8 Taking into account public health perspectives, strengthen the capacity to implement intellectual property policies and health policies that promote research and development of medicines, vaccines and other health technologies for communicable and noncommunicable diseases that primarily affect developing countries and that promote access to affordable medicines, vaccines, and other health technologies (adapted from SDG target 3.b and Policy on Access and Rational Use of Strategic and High-cost Medicines and Other Health Technologies, PAHO document CD55/10, Rev.1 [2016]).

Framework Convention Alliance

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

Target 9.1 Reduce premature mortality from noncommunicable diseases by one-third through prevention and treatment and promote mental health and well-being (SDG target 3.4).

Target 9.2 Apply the WHO Framework Convention on Tobacco Control (FCTC) according to the national context (adapted from SDG target 3.a).

InterAmerican Heart Foundation

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

Target 9.1 Reduce premature mortality from noncommunicable diseases by one-third through prevention and treatment and promote mental health and well-being (SDG target 3.4).

Target 9.2 Apply the WHO Framework Convention on Tobacco Control (FCTC) according to the national context (adapted from SDG target 3.a).

Target 9.7 Contribute to ending all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under 5 years of age, and addressing the nutritional needs of adolescent girls, pregnant and lactating women, and older persons (adapted from SDG target 2.2).

Latin American Federation of the Pharmaceutical Industry

Goal 5: Medicines, vaccines and health technologies.

Target: 5.3 Have in place a national regulatory authority for medicines rated at level-3 capacity based on WHO global benchmarking tool (Adapted from PAHO Strategic Plan outcome 4.3).

Latin American Society of Nephrology and Hypertension

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

Target 9.1 Reduce premature mortality from noncommunicable diseases by one-third through prevention and treatment and promote mental health and well-being (SDG target 3.4).

Target 9.7 Contribute to ending all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under 5 years of age, and addressing the nutritional needs of adolescent girls, pregnant and lactating women, and older persons (adapted from SDG target 2.2).

National Alliance for Hispanic Health

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

Target 9.1 Reduce premature mortality from noncommunicable diseases by one-third through prevention and treatment and promote mental health and well-being (SDG target 3.4).

Sabin Vaccine Institute

Goal 1: Equitable access to health services.

Target 1.3 Reduce the neonatal mortality rate to less than 9 per 1,000 live births in all population groups, including those most at risk (indigenous, Afro-descendent, Roma, and rural population, among others, as applicable in each country), and under-5 mortality to less than 14 per 1,000 live births (adapted from SDG target 3.2.).

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

Target 5.2 Reach 95% vaccination coverage in children under 5 years of age, through national vaccination programs (revised PAHO Strategic Plan outcome 1.5).

Target 5.7 Strengthen national, subregional and regional mechanisms for negotiation and purchasing to improve the capacity of countries to obtain more affordable and equitable prices for medicines, vaccines, and other health technologies (Policy on Access and Rational Use of Strategic and High-cost Medicines and Other Health Technologies, PAHO document CD55/10, Rev. 1 [2016]).

Goal 10: Communicable diseases.

Target 10.5 Halt the transmission of viral hepatitis and accelerate the reduction of chronic infections and deaths from hepatitis to eliminate viral hepatitis as a major public health threat in the Region of the Americas.

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

Action on Smoking and Health

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

Outcome Indicator 13.a: Age-standardized prevalence of current tobacco use among persons aged 15 years and older.

American Speech-Language-Hearing Association

Outcome 5: Access to services for NCDs and mental health conditions.

Outcome indicator 5.f: Number of countries and territories that have tertiary care centers that provide rehabilitation services with multidisciplinary teams for complex injuries.

Drugs for Neglected Diseases Initiative – Latin America

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

Outcome 8: Access to health technologies.

Outcome Indicator 8.a: Number of countries and territories that ensure that products listed on the essential medicines list are available without out-of-pocket expenditure at the point of care.

There is no outcome indicator for Leishmaniasis or Chagas.

Framework Convention Alliance

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

Outcome Indicator 13.a: Age-standardized prevalence of current tobacco use among persons aged 15 years and older.

InterAmerican Heart Foundation

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

Outcome Indicator 13.a: Age-standardized prevalence of current tobacco use among persons aged 15 years and older.

Outcome Indicator 13.c: Age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years.

Outcome Indicator 13.d: Number of countries and territories that have eliminated industrially produced trans fatty acids.

Outcome Indicator 13.e: Age-standardized prevalence of insufficiently physically active persons aged 18+ years.

Outcome 14: Malnutrition. Malnutrition in all its forms reduced.

Outcome Indicator 14.c: Prevalence of childhood overweight (under 5 years of age).

Outcome Indicator 14.d: Prevalence of childhood and adolescent obesity (5-19 years of age).

Outcome Indicator 14.e: Prevalence of overweight and obesity in persons 18+ years of age.

Latin American Federation of the Pharmaceutical Industry

Outcome 8: Access to health technologies.

Outcome Indicator 8.b: Number of countries and territories with regulatory systems that reach level 3 under the WHO Global Benchmarking Tool (GBT).

Outcome Indicator 8.e: Number of countries and territories that have regulations and oversight that ensure availability of quality pharmaceutical services.

Outcome Indicator 8.f: Number of countries and territories that have implemented institutional frameworks, strategies, and/or legal frameworks for the assessment, selection, and rational use of medicines and other health technologies including antibiotics.

Latin American Society of Nephrology and Hypertension

Outcome 5: Access to services for NCDs and mental health conditions.

Outcome Indicator 5.b: Number of countries and territories that reach a target of 35% prevalence of controlled hypertension at population level.

National Alliance for Hispanic Health

Outcome 5: Access to services for NCDs and mental health conditions.

Outcome Indicator 5.c: Number of countries and territories with cervical cancer screening programs that achieve at least 70% coverage of screening in women aged 30-49 years, or for the age group defined by the national policy.

Sabin Vaccine Institute

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

Outcome Indicator 4.g: Number of countries and territories reporting at least 95% coverage at the national level of the second dose of measles and rubella-containing vaccine (MRCV).

Outcome Indicator 4.h: Number of countries and territories reporting at least 95% coverage of 3 doses of diphtheria, pertussis, and tetanus containing vaccine (DPT3) in 80% of municipalities.

Outcome Indicator 4.i: Number of countries and territories reporting at least 95% coverage of 3 doses of pneumococcus-containing vaccine at national level.

Outcome Indicator 4.j: Number of countries and territories that have incorporated HPV vaccines in their national vaccination program.

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

Outcome indicator 17.e: Number of countries and territories in which endemic transmission of measles or rubella virus has been reestablished. *17.f* Regional average coverage of newborns with hepatitis B vaccine during the first 24 hours of life.

Outcome 24: Epidemic and pandemic prevention and control. Countries' capacities strengthened to prevent and control epidemics and pandemics caused by high-impact and/or high-consequence pathogens.

Outcome indicator 24.b: Number of endemic countries and territories with $\geq 80\%$ coverage for yellow fever vaccine.

6. List of collaborating centers and national institutions linked to this Agenda item:

Action on Smoking and Health

- Secretaria Executiva da Comissão Nacional para Implementação da Convenção-Quadro para o Controle do Tabaco (CONICQ), Instituto Nacional de Câncer (INCA).
- Department of Epidemiology, Institute for Global Tobacco Control (IGTC), School of Public Health, Johns Hopkins University.
- Center for Tobacco Control, Research and Education, University of California.

American Speech-Language-Hearing Association

- Institute of Physical and Rehabilitation Medicine at the University of Sao Paulo, Brazil (BRA80).

Framework Convention Alliance

- Secretaria Executiva da Comissão Nacional para Implementação da Convenção-Quadro para o Controle do Tabaco (CONICQ), Instituto Nacional de Câncer (INCA).
- Department of Epidemiology, Institute for Global Tobacco Control (IGTC), School of Public Health, Johns Hopkins University.
- Center for Tobacco Control, Research and Education, University of California.

InterAmerican Heart Foundation

- Secretaria Executiva da Comissão Nacional para Implementação da Convenção-Quadro para o Controle do Tabaco (CONICQ), Instituto Nacional de Câncer (INCA).
- Department of Epidemiology, Institute for Global Tobacco Control (IGTC), School of Public Health, Johns Hopkins University.
- Center for Tobacco Control, Research and Education, University of California.

Latin American Federation of the Pharmaceutical Industry

- WHO Collaborating Center for the rational use of medicines (CUFAR) ARG-30.
- National Medicines Regulatory Authorities.

Latin American Society of Nephrology and Hypertension

HEARTS Initiative works with all Ministries of Health and global and regional actors such as: Resolve to Save Lives, Kaiser Permanente, the World Hypertension League, Latin American Society of

Hypertension, Interamerican Society of Cardiology (SIAC), and academic and local societies of cardiology in the countries in which activities will be implemented.

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

Action on Smoking and Health

- ASH provided support for tobacco control initiatives within the NCDs platform through collaborations with PAHO, WHO Global Coordination Mechanism NCDs, FCA, NCDs Roundtable, NCDs Alliance and other relevant United Nations (UN) and NCDs bodies.
- Maximize the use of global governance tools in order to promote implementation of the Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018-2022 and advance the use of FCTC and other global mechanisms to promote tobacco and nicotine interventions.
- Connecting Tobacco Control and Human Rights encouraged the inclusion of tobacco control objectives among global human rights bodies as well as collaboration among health and human rights mechanisms to reduce tobacco use.

American Speech-Language-Hearing Association

- Establishing the first curriculums/training programs for speech and language therapists in Guyana and phonoaudiologists in Honduras.
- Capacity building of existing speech and language therapy professionals in Paraguay, Belize and Ecuador in partnership with the Ministry of Health.

Drugs for Neglected Diseases Initiative – Latin America

- Drugs for Neglected Diseases initiative (DNDi) is a collaborative, patients' needs-driven, non-profit drug research and development (R&D) organization that is developing new treatments for neglected diseases.
- DNDi's mission is to develop new drugs or new formulations of existing drugs for people living with neglected diseases. DNDi bridges existing R&D gaps in essential drugs for these diseases by initiating and coordinating drug R&D projects in collaboration with the international research community, the public sector, the pharmaceutical industry, and other relevant partners.
- Increased advocacy and awareness of implementation alternative research and development models, including collaborative open innovation approaches that meet the needs of patients, and the adoption of alternative R&D models. Promotion of the PAHO Strategic Fund as a relevant tool for the acquisition of drugs for NTDs and also for Hepatitis. Increased promotion of drug price transparency regulations and approaches.

Framework Convention Alliance

- Building political pressures: advocacy support to promote implementation of the WHO FCTC focused on political decision makers and supported by online publications, policy briefings, webinars, and reports.
- The establishment of an FCTC compliance mechanism focused on tobacco control advocates and government representatives to increase awareness and support to countries on WHO FCTC implementation in the Region of the Americas.

- Embed advocacy support and cooperation to promote implementation of the WHO FCTC with an increased focus on adoption of the FCTC Medium-term strategic plan 2008-2013 by the COP (FCTC governing entity) in the Region of the Americas.
- Promoted FCTC integration into international systems: advocacy support to promote implementation of the WHO FCTC, focused on deepening FCTC integration at the regional level (inclusion of FCTC in national development plans, inclusion of FCTC in the SDGs debate, and efforts to turn global commitments into meaningful national action).

InterAmerican Heart Foundation

- Develop and implement an advocacy plan in support of the UN High-Level Meeting (HLM) on NCDs. a) Scorecard project with the WHF and NCD Alliance support, and b) advocacy plan to inform, engage and advocate for the UN HLM.
- Accelerating implementation of the FCTC in the Americas. IAHF continued implementing the guidelines for implementation of Article 14 of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) on Demand reduction measures concerning tobacco dependence and cessation, working in partnership with the Centro de Cooperación Internacional para el Control del Tabaco (CCICT), the International Center for Tobacco Cessation and PAHO. Webinars to disseminate information on tobacco illicit trade.
- Strengthen policies to improve nutrition and reduce obesity in the region (including salt reduction, physical activity). a) dissemination of information and engagement of civil society in three priority policies: front of package nutrition labeling, taxation of unhealthy food products (i.e. sugar-sweetened beverages), and regulation of advertising of unhealthy food and beverage products to children and adolescents, b) capacity building in advocacy for civil society organizations (CSOs) at the regional and sub-regional levels, c) promotion of a regional regulatory framework to help advance principal healthy nutrition policies, d) expose and denounce industry interference in the region with regards to unhealthy food and beverage products.

Latin American Federation of the Pharmaceutical Industry

- The lessons learned from National Regulatory Authorities of Regional Reference are documented and available at: <https://iris.paho.org/handle/10665.2/53793>.
- In addition, the 58th PAHO Directing Council, 72nd Session of the Regional Committee of WHO for the Americas, Virtual session, 28-29 September 2020, Progress Report CD58/INF/14 summarize the analysis of progress achieved on strengthening National Regulatory Authorities for medicines and biologicals in the Region. <https://www.paho.org/en/documents/cd58inf14-progress-reports-technical-matters-strengthening-national-regulatory>.

Latin American Society of Nephrology and Hypertension

The collaboration with a recognized scientific society from the region to develop, produce and disseminate virtual courses on specific clinical topics such as chronic kidney disease; has been mutually benefitting. As of April 2020, the virtual courses developed with the Latin American Society of Nephrology and Hypertension has reached 51,774 health professionals in the Americas. Similarly, there were important advances in the Dialysis and Transplant Registries in the Region and in several countries.

National Alliance for Hispanic Health

The National Alliance for Hispanic Health has led the *Buena Salud* initiative to support community-based efforts and civil society engagement to address cervical cancer prevention and control throughout the Americas. Through the program's established partnerships in the Americas with community agencies in Bolivia, Brazil, Colombia, Guatemala, Peru and Puerto Rico, this initiative provides a platform for community-based organizations to increase awareness and disseminate trusted and accurate information about cervical cancer and HPV vaccination in Latin American countries.

Sabin Vaccine Institute

- **Pertussis surveillance in Latin America:** Laboratory capacity building to improve pertussis surveillance in selected countries, where provision of ongoing technical assistance and mentorship; were key.
- **Meningococcal and pneumococcal disease activities:** Importance of sharing knowledge between experts and key stakeholders in the field of immunization to address gaps in current knowledge and with a view to producing a guidance document that sets out a path forward for pneumococcal immunization in the Region.
- **Adolescent immunization:** The need to promote and support the adolescent immunization platform within the context of adolescent health.
- **Technical trainings:** The importance to develop training course targeting journalists.
- **Rotavirus:** The importance of documenting and sharing lessons learned, successes in vaccine introduction and rotavirus control in the Region to a global community.
- **Activities to improve vaccine coverage rates:** Includes political advocacy to increase and maintain immunization coverage; provision of tools to evaluate missed opportunities for vaccination and to conduct integrated monitoring of coverage of health interventions such as vaccination and deworming, for more efficient use of resources and promote vaccine acceptance and demand in the Region.

8. Financial implications of this Agenda item:

The collaborative work plans of most of these NSAs in official relations with PAHO are financed by the approved budget of the relevant technical areas or by the NSA's budgets; there are no financial implications beyond the approved Biennial Work Plan in excess of US\$ 20,000.
